

**NONSMOKER WAVE 1 SURVEY SCREENSHOTS**

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

Public reporting burden of this collection of information is estimated to average 30 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).

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

1. Yes
2. No

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

1. Yes
2. No

**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

**NB1.** During the past **12 months**, that is, since March 17, 2013, 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	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22
	Sept. 23, 2013	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29
	Sept. 30, 2013	<input type="checkbox"/> 30	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
October	Oct. 7, 2013	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13
	Oct. 14, 2013	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20
	Oct. 21, 2013	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27
	Oct. 28, 2013	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Month	Week of:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
November	Nov. 4, 2013	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
	Nov. 11, 2013	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
	Nov. 18, 2013	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24
	Nov. 25, 2013	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 1
December	Dec. 2, 2013	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	Dec. 9, 2013	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	Dec. 16, 2013	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22
	Dec. 23, 2013	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29
	Dec. 30, 2013	<input type="checkbox"/> 30	<input type="checkbox"/> 31	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Month	Week of:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
January	Jan. 6, 2014	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	11	12
<input type="checkbox"/> 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	<input type="checkbox"/>
	Sept. 23, 2013	23	24	25	26	27	28	29	<input type="checkbox"/>
	Sept. 30, 2013	30	1	2	3	4	5	6	<input type="checkbox"/>
October	Oct. 7, 2013	7	8	9	10	11	12	13	<input type="checkbox"/>
	Oct. 14, 2013	14	15	16	17	18	19	20	<input type="checkbox"/>
	Oct. 21, 2013	21	22	23	24	25	26	27	<input type="checkbox"/>
	Oct. 28, 2013	28	29	30	31	1	2	3	<input type="checkbox"/>
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	<input type="checkbox"/>
	Nov. 11, 2013	11	12	13	14	15	16	17	<input type="checkbox"/>
	Nov. 18, 2013	18	19	20	21	22	23	24	<input type="checkbox"/>
	Nov. 25, 2013	25	26	27	28	29	30	1	<input type="checkbox"/>
December	Dec. 2, 2013	2	3	4	5	6	7	8	<input type="checkbox"/>
	Dec. 9, 2013	9	10	11	12	13	14	15	<input type="checkbox"/>
	Dec. 16, 2013	16	17	18	19	20	21	22	<input type="checkbox"/>
	Dec. 23, 2013	23	24	25	26	27	28	29	<input type="checkbox"/>
	Dec. 30, 2013	30	31	1	2	3	4	5	<input type="checkbox"/>
<input type="checkbox"/> 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	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22
	Sept. 23, 2013	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29
	Sept. 30, 2013	<input type="checkbox"/> 30	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
October	Oct. 7, 2013	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13
	Oct. 14, 2013	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20
	Oct. 21, 2013	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27
	Oct. 28, 2013	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Month	Week of:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
November	Nov. 4, 2013	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
	Nov. 11, 2013	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
	Nov. 18, 2013	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24
	Nov. 25, 2013	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 1
December	Dec. 2, 2013	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	Dec. 9, 2013	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	Dec. 16, 2013	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 22
	Dec. 23, 2013	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29
	Dec. 30, 2013	<input type="checkbox"/> 30	<input type="checkbox"/> 31	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Month	Week of:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
January	Jan. 6, 2014	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	11	12
<input type="checkbox"/> 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	<input type="checkbox"/>
	Sept. 23, 2013	23	24	25	26	27	28	29	<input type="checkbox"/>
	Sept. 30, 2013	30	1	2	3	4	5	6	<input type="checkbox"/>
October	Oct. 7, 2013	7	8	9	10	11	12	13	<input type="checkbox"/>
	Oct. 14, 2013	14	15	16	17	18	19	20	<input type="checkbox"/>
	Oct. 21, 2013	21	22	23	24	25	26	27	<input type="checkbox"/>
	Oct. 28, 2013	28	29	30	31	1	2	3	<input type="checkbox"/>
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	<input type="checkbox"/>
	Nov. 11, 2013	11	12	13	14	15	16	17	<input type="checkbox"/>
	Nov. 18, 2013	18	19	20	21	22	23	24	<input type="checkbox"/>
	Nov. 25, 2013	25	26	27	28	29	30	1	<input type="checkbox"/>
December	Dec. 2, 2013	2	3	4	5	6	7	8	<input type="checkbox"/>
	Dec. 9, 2013	9	10	11	12	13	14	15	<input type="checkbox"/>
	Dec. 16, 2013	16	17	18	19	20	21	22	<input type="checkbox"/>
	Dec. 23, 2013	23	24	25	26	27	28	29	<input type="checkbox"/>
	Dec. 30, 2013	30	31	1	2	3	4	5	<input type="checkbox"/>
<input type="checkbox"/> 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	<input type="checkbox"/>
	Sept. 23, 2013	23	24	25	26	27	28	29	<input type="checkbox"/>
	Sept. 30, 2013	30	1	2	3	4	5	6	<input type="checkbox"/>
October	Oct. 7, 2013	7	8	9	10	11	12	13	<input type="checkbox"/>
	Oct. 14, 2013	14	15	16	17	18	19	20	<input type="checkbox"/>
	Oct. 21, 2013	21	22	23	24	25	26	27	<input type="checkbox"/>
	Oct. 28, 2013	28	29	30	31	1	2	3	<input type="checkbox"/>
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	<input type="checkbox"/>
	Nov. 11, 2013	11	12	13	14	15	16	17	<input type="checkbox"/>
	Nov. 18, 2013	18	19	20	21	22	23	24	<input type="checkbox"/>
	Nov. 25, 2013	25	26	27	28	29	30	1	<input type="checkbox"/>
December	Dec. 2, 2013	2	3	4	5	6	7	8	<input type="checkbox"/>
	Dec. 9, 2013	9	10	11	12	13	14	15	<input type="checkbox"/>
	Dec. 16, 2013	16	17	18	19	20	21	22	<input type="checkbox"/>
	Dec. 23, 2013	23	24	25	26	27	28	29	<input type="checkbox"/>
	Dec. 30, 2013	30	31	1	2	3	4	5	<input type="checkbox"/>
<input type="checkbox"/> Did not use any other tobacco products during the weeks listed above									

