

HINTS 4, FDA CYCLE DRAFT INSTRUMENT FOR TESTING

ALL QUESTIONS HIGHLIGHTED IN YELLOW ARE NEW QUESTIONS FOR HINTS FDA AND WILL BE TESTED. ALL OTHER QUESTIONS ARE INCLUDED FOR CONTEXT ONLY.

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A: Looking For Health Information

A1. Have you ever looked for information about health or medical topics from any source?

- Yes
- No **GO TO A7 in the next column**

A2. The most recent time you looked for information about health or medical topics, where did you go first?

Mark only one.

- Books
- Brochures, pamphlets, etc.
- Public Health organization
- Family
- Friend/Co-worker
- Doctor or health care provider
- Internet
- Library
- Magazines
- Newspapers
- Telephone information number
- Complementary, alternative, or unconventional practitioner
- Other-Specify:

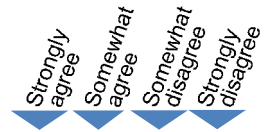
A3. Did you look or go anywhere else that time?

- Yes
- No

A4. The most recent time you looked for information about health or medical topics, who was it for?

- Myself
- Someone else
- Both myself and someone else
- No one in particular

A5. Based on the results of your most recent search for information about health or medical topics, how much do you agree or disagree with each of the following statements?



- a. It took a lot of effort to get the information you needed.....
- b. You felt frustrated during your search for the information.....
- c. You were concerned about the quality of the information.....
- d. The information you found was hard to understand.....

A6. Overall, how confident are you that you could get advice or information about health or medical topics if you needed it?

- Completely confident
- Very confident
- Somewhat confident
- A little confident
- Not confident at all

A7. In general, how much would you trust information about health or medical topics from each of the following?



- a. A doctor.....
- b. Family or friends.....
- c. Government health agencies (e.g., the Food and Drug administration (FDA), National Institutes of Health (NIH) or Centers for Disease Control and Prevention (CDC)).....
- d. Health organizations or groups (such as the American Cancer Society, American Lung Association or others).....
- e. Charitable organizations.....
- f. Religious organizations and leaders.....

ATTACHMENT A-1: HINTS 4 QUESTIONNAIRE CONTENT (FDA CYCLE) – ENGLISH

A8. Imagine that you had a strong need to get information about health or medical topics. Where would you go first?

Mark only one.

- Books
- Brochures, pamphlets, etc.
- Cancer organization
- Family member
- Friend/Co-worker
- Doctor or health care provider
- Internet
- Library
- Magazines
- Newspapers
- Telephone information number
- Complementary, alternative, or unconventional practitioner
- Other-Specify →

A9. How much attention do you pay to information about health or medical topics from each of the following sources?

	None	A little	Some	A lot
a. Online newspapers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Print newspapers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Special health or medical magazines or newsletters.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The Internet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The radio.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Local television news programs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. National or cable television news programs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. TV in general.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Social networking sites such as Facebook or Twitter.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A10. On a typical weekday, about how many hours do you watch television?
_____ hours

A11. On a typical weekday, about how many hours do you listen to the radio?
_____ hours

A12. During a typical weekend, about how many hours do you watch television?
_____ hours

A13. During a typical weekend, about how many hours do you listen to the radio?
_____ hours

A14. During a typical weekend, about how many hours do you use the Internet for personal reasons?
_____ hours

A15. In the past seven days, how many days did you read a newspaper?
_____ hours

A16. Have you ever looked for information about tobacco from any source?

- Yes
- No → **GO TO Section B**

A17. What kinds of information on tobacco products have you ever looked for from any source?

Mark all that apply.

- Health effects
- Products that claim to reduce exposure to certain chemicals or present less risk of disease
- Quitting help/information
- List of chemicals in tobacco products
- Cost/Coupons
- Instructions/tutorials
- Where to buy
- Information about new kinds of tobacco products
- Something else-Specify →

ATTACHMENT A-1: HINTS 4 QUESTIONNAIRE CONTENT (FDA CYCLE) – ENGLISH

A18. If you have looked for information on tobacco products, what information did you look for the most recent time you looked?

Mark only one.

- Health effects
- Products that claim to reduce exposure to certain chemicals or present less risk of disease
- Quitting help/information
- List of chemicals in tobacco products
- Cost/Coupons
- Instructions/tutorials
- Where to buy
- Information about new kinds of tobacco products
- Something else-Specify

A19. Overall, how confident are you that you could get advice or health information about tobacco products if you needed it?

- Completely confident
- Very confident
- Somewhat confident
- A little confident
- Not confident at all

A20. In general, how much would you trust information about the health effects of using tobacco or information about stopping tobacco use from each of the following?

- | | Not at all | A little | Some | A lot |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. A doctor / pharmacist / health care provider..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Family or friends..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Government health agencies (e.g., the Food and Drug administration (FDA), National Institutes of Health (NIH) or Centers for Disease Control and Prevention (CDC))..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Health organizations or groups (such as the American Cancer Society, American Lung Association or others)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Religious organizations and leaders..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Tobacco companies..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B: Using the Internet to Find Information

B1. [Do you ever go on-line to access the Internet or World Wide Web, or to send and receive e-mail?](#)

- Yes
- No → **GO TO SECTION C**

B2. When you use the Internet, do you access it through...

	Yes	No
a. Computer at home.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer at work.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Computer at school.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Computer in a public place (library, community center, other).....	<input type="checkbox"/>	<input type="checkbox"/>
e. On a mobile device (cell phone/smart phone/tablet).....	<input type="checkbox"/>	<input type="checkbox"/>
f. On a gaming device / "Smart TV".....	<input type="checkbox"/>	<input type="checkbox"/>
g. Other.....	<input type="checkbox"/>	<input type="checkbox"/>

B3. Where do you use the Internet most often?

