

Attachment G: Screener

G.1. Screener for Eye Tracking and Focus Groups

G.2. Screener for Eye Tracking and Individual Interviews

Screeners for Alternative Tobacco Product Study

Eye Tracker + Focus Group (Recruit 12 Men)

OMB No.: 0925-0645
Expiration Date: 12/31/2014

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private under the Privacy Act. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted on-line and via newspaper advertisements and flyers to complete this instrument so that we can determine whether you are eligible to participate in the Alternative Tobacco Product Study.

Public reporting burden for 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0645). Do not return the completed form to this address.

- **Male** (see criteria for question 2)
 - **Current everyday cigarette smokers** (see criteria for questions 8 and 9)
 - **Not be interested in quitting smoking** (see criteria for question 10)
- 3 Triads: 12 should be white, non-Hispanic males between 18 and 29 years of age.** (see questions 6, 7, & 11)
- o 6 should have less than high school or completed high school or GED (see criteria question 13)
 - o 6 should have more than high school degree (see criteria question 13)

Thank you for calling about the smoking research study. This study is about how people perceive tobacco products and we would possibly like to include your views. If you do participate in the research study, you will be paid for participating.

I would like to ask you just a few questions to determine if you qualify to participate in the study, which will be in Rockville, Maryland on **DATE TBD**. Some of the questions are about your cigarette smoking history. Your responses will be kept secure to the extent provided by law and will not be shared with others. My questions today to see if you qualify will only take about 5 minutes.

May I continue with my questions?

1. Where did you hear about this study?

- Newspaper Advertisement
- Clinical Connection Post
- Flyer
- My Trial Spot Email
- Social Media Post
- Friend or Relative
- Other

2. [Record gender]

Dismiss>> Female

Continue>> Male

3. Are you an employee of the U.S. Federal Government?

Go to question 4 >> Yes

Skip to question 5 >> No

4. Do you work in one of the departments of the U.S. Dept. of Health and Human Services*?

Dismiss>> Yes

Continue>> No

5. Are you or anyone in your household . . .

A computer programmer, developer, professional web designer, or usability tester?

Employed in advertising, marketing, market research, public relations, public health or health promotion?

An employee or volunteer in the medical field?

An employee of the U.S. Department of Health and Human Services or any of its divisions?*

Dismiss >> If any YES ***See Annex last page of this screener for a list of divisions under the U.S. Dept. of Health and Human Services.**

This study is designed to collect information from people of many ethnic groups. In order to determine if slots for your group are filled, I need to ask you questions about your ethnic heritage. Is that OK?

6. What is your ethnicity? (Choose one)

Not Hispanic or Latino/a (>>**CONTINUE**)

Hispanic or Latino/a (>>**DISMISS**)

7. What is your race? (Choose one or more)

- White (>>CONTINUE)
- Black or African American (>>DISMISS)
- American Indian or Alaska Native (>>DISMISS)
- Asian (>>DISMISS)
- Native Hawaiian or Other Pacific Islander (>>DISMISS)

8. Have you smoked at least 100 cigarettes in your entire life? (NOTE: 100 = APPROXIMATELY 5 PACKS in the United States)

- Yes (>>CONTINUE)
- No (>>DISMISS)

9. Do you now smoke cigarettes every day, some days, or not at all?

- Every day (>>CONTINUE)
- Some days (>>DISMISS)
- Not at all (>>DISMISS)

10. Next are statements that smokers have said about quitting. Please tell me which statement best represents what you think right now.

- I am taking action to quit (for example, cutting down, enrolling in a program) (>>DISMISS)
- I am starting to think about how to change my smoking patterns (>>DISMISS)
- I think I should quit but I'm not quite ready. (>>CONTINUE)
- I think I need to consider quitting someday. (>>CONTINUE)
- I have no thoughts of quitting (>>CONTINUE)

11. What is your current age?

years

Continue >> 18-29
Dismiss>> Over 29

12. Are you currently in high school?

- Yes (>>DISMISS)
- No (>>CONTINUE)

13. What is the highest grade or level of schooling you completed?

- I did not complete high school
- I have a high school diploma or a GED
- I attended college

14. Do you read in English?

___ Yes (>>CONTINUE)

___ No (>>DISMISS)

Eye Information: I am now going to ask you some different questions. These are about your eyes because we are going to use some simple technology to track eye and mouse movements during the study.

15. Do you wear contacts or eyeglasses in order to read the computer screen?

Continue>> Yes _____

Skip to 18>> No _____

16. Are your glasses for:

Continue>> Reading only _____

Continue>> Seeing distant objects only _____

Dismiss>> Both (Do you wear bifocals, trifocals, layered lenses, or regression lenses) _____

17. Can you read a computer screen and the Web without difficulty with your contacts and/or eyeglasses on?

Continue>> Yes _____

Dismiss>> No _____

18. Do you have cataracts?

Dismiss>> Yes _____

Continue>> No _____

19. Do you have any eye implants?

Dismiss>> Yes _____

Continue>> No _____

20. Do you have Glaucoma?

Dismiss>> Yes _____

Continue>> No _____

21. Do you have strabismus?

Dismiss>> Yes _____

Continue>> No _____

22. Do you use a screen reader, screen magnifier or other assistive technology to use the computer and the Web?

Dismiss>> Yes _____

Continue>> No _____

23. Are either of your pupils permanently dilated?

Dismiss>> Yes _____

Continue>> No _____

24. Do you have a history of epilepsy, seizures, or sensitivity to flashing lights?

Dismiss>> Yes _____

Invite to Interview>> No _____

****DISMISSAL LANGUAGE:** Thank you very much for your time. Unfortunately, you do not qualify, so we won't be able to include you in our study. Thank you for your time and interest. Have a good day/evening.

