NONSMOKER WAVE 1 SURVEY

[DISPLAY]

Form Approved
OMB No. 0920-0923
Exp. Date XX/XX/XXXX

Evaluation of the National Tobacco Prevention and Control Public Education Campaign Nonsmoker Questionnaire

---

SUBJECTS FOR QUESTIONNAIRE

SECTION B:	TOBACCO USE QUESTIONS
SECTION C:	ATTITUDES AND BELIEFS
SECTION D:	SECONDHAND SMOKE
SECTION E:	MEDIA USE AND AWARENESS
SECTION F:	CLOSING QUESTIONS

SECTION A: PREVIOUS TOBACCO USE

[IF A2=1, ASK NA4]

NA4. Have you smoked cigarettes at all, even one puff, in the past **12 months**?

1. Yes
2. No

[IF NA4=1, ASK NA5]

NA5. Have you quit smoking cigarettes completely in the past 6 months?

1. Yes
2. No

SECTION B: TOBACCO USE QUESTIONS

[IF NA5=1, ASK NB2]

NB2. During the past **3 months**, how many times have you stopped smoking for one day or longer because you were trying to quit smoking cigarettes for good?

_____ Number of times

[IF NA4=1, ASK NB1]

NB1. During the past **12 months**, that is, since [DATE FILL], how many times have you stopped smoking for one day or longer because you were trying to quit smoking cigarettes for good?

_____ Number of times

NC1a. During the past **4 months**, on which days did you try to quit smoking? Using your cursor, click on each day that you **did not smoke** cigarettes **because you were trying to quit smoking**. Your best guess is fine.

Please click on each date you did not smoke due to quitting. **If you did not try to quit smoking on any day** in the past four months, select the 'Did not' response below.

Month	Week of:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
September	Sept. 16, 2013	☐ 16	☐ 17	☐ 18	☐ 19	☐ 20	☐ 21	☐ 22
	Sept. 23, 2013	☐ 23	☐ 24	☐ 25	☐ 26	☐ 27	☐ 28	☐ 29
	Sept. 30, 2013	☐ 30	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
October	Oct. 7, 2013	☐ 7	☐ 8	☐ 9	☐ 10	☐ 11	☐ 12	☐ 13
	Oct. 14, 2013	☐ 14	☐ 15	☐ 16	☐ 17	☐ 18	☐ 19	☐ 20
	Oct. 21, 2013	☐ 21	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26	☐ 27
	Oct. 28, 2013	☐ 28	☐ 29	☐ 30	☐ 31	☐ 1	☐ 2	☐ 3
Month	Week of:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
November	Nov. 4, 2013	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10
	Nov. 11, 2013	☐ 11	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
	Nov. 18, 2013	☐ 18	☐ 19	☐ 20	☐ 21	☐ 22	☐ 23	☐ 24
	Nov. 25, 2013	☐ 25	☐ 26	☐ 27	☐ 28	☐ 29	☐ 30	☐ 1
December	Dec. 2, 2013	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
	Dec. 9, 2013	☐ 9	☐ 10	☐ 11	☐ 12	☐ 13	☐ 14	☐ 15
	Dec. 16, 2013	☐ 16	☐ 17	☐ 18	☐ 19	☐ 20	☐ 21	☐ 22
	Dec. 23, 2013	☐ 23	☐ 24	☐ 25	☐ 26	☐ 27	☐ 28	☐ 29
	Dec. 30, 2013	☐ 30	☐ 31	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Month	Week of:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
January	Jan. 6, 2014	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10	11	12
☐ Did not try to quit smoking for at least one day during any of the weeks above								

NC1b. In the past 4 months, during any of the weeks listed below did you quit smoking entirely for at least one day **because you were trying to quit smoking**?

Please click on each week that you did not smoke due to quitting for at least one day. **If you did not try to quit smoking for at least one day** during the following weeks in the past four months, select the 'Did not' response below.

Month	Week of:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Quit smoking entirely for at least one day in this week
September	Sept. 16, 2013	16	17	18	19	20	21	22	☐
	Sept. 23, 2013	23	24	25	26	27	28	29	☐
	Sept. 30, 2013	30	1	2	3	4	5	6	☐
October	Oct. 7, 2013	7	8	9	10	11	12	13	☐
	Oct. 14, 2013	14	15	16	17	18	19	20	☐
	Oct. 21, 2013	21	22	23	24	25	26	27	☐
	Oct. 28, 2013	28	29	30	31	1	2	3	☐
Month	Week of:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Quit smoking entirely for at least one day in this week
November	Nov. 4, 2013	4	5	6	7	8	9	10	☐
	Nov. 11, 2013	11	12	13	14	15	16	17	☐
	Nov. 18, 2013	18	19	20	21	22	23	24	☐
	Nov. 25, 2013	25	26	27	28	29	30	1	☐
December	Dec. 2, 2013	2	3	4	5	6	7	8	☐
	Dec. 9, 2013	9	10	11	12	13	14	15	☐
	Dec. 16, 2013	16	17	18	19	20	21	22	☐
	Dec. 23, 2013	23	24	25	26	27	28	29	☐
	Dec. 30, 2013	30	31	1	2	3	4	5	☐
☐ Did not try to quit smoking for at least one day during any of the weeks above									

NC1c. On which days did you try to quit smoking during these weeks over the past 4 months? Using your cursor, click on each day that you **did not smoke** cigarettes **because you were trying to quit smoking**. Your best guess is fine.

