

**ATTACHMENT 2: OUTCOME MAIL SCREENER (EFECT)**

Form Approved  
OMB No. 0910-0788  
Exp. Date 05/31/2018  
[Control No.]

**Evaluation of the Fresh Empire Campaign on Tobacco - Outcome Survey  
Mail Screener (EFECT-S)**

[ID Number]

Dear Parent or Guardian,

Do you have a young person 12 to 17 years old living in your home? We would like to invite this young person to complete this voluntary survey about himself or herself and friends.

- If yes, please ask this 12 to 17 year old household member to complete the enclosed survey and mail it back using the enclosed postage-paid envelope.
- If there is more than one person of this age living in the household, please share this survey with the youth who has the next birthday coming up. This child with the next birthday is invited to complete the survey.

This short survey determines whether your child is eligible for an in-person interview on tobacco use and media use. The in-person interview offers \$25 as a token of appreciation for your child's time. So that we can contact you if your child is eligible, **please provide your name and the best phone number to reach you. Then mail this form back to us** along with your child's completed survey. We may contact you again to request your permission for your child to participate in additional surveys in the future. At that point, you can decide whether or not to allow your child to participate. Your child will also be able to choose whether or not to participate in those surveys.

Your Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**If there are no young people 12 to 17 years old living in your household, please check the box below and return this packet to us using the enclosed postage-paid envelope.**

I don't have a youth age 12 to 17 years old living in my household.

The enclosed materials are for a study related to youth tobacco use and media use conducted by the U.S. Food and Drug Administration's Center for Tobacco Products (CTP) called the Evaluation of the Fresh Empire Campaign on Tobacco (EFECT). For more information about the EFECT study, you can call our project assistance line toll-free at 800-845-6708. If you have any questions about your rights as an EFECT study participant, you can call RTI's Office of Research Protection toll-free at 1-866-214-2043.

Your help is very important to this study's success. Thank you for your cooperation.

**Youth:** We would like to ask you some questions about yourself and your friends. Your participation is voluntary, and your answers to these questions will be kept private. There are no physical risks to you from completing this survey. It is possible that some questions might make you mildly uncomfortable, depending on your responses. There are no direct benefits to you from answering our questions. However, you will be contributing to important research related to tobacco use among youth. If you meet our criteria to participate in the study, you will be invited to complete an in-person interview that offers \$25 upon completion.

**I understand that I will be answering some questions about myself, and if I meet the criteria, I will be invited at a future date to participate in the study.**

Agree  
 Disagree

Sincerely,  
XXXXX

Please answer the following questions. Use a pencil or a black pen to complete the survey.

- Completely black out the box beside your answer choice.
- If you make an error, erase it cleanly and then mark the box beside your correct answer choice.
- Do not make any stray marks.
- READ EACH QUESTION CAREFULLY.

**S1.** How old are you?

- <sub>1</sub> Younger than 12 --→ STOP. SKIP TO S8.  
<sub>2</sub> 12 years old  
<sub>3</sub> 13 years old  
<sub>4</sub> 14 years old  
<sub>5</sub> 15 years old  
<sub>6</sub> 16 years old  
<sub>7</sub> 17 years old  
<sub>8</sub> 18 years old or older --→ STOP. SKIP TO S8.  
  
