

OMB No: 0910-0915

Expiration Date: 06/30/2026

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 public reporting burden for this collection of information has been estimated to average 2 minutes per response. 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.

[OMB Control Number/Expiration Date and Full PRA Statement will be displayed within the letter]

ATTACHMENT 25: Reminder Letters: Follow Up Waves (Print on DHHS or FDA letterhead)

Reminder Letter TO PARENT OF YOUTH <14

[PARENT FNAME] [PARENT LNAME]
[ADDRESS 1]
[ADDRESS 2]
[CITY, STATE ZIP]

Dear [PARENT FNAME or "Parent or Guardian of [CHILD NAME]"],

Recently, we contacted you about a new round of the **Health and Media Study** being conducted by the U.S. Food and Drug Administration (FDA). Your child, **[CHILD FNAME]**, is one of approximately [INSERT NUMBER OF STUDY PARTICIPANTS] youth taking part in this study, and continued participation is critical to the success of this important research. Your child's participation will help us gain a better understanding of how public education campaigns affect youth's attitudes, beliefs, and behaviors toward tobacco use.

If [CHILD FNAME] completes the survey on or before **[END DATE]**, they will receive a **\$25** Visa gift card or **\$25** cash [IF SENT BEFORE EARLY BIRD DATE ADD: and an additional \$5 if they complete it on or before **[EARLY BIRD DATE]**].

To complete the online survey, please:

1. **Visit this link to access the survey:** [SURVEY LINK]
2. **Enter the Participant Code:** [PASSWORD] and **PIN:** [PIN]
3. **Follow the on-screen instructions.** A parent or legal guardian must follow the steps to provide permission before your child can complete the survey.

Your help with this round of the study is voluntary but greatly appreciated. All information provided will be kept private to the fullest extent allowable by law and used only for statistical purposes. 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 more questions about this study, call the project assistance line toll-free at **[866-800-9177 OR 877-834-7065]** or email **[HealthAndMediaStudy@rti.org OR HMS@rti.org]**. If you have a question about your child's rights as a study participant, you can call Advarra's institutional review board (IRB) toll-free at **877-992-4724**.

Thank you in advance for your help.

Sincerely,

Anna MacMonegle
Study Director
RTI International

You may also access the survey by scanning this QR code with your smartphone or tablet.

[QR CODE]

Please enter your **Participant Code** ([PASSWORD]) and **PIN:** [PIN] once you are ready to begin.

Reminder Letter TO YOUTH ≥14

[YOUTH FNAME] [YOUTH LNAME]
[ADDRESS 1]
[ADDRESS 2]
[CITY, STATE ZIP]

Dear [YOUTH/YOUNG ADULT FNAME],

Recently, we contacted you about a new round of the **Health and Media Study** being conducted by the U.S. Food and Drug Administration (FDA). You are one of approximately [INSERT NUMBER OF STUDY PARTICIPANTS] participants who took part in a previous round of the study, and we sincerely thank you for your help in this important research.

By taking part in this new round of the study, you will have a unique opportunity to contribute to valuable research related to how public education campaigns affect attitudes, beliefs, and behaviors toward tobacco use. RTI International, a nonprofit research organization, was selected by the FDA to conduct this study.

Because your continued contribution is important, you will be offered a **\$25** Visa gift card or **\$25** cash if you complete the survey on or before **[END DATE]** [IF SENT BEFORE EARLY BIRD DATE ADD: and a bonus **\$5** if you complete it on or before **[EARLY BIRD DATE]**].

To complete the online survey, please:

1. **Visit this link to access the survey:** [SURVEY LINK]
2. **Enter your Participant Code:** [PASSWORD] **and PIN:** [PIN]
3. **Follow the instructions to complete the survey.**

Your participation in this round of the study is voluntary but greatly appreciated. All information provided will be kept private to the fullest extent allowable by law and used only for statistical purposes. You will never be identified in any analysis, reports, or publications, and no one will try to sell you anything.

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Thank you in advance.

Sincerely,

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Study Director
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Please enter your **Participant Code** ([PASSWORD]) **and PIN:** [PIN] once you are ready to begin.