



## **Population Assessment of Tobacco and Health Study Adult Consent for Interview Form**

### **Introduction**

Thank you for your continued participation in the Population Assessment of Tobacco and Health (PATH) Study sponsored by the National Institutes of Health in collaboration with the Food and Drug Administration. Your continued participation is essential to the success of this important national study.

### **What is the purpose of the study?**

The study will look at tobacco use and health in the U.S. population. You don't have to use tobacco to take part in the study. What we learn will help to improve the health of millions of people in the United States.

### **What would you like me to do?**

The questionnaire will take about 60 minutes to complete. You will be asked about your attitudes, knowledge, and personal experiences with tobacco. You will also be asked about substance use, mental health, your relationships with friends and family, and your general health.

Since some of the questions are personal, we suggest that you be in a private setting during the survey. Your participation is voluntary, you can skip any questions you don't want to answer, and you can stop the questionnaire at any time.

### **What other information will the PATH Study collect?**

We'll collect personal information, such as your name, address, and date of birth. We'll store this information in a highly secure location to protect it. We may use it to link to public health records, such as state and federal vital statistics records, and health and cancer registries. These registries are updated by state public health agencies to keep current information on the health status of patients who visit hospitals, clinics, laboratories, and doctors' offices.

### **What are the possible benefits and risks of participating in the study?**

Participating in the study may not help you individually, but it may provide useful information on new ways to help protect the Nation's public health. You may refuse to participate in any surveys. If you don't participate or if you stop participating, you will not lose any benefits. If you are in the study for a while and then stop, we won't ask for any more data from you. We will use the data already collected about you. The survey involves no risk of injury. The main risk, which is small, is your personal information or data could be revealed. We are taking several steps to protect your privacy and prevent that from ever happening.



## **How will you protect my privacy?**

Your information will be kept private and confidential. We do not link your answers to your name, address, or any other information that can identify you.

## **Do I get anything for completing the survey?**

As a thank-you, upon completion of the survey, \$50 will be loaded onto the debit card we sent with your invitation letter. You can receive additional thank you gifts for participating in future surveys and other study activities. Also, each year you're in the study, you'll receive up to \$10 a year as a thank-you for updating your contact information on the PATH Study website.

## **Whom can I contact if I have further questions?**

If you have any questions about the study, you can contact Westat at 1-888-311-1819 or [PATHInfo@westat.com](mailto:PATHInfo@westat.com).

If you have any questions about your rights and welfare as a PATH Study participant, call the Westat Human Subjects Protections Office at 1-888-920-7631. Please leave a message with your first name, the name of the research study you are calling about (PATH Study), and a phone number beginning with the area code. Someone will return your call as soon as possible.

## **Consent**

By selecting the NEXT button, you are agreeing to participate in the PATH Study. This participation includes completing a survey and being contacted again to complete future surveys and possibly other study activities if you choose.

You give your consent to having the study securely maintain your personal information so that we can use it when we look at public health records, and state health and cancer registries. You also authorize state cancer registries to release medical information about you to our researchers to learn about or confirm any cancer diagnosis in the future. To view the consent form online, visit the Frequently Asked Questions section of the PATH Study survey website.