

This is a time-sensitive request.

OMB approval is requested by December 14, 2012, for information collection beginning December 15, 2012. Results will be used to inform implementation of a media campaign tentatively scheduled to launch in January 2013.

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## Information Collection #4:

### National Tobacco Education Campaign: Rough Cut Testing of TV, Print, and Radio Ads

Submitted for approval under CDC generic approval #0920-0910  
*Message Testing for Tobacco Communication Activities*

Draft #4: Submitted November 28, 2012

## Supporting Statement: Part A

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### Data Collection Instruments

- Attachment 1. Screener for General Population and American Indians/Alaska Natives
- Attachment 2(e). Screener for Spanish Speaking Hispanics (in English)
- Attachment 2(s). Screener for Spanish Speaking Hispanics (in Spanish)
- Attachment 3 (e). Main Questionnaire (in English)
- Attachment 3 (s). Main Questionnaire (in Spanish)

### Other Attachments

- Attachment 4(e). Emails to Participants (Initial Email Invitation, Reminder Email)
  - Attachment 4(s). Emails to Participants (Initial Email Invitation, Reminder Email) (in Spanish)
  - Attachment 5(e). Privacy Policies (Harris, Survey Sampling International)
  - Attachment 5(s). Privacy Policies (Harris, Survey Sampling International) (in Spanish)
  - Attachment 6(e). Terms (Terms & Conditions; Terms of Use)
  - Attachment 6(s). Terms (Terms & Conditions; Terms of Use) (in Spanish)
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## **Section A: Justification for Information Collection**

### **A.1 Circumstances Making the Collection of Information Necessary**

In winter of 2012, HHS/CDC launched the highly successful “TIPS From Former Smokers” campaign. The “TIPS” campaign was authorized by the Prevention and Public Health Fund of the Affordable Care Act. The second phase, “Tips 2,” is currently being developed and will continue to expand on the health consequences of tobacco use theme by featuring real people who have suffered as a result of their smoking and exposure to secondhand smoke. Tips 2 will feature additional health conditions and population groups not featured in Tips 1. The campaign will encourage smokers to quit smoking and to seek information about smoking cessation support from informed sources, such as 1-800-QUIT-NOW, government websites and health care providers. The campaign will also provide information about the harmful effects of secondhand smoke and encourage non-smokers to seek smoke-free environments and encourage their loved ones to quit smoking. CDC’s Office on Smoking and Health (OSH) has lead responsibility for a number of tobacco education campaign components, including the production of effective campaign messages that may be disseminated through a variety of channels, including television, print and/or radio communication channels.

Tips 1 primarily used ads that focused on the negative health consequences of smoking, such as cancer or heart disease, to encourage smoking cessation and information seeking. Tips 2 will focus on the same health consequences theme but will develop ads that depict additional health harms that result from smoking or secondhand smoke. These harms may include asthma, diabetes, and cancer. Tips 2 also aims to examine a cessation message that encourages quitting by telling a former smoker’s story about quitting. Further, it is critical that the final ads include a broad representation of smokers and individuals affected by smoking and secondhand smoke. The ads must be relevant and comprehensible to a general population audience as well as subgroups, such as American Indians/Alaska Natives or individuals who identify as lesbian, gay or bisexual, that have high rates of smoking, or growing subgroups, such as Spanish-speaking Hispanic smokers and non-smokers. In addition, for ads that discuss smoking and its association with less well-known diseases, such as diabetes, it is important to examine how the campaign messages resonate for individuals with those conditions.

With these goals in mind, twenty-one (21) draft ads have been prepared as candidates for release in the upcoming tobacco education campaign. The ads depict real individuals suffering from the health effects of smoking cigarettes and/or secondhand smoke. Of the 21 draft ads, eight (8) are print ads, seven (7) are 30-second or 60-second radio ads, and six (6) are 30-second television ads. However, the draft ads must undergo rough cut testing before final ads can be produced for dissemination to ensure that they communicate as intended. Rough cut testing refers to testing that is conducted with advertisements that are in near final form to ensure that the near-final ads are “hitting the mark” in terms of clarity, credibility, believability and persuasiveness. Rough cut testing is a standard activity in the Health Communication Program Cycle and is critical in informing the development of the final ads. For Tips 1, we conducted rough cut testing of TV, radio and print ads under this Generic Clearance (please see approvals for 0920-0910 IC#1 and IC#2).

