# PATH Wave 4 Focus Groups

Electronic Nicotine Products 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 $50 as a thank you to participate in a focus group discussion that should last about an hour and a half. 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. Which of the following tobacco products do you currently use?

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*

Snus  
*pronounced to rhyme with goose*

Pipe

Hookah

Do not use any tobacco products

1. 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

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

* Yes
* No

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

* Yes
* No

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

* Yes
* No

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

* Yes
* No

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

* Yes
* No

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 in an hour-and-a-half-long focus group. We will ask you to bring your electronic nicotine product with you to the group. [For modifications focus group: Please bring the electronic nicotine product you have modified.] You will receive $50 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_