

Attachment 16\_R: Panel Maintenance Update Form

Form Approved  
OMB No. 0910-0753  
Exp. Date 09/30/2019  
RIHSC No. 15-101CTP

FDA Health and Media Study  
Contact Information Update Form

CaseID

Please complete Parts 1, and 2 below and mail this form back to us in the postage-paid envelope provided.

**PART 1. CURRENT CONTACT INFORMATION ON RECORD**

Please review the current contact information we have for you below, cross through anything that is incorrect, and write your new information in the space provided. If all of the information is correct please check the "Contact Information Correct" box and complete PART 2. **If you provided a cellphone number, the field interviewer may use text messaging to reach you. Please indicate if you do not wish to receive text messages.**

CURRENT CONTACT INFORMATION:

UPDATED CONTACT INFORMATION:

Parent Name

\_\_\_\_\_

Address1 Address2

City, State Zip

\_\_\_\_\_

Telephone

\_\_\_\_\_

Email Address

\_\_\_\_\_

CONTACT INFORMATION CORRECT

I DO NOT WISH TO RECEIVE TEXT MESSAGES

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**PART 2. CONTACT INFORMATION IF YOU PLAN TO MOVE**

Do you plan to move in the next 6 months?  Yes  No

If you plan to move in the next 6 months and know your new address and telephone number, please enter it in the space below.

If you plan to move and do not know your new address and telephone number, please provide an address or phone number that we can use to reach you. For example, provide a work number or a cell phone number.

Date you plan to move: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (circle one): Home Work Cell phone

**This information, including your cellphone number, will be kept private to the extent allowable by law. Only research team members who need to contact you will have access to your information. All field interviewers who contact you by cellphone or text message will be required to delete your information from their cellphones within 24 hours of the end of each wave of data collection.**

**Thank you for your assistance!**

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**Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 3 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov).**