Mark only one.

- Computer at home
- Computer at work
- Computer at school
- Computer in a public place (library, community center, other)
- On a mobile device (cell phone/smart phone/tablet)
- On a gaming device / "Smart TV"

B4. Is there a specific Internet site you like to go to for health or medical information?

- Yes
- No → **GO TO B6 on the next page**

B5. Specify which Internet site you especially like as a source of health or medical information:

B6. In the last 12 months, have you used the Internet for any of the following reasons?

	Yes	No
a. Visited a social networking site, such as Facebook or LinkedIn.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Wrote in an online diary or blog (i.e., Web log).....	<input type="checkbox"/>	<input type="checkbox"/>
c. Shared photos, videos, or other multimedia content on sites such as YouTube or Instagram	<input type="checkbox"/>	<input type="checkbox"/>
d. Downloaded to a mobile device, such as an MP3 player, cell phone, tablet computer or electronic book device.....	<input type="checkbox"/>	<input type="checkbox"/>

B7. Some people notice information about health on the Internet, even when they are not trying to find out about a health concern they have or someone in the family has. Have you read such health information on the Internet in the past 12 months?

- Yes
- No

B8. About how often have you read this sort of information in the past 12 months?

- Once a month or more
- Less than once a month

ATTACHMENT A-1: HINTS 4 QUESTIONNAIRE CONTENT (FDA CYCLE) – ENGLISH

B9. In the last 12 months, have you used the Internet for any of the following reasons?

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Looked for health or medical information for yourself? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Looked for health or medical information for someone else..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Looked for information about quitting smoking..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Participated in an online forum or support group for people with a similar health or medical issue..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Used a website to help you with your diet, weight, or physical activity..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Looked for a health care provider..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Downloaded health information to a mobile device, such as an MP3 player, cell phone, tablet computer or electronic book device..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Shared health information on social media sites, such as Facebook or Twitter..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Exchanged social support about health concerns with family or friends..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Kept track of personal health information such as care received, test results, or upcoming medical appointments..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Watched a health-related video on YouTube..... | <input type="checkbox"/> | <input type="checkbox"/> |

C: Tobacco Products

C1. Have you smoked at least 100 cigarettes in your entire life?

- Yes
- No → **GO TO C7**

C2. Do you now smoke cigarettes every day, some days or not at all?

- Everyday
- Some days → **GO TO C4**
- Not at all → **GO TO C5**

C3. If you now smoke every day or some days, on the days that you smoke, how many cigarettes did you smoke on average?

_____ number of cigarettes

- Don't know

C4. Are you seriously considering quitting smoking in the next six months?

- Yes → **GO TO C7**
- No → **GO TO C7**

C5. About how long has it been since you completely quit smoking cigarettes? (Write a number in one box below)

- Less than 2 weeks
- 2 weeks to less than 1 month ago
- 1 month to less than 3 months ago
- 3 months to less than 6 months ago
- 6 months to less than 1 year ago
- 1 year to less than 5 years ago
- 5 years to less than 15 years ago
- 5 years ago

C6. When you last smoked every day, how many cigarettes did you usually smoke each day?

- 1-9
- 10-19
- 20-29
- 30-39
- 40+

C7. How much do you agree or disagree with this statement: "Smoking behavior is something basic about a person that they can't change very much."

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

C8. There are a number of resources that people use to help them stop smoking. Before being contacted for this survey (and regardless of whether or not you smoke), had you ever heard of telephone quit lines such as a toll-free number to call (e.g., 1-800-QUIT-NOW) or websites (e.g., www.smokefree.gov) for help in quitting smoking?

- Yes
- No

C9. Have you ever called a telephone quitline?

- Yes
- No

C10. How likely would you be to call a quitline or visit a smoking cessation website in the future, for any reason?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely

ATTACHMENT A-1: HINTS 4 QUESTIONNAIRE CONTENT (FDA CYCLE) – ENGLISH



C11. How many cigars (such as Macanudo, Romeo y Julieta, Arturo Fuente or others), cigarillos (such as Black and Mild, Swisher Sweets, Dutch Masters, Phillies Blunts, or others) or little filtered cigars (such as Prime Time or Winchester little filtered cigars, or others) have you smoked in your entire life?

- None
- 1-10
- 11-20
- 20-50
- 30-99
- At least 100 or more

C12. Do you now smoke cigars, cigarillos, or little cigars every day, some days or not at all?

- Everyday
- Some days →GO TO C14
- Not at all →GO TO C15

C13. How many cigars (such as Macanudo, Romeo y Julieta, Arturo Fuente or others), cigarillos (such as Black and Mild, Swisher Sweets, Dutch Masters, Phillies Blunts, or others) or little filtered cigars per day do you smoke?

_____ number of cigars

- Don't know

C14. Is the size of the cigars, cigarillos, or little filtered cigars that you usually smoke...

- Regular or large cigars like Macanudo, Romeo y Julieta, Arturo Fuente, or others
- Medium cigars or "cigarillos" like Black and Mild, Swisher Sweets, Dutch Masters, Phillies Blunts, or others
- Little filtered cigars like Prime Time little filtered cigars, Winchester little filtered cigars, or others

C15. Have you used chewing tobacco, snuff or dip, such as Redman, Levi Garrett, Beechnut, Skoal or Copenhagen, at least 20 times in your entire life?

- Yes
- No →GO TO C18

C16. Do you now use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal or Copenhagen, every day, some days or not at all?

