FG ID: \_\_\_\_\_\_\_

**CHECK-IN SURVEY**

Please fill out this survey. Any information you share about

your attitudes, beliefs, and behaviors will not be shared.

No one outside the research team will know what you

write. There are no right or wrong answers to these

questions. Read the instructions for each question

carefully and let us know if you have any questions.

Thank you for very much for your help!









**Thank you for taking this check-in survey!**

**Paperwork Reduction Act Statement:** The public reporting burden for this information collection has been estimated to average 10 minutes per response to complete this Check-in Survey (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.