<sub>9</sub> Prefer not to answer

**S2.** What is your gender?

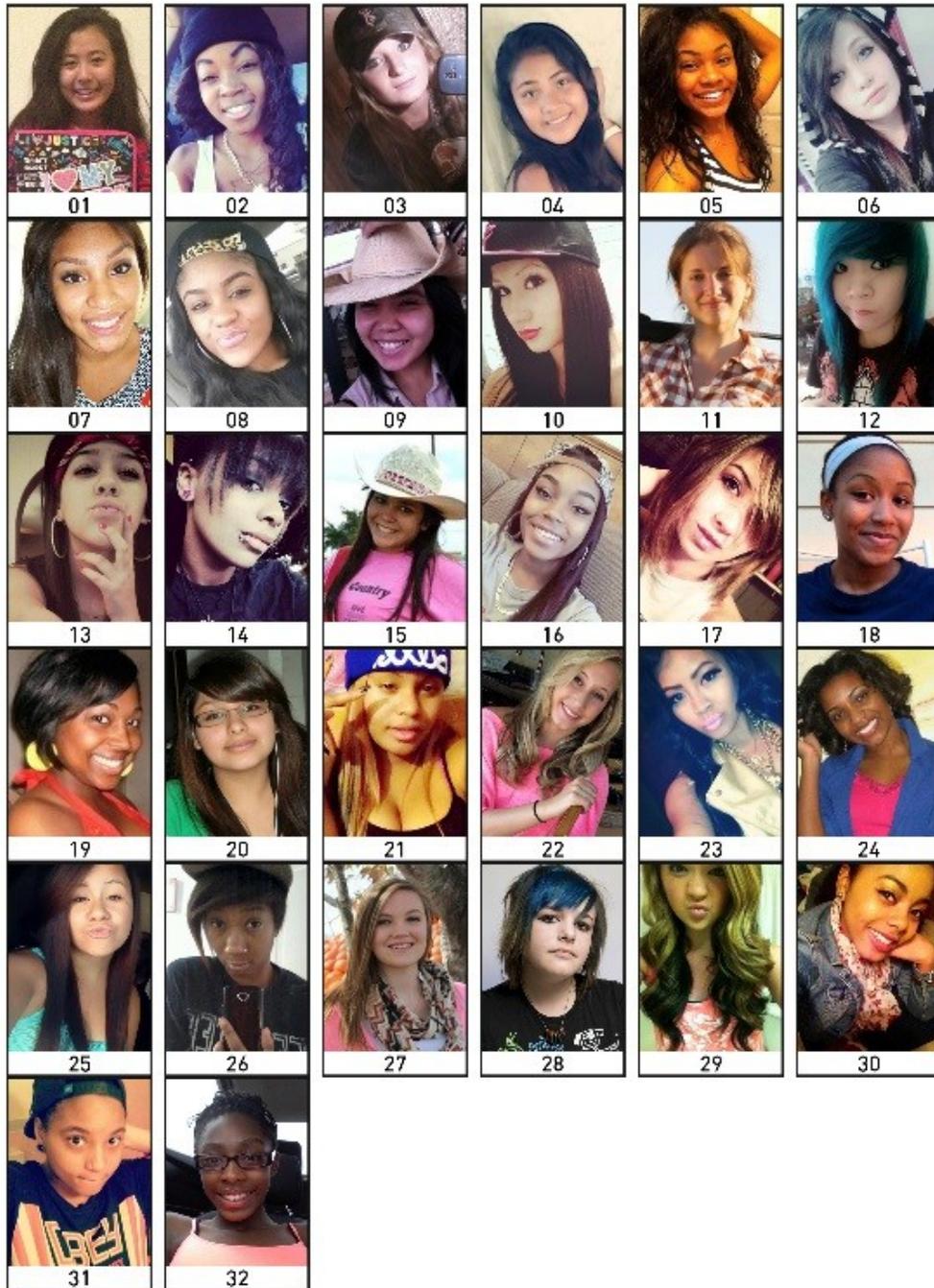
- <sub>1</sub> Female  
<sub>2</sub> Male  
<sub>3</sub> Other (Please specify \_\_\_\_\_)  
  
<sub>9</sub> Prefer not to answer

**S3.** Are you of Hispanic, Latino/a, or Spanish origin? **Choose all that apply.**

- <sub>1</sub> No, not of Hispanic, Latino, Latina, or Spanish origin  
<sub>2</sub> Yes, Mexican, Mexican American, Chicano or Chicana  
<sub>3</sub> Yes, Puerto Rican  
<sub>4</sub> Yes, Cuban  
<sub>5</sub> Yes, Another Hispanic, Latino/a or Spanish origin  
  
