**CONCEPT RATING SHEET**

\*To be filled out for each creative concept shown\*

**TITLE OF INFORMATION COLLECTION: Creative Concept Testing Designed to Prevent Youth ENDS, Cigarette and Other Tobacco Product Use**

**PLEASE DO NOT WRITE YOUR NAME ON THIS SHEET**

1. What is the message? That is, what is the most important thing this ad is trying to tell you?
2. What did you think about this ad? Please give it a grade from A to F.



|  |  |
| --- | --- |
| This ad grabbed my attention. |  |
| I can relate to this ad. |  |
| This ad is compelling. |  |
| This ad made me NOT want to use [tobacco product]. |  |
| This ad made me want to learn more about the health risks of [tobacco product]. |  |

1. How much do you agree or disagree with the following statements? Circle one choice for each statement:
2. What did you like about this ad?
3. What would you change about the ad to make it better?

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average five minutes per response to complete the Concept Rating Worksheet (the time estimated to read and review). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to PRAStaff@fda.hhs.gov.