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



RESIDENT
[ADDRESS]

[DATE]

RTI International has been conducting a nationwide survey for the Food and Drug Administration on tobacco. Our records indicate that a [AGE] year old [GENDER] in your household was interviewed. We would appreciate it if [HE/SHE] would take a moment to complete the following questions about [HIS/HER] experience.

This information is only used to verify the quality of our interviewer's performance.

1. Were you interviewed in-person or over the telephone?

In-person ___ Over the telephone ___

2. Did the interviewer provide you with a laptop computer for you to enter some of your responses?

Yes ___

No ___ Please explain: _____

Yes ___ No ___

3. Did you receive a cash incentive for your participation?

Yes ___ No ___

If yes, how much were you given? \$ _____

4. Was the interviewer professional and courteous?

Yes ___

No ___ Please describe how our interviewer could improve his/her behavior: _____

A stamped, pre-addressed envelope is enclosed for your convenience in returning this form. Thank you for your cooperation.

Sincerely,

National Field Director