If you did not try to quit smoking on any day during the following weeks in the past four months, select the 'Did not' response below.

Month	Week of:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
September	Sept. 16, 2013	☐ 16	☐ 17	☐ 18	☐ 19	☐ 20	☐ 21	☐ 22
	Sept. 23, 2013	☐ 23	☐ 24	☐ 25	☐ 26	☐ 27	☐ 28	☐ 29
	Sept. 30, 2013	☐ 30	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
October	Oct. 7, 2013	☐ 7	☐ 8	☐ 9	☐ 10	☐ 11	☐ 12	☐ 13
	Oct. 14, 2013	☐ 14	☐ 15	☐ 16	☐ 17	☐ 18	☐ 19	☐ 20
	Oct. 21, 2013	☐ 21	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26	☐ 27
	Oct. 28, 2013	☐ 28	☐ 29	☐ 30	☐ 31	☐ 1	☐ 2	☐ 3
Month	Week of:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
November	Nov. 4, 2013	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10
	Nov. 11, 2013	☐ 11	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
	Nov. 18, 2013	☐ 18	☐ 19	☐ 20	☐ 21	☐ 22	☐ 23	☐ 24
	Nov. 25, 2013	☐ 25	☐ 26	☐ 27	☐ 28	☐ 29	☐ 30	☐ 1
December	Dec. 2, 2013	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
	Dec. 9, 2013	☐ 9	☐ 10	☐ 11	☐ 12	☐ 13	☐ 14	☐ 15
	Dec. 16, 2013	☐ 16	☐ 17	☐ 18	☐ 19	☐ 20	☐ 21	☐ 22
	Dec. 23, 2013	☐ 23	☐ 24	☐ 25	☐ 26	☐ 27	☐ 28	☐ 29
	Dec. 30, 2013	☐ 30	☐ 31	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Month	Week of:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
January	Jan. 6, 2014	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10	11	12
☐ Did not try to quit smoking for at least one day during any of the weeks above								

NC1d_1. Did you use electronic cigarettes/e-cigarettes on at least one day during any of the following weeks in the past 4 months?

If you did not use e-cigarettes during any of the following weeks, select the 'Did not' response below.

Month	Week of:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Used an e-cigarette on at least one day
September	Sept. 16, 2013	16	17	18	19	20	21	22	☐
	Sept. 23, 2013	23	24	25	26	27	28	29	☐
	Sept. 30, 2013	30	1	2	3	4	5	6	☐
October	Oct. 7, 2013	7	8	9	10	11	12	13	☐
	Oct. 14, 2013	14	15	16	17	18	19	20	☐
	Oct. 21, 2013	21	22	23	24	25	26	27	☐
	Oct. 28, 2013	28	29	30	31	1	2	3	☐
Month	Week of:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Used an e-cigarette on at least one day
November	Nov. 4, 2013	4	5	6	7	8	9	10	☐
	Nov. 11, 2013	11	12	13	14	15	16	17	☐
	Nov. 18, 2013	18	19	20	21	22	23	24	☐
	Nov. 25, 2013	25	26	27	28	29	30	1	☐
December	Dec. 2, 2013	2	3	4	5	6	7	8	☐
	Dec. 9, 2013	9	10	11	12	13	14	15	☐
	Dec. 16, 2013	16	17	18	19	20	21	22	☐
	Dec. 23, 2013	23	24	25	26	27	28	29	☐
	Dec. 30, 2013	30	31	1	2	3	4	5	☐
☐ Did not use any e-cigarettes during any of the weeks listed above									

NC1d_2. Did you use any tobacco product other than cigarettes or electronic cigarettes/e-cigarettes on at least one day during any of the following weeks in the past 4 months?

If you did not use any tobacco product other than cigarettes or electronic cigarettes/e-cigarettes during any of the following weeks, select the 'Did not' response below.

Month	Week of:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Used any other tobacco product (cigar, hookah, smokeless, etc) on at least one day
September	Sept. 16, 2013	16	17	18	19	20	21	22	☐
	Sept. 23, 2013	23	24	25	26	27	28	29	☐
	Sept. 30, 2013	30	1	2	3	4	5	6	☐
October	Oct. 7, 2013	7	8	9	10	11	12	13	☐
	Oct. 14, 2013	14	15	16	17	18	19	20	☐
	Oct. 21, 2013	21	22	23	24	25	26	27	☐
	Oct. 28, 2013	28	29	30	31	1	2	3	☐
Month	Week of:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Used any other tobacco product (cigar, hookah, smokeless, etc) on at least one day
November	Nov. 4, 2013	4	5	6	7	8	9	10	☐
	Nov. 11, 2013	11	12	13	14	15	16	17	☐
	Nov. 18, 2013	18	19	20	21	22	23	24	☐
	Nov. 25, 2013	25	26	27	28	29	30	1	☐
December	Dec. 2, 2013	2	3	4	5	6	7	8	☐
	Dec. 9, 2013	9	10	11	12	13	14	15	☐
	Dec. 16, 2013	16	17	18	19	20	21	22	☐
	Dec. 23, 2013	23	24	25	26	27	28	29	☐
	Dec. 30, 2013	30	31	1	2	3	4	5	☐
☐ Did not use any other tobacco products during the weeks listed above									

NC1e. For <u>each week</u> listed below, we have 3 questions:

1) did you quit smoking during the week for <u>at least one day</u> **because you were trying to quit smoking**?