****INVITATION TO PARTICIPATE** (see following pages for participants)

INVITE TO INTERVIEW

Thank you for answering my questions. As I mentioned this study is being conducted on behalf of the National Cancer Institute. We are interested in your perceptions of tobacco products and we would like to include your views.

In order for us to learn from your experience firsthand, I would like to invite you to participate in this study. The study will last about 2 hours and will take place at the National Cancer Institute, which has parking or is accessible from the White Flint metro stop in Rockville, MD. We ask that you remain in the building for the full 2 hours, but there may be some down time so please bring something to read or do while you wait. We'll also need you to bring a picture ID that confirms your age in order for you to be admitted. I have a time slot available on DATE.

Does the date, time or location present a problem for you? [If yes, present alternate time option; if no options available, dismiss]

This is not a sales effort of any kind and no one will call on you as a result of your participation. To compensate you for your time and travel expenses, you will receive \$75. May we schedule your participation? [If yes, proceed; if no, dismiss]

Do we have your permission to collect your contact information and follow up to remind you once by email and once by phone? [If yes, proceed; if no, dismiss]

Check day and time; see details below.

NAME: _____

ADDRESS: _____

CITY: _____

ZIP CODE: _____

PHONE: (DAY) _____

(EVE) _____

(CELL) _____

(EMAIL) _____

Session Dates/Time Slots

DATE: TBD

ANNEX

List of U.S. Department of Health and Human Services (HHS) Operating and Staff Divisions

- Administration for Children and Families (ACF)
- Administration for Children, Youth and Families (ACYF)
- Administration on Aging (AoA)
- Agency for Healthcare Research and Quality (AHRQ)
- Agency for Toxic Substances and Disease Registry (ATSDR)
- Center for Faith-Based and Neighborhood Partnerships (CFBNP)
- Centers for Disease Control and Prevention (CDC)
- Departmental Appeals Board (DAB)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- Intergovernmental Affairs and Regional Representatives (IGA)
- National Cancer Institute (NCI)
- National Coordinator for Health Information Technology (ONC)
- National Institutes of Health (NIH)
- Office for Civil Rights (OCR)
- Office of Consumer Information and Insurance Oversight (OCIO)
- Office of Global Health Affairs (OGHA)
- Office of Medicare Hearings and Appeals (OMHA)
- Office of the Assistant Secretary for Health (ASH)
- Office of the General Counsel (OGC)
- Office of the Inspector General (OIG)
- Office of the Inspector General (OIG)
- Office of the Surgeon General (OSG)
- Office on Disability (OD)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

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- **Not be interested in quitting smoking** (see criteria for question 10)
- 27 should be white non-Hispanic males between 18 and 29 years of age (see criteria for questions 6 , 7, & 11)
 - 18 should have less than high school or completed high school or GED (see criteria question 13)
 - 9 should have more than high school degree (see criteria question 13)
- 9 should be males between 18 and 29 years of age from one of the following ethnic categories (At least one from each category. See criteria for questions 6 and 7)
 - Hispanic or Latino/a
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander

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2. [Record gender]

Dismiss>> Female _____

Continue>> Male _____

3. Are you an employee of the U.S. Federal Government?

Go to question 4 >> Yes _____

Skip to question 5 >> No _____

4. Do you work in one of the departments of the U.S. Dept. of Health and Human Services*?

Dismiss>> Yes _____

Continue>> No _____

5. Are you or anyone in your household . . .

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6. What is your ethnicity? (Choose one)

- Not Hispanic or Latino/a
- Hispanic or Latino/a

7. What is your race? (Choose one or more)

- White
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8. Have you smoked at least 100 cigarettes in your entire life? (NOTE: 100 = APPROXIMATELY 5 PACKS in the United States)

- Yes (>>CONTINUE)
- No (>>DISMISS)

9. Do you now smoke cigarettes every day, some days, or not at all?

- Every day (>>CONTINUE)
- Some days (>>DISMISS)
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10. Next are statements that smokers have said about quitting. Please tell me which statement best represents what you think right now.

- I am taking action to quit (for example, cutting down, enrolling in a program) (>>DISMISS)
- I am starting to think about how to change my smoking patterns (>>DISMISS)
- I think I should quit but I'm not quite ready. (>>CONTINUE)
- I think I need to consider quitting someday. (>>CONTINUE)
- I have no thoughts of quitting (>>CONTINUE)

11. What is your current age?

years

Continue>> 18-29
Dismiss>> Over 29

12. Are you currently in high school?

- Yes (>>DISMISS)

___ No (>>**CONTINUE**)

13. What is the highest grade or level of schooling you completed?

___ I did not complete high school

___ I have a high school diploma or a GED

___ I attended college

14. Do you read in English?

___ Yes (>>**CONTINUE**)

___ No (>>**DISMISS**)

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Does the date, time or location present a problem for you? [If yes, present alternate time option; if no options available, dismiss]

This is not a sales effort of any kind and no one will call on you as a result of your participation. To compensate you for your time and travel expenses, you will receive \$50. May we schedule your participation? [If yes, proceed; if no, dismiss]

Do we have your permission to collect your contact information and follow up to remind you once by email and once by phone? [If yes, proceed; if no, dismiss]

Check day and time; see details below.

NAME: _____

ADDRESS: _____

CITY: _____

ZIP CODE: _____

PHONE: (DAY) _____

(EVE) _____

(CELL) _____

(EMAIL) _____

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- Office of the Inspector General (OIG)
- Office of the Inspector General (OIG)
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- Office on Disability (OD)
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