

|                       |                      |
|-----------------------|----------------------|
| <b>Word Questions</b> | <b>Pages 2 to 6</b>  |
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OMB No.: 0925-XXXX  
Expiration Date:  
xx/xx/20xx

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[on next webpage]

**INTRODUCTION:**

Thank you for taking time from your busy schedule to take part in this research. Your answers will be kept private to the extent provided by law – that is, your personal responses will not be traced to your name.

Make sure you are comfortable and can read the screen from where you sit.

This final survey will take about 15 minutes to complete. We ask you to complete the survey in one sitting (without taking any breaks) in order to avoid distractions.

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[on next webpage]

1. Have you smoked cigarettes at all, even a puff, in the last 7 days?
  - a. Yes [Ask 2 & 3, then skip to #6]
  - b. No [SKIP TO Q4]
  
2. On how many days of the past 7 days did you smoke cigarettes, even a puff? If you're not sure, give your best guess.  
(Input number)
  
3. In the past 7 days, about how many cigarettes did you smoke on the days you smoked? If you're not sure, give your best guess.  
(Input number)

4. Have you smoked cigarettes at all, even a puff, in the last 30 days?
  - a. Yes [Skip to #6]
  - b. No [Go to #5]
  
5. Have you smoked cigarettes at all, even a puff, since your quit date?
  - a. Yes [If Yes, ask #6]
  - b. No [If No, skip to #7]
  
6. What is the total number of cigarettes you have smoked since your quit date? If you're not sure, give your best guess.
  - a. 1-2 cigarettes
  - b. 3-5 cigarettes
  - c. 5-10 cigarettes
  - d. More than 10 cigarettes
  
7. Since your quit date, have you: (SELECT ALL THAT APPLY)
  - a. Used dissolvable smokeless tobacco, e.g., sticks, strips, or orbs?
  - b. Smoked bidis, kreteks, or tobacco in a pipe?
  - c. Smoked flavored cigarettes?
  - d. Smoked menthol cigarettes?
  - e. Smoked flavored cigars?
  - f. Smoked tobacco out of a water pipe - (also called a "hookah")?
  - g. Used snus?
  - h. Used an electronic cigarette?
  - i. None of the above
  - j.
  
8. Since your quit date, did you do any of the following to help you stop smoking? (SELECT ALL YOU HAVE TRIED)
  - a. I did not try to quit since my quit date
  - b. Attended a program (i.e., in my community or school)
  - c. Called a help line or quit line
  - d. Used nicotine gum
  - e. Used nicotine patch
  - f. Used some other medicine to help quit
  - g. Visited an internet quit site
  - h. Downloaded a Smartphone application focused on helping people quit smoking
  - i. Got help from family or friends
  - j. I tried to quit but did something else
  - k. I tried to quit but did not do any of these things
  
9. On a scale from 1 to 10 with 10 being extremely motivated and 1 being not at all motivated, how motivated are you to continue working on quitting smoking right now? (check one)

|            |   |   |   |   |   |   |   |   |           |
|------------|---|---|---|---|---|---|---|---|-----------|
| 1          | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10        |
| Not at all |   |   |   |   |   |   |   |   | Extremely |

|           |  |  |  |  |  |  |  |  |           |
|-----------|--|--|--|--|--|--|--|--|-----------|
| motivated |  |  |  |  |  |  |  |  | motivated |
|-----------|--|--|--|--|--|--|--|--|-----------|

[NOTE TO PROGRAMMER: If Q5 = no, ask 10a for those who have not smoked since their quit date. If Q5 = yes, ask 10b for those who have continued to smoke after their quit date.]

**10a.** You just indicated that you have not smoked cigarettes at all, even a puff, since your quit date. Please choose the statement that best describes your level of motivation to stay quit:

- a. I really want to stay quit.
- b. I am thinking about starting smoking again.
- c. I really want to start smoking again.