2) did you use an electronic cigarette/e-cigarette on at least one day during the week?

3) did you use any tobacco product other than cigarettes or electronic cigarettes/e-cigarettes (such as cigar, hookahs or smokeless tobacco products) on at least one day during the week?

Select all weeks that apply within each column. **If you did NOT do a particular behavior for all the weeks**, select the appropriate 'Did not' response at the bottom.

Month	Week of:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Quit smoking entirely at least one day	Used an e-cigarette on at least one day	Used any other tobacco product (cigar, hookah, smokeless, etc.) on at least one day
September	Sept. 16, 2013	16	17	18	19	20	21	22	☐	☐	☐
	Sept. 23, 2013	23	24	25	26	27	28	29	☐	☐	☐
	Sept. 30, 2013	30	1	2	3	4	5	6	☐	☐	☐
October	Oct. 7, 2013	7	8	9	10	11	12	13	☐	☐	☐
	Oct. 14, 2013	14	15	16	17	18	19	20	☐	☐	☐
	Oct. 21, 2013	21	22	23	24	25	26	27	☐	☐	☐
	Oct. 28, 2013	28	29	30	31	1	2	3	☐	☐	☐
Month	Week of:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Quit smoking entirely at least one day	Used an e-cigarette on at least one day	Used any other tobacco product (cigar, hookah, smokeless, etc.) on at least one day
November	Nov. 4, 2013	4	5	6	7	8	9	10	☐	☐	☐
	Nov. 11, 2013	11	12	13	14	15	16	17	☐	☐	☐
	Nov. 18, 2013	18	19	20	21	22	23	24	☐	☐	☐
	Nov. 25, 2013	25	26	27	28	29	30	1	☐	☐	☐
December	Dec. 2, 2013	2	3	4	5	6	7	8	☐	☐	☐
	Dec. 9, 2013	9	10	11	12	13	14	15	☐	☐	☐
	Dec. 16, 2013	16	17	18	19	20	21	22	☐	☐	☐
	Dec. 23, 2013	23	24	25	26	27	28	29	☐	☐	☐
	Dec. 30, 2013	30	31	1	2	3	4	5	☐	☐	☐
Did not try to quit smoking for at least one day during any of the weeks above									☐		
Did not use an e-cigarette on at least one day during any of the weeks above										☐	
Did not use any tobacco product other than a cigarette or e-cig during any of the weeks above											☐

[IF NA4=1, ASK NB3]

NB3. How long has it been since you last smoked a cigarette?

NB3a. _____[ENTER NUMBER]

NB3b. [DROP BOX FOR UNITS]

1. Hours (0 – 24)
2. Days (0 – 10)
3. Weeks (0 – 26)
4. Months (0 – 6)

[IF NB1>0 or NB1a =1 ASK NB4]

NB4. When you last tried to quit smoking, did you do any of the following?

[PRESENT IN RANDOM ORDER] Select

[ANSWER ALL]

1. Yes
2. No

NB4_1. Give up cigarettes all at once
NB4_2. Gradually cut back on cigarettes
NB4_3. Switch **completely** to electronic cigarettes or e-cigarettes such as Blu or NJOY
NB4_4. Substituted some of your regular cigarettes with e-cigarettes
NB4_5. Switch to mild or some other brand of cigarettes
NB4_6. Use nicotine replacements like the nicotine patch or nicotine gum
NB4_7. Use medications like Zyban or Chantix
NB4_8. Get help from a telephone quit line
NB4_9. Get help from a website such as Smokefree.gov
NB4_10. Get help from a doctor or other health professional

[IF NB1>0 or NB1a =1 ASK NB5]

NB5. When you last tried to quit smoking, did any of the following motivate you to try to quit?

[PRESENT AS GRID IN RANDOM ORDER, ASK ALL]

1. Yes
2. No

NB5_1. A family member or friend encouraged me to try to quit
NB5_2. Television commercials, radio ads, or other types of advertisements that focus on the health consequences of smoking
NB5_3. My doctor or other health professional advised me to quit smoking
NB5_4. Workplace restrictions on smoking
NB5_5. Other, specify_____

[IF NA4=1, ASK NB6 & NB7]

NB6. Since [FILL START DATE] between [START DATE] and [END DATE], did you see or talk to any type of dental care provider (dentist, dental hygienist, orthodontist, oral surgeon, any other dental specialist) for dental care or a dental check-up?

1. Yes
2. No

NB6a. During the past **[FILL # MONTHS PLANNED CAMPAIGN DURATION] months**, that is since [FILL DATE], have you talked with your dental care provider (dentist, dental hygienist, orthodontist, oral surgeon, any other dental specialist) about your smoking or about quitting smoking?

