

**RTI/FDA Tobacco Focus Groups
Screening Questionnaire
E-Cigarette**

Hello, this is _____ from [FACILITY NAME], a local market research firm. May I please speak to _____?

(Hello, this is _____ from [FACILITY NAME], a local market research firm.) We are working with RTI International, a nonprofit research organization, and the Food and Drug Administration (FDA) on a research study about tobacco products, and would like to include your opinions. I want to assure you that we are not from a tobacco company or a company that sells quit-smoking aids.

We are holding a group discussion on [DATE] with approximately 7 other people like you. The discussion group starts at [TIME] and will last about 60 minutes. For study purposes, the group discussion will be audio recorded, and FDA project team members may observe the discussion.

In appreciation for your participation, you will be reimbursed for your time, effort, and travel expenses. Participation in the groups is completely voluntary. Would it be OK if I ask you a few questions now in order to see if you are eligible to be in one of the groups?

Yes - **Continue.**

No - **Thank and end call.**

What is your age?

_____ [Record age and group into category]

- <18 → **TERMINATE**
- 18-20 → **CONTINUE FOR YOUNG ADULT GROUP**
- 21-25 → **CONTINUE FOR YOUNG ADULT GROUP**
- 26 and older → **CONTINUE FOR ADULT GROUP**

1. Have you ever smoked cigarettes or used smokeless tobacco products, even just one time?

Yes

If yes: Which tobacco products have you (ever) used? And how often?
[Check all that apply]

- Cigarettes
 - Every day
 - Occasionally
- Cigars
 - Every day
 - Occasionally
- Cigarillos
 - Every day
 - Occasionally
- Pipes
 - Every day
 - Occasionally
- Hookahs or water pipes
 - Every day
 - Occasionally
- Snus
 - Every day
 - Occasionally
- Chewing tobacco/dip/snuff
 - Every day
 - Occasionally
- Dissolvable tobacco products
 - Every day
 - Occasionally
- Other: _____
 - Every day
 - Occasionally

No

2. Have you ever heard of an electronic or e-cigarette?

Yes **Continue.**

No **Terminate.**

3. Have you ever tried electronic or e-cigarettes, even just one time?

Yes

If yes: Do you currently (in the past 30 days) use e-cigarettes?

Yes

No

No **Terminate.**

4. In the past 5 years, have you or any member of your household worked for any of the following? (Read list. If yes to any, thank the respondent and terminate.)

- A tobacco or cigarette company
- A public health or community organization involved in communicating the dangers of smoking or the benefits of quitting
- A marketing, advertising, or public relations agency or department
- The Federal Government (**Read list. If yes to any, thank the respondent and terminate.**)
 - The U.S. Food and Drug Administration (FDA)
 - The National Institutes of Health (NIH)
 - The Centers for Disease Control and Prevention (CDC)
 - The Substance Abuse and Mental Health Services Administration (SAMHSA)
 - The Centers for Medicare & Medicaid Services (CMS)

5. Have you or any member of your household ever lobbied on behalf of the tobacco industry?

- Yes **Thank the respondent and terminate.**
- No **Continue.**

6. Have you or any member of your household personally represented or worked on behalf of a tobacco company in connection with a tobacco lawsuit?

- Yes **Thank the respondent and terminate.**
- No **Continue.**

7. Have you participated in any paid market research in the past 6 months?

- Yes **Thank the respondent and terminate.**
- No **Continue.**

8. For study purposes, if you participate, the discussion group will be recorded. The interviewer will not ask any sensitive questions. Are you okay with us recording your group discussion?

- Yes **Continue.**
- No **Thank the respondent and terminate.**

9. What is your sex?

- Male
- Female

10. What is the highest level of education that you have completed? (*Read list.*)

- Less than high school diploma **Continue.**
- High school graduate or GED **Continue.**

- Some college or 2-year degree **Continue.**
- College degree **Continue.**
- Postgraduate degree **Continue.**

11. Are you of Hispanic or Latino origin?

- Yes
- No

12. What is your race? (Read list. Recruit a mix to show per group.)

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaskan Native
- [DON'T READ]** Hispanic
- [DON'T READ]** Other

13. Finally, during the focus group discussion, you will be asked to review written materials and offer your opinions; therefore, I need to ask whether you have a medical or nonmedical condition that affects your ability to read and/or understand written materials in English?

- Yes **Thank the respondent and terminate.**
- No **Continue.**

Great! You qualify for our study. The discussion group will be held on [DATE] at [TIME] and will last about 60 minutes. For your time and opinions, you will receive \$75 at the end of the session.

13. Would you like to participate in the group discussion at [TIME] on [DATE]?

- Yes **Continue.**
- No **Thank the respondent and terminate.**

Great! May I please have your mailing and/or e-mail address to send you a confirmation letter with directions? **[Verify address and phone number.]**

We are asking for your contact information only for the purpose of sending you a reminder letter and giving you a call to remind you of the discussion group. We will destroy all contact information at the conclusion of the groups.

NAME: _____

ADDRESS: _____

CITY: _____

ZIP CODE: _____

E-MAIL _____

What is the best time to reach you? What is the best telephone number to reach you at that time?

BEST TIME TO BE REACHED: _____

BEST PHONE NUMBER: _____

Is there another time and number we can try if we miss you?

ALTERNATE TIME: _____

ALTERNATE PHONE NUMBER: _____

****NOTE** THIS PAGE MUST BE STORED SEPARATELY FROM THE SCREENER AND FOCUS GROUP DATA. PLEASE DESTROY UPON COMPLETION OF FOCUS GROUP.**

Thank you. That's all the questions I have today. Please try to arrive at least 15 minutes before the starting time. If you have any questions or find that you are unable to attend, please call [facility's phone number] as soon as possible. Thank you again for your time. We look forward to seeing you at [TIME] on [DATE].

Read if necessary:

If you have any questions about the study, you may contact Elizabeth Adams of RTI at (770) 407-4909. If you have concerns about how participants are being treated in the study, you may contact RTI's Office of Research Protection toll-free at 1-866-214-2043.