

PATH Wave 4 Cognitive Testing Electronic Nicotine Products Module Recruitment Screener

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**

2. How old are you?

- UNDER 18 → **INELIGIBLE**
- _____

3. 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**

Public reporting burden for this collection of information is estimated to average 10 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 (0925-0663). Do not return the completed form to this address.

4. Do you currently use any of the following electronic nicotine products?

CHOOSE ALL THAT APPLY.

- E-Cigarettes, including vape pens, personal vaporizers, and mods
- E-Cigars
- E-Hookahs and hookah pens
- E-Pipes
- Other electronic nicotine products

Do not use electronic nicotine products → **INELIGIBLE**

5. Do you currently use a disposable electronic nicotine product? These are products that you can only use once and are not rechargeable.

- YES
- NO

6. Do you currently use an electronic nicotine product that is rechargeable and has a tank you can refill?

- YES
- NO

7. Do you currently use an electronic nicotine product that is rechargeable and has a cartridge you can replace?

- YES
- NO

8. Do you currently use an electronic nicotine product with a cartomizer or a clearomizer?

- YES
- NO

9. Have you modified or rebuilt your electronic nicotine product in any way?

- YES
- NO

10. In the past 12 months, have you smoked marijuana in an e-cigarette or other electronic nicotine product?

- YES
- NO

11. Do you currently smoke cigarettes?

- YES
- NO

12. Are you male or female?

- MALE
- FEMALE

13. Are you Hispanic, Latino, Latina, or of Spanish origin?

- YES
- NO

14. 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

15. 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 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. If you are selected to participate, we will schedule for an hour-long interview. We will ask you to bring your electronic nicotine product with you to the interview. You will receive \$40 as a thank you.

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: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____