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OMB Control Number: 0910-### Expiration Date: ##/##/####

[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