- Everyday
- Some days
- Not at all →GO TO C18

C17. How many containers of smokeless tobacco (including containers of snus) per week do you use?

- None
- Half of a container or less
- 1 container
- 2 containers
- 3 containers
- More than 3 containers



k3441977 www.fotosearch.com

C18. Which of the following tobacco products have you ever heard of?

- Hookah or water pipe filled with tobacco
- Electronic Cigarettes (such as blu, NJOY or Ruyan)
- Pipe filled with tobacco
- "Roll your own" cigarettes
- Snus (such as Camel, Marlboro, Skoal or Swedish Match snus)

C19. Which of the following tobacco products have you ever tried?

- Hookah or water pipe filled with tobacco
- Electronic Cigarettes (such as blu, NJOY or Ruyan)
- Pipe filled with tobacco
- "Roll your own" cigarettes
- Snus (such as Camel, Marlboro, Skoal or Swedish Match snus)

C20. Were any of the tobacco products you used in the past 30 days flavored to taste like menthol (mint), clove, spice, alcohol (wine, cognac), candy, fruit, chocolate, or other sweets?

- Yes
- No
- Don't know

C21. Of the five closest friends or acquaintances that you spend time with on a regular basis, how many of them use any kind of tobacco?

- 0
- 1
- 2
- 3
- 4
- 5

C22. How soon after you wake up do you usually use a tobacco product?

- I do not use tobacco products
- Within 5 minutes
- From 6 to 30 minutes
- From 30 minutes to 1 hour
- From 1 hour but less than 24 hours
- I rarely want to use a tobacco product

ATTACHMENT A-1: HINTS 4 QUESTIONNAIRE CONTENT (FDA CYCLE) – ENGLISH

C26. On a scale of one to five, where one is strongly disagree, and five is strongly agree, please indicate how much you agree or disagree with the following statements

	Strongly agree	Agree	Neither, agree nor disagree	Disagree	Strongly disagree
a. Nicotine is the main substance in tobacco that makes people want to smoke.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The nicotine in cigarettes is the substance that causes most of the cancer caused by smoking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Addiction to nicotine is something that I am concerned about.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C27. Overall, how addictive do you believe each of the following is?

	Not at all addictive	Moderately addictive	Very addictive
a. Cigarette smoking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cigar smoking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Smokeless tobacco use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Electronic cigarettes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Smoking tobacco in a hookah.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Smoking "roll your own" cigarettes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pipe filled with tobacco.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D: Exposure to Messages About Tobacco

D1. In the past 30 days, how often have you seen, heard, or read a message about **Health effects of tobacco use on tobacco users** from each of the following sources?

	Never ↓	A couple of times ↓	A lot of times ↓
Newspaper (online format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magazine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (social media).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (company/org website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (health-specific website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (government website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billboard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupon/Mailings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community event.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Point of sale (such as at or inside convenience stores, drug stores or supermarkets).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D2. In the past 30 days, how often have you seen, heard, or read a message about **Health effects of tobacco use during pregnancy** from each of the following sources?

	Never ↓	A couple of times ↓	A lot of times ↓
Newspaper (online format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magazine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (social media).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (company/org website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (health-specific website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (government website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billboard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupon/Mailings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community event.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Point of sale (such as at or inside convenience stores, drug stores or supermarkets).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT A-1: HINTS 4 QUESTIONNAIRE CONTENT (FDA CYCLE) – ENGLISH

D3. In the past 30 days, how often have you seen, heard, or read a message about **Prevention of tobacco use among youth** from each of the following sources?

D4. In the past 30 days, how often have you seen, heard, or read a message about **National Smoking Quitline or 1-800-QUIT-NOW** from each of the following sources?

	Never ↓	A couple of times ↓	A lot of times ↓
Newspaper (online format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magazine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (social media).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (company/org website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (health-specific website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (government website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billboard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupon/Mailings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community event.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Point of sale (such as at or inside convenience stores, drug stores or supermarkets).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never ↓	A couple of times ↓	A lot of times ↓
Newspaper (online format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magazine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (social media).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (company/org website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (health-specific website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (government website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billboard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupon/Mailings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community event.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Point of sale (such as at or inside convenience stores, drug stores or supermarkets).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT A-1: HINTS 4 QUESTIONNAIRE CONTENT (FDA CYCLE) – ENGLISH

D5. In the past 30 days, how often have you seen, heard, or read a message about **Smokefree.gov or BeTobaccoFree.gov** from each of the following sources?

D6. In the past 30 days, how often have you seen, heard, or read a message about **Addictive Nature of Smoking** from each of the following sources?

	<i>Never</i>	<i>A couple of times</i>	<i>A lot of times</i>
Newspaper (online format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magazine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (social media).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (company/org website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (health-specific website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (government website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billboard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupon/Mailings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community event.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Point of sale (such as at or inside convenience stores, drug stores or supermarkets).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>Never</i>	<i>A couple of times</i>	<i>A lot of times</i>
Newspaper (online format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magazine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (social media).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (company/org website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (health-specific website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (government website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billboard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupon/Mailings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community event.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Point of sale (such as at or inside convenience stores, drug stores or supermarkets).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT A-1: HINTS 4 QUESTIONNAIRE CONTENT (FDA CYCLE) – ENGLISH

D7. In the past 30 days, how often have you seen, heard, or read a message about **Health effects of harmful chemicals in tobacco products** from each of the following sources?

D8. In the past 30 days, how often have you seen, heard, or read a message about **Advertising messages about menthol cigarettes** from each of the following sources?

