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[BARCODE] [READABLE ID] [MAILNUM] [SEQ]
Recent FDA-Sponsored Survey Respondent

[ADDRESS]
[CITY], [STATE] [ZIP]

[Date]

Dear Recent FDA-Sponsored Survey Respondent:

Thank you for participating in the National Survey on Numerical Claims in Prescription Drug Advertising. Your input will help to improve claims made about benefits and risks in prescription drug advertising.

We have included \$10 with this letter as a token of appreciation for completing the survey.

Sincerely,

Naomi Yount, Ph.D.
Westat

Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx, and the expiration date is xx/xx/xxxx. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden, to PRStaff@fda.hhs.gov. This survey is being conducted on behalf of the U.S. Food and Drug Administration.