**10b.** Please choose the statement that best describes your level of motivation:

- a. I don't want to stop smoking
- b. I think I should stop smoking but don't really want to
- c. I want to stop smoking but haven't thought about when
- d. I really want to stop smoking but I don't know when I will
- e. I want to stop smoking and hope to soon
- f. I really want to stop smoking and intend to in the next 3 months
- g. I really want to stop smoking and intend to in the next month

| Since your quit date of ____, which of the following did you use to help you stay off cigarettes? | Yes | No |
|---|-----|----|
| 11. Surrounded myself with others who support my quitting   |     |    |
| 12. Anticipated and planned for times when I was tempted to smoke                                 |     |    |
| 13. Reminded myself why I want to be smokefree  |     |    |
| 14. Learned my smoking triggers so I could avoid them   |     |    |
| 15. Avoided social situations that trigger my smoking   |     |    |
| 16. Had a plan for how to respond when offered a cigarette  |     |    |
| 17. Managed my stress so I wouldn't be tempted to smoke   |     |    |
| 18. Arranged my daily routines to decrease my temptations to smoke                                |     |    |

| Think about the last time you had a strong craving. Did you do any of the following? | Yes | No |
|--|-----|----|
| 19. Distracted myself by doing something else  |     |    |
| 20. Asked a friend for support   |     |    |

Attachment 20: 24 Week Follow Up Survey

|   |  |  |
|---|--|--|
| 21. Used gum or mints to keep my mouth busy |  |  |
| 22. Found a smokefree place to go           |  |  |
| 23. Waited for the craving to pass          |  |  |
| 24. Exercised or did a physical activity    |  |  |

|   |                      |   |   |   |                     |
|---|----------------------|---|---|---|---------------------|
|   | Not at all confident |   |   |   | Extremely confident |
| 25. I am confident that I will be able to stay off cigarettes for good. | 0                    | 1 | 2 | 3 | 4                   |

**If you are trying or have tried to quit smoking, to what extent do you agree/disagree with the following 8 statements for you?**

|   | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|---|-------------------|----------|----------------------------|-------|----------------|
| 26. There are people or resources I can count on for emotional support  | 1                 | 2        | 3                          | 4     | 5              |
| 27. I am pretty much on my own.   | 1                 | 2        | 3                          | 4     | 5              |
| 28. There are people or resources who can help me find out the answers to my questions.                                     | 1                 | 2        | 3                          | 4     | 5              |
| 29. I have been overwhelmed by the amount of information on quitting smoking.   | 1                 | 2        | 3                          | 4     | 5              |
| 30. The information I get on quitting smoking is easy to understand.  | 1                 | 2        | 3                          | 4     | 5              |
| 31. I have found it easy to get the information on quitting smoking that I need.  | 1                 | 2        | 3                          | 4     | 5              |
| 32. I have the skills and knowledge needed to quit smoking successfully   | 1                 | 2        | 3                          | 4     | 5              |
| 33. The resources (things I can read, people I can talk with) that I have had for quitting smoking have been helpful to me. | 1                 | 2        | 3                          | 4     | 5              |

34. During the past month, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some of your usual activities?

- a. Yes
- b. No
- c. Not sure

35. About how much do you weigh without shoes? \_\_\_ pounds

36. How would you describe your weight over the past month?

- I have been losing weight
- I have been gaining weight
- I have stayed the same

37. Right now do you feel you are...

- Overweight
- Slightly overweight
- Underweight
- Slightly underweight
- Just about the right weight for you

:It seems you have skipped the following questions

DISPLAY SKIPPED QUESTIONS HERE. INCLUDE "SKIP" AS A RESPONSE OPTION

If you skipped these questions by mistake, please click on the question to complete it  
.now

If you meant to skip the question, please select "I prefer not to answer" next to the  
.question



**:CONCLUSION**

Thank you for completing the final survey of this study. To retrieve your gift card for this survey click here [insert link to claim gift card]. We also will send you an email that will

## Attachment 20: 24 Week Follow Up Survey

contain the link to the gift card if you would like to claim it at a later time. This is the last survey, so we will not be contacting you in the future regarding this study. Thank you so much for your time

**QuitTXT Study** (1000001)  
3 Month (12 Week) Survey/PAN

Overall Progress:  88%  
Section Progress:  99%



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Expiration Date: x0x0x/20xx

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**QuitTXT Study** (1000001)  
6 Month (24 Week) Survey/6M\_Intro

Overall Progress:  100%  
Section Progress:  100%


**INTRODUCTION:**

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# QuitTXT Study

(10000001)  
6 Month (24 Week) Survey/6M\_Q1

Overall Progress:  15%


Section Progress:  16%

Have you smoked cigarettes at all, even a puff, in the last 7 days?

Yes

No

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**QuitTXT Study** (10000001)  
6 Month (24 Week) Survey/6M\_Q2

Overall Progress:  20%  
Section Progress:  24%

On how many days of the past 7 days did you smoke cigarettes, even a puff? If you're not sure, give your best guess.



