

ATTACHMENT 19: Email to Inform About Eligibility: Baseline

[Date]

Dear [PARENT FNAME or "Parent or Guardian of [CHILD NAME(S)"]

Recently, a member of your household completed a questionnaire for the **Health and Media Study**. Based on their responses to the questionnaire, our records show that **[CHILD FNAME1 AGE1]** and **[CHILD FNAME2 AGE2]** is(are) eligible for the study. Your child(ren), **[ChildFname]**, would be one of approximately 7,500 youth taking part in this study and their participation is critical to the success of this important research. As a token of appreciation for their participation, they will be offered a \$25 Visa gift card or \$25 cash that will be mailed within two weeks of completing the survey.

[IF CHILD IS YOUNGER THAN 19 IN NE OR AL OR 18 IN ALL OTHER STATES, FILL THIS TEXT: Because [CHILD FNAME] is not yet [IF NE OR AL FILL 19/ALL OTHER STATES FILL 18] years old, a parent or legal guardian must provide permission online before they can complete the survey.]

To view more information about the study and to provide permission for your child(ren) to take the online survey:

1. **Visit [SURVEY LINK].**
2. **Enter your Participant Code: [PASSWORD]**
3. **Follow the on-screen instructions to review the study information and provide permission for your child(ren) to participate.**

Your help with this study is voluntary, and greatly appreciated. All information provided will be kept private to the fullest extent allowable by law. You or your household will never be identified in any analysis, reports, or publications, and no one will try to sell you anything. If you have any questions about this study, you can call the Health and Media Study assistance line toll free at 1-866-800-9177 or email us at HealthAndMediaStudy@rti.org. If you have a question about your rights as a study participant, you can call Advarra's institutional review board (IRB) toll-free at 877-992-4724.

Your help is very important to the success of this study, and I thank you in advance.

Sincerely,



Anna MacMonegle
Study Director
RTI International

OMB No: [FILL NUMBER]

Expiration Date: [FILL DATE]

Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 1 minute 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.