	Never ↓	A couple of times ↓	A lot of times ↓
Newspaper (online format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magazine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (social media).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (company/org website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (health-specific website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (government website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billboard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupon/Mailings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community event.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Point of sale (such as at or inside convenience stores, drug stores or supermarkets).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never ↓	A couple of times ↓	A lot of times ↓
Newspaper (online format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magazine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (social media).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (company/org website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (health-specific website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (government website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billboard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupon/Mailings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community event.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Point of sale (such as at or inside convenience stores, drug stores or supermarkets).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT A-1: HINTS 4 QUESTIONNAIRE CONTENT (FDA CYCLE) – ENGLISH

D9. In the past 30 days, how often have you seen, heard, or read a message about **Health effects of second-hand smoke** from each of the following sources?

	Never	A couple of times	A lot of times
Newspaper (online format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magazine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (social media).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (company/org website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (health-specific website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (government website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billboard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupon/Mailings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community event.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Point of sale (such as at or inside convenience stores, drug stores or supermarkets).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D10. In the past 30 days, how often have you seen, heard, or read a message about **Advertising messages about e-cigarettes** from each of the following sources?

	Never	A couple of times	A lot of times
Newspaper (online format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative newspaper (print format).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magazine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (social media).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (company/org website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (health-specific website).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (government website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billboard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coupon/Mailings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community event.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Point of sale (such as at or inside convenience stores, drug stores or supermarkets).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E: Contents of Tobacco Products

E1. In the past year, how often have you seen a list of the chemicals that are in tobacco products?

- Never **GO TO E4**
 Rarely
 Sometimes
 Often

E2. Where have you seen a list of the chemicals that are in tobacco products?

Mark all that apply.

- On a government website (e.g., the Food and Drug Administration (FDA), National Institutes of Health (NIH) or Centers for Disease Control and Prevention (CDC) or others)
- From health organizations or groups (such as the American Cancer Society, American Lung Association or others)
- From a tobacco company
- At a Doctor's office/From a health professional
- In a newspaper
- In a magazines
- On the radio
- In a TV ads
- On a TV news program
- Smartphone App
- Other internet-Specify →
- Other source -Specify →

E3. If you haven't seen a public list of the chemicals in tobacco products, where do you think you would be able to find that list?

Mark all that apply.

- On a government website (e.g., the Food and Drug Administration (FDA), National Institutes of Health (NIH) or Centers for Disease Control and Prevention (CDC) or others)
- From health organizations or groups (such as the American Cancer Society, American Lung Association or others)
- From a tobacco company
- At a Doctor's office/From a health professional
- In a newspaper
- In a magazines
- On the radio
- In a TV ads
- On a TV news program
- Smartphone App
- Other internet-Specify →
- Other source -Specify →

E4. In the past year, how often have you thought about the chemicals contained in tobacco products?

- Never
- Rarely
- Sometimes
- Often

ATTACHMENT A-1: HINTS 4 QUESTIONNAIRE CONTENT (FDA CYCLE) – ENGLISH

E5. Where do you think chemicals in cigarettes come from?

- | | Yes
↓ | No
↓ |
|---|--------------------------|--------------------------|
| a. The tobacco leaf..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Tobacco smoke..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The cigarette carton..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Glues, inks, and paper..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The filter..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Things added to the cigarettes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. N/A. There are no chemicals in cigarettes..... | <input type="checkbox"/> | <input type="checkbox"/> |

E6. How many of the chemicals in cigarettes do you think come from the tobacco leaf and the smoke? (Mark one)

- None of the chemicals
- A few of the chemicals
- Many of the chemicals
- All of the chemicals

E7. How many of the chemicals in smokeless tobacco products do you think come from the tobacco leaf? (Mark one)

- None of the chemicals
- A few of the chemicals
- Many of the chemicals
- All of the chemicals

E8. How interested would you be in seeing a list of chemicals in tobacco products listed by each brand?

- Not at all interested → **GO TO E10**
- A little interested
- Somewhat interested
- Very interested

E9. Why would you be interested in seeing that list?

Mark all that apply.

- To find general information on the health effects of tobacco products for me
- To find information on the health effects of tobacco products someone else
- To find information on the levels of a specific chemical(s) in the brand I use
- To find information on the levels of a specific chemical(s) in the brand someone else uses
- To find a brand to switch to lower my risk of health problems
- To find a brand to switch to lower the risk of health problems for someone else
- Curiosity to see what chemicals in are a specific brand
- To verify claims made about health effects of a specific brand
- To figure out what brand is the most cost-effective
- To compare brands
- Even if it will upset me, I want to know about chemicals in tobacco products
- It is important to know about chemicals in tobacco products
- For research or educational purposes
- My health care provider or family member told me to
- My friend, teacher, physician, told me to
- To use as motivation to quit for myself or someone else
- Use as motivation to not start using tobacco products
- Other reason -Specify →

ATTACHMENT A-1: HINTS 4 QUESTIONNAIRE CONTENT (FDA CYCLE) – ENGLISH

E10. Why would you not be interested in seeing that list?

Mark all that apply.

- I don't use tobacco products
- Nobody close to me uses tobacco products
- I already know everything about the chemicals in them
- I don't care about the chemicals in tobacco products
- I don't trust that such a list would be accurate/unbiased
- Scared to know what's on the list (similar to 'don't want to be reminded', but slightly different perspective)
- I already know about the risk I am taking by using tobacco products
- Too much effort to find the list
- Wouldn't know where to find it
- I have already seen the list –where did you see it?
- I don't want to be reminded about the chemicals in tobacco/ Don't want to be reminded about the health effects of tobacco
- When it comes to information about tobacco, sometimes ignorance is bliss.
- I would rather not know about the chemicals in tobacco
- I wouldn't understand the list
- I don't have time
- I don't smoke (or use tobacco products) that much ...social smoker
- I'm not addicted to tobacco products (I can quit anytime)
- I would look at it is someone put it in front of me, but wouldn't look for it myself
- I don't have a computer/Don't have access to it
- Other source -Specify →
- Haven't heard of the list

E11. Formaldehyde is a chemical that has been linked to cancer. Now imagine one brand of tobacco product has more formaldehyde in it than another brand. Do you think you can tell which of these brands is more likely to cause cancer?