1. Yes
2. No

NB7. During the past **[FILL # MONTHS PLANNED CAMPAIGN DURATION] months**, that is since **[FILL DATE]**, has a dental care provider (dentist, dental hygienist, orthodontist, oral surgeon, any other dental specialist) advised you to quit smoking?

1. Yes
2. No

E-CIGARETTE QUESTIONS

The next questions are about electronic cigarettes, often called e-cigarettes. An e-cigarette looks like a regular cigarette, but it runs on a battery and produces vapor instead of smoke. There are many types of e-cigarettes.

NB8. Have you ever used electronic cigarettes or e-cigarettes, such as Smoking Everywhere, NJOY, Blu or Vapor King, even one time?

1. Yes
2. No

[IF NB8=1 ASK NB9]

NB9. Do you now use electronic cigarettes or e-cigarettes….

1. Every day
2. Some days
3. Not at all

[IF NB9=1 ASK NB9A AND NB9B]

NB9a. Do you usually use disposable electronic cigarettes/e-cigarettes or do you use an electronic cigarette/e-cigarette that uses cartridges or tanks?

Please indicate the type of e-cigarette that you use the most.

1. Disposable electronic cigarettes/e-cigarettes
2. Electronic cigarette/e-cigarette that uses cartridges
3. Electronic cigarette/e-cigarette that uses tanks

NB9b. On average, about how many [FILL "disposable e-cigarettes" IF NB9a=1]; [FILL "e-cigarette cartridges" if NB9a=2]; [FILL "e-cigarette tanks" if NB9a=3] do you now use each week?

_____ [ENTER NUMBER]

[IF NB8=1 ASK NB10 & NB11]

NB10. Are any of the following a reason why you [IF NB9=3, FILL: first tried; IF NB9=1 or 2, FILL: currently use] electronic cigarettes/e-cigarettes?

[SELECT ALL THAT APPLY, PRESENT RANDOMLY]

	Yes	No
B10_1. They cost less than other forms of tobacco [PATH]		
B10_2. They can be used in places where smoking cigarettes isn't allowed		
B10_3. They might be less harmful to me than regular cigarettes		
B10_4. They might be less harmful to people around me than regular cigarettes		
B10_5. Electronic cigarettes/e-cigarettes come in flavors I like		
B10_6. Electronic cigarettes/e-cigarettes can help me quit smoking regular cigarettes		
B10_7. Electronic cigarettes/e-cigarettes can help me reduce the number of regular cigarettes I smoke.		
B10_8. Electronic cigarettes/e-cigarettes don't smell		
B10_9. Using an electronic cigarette/e-cigarette feels like smoking a regular cigarette		
B10_10. Electronic cigarettes/e-cigarettes don't bother people who don't use tobacco		
B10_11. The advertising for electronic cigarettes/e-cigarettes appeals to me.		
B10_12. They help me deal with cravings to smoke.		
B10_13. I have a friend or family member who suggested I use electronic cigarettes/e-cigarettes as a way to quit smoking.		
B10_14. I was curious about electronic cigarettes/e-cigarettes		
B10_15. Other, specify_____		

NB11. Which of those is the **main reason you** [IF NB9=3, FILL: first tried; IF NB9=1 or 2, FILL: currently use] electronic cigarettes/e-cigarettes?

[IF MORE THAN ONE ITEM SELECTED IN NB10, DISPLAY LIST OF ALL REASONS SELECTED IN NB10. IF ONLY ONE ITEM SELECTED IN B10, FILL FOR NB11]

[IF NB9 = 3, ASK NB11a]

NB11a. You indicated previously that you have tried electronic cigarettes/e-cigarettes before but do not currently use them. Using the text box below, tell us in a few words why you do not use electronic cigarettes/e-cigarettes now.

OPEN-ENDED_____

[ASK NB12 IF NB9=1 or 2]

NB12. Do you use electronic cigarettes/e-cigarettes in places where smoking regular cigarettes is not allowed?

1. Yes
2. No

NB12a. Do you use electronic/e-cigarettes in any of the following places?

1. Yes
2. No

B12a_1. Restaurants or bars
B12a_2. Stores or shopping malls
B12a_3. Airplanes
B12a_4. Beaches, parks, or other outdoor places
B12a_5. In your car or other type of vehicle
B12a_6. In your home
B12a_7. Somewhere else, specify _____

NB13. As far as you know or believe are electronic cigarettes/e-cigarettes less harmful than regular cigarettes, more harmful than regular cigarettes, or are they equally harmful to health?

Please indicate your answer on a scale of 1 to 5, where one is much less harmful, 3 is the same as regular cigarettes, and 5 is much more harmful.

1 (much less harmful than regular cigarettes)
2
3 (the same as regular cigarettes)
4
5 (much more harmful than regular cigarettes)

QUITLINE USE AND AWARENESS

NE9. A telephone quitline is a free telephone-based service that connects people who smoke cigarettes with someone who can help them quit. Are you aware of any telephone quitline services that are available to help smokers?

1. Yes
2. No

[IF NE9=1, ASK NE9a]

NE9a. In the past 3 months, that is since **[FILL DATE]**, have you recommended any family members or friends that smoke to call a telephone quitline?

1. Yes
2. No

NE10. Have you heard of 1-800-QUIT-NOW?

