

## INFORMED CONSENT FORM

**TITLE OF INFORMATION COLLECTION:** FDA CTP 2021 Scholastic Vaping Education Materials Survey

### **Welcome to the 2021 Scholastic Vaping Education Materials Survey!**

You must be 21 years of age or older to be eligible to complete this survey.

The purpose of this survey is to understand educators' experiences with vaping and other tobacco prevention education materials offered by Scholastic Inc. in partnership with the U.S. Food and Drug Administration (FDA) Center for Tobacco Products (CTP), and for us to learn a little bit about you.

This anonymous survey is completely voluntary and takes about 20 minutes to complete. If you feel uncomfortable answering any survey question, you may skip that question and advance to the next question; you do not have to respond to any question that you do not want to answer. Choosing not to participate in the survey will not affect your ability to access future tobacco prevention resources from FDA.

As a token of appreciation for completing the survey, you may receive a \$10 electronic gift card. At the end of the survey, you will be asked to voluntarily enter your name and email address if you wish to receive the electronic gift card via the secure website GiftBit.

We anticipate that up to 1,600 educators will complete this survey. Your responses will be reported at the aggregate level. Your name and email address will not be associated with your response, nor will they appear in any report to FDA CTP. Other teachers from your school may be invited to participate, but your answers will not be shared with other teachers or administrators at your school or other schools.

Although there are no direct benefits to your participation in this survey, your feedback will help FDA CTP improve vaping and other tobacco prevention education materials for middle and high school educators across the United States.

This research is covered by a special protection (called a Certificate of Confidentiality) from the FDA. This special protection ensures that researchers involved in this study protect your privacy as much as possible within the law. This means researchers generally cannot provide your name, or any other information that could identify you to anyone who is not part of the research team. Researchers cannot share this information in court or during other legal proceedings, even if there is a court order for the information. However, researchers may share study information that could identify you if:

- You agree to share information (for example, to get medical treatment);
- The study information is used for other scientific research, as allowed by law;
- The FDA, which is paying for the study, needs information to check how their research money is being spent; and/or
- A law requires sharing information (for example, when researchers must report to FDA, or if researchers hear threats of harm to yourself or others or reports of child abuse).

You can share any information you want to with others. For example, you can share that you are in this research study or your history of tobacco use.

**If you have any questions about this survey or any problems completing it, please contact Dr. Everly Macario at IQ Solutions at 224.244.3965 or [EMacario@IQSolutions.com](mailto:EMacario@IQSolutions.com).**

**If you click on “Start survey now,” you are voluntarily agreeing to take part in this survey. Click one of the options below.**

I have read and I understand all the information above. All my questions have been answered.

**Start survey now / I voluntarily agree to participate in this study.**

[\[GO TO SURVEY\]](#)

I have read and I understand all the information above. All my questions have been answered.

**Exit survey / I do not want to participate in this study. [\[TERMINATE SURVEY; GO TO TERMINATION TEXT 1\]](#)**

[\[TERMINATION TEXT 1:\]](#) You have indicated that you do not want to participate in the **2021 Scholastic Vaping Education Materials Survey** and will now exit the survey. If you decide later that you would like to participate, you can use the same email invitation to access the survey. Thank you for your time!

**Paperwork Reduction Act Statement:** The public reporting burden for this information collection has been estimated to average 5 minutes per response to review this informed consent form (the time estimated to read and provide consent). 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).