- Yes
- No
- Don't know

E12. For each of the following statements, please Mark True or False.

Mark one for each statement.

True False


- a. All tobacco products contain chemicals that may cause harm..... True False
- b. Research is ongoing to find out which chemicals cause harm..... True False

E13. How much do you agree or disagree with the following statement? There is no safe tobacco product. (Mark one)

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

E14. As far as you know, does anyone review tobacco products before they are marketed to consumers?

- Yes
- No
- Don't know

E15. As far as you know, does anyone review statements that tobacco companies make about the contents/chemicals or health effects of their products before they are marketed to consumers?

- Yes
- No
- Don't know

ATTACHMENT A-1: HINTS 4 QUESTIONNAIRE CONTENT (FDA CYCLE) – ENGLISH

E16. Do you believe that tobacco products are tested for harmful chemicals?

- Yes
- No
- Don't know

E17. Who tests tobacco products for harmful chemicals?

Mark only one.

	Yes	No	Not sure
a. Tobacco farmers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Federal government.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. State and local health departments.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Tobacco companies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Independent companies/organizations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. None of the above.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other-Specify.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 200px; height: 20px;" type="text"/>			

E18. How qualified is each of the following to review tobacco products?

	Not at all qualified	A little qualified	Somewhat qualified	Very qualified
a. Centers for Disease Control and Prevention (CDC).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Federal Trade Commission (FTC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Food and Drug Administration (FDA).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Independent groups.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. National Institutes of Health (NIH).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Surgeon General.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Tobacco industry/tobacco companies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. US Board of Cancer Prevention (USBCP).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E19. How unbiased [fair/impartial/biased] is each of the following to review tobacco products?

	Not at all biased	A little biased	Somewhat biased	Very biased
a. Centers for Disease Control and Prevention (CDC).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Federal Trade Commission (FTC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Food and Drug Administration (FDA).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Independent groups.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. National Institutes of Health (NIH).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Surgeon General.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Tobacco industry/tobacco companies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. US Board of Cancer Prevention (USBCP).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E20. The next few questions ask about the priorities of the government to improve people's health. Please state for each item, whether it should be a high priority, medium priority, low priority, or if the government should not address this issue.

	High Priority	Medium priority	Low priority	Government should not address this issue
a. Promoting health education programs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Improving people's knowledge of health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Encouraging people to quit smoking through willpower.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Providing support like nicotine patches to help people quit smoking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Protecting children from tobacco companies advertising and marketing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Encouraging people to seek counseling to quit smoking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT A-1: HINTS 4 QUESTIONNAIRE CONTENT (FDA CYCLE) – ENGLISH

E21. How much of the time do you trust the government in Washington to do what is right?

- Just about all of the time
- Most of the time
- Only some of the time
- Never

E22. How harmful do you think each of the following is to a person's health?

	Not at all harmful	Moderately harmful	Very harmful
a. Cigarette smoking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cigar smoking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Smokeless tobacco use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Electronic cigarettes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E23. How long do you think someone has to smoke cigarettes before it harms their health?

- Less than 1 year
- 1 year
- 5 years
- 10 years
- 20 years or more

E24. How much do you think people harm themselves when they smoke a few cigarettes every day?

- No harm
- Little harm
- Some harm
- A lot of harm

E25. How much do you think people harm themselves when they smoke 10 or more cigarettes every day?

- No harm
- Little harm
- Some harm
- A lot of harm

E26. Do you believe that electronic cigarettes or e-cigarettes, (such as blu, NJOY or Ruyan) are LESS HARMFUL to health, EQUALLY HARMFUL to health, or MORE HARMFUL to health than regular cigarettes?

- Less harmful
- Equally harmful
- More harmful
- I have never heard of electronic cigarettes or e-cigarettes
- I don't know enough about these products

E27. How much do you think people harm themselves when they use smokeless tobacco, such as chewing tobacco, snuff, dip, or snus, every day?

- No harm
- Little harm
- Some harm
- A lot of harm

E28. How much do you think people harm themselves when they use smokeless tobacco, such as chewing tobacco, snuff, dip, or snus, some days but not every day?

- No harm
- Little harm
- Some harm
- A lot of harm

E30. Please indicate how much you agree or disagree with the following statement:

Tobacco is safer to use now than it was 5 years ago.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

ATTACHMENT A-1: HINTS 4 QUESTIONNAIRE CONTENT (FDA CYCLE) – ENGLISH

E31. Do you believe that some cigarettes are less harmful to health than others?

- Yes
- No

E32. Do you believe that some smokeless tobacco products, such as chewing tobacco and snuff, are less harmful to health than cigarettes?