CDC/OSH is requesting OMB approval to conduct rough cut testing of the following from December 2012 – January 2013. The proposed information collection will involve testing of TV, radio and print ads among adults ages 18-54, Spanish-speaking Hispanics ages 18-54, American Indians/Alaska Natives ages 18-54, and people with diabetes ages 18-54. The draft creative materials have not been approved by HHS/CDC for public distribution and are considered embargoed until approved. Additionally, unauthorized release prior to testing could inadvertently offend the public and could jeopardize the testing/assessment strategy. As a result this information collection request does not include copies of the materials to be tested in order to preserve the orderly release of campaign materials.

Print ads:

1. Ad named “Jamason”
2. Ad named “Ellie”
3. Ad named “Nathan”
4. Ad named “Terrie”
5. Ad named “Bill”
6. Ad named “Beatrice” (Spanish)
7. Ad named “Jessica” (Spanish)
8. Ad named “Mariano” (Spanish)

Radio ads:

1. Ad named “Nathan”
2. Ad named “Michael”
3. Ad named “Bill”
4. Ad named “Tiffany”
5. Ad named “Terrie”
6. Ad named “Mariano” (Spanish)
7. Ad named “Jessica” (Spanish)

Television ads:

1. Ad named “Nathan\_Dance”
2. Ad named “Michael\_Thinking”
3. Ad named “Terrie\_Voice”
4. Ad named “Bill\_List”
5. Ad named “Tiffany\_Missed”
6. Ad named “Jessica” (Spanish)

## **Privacy Impact Assessment Information**

### Overview of the Information Collection

The proposed information collection will involve testing of 21 TV, radio and print ads among adults ages 18-54, Spanish-speaking Hispanics ages 18-54, American Indians/Alaska Natives ages 18-54, and people

with diabetes ages 18-54. The target number of English-speaking respondents is 6,600 and the target number of Spanish-speaking respondents is 1,200. Information will be collected electronically through a self-administered online survey instrument. The web-based system is ideal because of the ease of presenting visual stimuli (the ads) to respondents and recording their feedback. Respondents will be recruited through an existing web-based panel system, and screened for eligibility and interest prior to administration of the main information collection instrument.

A summary of the data collection plan, advertising to be tested, data collection instrument, and target audience, is provided in Table A.1.A.

**Table A.1.A. Summary of Data Collection Plan by Item to Be Tested, Data Collection Instrument and Target Audience**

<b>Items to be Tested</b>	<b>Data Collection Instrument</b>	<b>Target Audience</b>	<b># of Respondents</b>
	Screeners for General Population and AI/AN and people with Diabetes	English-speaking men and women ages 18-54	13,500
	Screeners for Spanish Speaking Hispanics	Spanish-speaking Hispanic men and women ages 18-54	1,200
5 TV Ads (in English)	Main Questionnaire (in English)	General Population ages 18-54 including smoker oversample	2,000 (smoker oversample=250)
		American Indians/Alaska Natives (AI/AN) ages 18-54	100
		People with Diabetes ages 18-54	100
5 Radio Ads (in English)	Main Questionnaire (in English)	General Population ages 18-54 including smoker oversample	2,000 (smoker oversample=250)
		American Indian/Alaska Native (AI/AN) ages 18-54	100
		People with Diabetes ages 18-54	100
5 Print Ads (in English)	Main Questionnaire (in English)	General Population ages 18-54 including smoker oversample	2,000 (smoker oversample =250)
		American Indians/Alaska Natives (AI/AN) ages 18-54	100
		People with Diabetes ages 18-54	100
1 TV ad, 2 Radio Ads, 3 Print Ads (in Spanish)	Main Questionnaire (in Spanish)	Spanish-speaking Hispanics ages 18-54	600

Rough cut testing will be segmented by language and advertising medium.

- We estimate that we will need to screen approximately 13,500 adults to identify and recruit participants for the English-speaking audience. The target number of English-speaking adult respondents for the rough cut ad testing is 6,600.
- We estimate that we will need to screen approximately 1,200 adults to identify and recruit participants for the Spanish-speaking audience. The target number of Spanish-speaking adult respondents for the rough cut ad testing is 600.