Type in number of days:

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**QuitTXT Study** (10000001)  
6 Month (24 Week) Survey/6M\_Q3

Overall Progress:  25%  
Section Progress:  25%

In the past 7 days, about how many cigarettes did you smoke on the days you smoked? If you're not sure, give your best guess.

Type in number of cigarettes:

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**QuitTXT Study** (10000001)  
6 Month (24 Week) Survey/6M\_Q4

Overall Progress:  30%

Section Progress:  10%

Have you smoked cigarettes at all, even a puff, in the last 30 days?

Yes  
 No

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**QuitTXT Study** (10000001)  
6 Month (24 Week) Survey/6M\_Q5

Overall Progress: 33%  
Section Progress: 7%

Have you smoked cigarettes at all, even a puff, since your quit date?

Yes  
 No

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**QuitTXT Study** (10000001)  
6 Month (24 Week) Survey/6M\_Q6

Overall Progress: 40%  
Section Progress: 12%

What is the total number of cigarettes you have smoked since your quit date? If you're not sure, give your best guess.

- 1-2 cigarettes
- 3-5 cigarettes
- 6-10 cigarettes
- More than 10 cigarettes

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**QuitTXT Study** (10000001)  
6 Month (24 Week) Survey/6M\_Q7

Overall Progress: 45%  
Section Progress: 7%

Since your quit date, have you: (SELECT ALL THAT APPLY)

- Used dissolvable smokeless tobacco, e.g., sticks, strips, or orbs?
- Smoked bidis, kreteks, or tobacco in a pipe?
- Smoked flavored cigarettes?
- Smoked menthol cigarettes?
- Smoked flavored cigars?
- Smoked tobacco out of a water pipe - (also called a "hookah")?
- Used snus?
- Used an electronic cigarette?
- None of the above

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**QuitTXT Study** (10000001)  
6 Month (24 Week) Survey/6M\_Q8

Overall Progress: 50%  
Section Progress: 5%

Since your quit date, did you do any of the following to help you stop smoking?  
(SELECT ALL YOU HAVE TRIED)



- I did not try to quit since my quit date
- Attended a program (i.e., in my community or school)
- Called a help line or quit line
- Used nicotine gum
- Used nicotine patch
- Used some other medicine to help quit
- Visited an internet quit site
- Downloaded a Smartphone application focused on helping people quit smoking
- Got help from family or friends
- I tried to quit but did something else
- I tried to quit but did not do any of these things

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**QuitTXT Study** (10000001)  
6 Month (24 Week) Survey/6M\_Q9


Overall Progress:  55%  
Section Progress:  55%

On a scale from 1 to 10 with 10 being extremely motivated and 1 being not at all motivated, how motivated are you to continue working on quitting smoking right now? (check one)

The value you have chosen:

*Not at all motivated*  *Extremely motivated*


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# QuitTXT Study

(10000001)  
6 Month (24 Week) Survey/6M\_Q10a


Overall Progress:  60%

Section Progress:  15%

You just indicated that you have not smoked cigarettes at all, even a puff, since your quit date. Please choose the statement that best describes your level of motivation to stay quit:

- I really want to stay quit.
- I am thinking about starting smoking again.
- I really want to start smoking again.

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**QuitTXT Study** (10000001)  
6 Month (24 Week) Survey/6M\_Q10b

Overall Progress: 65%  
Section Progress: 15%

Please choose the statement that best describes your level of motivation:

- I don't want to stop smoking
- I think I should stop smoking but don't really want to
- I want to stop smoking but haven't thought about when
- I really want to stop smoking but I don't know when I will
- I want to stop smoking and hope to soon
- I really want to stop smoking and intend to in the next 3 months
- I really want to stop smoking and intend to in the next month

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(10000001)  
6 Month (24 Week) Survey/6M\_Q11-Q18

## QuitTXT Study

Overall Progress:  70%

Section Progress:  17%

Since your quit date of , which of the following did you use to help you stay off cigarettes?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| Surrounded myself with others who support my quitting          | <input type="radio"/> | <input type="radio"/> |
| Anticipated and planned for times when I was tempted to smoke  | <input type="radio"/> | <input type="radio"/> |
| Reminded myself why I want to be smokefree                     | <input type="radio"/> | <input type="radio"/> |
| Learned my smoking triggers so I could avoid them              | <input type="radio"/> | <input type="radio"/> |
| Avoided social situations that trigger my smoking              | <input type="radio"/> | <input type="radio"/> |
| Had a plan for how to respond when offered a cigarette         | <input type="radio"/> | <input type="radio"/> |
| Managed my stress so I wouldn't be tempted to smoke            | <input type="radio"/> | <input type="radio"/> |
| Arranged my daily routines to decrease my temptations to smoke | <input type="radio"/> | <input type="radio"/> |