- Yes
- No

E33. If a tobacco product made a claim that it was less harmful to health than other tobacco products, how likely would you be to use that product?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Don't know

E34. If a tobacco product made a claim that it was less addictive than other tobacco products, how likely would you be to use that product?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Don't know

F: Beliefs About Cigarette Claims

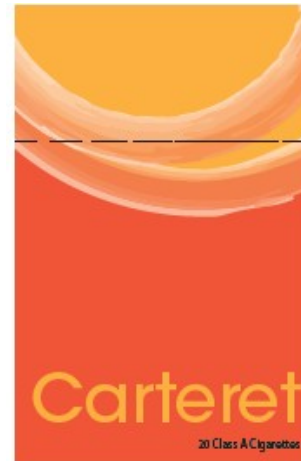
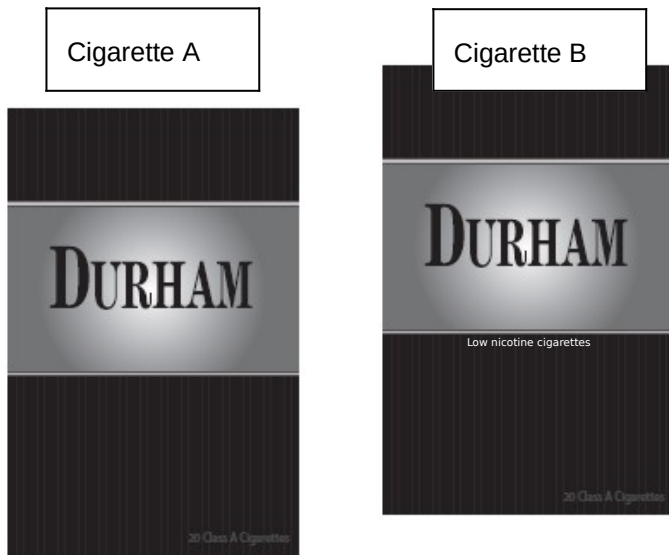
The next few questions ask you to evaluate certain cigarettes. The cigarettes shown in these questions are not currently available, but could be in the future. Please answer the next questions even if you do not currently use tobacco products.



F1. Compared to a typical cigarette, would you think that a cigarette pictured above would be...

- Much more harmful to your health than a typical cigarette.
- Slightly more harmful to your health than a typical cigarette.
- Equally harmful to your health as a typical cigarette.
- Slightly less harmful to your health as a typical cigarette.
- Much less harmful to your health than a typical cigarette.

For the next THREE questions look at the two packs of cigarettes below.



F2. Which cigarette do you think is more harmful to your health?

- Cigarette A would be much more harmful to your health
- Cigarette A would be slightly more harmful to your health
- Both cigarettes would be equally harmful to your health
- Cigarette B would be slightly more harmful to your health
- Cigarette B would be much more harmful to your health

F3. Which cigarette do you think is more addictive?

- Cigarette A would be much more addictive
- Cigarette A would be slightly more addictive
- Both cigarettes would be equally addictive
- Cigarette B would be slightly more addictive
- Cigarette B would be much more addictive

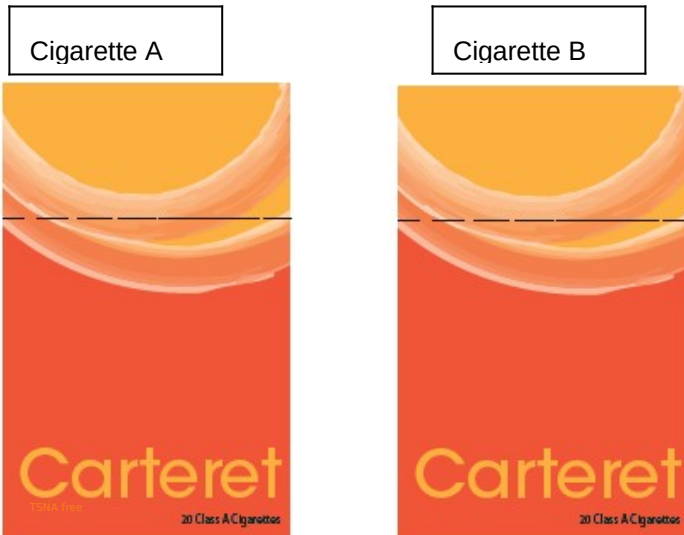
F4. How believable is it that Cigarette B shown above on the right could be “Low nicotine”?

- Not at all believable
- A little believable
- Somewhat believable
- Very believable

F5. Compared to a typical cigarette, would you think that a cigarette pictured above would be

- Much more harmful to your health than a typical cigarette
- Slightly more harmful to your health than a typical cigarette
- Equally harmful to your health as a typical cigarette
- Slightly less harmful to your health as a typical cigarette
- Much less harmful to your health than a typical cigarette

For the next THREE questions look at the two packs of cigarettes below.



F6. Which cigarette do you think is more harmful to your health?

- Cigarette A would be much more harmful to your health
- Cigarette A would be slightly more harmful to your health
- Both cigarettes would be equally harmful to your health
- Cigarette B would be slightly more harmful to your health
- Cigarette B would be much more harmful to your health

F7. Which cigarette do you think is more addictive?

- Cigarette A would be much more addictive
- Cigarette A would be slightly more addictive
- Both cigarettes would be equally addictive
- Cigarette B would be slightly more addictive
- Cigarette B would be much more addictive

F8. How believable is it that Cigarette B shown above on the left could be "TSNA Free"?

- Not at all believable
- A little believable
- Somewhat believable
- Very believable

F9. Compared to a typical cigarette, would you think that a cigarette advertised as "low nicotine" would be...

- Much more harmful to your health than a typical cigarette?
- Slightly more harmful to your health than a typical cigarette?
- Equally harmful to your health as a typical cigarette?
- Slightly less harmful to your health than a typical cigarette?
- Much less harmful to your health than a typical cigarette?

F10. Compared to a typical cigarette, would you think that a cigarette advertised as "low nicotine" would be...

- Much more addictive than a typical cigarette?
- Slightly more addictive than a typical cigarette?
- Equally addictive as a typical cigarette?
- Slightly less addictive than a typical cigarette?
- Much less addictive than a typical cigarette?