### Items of Information to be Collected

Information about respondent demographics and smoking behavior will be collected through a screening process (see **Attachments 1 and 2**) to verify the respondent characteristics needed for audience segmentation. The purpose of audience segmentation is to ensure campaign messages are credible and persuasive among specific segments, thus improving effectiveness and using resources wisely. For example, smokers and non-smokers may have different beliefs and behaviors related to tobacco use and secondhand smoke exposure and may respond differently to certain types of messages. Similarly, background demographics such as gender or education can impact individuals' perception of smoking and the credibility of a specific message. Race and ethnicity can also play a role – for example, American Indians/Alaska Natives who smoke may have different beliefs and behaviors related to tobacco use compared with other smokers, and messages will need to be designed to address the differing behaviors and motivations of these audience segments. Such information is critical for proper tailoring of messages based on whether an individual is contemplating quitting in the near future or not at all. The screening information is also needed to assign each respondent to the appropriate questions in the main questionnaire, as well as for analysis of the segments. For Spanish-speaking respondents, we will ask additional questions regarding Spanish-language media consumption, to assess whether the respondent is sufficiently familiar with Spanish-language TV, radio and print media to participate in the survey.

The main questionnaire (see **Attachment 3**) will ask respondents to provide opinions about each ad's main message, emotional impact, clarity, believability, memorability, persuasiveness, and anticipated effects on respondent behavior. Respondents will report on their reactions to the ads, such as whether the ad is convincing, comprehensible, would generate conversation with friends and family, and provides trustworthy and credible information. We will also ask respondents if the advertisement would affect their behavioral intentions regarding tobacco use or secondhand smoke, such as whether the ad would make a smoker want to quit smoking. The objective of the test is not to measure *likeability* of the advertisement. Likeability, per se, does not necessarily lead to changes in audience [or respondent] behavior, as a disliked but memorable ad may still affect an individual's behavior in a positive manner. We will also ask certain demographic questions regarding education, marital status, children in the household, income and sexual orientation so as to examine whether individuals' reactions to the ads differ by these factors.

The number of questions will be held to the absolute minimum required for the intended use of the data.

### Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age

All respondents will be 18 years of age or older. There is no website content directed at children younger than 13 years of age.

## **A.2 Purpose and Use of Information Collection**

The information to be collected will allow CDC/OSH to assess whether each ad is likely to be perceived as credible, comprehensible, and persuasive by target audience members as well as whether the ad elicits negative emotions, which is considered to be an important factor in overall impact of tobacco control messages (Davis 2012, Durkin 2012, Emery 2012, NCI 2008, Wakefield 2011). The information will also allow CDC/OSH to determine whether the ads motivate respondents to take certain actions, such as call 1-800-QUIT-NOW for assistance in quitting smoking or to help someone they care about quit smoking or whether they would visit an informational government website, or take other similar actions. If this data collection is not performed, CDC/OSH will not know whether these ads communicate intended messages credibly and effectively across audience segments and whether they motivate the audiences to take actions based on the messages.

Ads will be finalized for production after analysis of results from rough-cut testing. CDC/OSH will use the information collected through rough cut testing to inform decisions about whether the fully produced ads should be highly similar to the rough cut ads (no or very few changes); whether the ads must be changed in order to be more effective; or whether to omit one or more ads from the upcoming launch of the campaign because of issues raised during the rough-cut testing.

## **A.3 Use of Improved Information Technology and Burden Reduction**

Information will be collected electronically through an online, web-based panel system. Respondents have the option of completing the survey in one session, or saving a partially completed survey for completion at a later date or time.

A Web-enabled panel approach uses online technology to collect data from households that participate in an ongoing panel. The HarrisPoll Online panel will be used for the General Population, American Indian/Alaska Native and people with diabetes samples. An online panel maintained by Survey Sampling International (SSI) will be used for the Spanish-Speaking Hispanics sample. The panels used for this testing are very large, allowing quick selection from the overall pool and rapid identification of several potential respondents from extremely small subgroups of the population. Samples from these panels are not designed to generate nationally representative samples or precise population parameters but rather are used as a highly efficient, low cost, and low burden method of data collection for testing whether the advertisements are credible, comprehensible and persuasive. Web-based surveys are an especially convenient option for eliciting feedback on visual stimuli.

## **A.4 Efforts to Identify Duplication and Use of Similar Information**

Prior to conducting any data collection, CDC/OSH reviews existing published literature and unpublished qualitative pretesting reports when they are available, and also consults with outside experts to identify information that could facilitate message development. Health messages developed by CDC/OSH are

unique in their mix of intended audience, health behavior, concept, and execution. Therefore, there are no similar data available.