**NC1e.**

For each week listed below, we have 3 questions:

- 1) did you quit smoking during the week for at least one day **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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sept. 23, 2013	23	24	25	26	27	28	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sept. 30, 2013	30	1	2	3	4	5	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
October	Oct. 7, 2013	7	8	9	10	11	12	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oct. 14, 2013	14	15	16	17	18	19	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oct. 21, 2013	21	22	23	24	25	26	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oct. 28, 2013	28	29	30	31	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nov. 11, 2013	11	12	13	14	15	16	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nov. 18, 2013	18	19	20	21	22	23	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nov. 25, 2013	25	26	27	28	29	30	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
December	Dec. 2, 2013	2	3	4	5	6	7	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dec. 9, 2013	9	10	11	12	13	14	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dec. 16, 2013	16	17	18	19	20	21	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dec. 23, 2013	23	24	25	26	27	28	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dec. 30, 2013	30	31	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did not try to quit smoking for at least one day during any of the weeks above									<input type="checkbox"/>		
Did not use an e-cigarette on at least one day during any of the weeks above										<input type="checkbox"/>	
Did not use any tobacco product other than a cigarette or e-cig during any of the weeks above											<input type="checkbox"/>

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

\_\_\_\_\_ [ENTER NUMBER]

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

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

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.** Substitute some of your regular cigarettes with electronic cigarettes or 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

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

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 \_\_\_\_\_

**NB6.** Since November 17, 2013 between November 17 and December 17, 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

**NB6\_1.** During the past **3 months**, that is since December 17, 2013, 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 **3 months**, that is since December 17, 2013, has a dental care provider (dentist, dental hygienist, orthodontist, oral surgeon, any other dental specialist) advised you to quit smoking?