F11. How believable is it that a cigarette could be "low nicotine"?

- Not at all believable
- A little believable
- Somewhat believable
- Very believable

F12. Compared to a typical cigarette, would you think that a cigarette advertised as "TSNA Free" would be...

- Much more harmful to your health than a typical cigarette?
- Slightly more harmful to your health than a typical cigarette?
- Equally harmful to your health as a typical cigarette?
- Slightly less harmful to your health than a typical cigarette?
- Much less harmful to your health than a typical cigarette?

F13. Compared to a typical cigarette, would you think that a cigarette advertised as "TSNA Free" would be...

- Much more addictive than a typical cigarette?
- Slightly more addictive than a typical cigarette?
- Equally addictive as a typical cigarette?
- Slightly less addictive than a typical cigarette?
- Much less addictive than a typical cigarette?

F14. How believable is it that a cigarette could be "TSNA Free"?

- Not at all believable
- A little believable
- Somewhat believable
- Very believable

G: Dietary Supplements

These next questions ask about dietary supplements such as vitamins, minerals, herbs, and other supplements that you may take in addition to your regular diet.

G1. If you hear or read that a dietary supplement product "may produce anticarcinogenic effects in the body," does this mean that the product may do any of the following things?

- | | Yes | No |
|---------------------------------------|--------------------------|--------------------------|
| a. Reduce the risk of cancer(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Treat cancer(s)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Completely prevent cancer(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Cure cancer(s)..... | <input type="checkbox"/> | <input type="checkbox"/> |

G2. If a dietary supplement product says on its package that it "may produce anticarcinogenic effects in the body," does this mean the product may reduce the risk of:

- A single type of cancer?
- A few or some types of cancer?
- or all cancers?

G3. If a dietary supplement product says on its package that it "may reduce the risk of certain cancers," does this mean the product may reduce the risk of:

- A single type of cancer?
- A few or some types of cancer?
- or all cancers?

G4. How much do you agree or disagree with each of the following statements?

- | | Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Cancer is most often caused by a person's behavior or lifestyle..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Getting checked regularly for cancer helps find cancer when it's easy to treat..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Cancer is an illness that when detected early can typically be cured..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. It seems like everything causes cancer..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. There's not much you can do to lower your chances of getting cancer..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. There are so many different recommendations about preventing cancer, it's hard to know which ones to follow..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. All cancers have the same causes..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. All cancers can be prevented in the same ways..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. All cancers can be treated in the same ways..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. All cancers can be cured in the same ways..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. All cancers can be avoided through what one eats and drinks..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. All cancers can be avoided by using dietary supplements..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. All cancers can be treated by using dietary supplements instead of drugs or surgery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. The information you found was hard to understand..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please think about dietary supplements such as vitamins, minerals, herbs, and other supplements that you may take in addition to your regular diet.

G5. Please indicate whether or not you have taken one or more of the following types of dietary supplement(s) in the past 12 months:

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Vitamin or Mineral supplements, such as Vitamin C, Vitamin E, iron, or calcium..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Supplements for enhancing athletic performance..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Supplements for inducing weight loss..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Supplements for enhancing sexual or reproductive function..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Supplements for improving mood or mental health | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Supplements for pain relief..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other supplements to address a health problem or enhance health, including herbs or botanicals | <input type="checkbox"/> | <input type="checkbox"/> |

G6. Have you given any dietary supplements to any infant(s), child(ren), or adolescent(s) in your family?

- Yes
 No

G7. If yes, what was the reason for using the supplement

G8. If yes, please provide the name(s) of the supplement(s):

G9. In the past 12 months, have you experienced any health problem that you thought might be related to any dietary supplements you took?

- Yes
 No

G10. The last time you had such a problem, what were the major symptoms of the problem?

- Heart problems/chest pain
- Abdominal pain
- Headache
- Rashes
- Allergy/reaction
- Nausea
- Blood pressure problems
- Diarrhea
- Cramping/muscle aches
- Sleep problems
- Dizziness/fainting
- Itching
- Anxiety/nervousness
- Drowsiness
- Vomiting
- Other symptom -Specify →

G11. What supplement(s) did you think was(were) related to your problem?

Mark all that apply.

- Multi-vitamins
- "Xenadrine"
- Unspecified vitamins/minerals
- Iron
- Ginko Biloba
- Vitamin C
- Calcium
- "Metabolife"
- Vitamin E
- Ginseng
- "Phen Phen"
- St. John's wort
- Vitamin B
- Other supplement(s) -Specify →

G12. Did you report your problem to any of the following institutions or professional?

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. The Food and Drug Administration..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The CDC, Centers for Disease Control and Prevention..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A health department or poison control center..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The manufacturer of the dietary supplement..... | <input type="checkbox"/> | <input type="checkbox"/> |

e. Your doctor.....

H: Food and Drug Administration

Let's think about news reports you hear on medical-product and food safety, the Food and Drug Administration's (FDA) activities, and how these affect your choices.

H1. What do you think are FDA's main purposes for requiring product information on medical products?

Mark all that apply.

- Legal requirement
- Describing how to use the product safely
- Manufacturer advertising
- Explaining the potential negative effects of using the product
- Explaining the benefits from using the product

H2. If the FDA reports that it is investigating an approved drug, does it mean ...

- | | Yes | No | Not
Sure |
|---|--------------------------|--------------------------|--------------------------|
| a. The drug is not safe to use..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. It is unclear whether the drug is safe to use..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The drug is safe to use as directed.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I need to ask my doctor whether it's safe to use the drug..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H3. If a drug you need to take is recalled, would you...

