# ATTACHMENT 15b: PANEL MAINTENANCE LETTER (ExPECTT II) for 18+

**Panel Maintenance Letter for 18+ for the Evaluation of the Public Education Campaign on Teen Tobacco Cohort II (ExPECTT II)**

Dear [INSERT NAME]:

Over the past four years, you participated in a survey for the **Evaluation of the Public Education Campaign on Teen Tobacco (ExPECTT),** a research study sponsored by the U.S. Food and Drug Administration (FDA). This study will provide FDA, policy makers, and researchers with important information about exposure to public education messages on the health risks of smoking and using other tobacco products.

RTI International (RTI), a nonprofit research organization, was selected by the FDA to conduct this study. The information collected by this study will also improve our understanding of how public education campaigns affect attitudes, beliefs, and behaviors toward tobacco use. The ExPECTT study is longitudinal, that is, the study will follow the same participants over a period of time.

We are preparing to conduct the final round of surveys and we need your help. For this study to be successful, it is important that we survey as many of the prior participants as we can. We are writing you now to confirm that we still have your correct address, telephone number, and e-mail address. Please review and return the enclosed form in the postage-paid envelope provided. If the address, telephone number, and e-mail address on the form are correct, please check the “Information Correct” box and simply mail the form to us. 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 2 weeks.

If you have any questions about the study, please contact us toll-free at (800) 608-2955 to speak with a project team member.

Sincerely,

Melissa Joyner

ExPECTT Field Director

RTI International

**Evaluation of the Public Education Campaign on Teen Tobacco (ExPECTT)**

**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 complete PART 2.

**CURRENT CONTACT INFORMATION: UPDATED CONTACT INFORMATION:**

**[Participant FName] [Participant 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 that 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 private to the fullest extent allowed by law.**

OMB No: 0910-0753 Expiration Date: 01/31/2023

Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 3 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRAStaff@fda.hhs.gov.