1. Yes
2. No

[IF NE10=1 ASK NE10a]

NE10a. In the past 3 months, that is since **[FILL DATE]**, have you recommended any family members or friends that smoke to call 1-800-QUIT-NOW?

1. Yes
2. No

SECTION C: ATTITUDES AND BELIEFS

Social Norms of Smoking and SHS

The next few questions will ask about your opinions related to smoking and tobacco use.

NC1. Do you believe cigarette smoking is related to:

[RANDOMIZE ORDER]	1 Yes	2 No
NC1_1. Lung Cancer		
NC1_2. Cancer of the mouth or throat		
NC1_3. Heart Disease		
NC1_4. Diabetes		
NC1_5. Emphysema		
NC1_6. Stroke		
NC1_7. Hole in throat (stoma or tracheotomy)		
NC1_8. Buerger's Disease		
NC1_9. Amputations (removal of limbs);		
NC1_10. Asthma		
NC1_11. Gallstones		
NC1_12. COPD or Chronic bronchitis		
NC1_13. Periodontal or Gum Disease		
NC1_14. Premature birth		
NC1_15. Colorectal Cancer		

NC2. How likely do you think a smoker is to develop a smoking-related disease as a result of smoking?

1. Extremely Likely
2. Very Likely
3. Somewhat Likely
4. Very Unlikely
5. Extremely Unlikely

NC4b. How likely do you think it is that smoking by diabetics will make their medical complications from diabetes such as blindness, renal failure, or amputations worse?

1. Extremely Likely
2. Very Likely
3. Somewhat Likely
4. Very Unlikely
5. Extremely Unlikely

The next few questions ask your opinion about smoke from other people's cigarettes.

NC3. Do you think that breathing smoke from other people's cigarettes or from other tobacco products is …?

1. Not at all harmful to one's health
2. Somewhat harmful to one's health
3. Very harmful to one's health

NC4. How likely do you think it is that regularly breathing secondhand smoke from cigarettes would cause children to have asthma or breathing problems?

1. Extremely Likely
2. Very Likely
3. Somewhat Likely
4. Very Unlikely
5. Extremely Unlikely

NC4a. How likely do you think it is that regularly breathing secondhand smoke from cigarettes would cause non-smokers to have asthma, infections, or lung damage?

1. Extremely Likely
2. Very Likely
3. Somewhat Likely
4. Very Unlikely
5. Extremely Unlikely

SECTION D: SECONDHAND SMOKE & PEER COMMUNICATION

ND1. Other than yourself, does anyone who lives in your home smoke cigarettes now?

1. Yes
2. No

ND1a. During the past 7 days, that is, since [DATE FILL], on how many days did you breathe vapor from someone else was using an electronic cigarette/e-cigarette in an indoor or outdoor place?

_____ [# OF DAYS]

ND4. During the past 3 months, that is since [FILL DATE], have you talked to any family members or friends about the dangers of smoking?

1. Yes
2. No

ND5a. During the past 3 months, that is since **[FILL DATE]**, did you encourage a friend or family member to quit smoking?

1. Yes
2. No

NE10c. In the past 3 months, that is since **[FILL DATE]**, have you recommended any family members or friends that smoke to talk with their dentist or dental hygienist about quitting smoking?

1. Yes
2. No

ND6. Among close friends, do…

1. All of them smoke?
2. Most of them smoke?
3. Most of them NOT smoke?
4. None of them smoke?

ND7. Among close relatives, do…

1. All of them smoke?
2. Most of them smoke?
3. Most of them NOT smoke?
4. None of them smoke?

SECTION E. MEDIA USE AND AWARENESS

NE1. On an average day, how much television do you watch?

1. None
2. Less than one hour
3. About 1 hour
4. About 2 hours
5. About 3 hours
6. About 4 hours
7. 5 hours or more

NE2. On an average day, how many hours do you listen to the radio?

1. None
2. Less than one hour
3. About 1 hour
4. About 2 hours
5. About 3 hours

6. About 4 hours
7. 5 hours or more

NE3. On an average day, how many hours do you use the Internet for personal reasons?

1. None
2. Less than one hour
3. About 1 hour
4. About 2 hours
5. About 3 hours
6. About 4 hours
7. 5 hours or more

NE4. What type of Internet connection do you have for your home computer or other primary computer?

1. Cable/DSL/Broadband/High-Speed
2. Dial-Up
3. Not sure

NE14. Have you heard of the Website www.cdc.gov/Tips?

1. Yes
2. No

[IF NE14=1 ASK NE14a]

NE14a. Have you visited www.cdc.gov/Tips in the past 3 months, since **[FILL DATE]**?

1. Yes
2. No

[IF NE14a=1, ASK NE14c]

NE14c. In the past 3 months, that is since **[FILL DATE]**, have you recommended any family members or friends that smoke to visit www.cdc.gov/Tips?

1. Yes
2. No

NE18. In the past **[FILL MONTHS PLANNED CAMPAIGN DURATION] months**, since **[FILL DATE]**, have you seen or heard of any ads on television or radio with the following themes or slogans?

