

Attachment C
Visit 1 Eligibility Screener

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Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS E-11, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

Visit 1 SCREENER

1. Please tell me which of these best describes your race and ethnic group:

(To be electronically entered by lab staff.)

White, Non-Hispanic White, Hispanic
African American, Non-Hispanic African American,
Hispanic
American Indian or Alaskan Native Asian or Pacific
Islander
Something else (SPECIFY)

ELIGIBLE: Dependent upon cell availability

2. Do you smoke cigarettes daily?

YES (ELIGIBLE)
NO (INELIGIBLE)

3. How many cigarettes do you smoke on a typical day?

OF CIGARETTES PER DAY
min ≥ 6 max ≤ 40

4. How long has it been since you smoked your last cigarette?

HOURS
MINUTES
1 HOUR

5. On a scale from 1-10, with 10 being highest, how much do you “want” a cigarette right now?

1 - not at all
5 - moderately (“kind of”) want a cigarette
10 - really want/need a cigarette

6. What is your current brand of cigarettes?

RECORD VERBATIM: _____

- | | LIGHT
ULTRALIGHT | FULL-FLAVORED NON-MENTHOL
FULL-FLAVORED MENTHOL |
|--|---|---|
| 7. Is your usual brand a “light”, “ultralight”, “full-flavored”, or a menthol cigarette? | | |
| 8. How long have you been smoking your current brand of cigarettes? | | < 3 mos (INELIGIBLE)
≥ 3 mos (ELIGIBLE) |
| 9. Have you switched from a “full-flavored” brand to a “light” or “ultralight” brand in the past 9 months? | YES (INELIGIBLE) | NO (ELIGIBLE) |
| 10. Do you use any other tobacco products? (chewing tobacco, nicotine gum, etc.) | YES (INELIGIBLE) | NO (ELIGIBLE) |
| 11. What is your date of birth? | DATE OF BIRTH
MONTH
ELIGIBLE = ≥18yrs | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DAY YEAR |
| 12. Are you currently trying to quit smoking? | YES (INELIGIBLE)
NO (ELIGIBLE) | |
| 13. Have you ever been told by a doctor that you had any problems with your lungs?
SPECIFY: | YES (INELIGIBLE)
NO (ELIGIBLE) | |
| 14. Have you ever been told by a doctor that you had any kind of heart problem?
SPECIFY: | YES (INELIGIBLE)
NO (ELIGIBLE) | |
| 15. Have you ever been diagnosed with cancer or a precancerous lesion?
SPECIFY: _____ | YES (INELIGIBLE)
NO (ELIGIBLE) | |