

**Evaluation of the National Tobacco Prevention and Control  
Public Education Campaign**

**Smoker Phase 2 Follow-Up Questionnaire**

Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0923).

**A3.**

**Do you now smoke every day, some days, or not at all?**

1. I smoke every day
2. I smoke on some days
3. I do not smoke at all

**B1.**

**On the average, about how many cigarettes a day do you now smoke?**

Type in the number for the answer

Number of cigarettes

**B2.**

**On the days that you smoke, how soon after you wake up do you usually have your first cigarette? Would you say...**

Select one answer only

- Within 5 minutes
- 6-30 minutes
- From more than 30 minutes to 1 hour
- After more than 1 hour

**B3.**

**Within the past 30 days, what is the main color of the cigarettes that you have smoked, not including the filter?**

Rationale: Identify cigar smokers who mistakenly self-identify as cigarettes smokers.

Source: Developed from consultation with subject matter experts.

1. White Cigarettes (show picture with arrow to the body of the cigarette)
2. Brown Cigarettes (show picture with arrow to body of brown little cigar)
3. Both White Cigarettes and Brown Cigarettes
4. Other specify

**B4.**

**Within the last 30 days, have you smoked a cigarette with the following flavors (select all that apply)**

Rationale: Flavored tobacco products appeal to youth and young adults.

Source: Adapted from New York Tobacco Survey (added menthol).

1. Original, plain, OR regular
2. Menthol
3. Fruit (such as grape, strawberry, peach, apple)
4. Alcohol (such as wine, cognac, rum, Irish cream)
5. Candy (such as chocolate, vanilla)
6. Mint, other than menthol (such as wintergreen, frost, spearmint, peppermint)
7. Other specify

**B5.**

**Since (FILL DATE OF CAMPAIGN LAUNCH), on how many days did you smoke cigars, cigarillos or very small cigars that look like cigarettes?**

Rationale: Provides an indicator of cigar use.

Source: National Adult Tobacco Survey

\_\_\_\_\_ Number of days (0 – 30)

**(If B5>0, Ask B6)**