CDC/OSH collaborates with other U.S. government agencies that sponsor health communication projects such as the U.S. Food and Drug Administration's (FDA) Center for Tobacco Products. These affiliations serve as information channels and help prevent redundancy. Ongoing communication, including bi-weekly meetings between CDC's Office of Smoking and Health and FDA's Center for Tobacco Products, ensures that information collections are coordinated and not duplicative.

#### **A.5 Impact on Small Business or Other Small Entities**

There will be no impact on small businesses or other small entities.

#### **A.6 Consequences of Collecting the Information Less Frequently**

Without the proposed information collection, CDC/OSH will have only limited and anecdotal information to guide message and ad development and risks developing a campaign that will not be effective in achieving its goals of getting smokers to quit.

#### **A.7 Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

The testing activities fully comply with the regulation and guidelines in 5 CFR 1320.5. There are no special circumstances.

#### **A.8 Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency**

Not applicable.

#### **A.9 Explanation of Any Payments or Gift to Respondents**

Health message development and testing occur in a highly dynamic, fast-paced environment. Utilization of existing respondent panels allows CDC/OSH to obtain information quickly so that adjustments can be made, as needed, and health messages and campaigns can progress rapidly from the planning stage to the implementation stage. Similar rapid turnaround techniques are used in the private sector.

The panels from which respondents will be drawn are established panels that provide points as a reward for participation. Immediately upon completion of the survey, respondents will be provided with a certain number of points that are equivalent to \$1.00. Those points (called "HI Points" (Harris) and "Opinion Points" (SSI) are accrued with other points when the panelist takes part in other surveys. At any time, the panelist is able to redeem their points for different products, such as gift cards.



An independent incentive partner, Touchstone, manages the redemption for Harris. This agent adheres to the data collection contractor's strict privacy policy and has agreed to safeguard the privacy of panel member information at all times during and after providing service. SSI manages the rewards programs for its panel and follows a strict privacy policy and safeguards the privacy of panel members at all times. For Terms and Conditions, Terms of Use and Privacy Policy, please see Privacy Policies and Terms and Conditions (see **Attachment 5 and 6**).

#### **A.10 Assurance of Confidentiality Provided to Respondents**

Privacy Act Determination. All English-speaking respondents will be recruited from an existing Harris Interactive panel maintained by the data collection contractor. Spanish-speaking Hispanics will be recruited by Harris from a panel maintained by Survey Sampling International. Although demographic information (e.g., gender, age, and race) will be gathered, no direct personal identifiers (e.g., full name, phone number, social security number, etc.) will be collected or maintained as part of the Screener (see **Attachments 1 and 2**), or Main Questionnaire (see **Attachment 3**). No directly identifying information will be transmitted to CDC/OSH. The Privacy Act does not apply.

Safeguards. While Harris Interactive and Survey Sampling International (SSI) will have access to personally identifiable information (PII) on panel subscribers, no PII will be shared with any agencies outside of Harris and SSI and data will only be analyzed and reported in the aggregate. All data will be stored on password-protected databases to which only Harris or SSI employees working on this project have access. Harris and SSI are firmly committed to protecting the privacy of its panel members. Their policies ensure that PII is not released without panel member permission. In support of its privacy policies, Harris Interactive has been awarded TRUSTe's Privacy Seal signifying that this privacy policy and practices have been reviewed for requirements including transparency, accountability and choice regarding the collection and use of panel member personal information. Harris Interactive also participates in and adheres to the U.S.-EU Safe Harbor Framework as set forth by the U.S. Department of Commerce regarding the collection, use, and retention of data. Harris Interactive's data collection conforms to the Council of American Survey Research Organizations (CASRO) Code of Standards and Ethics for Survey Research, the European Society of Opinion and Marketing Research (ESOMAR) Codes and Guidelines for Survey Research, the European Commission Directive on Data Protection, SNYTEC in France, the French law on "Informatique et Libertés", CNIL, the American Association for Public Opinion Research (AAPOR) Code of Professional Ethics and Practices, the Federal Trade Commission (FTC) Fair Information Practice Principles, the FTC's Children's Online Privacy Protection Act (COPPA) Final Rule, the Children's Advertising Review Unit (CARU) Guidelines for Advertising on the Internet and Online Services, the Health Insurance Portability and Accountability Act (HIPAA), the Graham-Leach Bliley Act (GLB), and the CAN-SPAM Act. (See **Attachment 5** for further details on privacy policy.)

