

Attachment 9c: Panel Maintenance Letter

Form Approved
OMB No. 0910-####
Exp. Date ##/##/20##

<RTI letterhead>

Dear [INSERT NAME]:

During the past year, you participated in an interview for the **Point of Sale Intervention for Tobacco Evaluation (POSITeV)**. This study will provide the FDA, policy makers, and researchers with important information about how public education campaigns affect adults' attitudes, beliefs, and behaviors toward tobacco. Your continued participation is critical and will contribute to this valuable research related to awareness, exposure, and openness to campaign messages.

The study is longitudinal, that is, the study will follow the same adults over a period of time. For this study to be successful, it is important that we interview as many of the same adults as possible. **As a thank you for your continued participation we will give you \$25 at the end of each of the follow-up interviews** (or \$30 if you complete the interview online by the specific date that we give you).

We are preparing to conduct the next round of interviews and we need your help. We are asking you to confirm that we still have your correct address, telephone number, and e-mail address. Please review the enclosed form, and if the address, telephone number, and e-mail address are correct, check the "Contact Information Correct" box and return the form in the postage-paid envelope provided. 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 two weeks.

If you have any questions about the study, you may call our project assistance line at 1-XXX-XXX-XXXX between 9 am and 5 pm, Eastern Time, Monday through Friday or email us at XXX@rti.org.

Sincerely,



Matthew Farrelly, PhD
Chief Scientist
RTI International
3040 Cornwallis Road
Research Triangle Park, NC 27709

Point of Sale Intervention for Tobacco Evaluation (POSITeV) 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 go to PART 2.

CURRENT CONTACT INFORMATION:

UPDATED CONTACT INFORMATION:

[FName] [LName]

[Address 1] [Address 2]

[City], [State] [Zip code]

Telephone: [Phone number]

Email: [Email Address]

CONTACT INFORMATION CORRECT

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 where 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 confidential.**