[RANDOMIZE ORDER]	1	2
	Yes	No

NE18_1. TIPS FROM A FORMER SMOKER
NE18_2. TRUTH
NE18_3. BECOME AN EX

NE18_4. EVERY CIGARETTE IS DOING YOU DAMAGE
NE18_5. TOBACCO FREE LIVING

[IF NE18_1=1, ASK NE19]

NE19. Where have you seen or heard about the TIPS Campaign?

1	2
Yes	No

[RANDOMIZE]

NE19_1. On TV
NE19_2. On the radio
NE19_3. In newspapers or magazines
NE19_4. On the Internet
NE19_5. Billboards or other outdoor ads

NE20. The TIPS campaign is on social networking sites including Facebook, MySpace, and Twitter. Have you ever seen the TIPS campaign on these sites?

1. Yes
2. No

EXPOSURE AND REACTION TO TV ADS

Now, we would like you to view a series of advertisements that have been shown on television and online in the U.S. Please make sure your computer's volume is set to an appropriate level. You may be prompted by your computer to download a program enabling video playback. If the videos do not work, you'll still be able to see images and descriptions of the advertisements. When you are ready, please click on the link below to view the first advertisement. There is a total of [FILL # TOTAL ADS] ads to view. After you view each ad, there will be a few questions that ask about your opinions of the ad.

[SHOW AD_*x*]

NF21_*x*. Were you able to view this video?

1. Yes
2. No

[IF NF21_*x*=2, GO TO NF23_*x*]

[ASK NF23_*x* IF NF21_*x*=2]

NF23_*x*. Now we would like to show you some screen shots from a television advertisement that has been shown in the U.S. Once you have viewed the images displayed below, please click on the forward arrow below to continue with the survey.

[DISPLAY STORYBOARD IMAGES FOR AD_*x*]

NF24_*x*. Have you seen this ad on television or online in the past **[FILL # MONTHS SINCE CAMPAIGN LAUNCH] months**, since **[CAMPAIGN LAUNCH DATE]**?

1. Yes
2. No

[IF NF24_x = 1, ASK NF24a_x_TV]

NF24a_*x*_*TV*. In the past **[FILL # MONTHS SINCE CAMPAIGN LAUNCH] months**, how frequently have you seen this ad on television?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very Often

[IF NF24_x = 1, ASK NF24a_x_COMPUTER]

NF24a_*x*_*COMPUTER*. In the past **[FILL # MONTHS SINCE CAMPAIGN LAUNCH] months**, how frequently have you seen this ad on a laptop or desktop computer?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very Often

[IF NF24_x = 1, ASK NF24a_x_MOBILE]

NF24a_*x*_*MOBILE*. In the past **[FILL # MONTHS SINCE CAMPAIGN LAUNCH] months**, how frequently have you seen this ad on a tablet or smartphone?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very Often

[IF NF24a_x_COMPUTER = 1, ASK NF24d_x]

NF24d_x. You previously indicated that you have seen this ad on either a laptop or desktop computer. When you saw this ad on your computer, did you…..

1. Yes
2. No

NF24d_x_1. Notice the ad on a Website that you were visiting?
NF24d_x_2. First search for the ad on YouTube, Google, or other Internet search engine?

[SHOW NF25_*x* – NF28_*x* FOR FIRST 3 ADS ONLY]

NF25_*x*. Please tell us if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements.

1. Strongly Disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly Agree

[RANDOMIZE ORDER]

NF25a_*x*. This ad is worth remembering.
NF25b_*x*. This ad grabbed my attention.
NF25c_*x*. This ad is powerful.
NF25d_*x*. This ad is informative.
NF25e_*x*. This ad is meaningful to me.
NF25f_*x*. This ad is convincing.
NF25g_*x*. This ad is ridiculous.
NF25h_*x*. This ad is terrible.
NF25i_*x*. This ad was difficult to watch.

NF26_*x*. On scale of 1 to 5, where 1 means "not at all" and 5 means "very", please indicate how much this ad made you feel…

	1	2	3	4	5
[RANDOMIZE ORDER]	Not at all				Very

NF26a_*x*. Sad
NF26b_*x*. Afraid
NF26c_*x*. Irritated
NF26d_*x*. Ashamed
NF26e_*x*. Discouraged
NF26f_*x*. Hopeful
NF26g_*x*. Motivated
NF26h_*x*. Understood
NE26i_*x*. Angry

NF27_*x*. Would this ad make you want to encourage someone you care about to quit smoking?

1. Yes
2. No

NF28_*x*. Would this ad make you want to quit smoking?

1. Yes
2. No

[DISPLAY: Now, we would like you to view another ad]

[REPEAT ABOVE SEQUENCE OF QUESTIONS FOR EACH OF THE NEXT 2 ADS SHOWN]

[ASK NF28a IF ANY NF24_*x*=1]

For the next few questions, think about all of the advertisements you just viewed and recalled seeing in the past **[FILL # MONTHS SINCE CAMPAIGN LAUNCH]** months.

[ASK NF29 IF ANY NF24_*x*=1]

NF29. Did seeing these ads on television make you want to encourage someone you care about to quit smoking?

1. Yes
2. No

[ASK NF30 IF ANY NF24_*x*=1]

NF30. Did you talk to anyone about any of these ads?

