**ATTACHMENT 24 (NEW): PANEL MAINTENANCE FOR FOLLOW UP**

**Panel Maintenance Email: FOLLOW-UP 1, 2, 3 (TO ALL PARENTS OF EACH CHILD FROM HOUSEHOLD SAMPLE AND TO EACH ≥ 14 CHILD/SOCIAL MEDIA PARTICIPANT)**

Subject: Health and Media Study

Dear [FNAME or “Parent or Guardian of [CHILD FNAME]”],

[IF PARENT: Your child] [IF YOUTH: You] recently participated in a survey for the **Health and Media 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.

We are preparing to conduct the next round of surveys and we need your help. Please take a moment to confirm [IF PARENT: [CHILD FNAME]’s] [IF YOUTH: your] contact information by following the steps below:

1. Go to [**WEBSITE**]
2. Login using your participant code: [**PASSWORD**]
3. Confirm the information we have on record is correct OR update as needed.

Thank you for taking time to provide us with this information. If you have any questions about the study, please call our project assistance line at 1-866-800-9177 or email us at HealthAndMediaStudy@rti.org.

Sincerely,

Anna MacMonegle

Study Director

RTI International

**Panel Maintenance Letter for Parents OF <14 Children:** **FOLLOW-UP 1, 2, 3 (Print on DHHS or FDA letterhead)**

Dear [PARENT FNAME or “Parent or Guardian of [CHILD FNAME]”],

Your child recently participated in a survey for the **Health and Media 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.

We are preparing to conduct the next round of surveys and we need your help. Please take a moment to confirm your contact information. You can do this in one of four ways:

* **Online:**
	+ Go to [**WEBSITE**] or scan this QR code



* + Login using your participant code: **[PASSWORD]**
* **Email:** email us at **HealthAndMediaStudy@rti.org**
* **Phone:** Leave us a voicemail at **1-866-800-9177**
* **Mail:** complete and return the enclosed **Contact Update Form**

Thank you for taking time to provide us with this information. If you have any questions about the study, please call our project assistance line at 1-866-800-9177 or email us at HealthAndMediaStudy@rti.org.

Sincerely,

Anna MacMonegle

Study Director

RTI International

**Panel Maintenance Letter for Youth ≥14 and Supplemental Sample Respondents:** **FOLLOW-UP 1, 2, 3 (Print on DHHS or FDA letterhead)**

Dear [FNAME],

You recently participated in a survey for the **Health and Media 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.

We are preparing to conduct the next round of surveys and we need your help. Please take a moment to confirm your contact information. You can do this in one of four ways:

* **Online:**
	+ Go to [**WEBSITE**] or scan this QR code



* + Login using your participant code: **[PASSWORD]**

* **Email:** email us at **HealthAndMediaStudy@rti.org**
* **Phone:** Leave us a voicemail at **1-866-800-9177**
* **Mail:** complete and return the enclosed **Contact Update Form**

Thank you for taking time to provide us with this information. If you have any questions about the study, please call our project assistance line at 1-866-800-9177 or email us at HealthAndMediaStudy@rti.org.

Sincerely,

Anna MacMonegle

Study Director

RTI International

**Contact Information Update Form** (Include HMS logo)

*If you have not already reviewed and confirmed or updated your contact information via HealthAndMediaStudy.rti.org, please complete this form and mail it back to us in the postage-paid self-mailer. For each row of information, please check Yes if still correct or check No if incorrect and then provide the associated update in the righthand column.*

**CURRENT INFORMATION: CORRECT? (If no) UPDATED CONTACT INFORMATION:**

 **Yes No**

**[Child FName] o o ð First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Child LName]** **o o ð** **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Address 1] [Address 2]** **o o ð** **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[City] o o ð City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[State] [Zip code]** **o o ð** **State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_**

**Email: [Email Address] o o ð Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: [Phone number]** **o o ð** **Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do we have permission to send Yes No**

**you text messages about the study?** **o o**

[FILL BELOW SECTION IF DIRECTED TO PARENT OF <14 CHILD]:

**CURRENT INFORMATION: CORRECT? (If no) UPDATED CONTACT INFORMATION: Yes No**

**[Parent FName] o o ð First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Parent LName]** **o o ð** **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Address 1] [Address 2]** **o o ð** **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[City] o o ð City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[State] [Zip code]** **o o ð** **State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: [Email Address] o o ð Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: [Phone number]** **o o ð** **Telephone:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do we have permission to send Yes No**

**you text messages about the study?** **o o**

**Thank you for your assistance!**

**This information will be kept private to the fullest extent allowed by law.**