Attachment 33_R: Panel Maintenance Update Form - 18

Form Approved OMB No. 0910-0753 Exp. Date 09/30/2019 RIHSC No. 15-101CTP

FDA Health and Media Study Contact Information Update Form

CaseID

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. **If you provided a cellphone number, the field interviewer may use text messaging to reach you. Please indicate if you do not wish to receive text messages.**

CURRENT CONTACT INFORMATION:	UPDATED CONTACT INFORMATION:			
Participant Name				
Address1 Address2				
City, State Zip				
Telephone				
Email Address				
CONTACT INFORMATION CORRECT				
I DO NOT WISH TO RECEIVE TEXT MESSAGES				
PART 2. CONTACT INFORMATION IF YOU PLAN TO MOVE				

Do you plan to move in the next 6 months?

Yes No

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 a phone number we can use to reach you.

Date you plan to move:			
Address:			
City:	State	Zip	
Phone: ()	(circle one): Home	Work	Cell phone

This information, including your cellphone number, will be kept private to the extent allowable by law. Only research team members who need to contact you will have access to your information. All field interviewers who contact you by cellphone or text message will be required to delete your information from their cellphones within 24 hours of the end of each wave of data collection.

Thank you for your assistance!

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