1. Yes
2. No

[IF NF30=1, ASK NF31]

EXPOSURE TO RADIO ADS

Now, we would like you to listen to a radio advertisement that has aired in the U.S. Please make sure your computer's volume is set to an appropriate level. You may be prompted by your computer to download a program enabling audio playback. If you cannot hear the audio, you'll still be able to read a description of the advertisement. There is a total of **[FILL # TOTAL RADIO ADS]** radio ads to listen to. When you are ready, please click on the link below to listen to the ad. After you listen to the ad, there will be a few questions that ask about your recent recall of the ad.

[PLAY RADIO AD CHOSEN]

NF32_*x*. Were you able to listen to this ad?

1. Yes
2. No

[IF NF32_*x*=2, GO TO NF34]

[ASK NF34_*x* IF NF32_*x*=2]

NF34_*x*. Now we would like to show you a script from a radio advertisement that has been shown in the U.S. Once you have read the script displayed below, please click on the forward arrow below to continue with the survey.

[DISPLAY SCRIPT FOR RADIO AD]

NF35_*x*. Have you heard this ad on the radio in the past **[FILL # MONTHS SINCE CAMPAIGN LAUNCH] months**, since **[CAMPAIGN LAUNCH DATE]**?

1. Yes
2. No

[IF NF35_*x*=1, ASK NF35a_*x*]

NF35a_*x*. In the past **[FILL # MONTHS SINCE CAMPAIGN LAUNCH] months**, how frequently have you heard this ad on the radio?

1. Rarely
2. Sometimes
3. Often
4. Very Often

EXPOSURE TO DISPLAY, PRINT, AND OUT-OF-HOME

Next, you will see some advertisements that have recently appeared in magazines, on websites, and on signs in areas such as bus shelters, bus interiors, billboards and other public places. There are 3 sets of images to view, followed by a few questions about whether you have seen these ads before. When you are ready to view them, please click "Next."

[SHOW IMAGE "Online Compilation.jpg"]

Please click "Next" to view the next set of images.

[SHOW IMAGE "Print Compilation.jpg"]

Please click "Next" to view the next set of images.

[SHOW IMAGE "Out of Home Compilation.jpg"]

Please click "Next" to proceed to the next questions.

NE36. In the past **[FILL MONTHS SINCE CAMPAIGN LAUNCH] months**, since **[CAMPAIGN LAUNCH DATE]**, have you seen any of these ads in magazines, on Websites, or in public places outside your home?

1. Yes
2. No

NE37. Where did you see these advertisements?

1. Yes 2. No

[RANDOMIZE]

NE37_1. Magazines or print publications
NE37_2. Websites online
NE37_3. Public places such as bus shelters, bus interiors, outdoor bulletins, etc.

AWARENESS OF E-CIGARETTE ADS

NF38_*x*. Now we would like to show you a series of screen shots from **[FILL # ADS]** television advertisements that have been shown in the U.S. Once you have viewed the images displayed below, please click on the forward arrow below to continue with the survey.

[DISPLAY STORYBOARD IMAGES FOR E-CIG AD_*x*]

NF38_*x*. Have you seen this ad on television or online in the past **3 months**, since [FILL DATE] ~~**6 months**~~?

1. Yes
2. No

[IF NF38_x = 1, ASK NF38a_x_TV]

NF38_*x*_*TV*. In the past **3 months**, how frequently have you seen this ad on television?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very Often

[IF NF38_x = 1, ASK NF38a_x_COMPUTER]

NF38a_*x*_*COMPUTER*. In the past **3 months**, how frequently have you seen this ad on a laptop or desktop computer?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very Often

[IF NF38_x = 1, ASK NF38a_x_MOBILE]

NF38a_*x*_*MOBILE*. In the past **3 months**, how frequently have you seen this ad on a tablet or smartphone?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very Often

NF41_*x*. Please tell us if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements.

1. Strongly Disagree
2. Disagree

3. Neither agree nor disagree
4. Agree
5. Strongly Agree

[RANDOMIZE ORDER]

NF41a_*x*. This ad is worth remembering.
NF41b_*x*. This ad grabbed my attention.
NF41c_*x*. This ad is powerful.
NF41d_*x*. This ad is informative.
NF41e_*x*. This ad is meaningful to me.
NF41f_*x*. This ad is convincing.

NF42_*x*. Please tell us if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statement.

1. Strongly Disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly Agree

[RANDOMIZE ORDER]

NF42a_*x*. [IF B8=2, EVER_ECIG=NO)] This ad makes me want to try an e-cigarette.

SECTION G: CLOSING QUESTIONS

[ASK NG1 OF ALL RESPONDENTS]

NG1. How many children aged 17 or younger live in your household 6 months or more of the year?

__ Number of Children

[IF SAMPLE = ABS, ASK NG5 – NG8]

NG5. What is the highest level of school you have completed?

1. No formal education
2. 1st, 2nd, 3rd, or 4th grade
3. 5th or 6th grade
4. 7th grade or 8th grade
5. 9th grade
6. 10th grade
7. 11th grade
8. 12th grade, no diploma
9. High school graduate – high school Diploma or the equivalent (GED)
10. Some college, no degree
11. Associate degree

12. Bachelor's degree
13. Master's degree
14. Professional or Doctorate degree

[IF SAMPLE = ABS, ASK NG6]

The next question is about the total income of YOUR HOUSEHOLD for the PAST 12 MONTHS. Please include your income PLUS the income of all members living in your household (including cohabiting partners and armed forces members living at home). Please count income BEFORE TAXES and from all sources (such as wages, salaries, tips, net income from a business, interest, dividends, child support, alimony, and Social Security, public assistance, pensions, or retirement benefits).

