OMB No. XXXX-xxxx Exp. Date xx/xx/xxxx

ATTACHMENT 10: SECOND MAILING

Second Mailing for the Evaluation of the Fresh Empire Campaign on Tobacco (EFECT)

[NAME County/Parish/District] Resident at: 1234 Main Street Anywhere, XX 12345

Dear [NAME County/Parish/District] Resident:

You may have received a mailing a couple of weeks ago containing a \$2 bill and asking for your household to participate in the Evaluation of the Fresh Empire Campaign on Tobacco. This study is conducted by the Food and Drug Administration's Center for Tobacco Products (CTP). This study will provide the FDA, policy makers, and researchers critical information about youth exposure to public education messages on the health risks of smoking or using other tobacco products. Your participation is important, which is why you're receiving this reminder and another survey.

Do you have a child living in your home who is at least 12 years old, and not older than 17 years old?

- If yes, <u>please give this brief survey to your child or ward to complete and return to us right away</u>. (If someone at your address has already completed and returned the survey, please accept my sincere thanks.)
- If there is more than one youth in this age group living in this household, we ask that the person with the next birthday complete the survey.
- If you don't have a youth in this age range living in the household, please check the appropriate box on the enclosed survey and return it to us.

After your child returns the brief survey—and if you give your permission—an interviewer may arrange to come to your home to complete the full interview. Each eligible youth in your household who completes the full interview will receive an incentive of \$25.

Your participation is voluntary. All information provided by your child will be kept private to the fullest extent allowable by law and used only for statistical purposes. You or your household will never be identified in any analysis, reports, or publications, and no one will try to sell you anything.

For more information about the study, please contact [CONTACT NAME], at [CONTACT NUMBER] extension [CONTACT EXTENSION]. If you have a question about your rights as a study participant, you can call RTI's Office of Research Protection toll-free at (866) 214-2043.

Your help is very important to this study's success. Thank you for your cooperation.

Sincerely,

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 1 minute per response to review and respond to this letter (the time estimated to read and review). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to PRAStaff@fda.hhs.gov.

