**Appendix D. 2019 CTP E-Blast Informed Consent Information**

**Welcome to the FDA Center for Tobacco Products’ (CTP) 2019 E-BLAST SURVEY!**

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

**The purpose of this 2019 E-BLAST SURVEY, is to see how satisfied you are with CTP’s email communications (i.e., *CTP Connect*, *CTP News*, *Spotlight on Science*, and *Modified Risk Tobacco Product Application Updates*), 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. Your data will be reported at the aggregate level. If you feel uncomfortable you may choose the “prefer not to answer” response. There are no direct benefits to your participation..**

**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.**

**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 3]

[TERMINATION TEXT 3:] You have indicated that you do not want to participate in the 2019 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).