

## **ATTACHMENT 15\_E1: ExPECTT PANEL MAINTENANCE LETTER**

Dear [INSERT NAME]:

During the past year, your child(ren) participated in an interview for the **Evaluation of the Public Education Campaign on Teen Tobacco (ExPECTT)**. The purpose of the study is to learn more about youth attitudes and beliefs towards tobacco use, their media use, and their awareness of recent public education campaigns. The ExPECTT study is longitudinal, that is, the study will follow the same children over a period of time.

We are preparing to conduct the next round of interviews and we need your help. For this study to be successful, it is important that we interview as many of the children as we can. We are writing you now to confirm that we still have your correct address, telephone number, and e-mail address. Please review and return the enclosed form in the postage-paid envelope provided. If the address, telephone number, and e-mail address on the form are correct, please check the "Information Correct" box and simply mail the form to us. If your information needs to be updated, please cross out the old information, write your new information on the form, and mail it back to us. If you expect to move soon and know your new address and telephone number, please provide that information along with the date you plan to move.

Thank you for taking time to provide us with this information. We would appreciate receiving your contact information in the next 2 weeks.

If you have any questions about the study, please contact us toll-free at 1-866-860-5184 to speak with a project team member.

Sincerely,

[Field Director]  
National Field Director  
RTI International  
3040 Cornwallis Road  
Research Triangle Park, NC 27709  
[xxxx@rti.org](mailto:xxxx@rti.org)

**OMB No: 0910-0753**

**Expiration Date: xx/xx/xxxx**

**Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 3 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov).**

**Evaluation of the Public Education Campaign on Teen Tobacco (ExPECTT)  
Contact Information Update Form**

*Please complete Parts 1 and 2 below and mail this form back to us in the postage-paid envelope provided.*

**PART 1. CURRENT CONTACT INFORMATION ON RECORD**

Please review the current contact information we have for you below, cross through anything that is incorrect, and write your new information in the space provided. If all of the information is correct please check the "Contact Information Correct" box and complete PART 2.

**CURRENT CONTACT INFORMATION:**

**UPDATED CONTACT INFORMATION:**

**[Parent FName] [Parent LName]**

\_\_\_\_\_

**[Address 1] [Address 2]**

\_\_\_\_\_

**[City], [State] [Zip code]**

\_\_\_\_\_

**Telephone: [Phone number]**

\_\_\_\_\_

**Email: [Email Address]**

\_\_\_\_\_

CONTACT INFORMATION CORRECT

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**PART 2. CONTACT INFORMATION IF YOU PLAN TO MOVE**

If you plan to move in the next 6 months and know your new address and telephone number, please enter it in the space below.

If you plan to move and do not know your new address and telephone number, please provide an address or phone number that we can use to reach you. For example, provide a work number or a cell phone number.

Date you plan to move: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (circle one): Home Work Cell phone

**Thank you for your assistance!  
This information will be kept private to the fullest extent allowed by law..**