**Appendix D. 2018 CTP E-Blast Informed Consent Information**

**Welcome to the 2018 FDA Center for Tobacco Products’ (CTP) E-BLAST SURVEY!**

**You must be 18 years of age or older to be eligible to complete this survey.**

**The purpose of this Customer Satisfaction Survey, E-BLAST SURVEY, is to see how satisfied you are with CTP’s email communications (i.e., CTP Connect, CTP News, and Spotlight on Science), and for us to learn a little bit about you.**

**This 5-minute, anonymous, survey is completely voluntary and you may quit, without penalty, at any time. As such, no personal identifying information is requested. Responses will be kept anonymous. In addition, there are no foreseeable risks or discomforts by participating in this survey. There are no additional costs that may result from participating in this study.**

**Study Benefits: What good will come from this study?**

**This study is not expected to directly benefit you. Your answers will help us determine satisfaction of CTP emails, and understanding of the subscribers of the email listserv.**

**Anticipated Risks: Could anything bad happen to me during this study?**

**As no PII is collected in this study, your data can never be connected and any breach will not affect you.**

**It is possible that you may not want to answer some questions in the survey. If you do not want to answer a question, you may skip that question or choose the “prefer not to answer response.**

**Remember that you can stop participating in this study at any time.**

**If you have any questions about this survey, or any problems completing the survey, please contact Dr. Everly Macario at IQ Solutions, Inc., at 224-244-3965 or If you have questions about your rights as a survey participant, please contact the FDA’s Center for Tobacco Products human subject protection team at CTP\_ RIHSC@fda.hhs.gov. This team is a group of people who review research studies such as this one to protect the rights and safety of research participants. If you would like a copy of this form, please print a copy of this page.**

**If you click on “Start survey now,” you are voluntarily agreeing to take part in this survey. Click one of the options below.**

I have read, understand, and had time to consider all the information above. My questions have been answered and I have no further questions.

\_\_\_\_\_ **Start survey now** / I voluntarily agree to participate in this study.   
[Go to Age Screener]

I have read, understand, and had time to consider all the information above. My questions have been answered and I have no further questions.

\_\_\_\_\_ **Exit survey** / I do not want to participate in this study. [TERMINATE SURVEY; GO TO TERMINATION TEXT 1]

[TERMINATION TEXT 1:] You have indicated that you do not want to participate in the CTP E-Blast Survey and will now exit the survey. If you decide later that you would like to participate, you can use the same email invitation to access the survey. Thank you for your time!

**Paperwork Reduction Act Statement:** The public reporting burden for this information collection has been estimated to average 5 minutes per response to review this informed consent form (the time estimated to read, review, and complete). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to [PRAStaff@fda.hhs.gov](mailto:PRAStaff@fda.hhs.gov).