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Rockville, MD 20850-3129  
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OMB Control Number: 0910-####  
Expiration Date: ##/##/####

[BARCODE] [READABLE ID] [MAILNUM] [SEQ]  
Resident  
[ADDRESS]  
[CITY], [STATE] [ZIP]

[DATE]

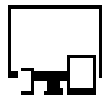
Dear Resident,

**Invitation to participate in the U.S. Food and Drug Administration (FDA) sponsored  
National Survey on Numerical Claims in Prescription Drug Advertising**



What is  
this  
survey?

This is the last opportunity to participate in the FDA-sponsored survey to assess how adults interpret different claims used in prescription drug advertising. Findings from this study will help to improve claims made about benefits and risks in prescription drug advertising. Understanding these claims can help consumers make better informed decisions about their health.



What do I  
need to  
do?

**Please complete the enclosed survey and return using the postage paid envelope or respond online using the information in the box below.**

If you have already completed the survey, thank you. If not, we encourage the adult household member with the next birthday and who is at least 18 years of age to do so as soon as possible. You may need to pass this survey on to them.

We estimate it will take about 30 minutes to complete the survey.

**[Included in the post-paid condition:** After you have completed and submitted the survey, you will receive an additional \$10 as a token of our appreciation.]



Who do I  
contact if I  
have a  
question?

If you have any questions about the survey, please call Naomi Yount at Westat, [Insert toll free number] or send an email to [insert project email address] for assistance.

**Thank you in advance for participating in this important research study.**

Sincerely,

Naomi Yount, Ph.D.  
Westat

**To Take the Survey Online:**



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Go to [URL]  
Enter your unique access code [PIN]

