# PLEASE NOTE:

This screener will be administered in Spanish. It is provided in English for review purposes only.

# Population Assessment of Tobacco and Health (PATH) Study

## Screener for Spanish-Language Interviews

Westat, a research firm located in Rockville, MD, is doing research for the National Institutes of Health in partnership with the Food and Drug Administration for a study about tobacco use. If you are eligible and you agree to participate, we will give you $40 as a thank you to complete an in-person interview that should last about an hour. In order to find out if you are eligible to be interviewed, I need to ask you a few questions. Your answers to these questions will only be used to determine whether you are eligible to participate in the interview. Some of these questions are personal. We will keep your answers confidential, but if you would prefer not to answer any of the questions, just let me know.

1. May I go ahead?
* YES
* NO 🡪TERMINATE
1. How old are you?
* Under 18🡪 INELIGIBLE
* \_\_\_\_\_\_\_\_\_
1. How many individual interviews or focus groups have you participated in at survey research companies in the past year?
* 0
* 1-2
* MORE THAN 2 🡪TERMINATE
1. When you are at home, would you usually speak…
**(READ THE LIST. SELECT ONLY ONE RESONSE)**

Only English 🡪TERMINATE

Mostly English, a little of Spanish 🡪TERMINATE

Half English, half Spanish

Mostly Spanish, a little English, or

Only Spanish?

DOES NOT KNOW 🡪TERMINATE

1. I’d like to learn more about how often you use the Spanish language. How often do you speak Spanish to friends, relatives, or people in the community? Would you say…

Most of the time

On a regular basis

Some of the time

Not very often, or 🡪TERMINATE

Never? 🡪TERMINATE

1. How often do you read Spanish publications, such as newspapers or magazines? Would you say…

Most of the time

On a regular basis

Some of the time

Not very often, or 🡪TERMINATE

Never? 🡪TERMINATE

1. How often do you read listen to Spanish-speaking radio or watch Spanish TV? Would you say…

Most of the time

On a regular basis

Some of the time

Not very often, or 🡪TERMINATE

Never? 🡪TERMINATE

1. Which of the following tobacco products do you use now?
* Cigarettes
* Cigars or cigarillos
*Examples: Black & Milds, Swisher Sweets, Dutch Masters, White Owl, Phillies Blunts*
* Chewing tobacco, snuff, or dip
*Examples: Skoal, Cophenhagen, Grizzly, Levi Garrett, Red Man, Day’s Work*
* Pipe
* Hookah
* Snus
*Pronounced to rhyme with goose*
* Dissolvable tobacco product
*Examples: Ariva, Stonewall, Camel Orbs, Camel Sticks, Camel Strips*
* E-cigarettes (i.e., electronic cigarettes)
* Other electronic products
*Examples: E-Cigars, E-Hookahs, or any other electronic version of a tobacco product*
1. Are you male or female?
* male
* female
1. Are you Hispanic, Latino, Latina, or of Spanish origin?

YES

NO

1. What is your race? CHOOSE ALL THAT APPLY.

AMERICAN INDIAN OR ALASKA NATIVE

ASIAN

BLACK OR AFRICAN AMERICAN

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

WHITE

1. What is the highest level of education you have completed?
* Less than high school
* Completed 12th grade/high school graduate
* Some college/2-year college/technical school
* College degree
* Graduate or professional school

if ineligible

Thank you very much for your interest, but you are not eligible for this study. Thank you very much for your time. We will destroy the information you have provided.

if eligible

Thank you for answering all my questions. We will contact you if you are selected to participate. Can I have your name, address, phone number and/or email so that we can get in touch with you?

COLLECT RESPONDENT NAME, ADDRESS, AND PHONE NUMBER/EMAIL.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_