Respondent Advisements and Consent. Respondents will be advised of the nature of the activity, the length of time it will require, and that participation is purely voluntary. They will also be provided with

the Privacy Policy (in Spanish for the respondents who are part of the Spanish-speaking Hispanics group, and in English for all other respondents). The appropriate advisements are included in the Screener (see **Attachment 1 and 2**), and the initial page of the Main Questionnaire (see **Attachments 3**). Respondents will be assured that they will incur no penalties if they wish not to respond to the information collection as a whole or to any specific questions. These procedures conform to ethical practices for collecting data from human participants.

CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has reviewed this submission and determined that it does not involve research with human subjects and does not require review and approval by CDC's IRB.

#### **A.11 Justification for Sensitive Questions**

The majority of questions asked will not be of a sensitive nature. There will be no requests for a respondent's Social Security Number (SSN).

It will be necessary to ask some questions considered to be of a sensitive nature in order to assess individuals' attitudes and behaviors or to test messages about the specific health behavior of cigarette smoking. Questions about messages concerning smoking behavior (e.g., tobacco use) and some demographic information (e.g., Race or Ethnicity) could be considered sensitive, although these items would not generally be considered highly sensitive. We will also ask about tribal affiliation for American Indians/Alaska Natives (AI/AN) as we are specifically recruiting the AI/AN population for this information collection and we want to ensure a reasonable degree of diversity in regional and tribal background among respondents. We will also ask about sexual orientation as we are interested in examining the lesbian, gay, or bisexual population's attitudes, behaviors, and responses to the test messages, and whether they differ from the rest of the population. Questions about sensitive issues are necessary for audience segmentation and to assess individuals' response to messages. In addition, questions about emotional reactions to the advertisement are necessary to see if the advertisement is achieving intended objectives. Respondents will be informed of the applicable privacy safeguards.

Sensitive information will only be requested when necessary for specific project objectives and questions requesting such information will include a "decline to answer" option.

#### **A.12 Estimates of Annualized Burden Hours and Costs**

The data collection will occur concurrently for the English- and Spanish-language audience segments. **(See Section A.16 with timelines)** This English-language data collection will screen approximately 13,500 respondents and completed surveys will be collected from approximately 6,600 of those respondents. This Spanish-language data collection will screen approximately 1,200 respondents and completed surveys will be collected from approximately 600 of those respondents.

The screening of the audience determines qualification status to participate in this message testing activity. While Harris Interactive and Survey Sampling International have some basic demographic information on panel members prior to the screening, some demographic questions are asked during screening to confirm that information is correct and to assess whether any information has changed (i.e., educational status, state of residence). Once respondents have been screened and qualified (see **Attachments 1 and 2**), they immediately enter the online Main Questionnaire (see **Attachment 3**). Each respondent is shown two ads. The order of the ads will be rotated to reduce bias. Respondents are shown the first ad and asked a series of questions regarding believability, engagement with the ad and potential impact on behavior. After viewing the first ad, respondents then view the second ad and answer the same battery of questions. After viewing the two ads and answering the relevant survey questions for each, respondents will be asked a few additional demographic questions and the survey is completed.

The estimated burden to respondents is 2 minutes for the screener and 13 minutes for the main questionnaire. The total estimated burden for all responses is 2,050 hours.

**Table A.12.A. Estimated Annualized Burden to Respondents**

<b>Form Name</b>	<b>No. of Respondents</b>	<b>No. Responses per Respondent</b>	<b>Average Burden per Response (in hours)</b>	<b>Total Burden Hours</b>
Screener for General Population, Smoker Oversample, AI/AN, and People with Diabetes	13,500	1	2/60	450
Screener for Spanish Speaking Hispanics	1,200	1	2/60	40
Main Questionnaire for General Population, Smoker Oversample, AI/AN, and People with Diabetes	6,600	1	13/60	1,430
Main Questionnaire for Spanish Speaking Hispanics	600	1	13/60	130
<b>Total</b>				<b>2,050</b>

The estimated cost of the time devoted to this information collection by respondents is \$47,150, as summarized in Table A.12.B. To calculate this cost, we used the mean hourly wage of \$23, which represents the DOL estimated mean for state, local, and private industry earnings. There are no direct costs to respondents associated with participation in this information collection.