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**QuitTXT Study** (10000001)  
6 Month (24 Week) Survey/6M\_Q19-Q24

Overall Progress: 75%  
Section Progress: 72%

Think about the last time you had a strong craving. Did you do any of the following?

|   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| Distracted myself by doing something else | <input type="radio"/> | <input type="radio"/> |
| Asked a friend for support                | <input type="radio"/> | <input type="radio"/> |
| Used gum or mints to keep my mouth busy   | <input type="radio"/> | <input type="radio"/> |
| Found a smokefree place to go             | <input type="radio"/> | <input type="radio"/> |
| Waited for the craving to pass            | <input type="radio"/> | <input type="radio"/> |
| Exercised or did a physical activity      | <input type="radio"/> | <input type="radio"/> |

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**QuitTXT Study** (10000001)  
6 Month (24 Week) Survey/6M\_Q25

Overall Progress: 80%  
Section Progress: 100%

How confident are you that you will be able to stay off cigarettes for good ?

The value you have chosen:

Not at all confident  Extremely confident

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QuitTXT Study

(10000001)

6 Month (24 Week) Survey/6M\_Q26-Q33

Overall Progress:  85%

Section Progress:  15%

If you are trying or have tried to quit smoking, to what extent do you agree/disagree with the following 8 statements for you?

|   | Strongly Disagree     | Disagree              | Neither agree nor disagree | Agree                 | Strongly agree        |
|---|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| There are people or resources I can count on for emotional support  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I am pretty much on my own.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| There are people or resources who can help me find out the answers to my questions.                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I have been overwhelmed by the amount of information on quitting smoking.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| The information I get on quitting smoking is easy to understand.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I have found it easy to get the information on quitting smoking that I need.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| I have the skills and knowledge needed to quit smoking successfully   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |
| The resources (things I can read, people I can talk with) that I have had for quitting smoking have been helpful to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

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**QuitTXT Study** (10000001)  
6 Month (24 Week) Survey/6M\_Q34

Overall Progress: 80%  
Section Progress: 15%

During the past month, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some of your usual activities?

Yes  
 No  
 Not Sure

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**QuitTXT Study** (10000001)  
6 Month (24 Week) Survey/6M\_Q35

Overall Progress: 83%  
Section Progress: 88%


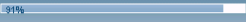
About how much do you weigh without shoes?

pounds

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**QuitTXT Study** (1000001)  
6 Month (24 Week) Survey/6M\_036

Overall Progress:  87%  
Section Progress:  91%



How would you describe your weight over the past month?

- I have been losing weight
- I have been gaining weight
- I have stayed the same

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**QuitTXT Study** (1000001)  
6 Month (24 Week) Survey/6M\_037

Overall Progress:  91%  
Section Progress:  95%

Right now do you feel you are...

- Overweight
- Slightly overweight
- Underweight
- Slightly underweight
- Just about the right weight for you

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The screenshot shows a web browser window displaying the 'QuitTXT Study' survey completion page. The page has a dark blue header with the study name on the left and progress information on the right. The progress information includes a user ID '(10000001)', the survey title '6 Month (24 Week) Survey/6M\_Thanks', and two progress bars: 'Overall Progress' at 85% and 'Section Progress' at 100%. Below the header, a paragraph of text thanks the user for completing the survey and provides instructions on how to retrieve a gift card. At the bottom of the main content area, there are four navigation buttons: 'Previous', 'Finish', 'Help', and 'Logoff'. The footer of the page features the 'Hatteras' logo. The browser's address bar shows 'Local intranet' and the page is zoomed to 100%.

**QuitTXT Study** (10000001)  
6 Month (24 Week) Survey/6M\_Thanks  
Overall Progress: 85%  
Section Progress: 100%

Thank you for completing the final survey of this study. To retrieve your gift card for this survey click here [insert link to claim gift card]. We also will send you an email that will contain the link to the gift card if you would like to claim it at a later time. This is the last survey, so we will not be contacting you in the future regarding this study. Thank you so much for your time.

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