- | | Yes | No | Not
Sure |
|---|--------------------------|--------------------------|--------------------------|
| a. Examine the lot number on my pill bottle?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Stop taking the drug immediately?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Call my doctor to help me understand what to do?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Be careful taking the drug by paying attention to side-effects?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Continue taking the drug as directed?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H4. Under what conditions would you pay attention to reports of an FDA investigation?

- | | Yes | No | Not
Sure |
|---|--------------------------|--------------------------|--------------------------|
| a. If it's a product you use..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If it's a product that a loved one or a friend uses..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. You follow all FDA investigations that you hear about..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. You pay little or no attention to FDA investigations..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H5. The FDA uses many sources to share information from investigations into medical products and food that directly affect you. Where would you prefer that FDA present this information?

Mark all that apply.

- E-mail
- FDA website (<http://www.FDA.gov>)
- MedWatch (<http://www.fda.gov/Safety/MedWatch>)
- Other health or medical-related websites (e.g., webMD, healthfinder)
- Facebook
- Twitter
- Televised interview with FDA physician
- Printed interview with FDA physician in newspaper
- YouTube video

H6. If a food you had bought were recalled, would you...

- | | Yes | No | Not
Sure |
|--|--------------------------|--------------------------|--------------------------|
| a. Throw it out..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Call your doctor to help you understand what to do with the food..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Be careful using the food washing it well and cooking it thoroughly)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Continue to eat the food as usual..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H7. How much do you trust the FDA to keep your medical products and foods safe?

- Not at all
- Somewhat
- A lot

H8. How much do you believe those listed below will give you a clear recommendation about how to manage a problem with medical products?

	Not at all ↓	Somewhat ↓	A lot ↓
a. Food and Drug Administration (FDA).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The manufacturer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My doctor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The industry's professional association.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H9. How much do you believe those listed below will give you a clear recommendation about how to manage a food safety problem?

	Not at all ↓	Somewhat ↓	A lot ↓
a. Food and Drug Administration (FDA).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Centers for Disease Prevention & Control (CDC).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My doctor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. USDA (Department of Agriculture).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H10. Do you AGREE or DISAGREE with each of the following statements?

	Agree ↓	Disagree ↓	Neither agree nor disagree ↓
a. The food I buy is safe to eat.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The medications I buy are safe to use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The medications I buy are effective.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vaccines that I get are safe.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Vaccines that I get are effective.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cosmetics are tested and proved safe before they are sold.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pet food is safe for animals to consume.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My medical equipment is safe to use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My medical equipment works well.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I: You and Your Household

I1. What is your age?

--	--	--

 Years old

I2. What is your current occupational status?

Mark only one.

- Employed
- Unemployed
- Homemaker
- Student
- Retired
- Disabled
- Other-Specify →

--

I3. Have you ever served on active duty in the U.S. Armed Forces, military Reserves or National Guard? Active duty does not include training in the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty
- Yes, on active duty in the last 12 months but not now
- Yes, on active duty in the past, but not in the last 12 months
- No, training for Reserves or National Guard only
- No, never served in the military

I4. What is your marital status?

- Married
- Living as married
- Divorced
- Widowed
- Separated
- Single, never been married

I5. What is the highest grade or level of schooling you completed?

- Less than 8 years
- 8 through 11 years
- 12 years or completed high school
- Post high school training other than college (vocational or technical)
- Some college
- College graduate
- Postgraduate

I6. Were you born in the United States?

- Yes → **GO TO I9 below**
- No

I7. In what year did you come to live in the United States?

--	--	--	--

 Year

I8. How well do you speak English?

- Very well
- Well
- Not well
- Not at all

I9. Are you of Hispanic, Latino/a, or Spanish origin? One or more categories may be selected.

Mark one or more.

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or Spanish origin

I10. What is your race? One or more categories may be selected.

Mark one or more.

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

I11. Including yourself, how many people live in your household?

		Number of people
--	--	------------------

I12. Starting with yourself, please mark the sex, and write in the age and month of birth for each adult 18 years of age or older living at this address.

	Sex	Age	Month Born (01-12)
SELF	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Adult 2	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Adult 3	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Adult 4	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Adult 5	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

I13. How many children under the age of 18 live in your household?

		Number of children under 18
--	--	-----------------------------

I14. Do you currently rent or own your home?

- Own
- Rent
- Occupied without paying monetary rent

I15. [Does anyone in your family have a working cell phone?](#)

- Yes
- No

I16. Is there at least one telephone inside your home that is currently working and is not a cell phone?

- Yes
- No

I17. Thinking about members of your family living in this household, what is your combined annual income, meaning the total pre-tax income from all sources earned in the past year?

- \$0 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 or more

I18. Do you think of yourself as...

- Heterosexual, or straight
- Homosexual, or gay or lesbian
- Bisexual
- Something else -Specify →

I19. Do you live in the same household with someone who uses tobacco products?

- Yes
- No

I20. How many people in your household use tobacco products?

		Number of tobacco users
--	--	-------------------------

I21. Are you deaf or do you have serious difficulty hearing?

- Yes
- No

I22. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

I23. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

I24. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

I25. Do you have difficulty dressing or bathing?

- Yes
- No

I26. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No

I27. About how long did it take you to complete the survey?

Write a number in one box below.

		Minutes			Hours
--	--	---------	--	--	-------

I28. At which of the following types of addresses does your household currently receive residential mail?

Mark all that apply.

- A street address with a house or building number
- An address with a rural route number
- A U.S. post office box (P.O. Box)
- A commercial mail box establishment (such as Mailboxes R Us, and Mailboxes Etc.)