NG6. Was your total HOUSEHOLD income in the past 12 months…

1. Below $35,000
2. $35,000 or more
3. Don't Know

[IF NG6=1, ASK NG6a]

NG6a. We would like to get a better estimate of your total HOUSEHOLD income in the past 12 months before taxes. Was it…

1. Less than $5,000
2. $5,000 to $7,499
3. $7,500 to $9,999
4. $10,000 to $12,499
5. $12,500 to $14,999
6. $15,000 to $19,999
7. $20,000 to $24,999
8. $25,000 to $29,999
9. $30,000 to $34,999

[IF NG6=2, ASK NG6b]

G6b. We would like to get a better estimate of your total HOUSEHOLD income in the past 12 months before taxes. Was it…

1. $35,000 to $39,999
2. $40,000 to $49,999
3. $50,000 to $59,999
4. $60,000 to $74,999
5. $75,000 to $84,999
6. $85,000 to $99,999
7. $100,000 to $124,999
8. $125,000 to $149,999
9. $150,000 to $174,999
10. $175,000 or more

[IF SAMPLE = ABS, ASK NG7]

NG7. Are you now married, widowed, divorced, separated, never married, or living with a partner?

1. Married
2. Widowed
3. Divorced
4. Separated
5. Never married
6. Living with a partner

[IF SAMPLE = ABS, ASK G8]

NG8. Which statement best describes your current employment status?

1. Working - as a paid employee
2. Working **-** self-employed
3. Not working - on temporary layoff from a job
4. Not working - looking for work
5. Not working - retired
6. Not working - disabled
7. Not working - other

[ASK NG9 OF ALL RESPONDENTS]

NG9. How many smoking or tobacco related web surveys like this have you completed during the past year?

1. None
2. 1 survey
3. 2 surveys
4. 3 surveys
5. 4 surveys
6. 5 or more surveys

[ASK NG15 OF ALL RESPONDENTS]

NG15. Have you been diagnosed by a physician or other qualified medical professional with any of the following medical conditions?

	1	2
	Yes	No

NG15_1. Acid reflux disease
NG15_2. ADHD or ADD
NG15_3. Anxiety disorder
NG15_4. Asthma, chronic bronchitis, or COPD
NG15_5. Cancer (any type except skin cancer)
NG15_6. Chronic pain (such as low back pain, neck pain, or Fibromyalgia)

NG15_7. Depression
NG15_8. Diabetes
NG15_9. Heart attack
NG15_10. Heart disease
NG15_11. High blood pressure
NG15_12. High cholesterol
NG15_13. HIV/AIDS
NG15_14. Kidney disease
NG15_15. Mental health condition
NG15_16. Multiple sclerosis
NG15_17. Osteoarthritis, joint pain or inflammation
NG15_18. Osteoporosis or osteopenia
NG15_19. Rheumatoid arthritis
NG15_20. Seasonal allergies
NG15_21. Skin cancer
NG15_22. Sleep disorders such as sleep apnea or insomnia
NG15_23. Stroke
NG15_24. Something else

NG20. Do you or anyone in this household connect to the Internet from home?

1. Yes
2. No

NG21. Do you live in a metro or non-metro area?

1. Non-Metro (Rural)
2. Suburban
3. Urban

[ASK NG22 OF ALL RESPONDENTS]

NG22. Using the scale below, please tell us how much you agree or disagree with the following statements.

1	2	3	4	5
Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree

N**G20a**. I usually try new products before other people do.
N**G20b.** I often try new brands because I like variety and get bored with the same old thing.
N**G20c.** When I shop I look for what is new.
N**G20d.** I like to be the first among my friends and family to try something new.
N**G20e.** I like to tell others about new brands or technology.

[IF KP ACTIVE, DISPLAY]:

Thank you for completing today's survey. Your input will greatly help researchers assess the impact of television ads about quitting smoking.

[IF KP ACTIVE, DISPLAY]:

You will be awarded [AMOUNT] bonus points credited to your KnowledgePanel account for completing the survey. A follow-up survey will be sent to you in about **[FILL # MONTHS PLANNED CAMPAIGN DURATION]** and you will be awarded [AMOUNT] bonus points for completing that survey.

[IF KP WITHDRAWN OR ABS, DISPLAY]:

ADD1. Those are all of our questions. Thanks so much for your participation in our survey. As a token of our appreciation, we would like to send you [IF SAMPLE = KP WITHDRAWN, "$15"; IF SAMPLE=ABS, "$20"]. Would you please provide your name and mailing address so that we can put the check in the mail. This information will not be connected with your survey responses in any way.

After you have entered your information, please make sure to click "Next".

Name (First/Last): **[TEXTBOX]**
Street Address (If applicable, include unit number): **[TEXTBOX]**
City: **[TEXTBOX]**
State: **[TEXTBOX]**
Zip Code : **[TEXTBOX]**