

ATTACHMENT 8A: LONGITUDINAL PARENT LEAD LETTER

Longitudinal Lead Letter for the Evaluation of the Fresh Empire Campaign on Tobacco (EFECT)

Parent of [CHILD'S NAME]
1234 Main Street
Anywhere, XX 12345

[CASE ID]

Dear Parent of [CHILD'S NAME]:

The Food and Drug Administration's Center for Tobacco Products (CTP) is seeking your continued participation in the Evaluation of the Fresh Empire Campaign on Tobacco (EFECT). Your child, [CHILD'S NAME], is one of more than 2,100 youth taking part in this study. We thank you and [CHILD'S NAME] for your continued help in this important study.

Your child's participation is important and will contribute to valuable research related to youth awareness, exposure, and receptivity to campaign messages. We will offer your child a **\$25** token of appreciation if he/she completes the survey. If your child does not complete the survey by [DATE], one of our professional interviewers will try to contact you to schedule a time to complete the survey in person.

This study provides 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. The information collected by this study will also improve our understanding of youths' attitudes, beliefs, and behaviors toward tobacco use. We are interested in what has changed in [CHILD'S NAME] life since we talked to him/her last. RTI International, a nonprofit research organization, was selected by the FDA to conduct this study.

To complete the survey via a personal computer, laptop, tablet, or smartphone:

1. In your web browser type the study website address www.peercrowdsurvey.com or scan this QR code with your smartphone [QR CODE]

2. On the login screen, type your username and password exactly as shown below:

Username:

Password:

3. A parent or legal guardian must follow the listed steps to provide permission for your child to complete the survey. Once you have provided permission, your child can complete the survey on the same device or a different device by completing steps 1 and 2 above.

If [CHILD'S NAME] is over 18 and not living at home, please pass this information along to him/her as soon as possible so he/she can complete the study online.

Your help with this round of the study is voluntary, but greatly appreciated. All information provided by your child will be kept in strict confidence 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.

If you have questions about this study, you can call our project assistance line toll-free at [CONTACT NUMBER], or by email at [CONTACT EMAIL]. 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,

Data Collection Task Leader
RTI International

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 1 minute per response to review 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 PRASStaff@fda.hhs.gov.