<sub>9</sub> Prefer not to answer

**S4.** What race or races do you consider yourself to be? **Choose all that apply.**

- <sub>1</sub> American Indian or Alaska Native  
<sub>2</sub> Asian  
<sub>3</sub> Black or African American  
<sub>4</sub> Native Hawaiian or Other Pacific Islander  
<sub>5</sub> White  
<sub>6</sub> Other (specify) \_\_\_\_\_  
  
<sub>9</sub> Prefer not to answer



**S5a.** Rank the three people that would BEST FIT in your main group of friends, starting with the best fit.

1st Best Fit

2nd Best Fit

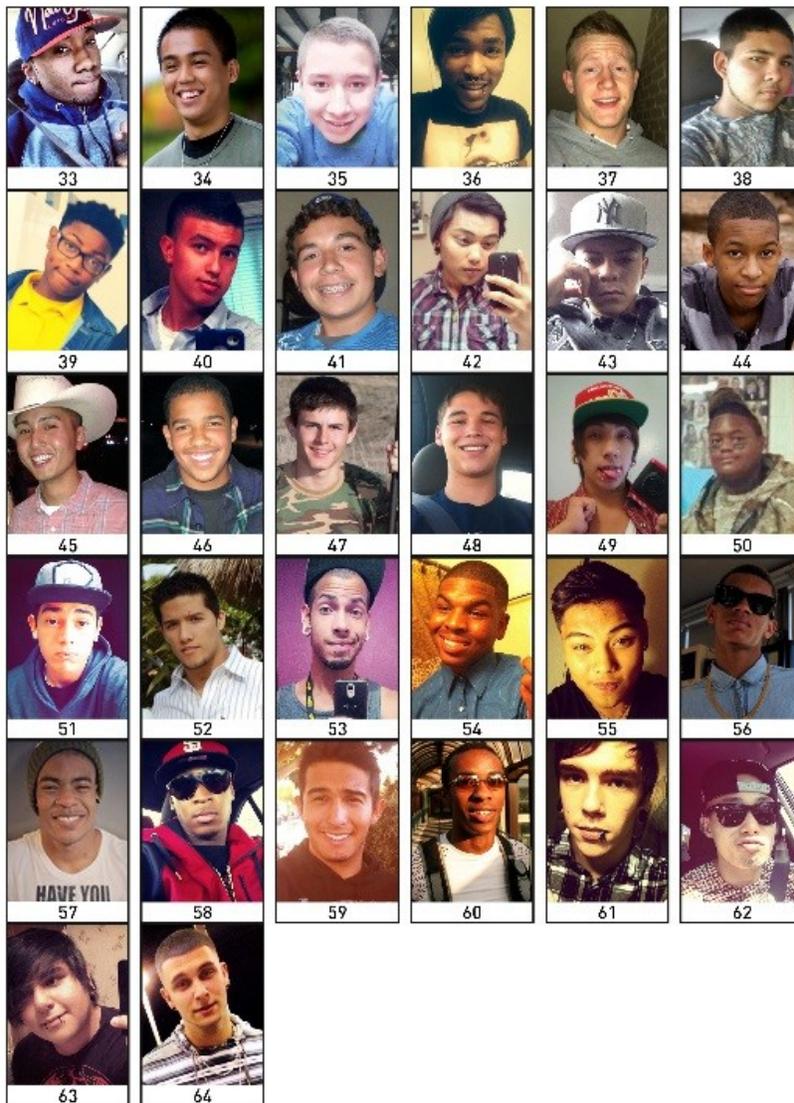
3rd Best Fit

**S5b.** Rank the three people that would LEAST FIT in your main group of friends, starting with the worst fit.

1st Worst Fit

2nd Worst Fit

3rd Worst Fit



**S6a.** Rank the three people that would BEST FIT in your main group of friends, starting with the best fit.

1st Best Fit        2nd Best Fit        3rd Best Fit

**S6b.** Rank the three people that would LEAST FIT in your main group of friends, starting with the worst fit.

1st Worst Fit        2nd Worst Fit        3rd Worst Fit

**S7.** What is your first name? \_\_\_\_\_

**S8. Thank you for your time. Please place your completed survey in the postage paid envelope and return it to us.**

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