

The Population Assessment of Tobacco and Health (PATH) Study Screener for E-Cigarette and Hookah Focus Groups

The Population Assessment of Tobacco and Health or PATH Study Westat is a longitudinal data collection by the National Institutes of Health (NIH), through the National Institute on Drug Abuse (NIDA), in partnership with the Food and Drug Administration (FDA). NIDA is conducting the PATH Study through Westat, the prime contractor.

As part of the PATH Study, Westat is partnering with the American Legacy Foundation to conduct focus groups on e-cigarette and hookah use. If you are eligible to participate in a focus group and agree to participate, the PATH Study will provide you \$40.00 at its completion to thank you for your participation. First though, I need to determine your eligibility to participate by asking a few questions.

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
- ONE OR MORE → **INELIGIBLE**

4. Are you currently employed by Westat, a tobacco company, a market research firm, or the Federal government?

- YES AGENCY _____
IF HHS (NIH, FDA, CDC) → INELIGIBLE
ANOTHER AGENCY OK
- NO

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

- EVERY DAY → **GO TO QUESTION 7**

- SOME DAYS → **GO TO QUESTION 6**
- NOT AT ALL → **GO TO QUESTION 8**

6. About how often do you smoke cigarettes?

7. For how long have you been smoking cigarettes this often?

- LESS THAN 3 MONTHS → **INELIGIBLE**
- 3 MONTHS OR MORE

8. Do you have access to a computer?

- YES
- NO

9. Do you have an email address?

- YES
- NO

E-CIGARETTE SCREENING

10. Have you ever used an electronic cigarette, also known as an e-cigarette?

- YES
- NO → **GO TO HOOKAH SECTION**

11. Do you now use e-cigarettes every day, some days or not at all?

- EVERY DAY → **GO TO QUESTION 13**
- SOME DAYS
- NOT AT ALL → **TERMINATE**

12. About how often do you use e-cigarettes?

13. For how long have you been using e-cigarettes this often?

- LESS THAN 3 MONTHS → **GO TO HOOKAH SECTION**
- 3 MONTHS OR MORE

14. What was the brand of the last e-cigarette you purchased?

[IF UNABLE TO NAME A BRAND, → INELIGIBLE]

E-CIGARETTE GROUP ELIGIBILITY

DUAL USE GROUPS

- AT LEAST WEEKLY CIGARETTE SMOKING FOR AT LEAST 3 MONTHS
- AT LEAST WEEKLY E-CIGARETTE USE FOR AT LEAST 3 MONTHS
- CAN REPORT AN E-CIGARETTE BRAND
- HAS ACCESS TO COMPUTER
- HAS EMAIL ADDRESS

E-CIGARETTE EXCLUSIVE GROUPS

- EVERY DAY OR SOME DAY E-CIGARETTE USE FOR AT LEAST 3-6 MONTHS
- MONTHLY CIGARETTE SMOKING OK
- CAN REPORT AN E-CIGARETTE BRAND
- HAS ACCESS TO COMPUTER
- HAS EMAIL ADDRESS

HOOKAH SCREENING

15. Have you ever used a hookah?

- YES
- NO → **TERMINATE**

16. Have you used hookah in the past 3 months?

- YES
- NO → **TERMINATE**

17. Do you now use hookah every day, weekly, monthly, or less than monthly?

- EVERY DAY
- WEEKLY
- MONTHLY
- LESS THAN MONTHLY

18. Do you live in the Washington, D.C. area?

- YES
- NO → **DETERMINE ELIGIBILITY**

19. Are you willing to travel to the Dupont Circle area to participate in a focus group?

- YES
- NO

HOOKAH GROUP ELIGIBILITY

HOOKAH GROUPS – ONLINE

- USED HOOKAH IN PAST THREE MONTHS
- HAS ACCESS TO COMPUTER
- HAS EMAIL ADDRESS

HOOKAH GROUPS – IN PERSON

- USED HOOKAH IN PAST THREE MONTHS
- WILLING TO TRAVEL TO DUPONT

20. Are you male or female?

- MALE
- FEMALE

21. What is your race/ethnicity?

- BLACK OR AFRICAN AMERICAN
- HISPANIC OR LATINO
- WHITE
- AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- OTHER _____

22. What is your age?

_____ years

23. 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. We will destroy the information you have provided.

IF ELIGIBLE

Thank you for answering all the questions. We will contact you if you are selected to participate. May I please have your name, phone number and/or email to contact you?

COLLECT RESPONDENT NAME, ADDRESS, AND PHONE NUMBER.

V6 2.14.14

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____