**Table A.12.B Estimated Annualized Cost to Respondents**

Type of Respondent Form Name	No. of Respondents	No. Responses per Respondent	Average Hourly Wage	Total Burden Hours	Total Cost
Screener for General Population, Smoker Oversample, AI/AN, and People with Diabetes	13,500	1	\$23	450	\$10,350
Screener for Spanish Speaking Hispanics	1,200	1	\$23	40	\$920
Main Questionnaire for General Population, Smoker Oversample, AI/AN, and People with Diabetes	6,600	1	\$23	1,430	\$32,890
Main Questionnaire for Spanish Speaking Hispanics	600	1	\$23	130	\$2,990
<b>Total</b>					<b>\$47,150</b>

**A.13 Estimates of Other Annual Cost Burden to Respondents and Record Keepers**

None

**A.14 Annualized Cost to the Federal Government**

Approximately 5% of one full-time equivalent (FTE) and 1% of one senior manager will be required to oversee the information collection activities for one month. Responsibilities will include internal coordination and review of materials and reports and maintaining proper accounting of burden hours. The agency estimates that it will take a GS-14, at a wage rate of \$48.41 an hour, approximately 10 hours to manage the project, totaling about \$484.00. It is estimated to take a GS-15, at a wage rate of \$64.54 an hour, approximately two hours to oversee the total project, totaling \$129.08

The total average annualized cost to the government for CDC/OSH oversight is \$613.

Government Personnel	Time Commitment	Hourly Basic Rate	Total
GS-14	5%	\$48.41	\$484
GS-15	1%	\$64.54	\$129
<b>Subtotal, Government Personnel</b>			<b>\$613</b>
<b>Contract Costs</b>			<b>\$174,511</b>

<b>Total Costs</b>	<b>\$175,124</b>
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The majority of data collection activities will be conducted by contractors on CDC/OSH's behalf. The total cost of the data collection contractors is \$174,511, which includes consultation, instrument design and development, recruitment, data collection, analyses, and reporting. The American Legacy Foundation provided subject matter expertise on questionnaire content. Information will be collected by Harris Interactive. Activities are coordinated through a contract with the Plowshare Group, a specialist in media campaigns.

The grand total cost for the project, including government and contractor cost, is \$175,124.

#### **A.15 Explanation for Program Changes or Adjustments**

This is a new data collection.

#### **A.16 Plans for Tabulation and Publication and Project Time Schedule**

The information will be used to inform decisions about the fully produced Tips 2 ads and health communication data across OSH. Information collection and analysis will occur from December 2012 - January 2013. We are aiming for a campaign launch date of January 21, 2013, and multiple steps are required between approval of this rough-cut package and the launch in order to meet that target date. Working backward from a launch date of January 21, 2013, we have provided a timeline (**Incorporated below, on the following page**). Assuming an OMB approval date of December 14, 2012, we plan to begin the information collection activity on December 15, 2012.

**Table A.16.A.** Estimated Timeline

<b>Activities</b>	<b>Dates</b>
Information Collection #4 Submitted to OMB	November 30, 2012
CDC/OSH receives approval on Information Collection #4	December 14, 2012
Information Collection Activity Field Testing Begins	December 15, 2012
Information Collection Activity Field Testing Ends	December 26, 2012
Interim results to CDC/OSH	January 4, 2013
Draft field test report to CDC/OSH	January 18, 2013
Final field test report to CDC/OSH (based on edits/changes from CDC/OSH)	January 25, 2013

The analysis will examine overall levels of perceived effectiveness, as measured by the frequency of respondents' reporting that the ad was believable and convincing, attention-grabbing, credible, motivational, easy to understand, and provided new information. We will also analyze qualitative open-ended responses for the respondents' answers to open-ended questions, such as respondents' perceptions of the 'main message' of the ad as well as likes and dislikes. Here we will look for commonalities and differences in terms of message interpretation and for common themes in terms of elements that resonate well or poorly with respondents. We will examine overall levels of respondent motivation in response to the ads, as measured by the frequency of responses to whether they would talk to someone else about the ad or if the ad would make them take some other action (support smoke-free laws, quit smoking, encourage someone to quit smoking, call the 1-800 Quitline).

We will analyze the above factors overall, as well as by age (18-24/25-54 year olds), smoking status (smokers/non-smokers), sexual orientation, health condition (diabetes specifically), and race/ethnicity subgroup status (American Indian/Alaska Native and Spanish-Speaking Hispanic subgroups specifically).

### **A.17 Reason(s) Display of OMB Expiration is Inappropriate**

The expiration date of OMB approval will be displayed on all information collection instruments.

### **A.18 Exceptions to Certification for Paperwork Reduction Act Submissions**

No exceptions are requested.

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