1. Yes
2. No

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

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

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

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

\_\_\_\_\_ [ENTER NUMBER]

**NB10.** Are any of the following a reason why you first tried/currently us electronic cigarettes/e-cigarettes?

Yes No

**NB10\_1.** They cost less than other forms of tobacco.

**NB10\_2.** They can be used in places where smoking cigarettes isn't allowed.

**NB10\_3.** They might be less harmful to me than regular cigarettes.

**NB10\_4.** They might be less harmful to people around me than regular cigarettes.

**NB10\_5.** Electronic cigarettes/e-cigarettes come in flavors I like.

**NB10\_6.** Electronic cigarettes/e-cigarettes can help me quit smoking regular cigarettes.

**NB10\_7.** Electronic cigarettes/e-cigarettes can help me reduce the number of regular cigarettes I smoke.

**NB10\_8.** Electronic cigarettes/e-cigarettes don't smell.

**NB10\_9.** Using an electronic cigarette/e-cigarette feels like smoking a regular cigarette.

**NB10\_10.** Electronic cigarettes/e-cigarettes don't bother people who don't use tobacco.

**NB10\_11.** The advertising for electronic cigarettes/e-cigarettes appeals to me.

**NB10\_12.** They help me deal with cravings to smoke.

**NB10\_13.** I have a friend or family member who suggested I use electronic cigarettes/e-cigarettes as a way to quit smoking.

**NB10\_14.** I was curious about electronic cigarettes/e-cigarettes.

**NB10\_15.** Other, specify \_\_\_\_\_

**NB11.** Which of those is the **main reason you** first tried/currently use electronic cigarettes/e-cigarettes?

**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.

TEXT BOX

**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

- NB12a\_1.** Restaurants or bars
- NB12a\_2.** Stores or shopping malls
- NB12a\_3.** Airplanes
- NB12a\_4.** Beaches, parks, or other outdoor places
- NB12a\_5.** In your car or other type of vehicle
- NB12a\_6.** In your home
- NB12a\_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)

**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

**NE9a.** In the past 3 months, that is since **December 17, 2013**, 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

**NE10a.** In the past 3 months, that is since **December 17, 2013**, have you recommended any family members or friends that smoke to call 1-800-QUIT-NOW?

1. Yes
2. No

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

<b>NC1.</b>	Do you believe cigarette smoking is related to		
		Yes	No
	<b>NC1_1.</b> Lung cancer		
	<b>NC1_2.</b> Cancer of the mouth or throat		
	<b>NC1_3.</b> Heart disease		
	<b>NC1_4.</b> Diabetes		
	<b>NC1_5.</b> Emphysema		
	<b>NC1_6.</b> Stroke		
	<b>NC1_7.</b> Hole in throat (stoma or tracheotomy)		
	<b>NC1_8.</b> Buerger's disease		
	<b>NC1_9.</b> Amputations (removal of limbs)		
	<b>NC1_10.</b> Asthma		
	<b>NC1_11.</b> Gallstones		
	<b>NC1_12.</b> COPD or chronic bronchitis		
	<b>NC1_13.</b> Periodontal or gum disease		
	<b>NC1_14.</b> Premature birth		
<b>NC1_15.</b> Colorectal cancer			

<b>NC2.</b>	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	

<b>NC4b.</b>	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

- 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 February 28, 2013, 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 December 17, 2013 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 **December 17, 2013**, did you encourage a friend or family member to quit 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?

**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 use 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](http://www.cdc.gov/Tips)?

1. Yes
2. No

**NE14a.** Have you visited [www.cdc.gov/Tips](http://www.cdc.gov/Tips) in the past 3 months, since **December 17, 2013**?

1. Yes
2. No

**NE14c.** In the past 3 months, that is since December 17, 2013, have you recommended any family members or friends that smoke to visit [www.cdc.gov/Tips](http://www.cdc.gov/Tips)?

1. Yes
2. No

**NE18.** In the past **3 months**, that is since December 17, 2013, have you seen or heard of any ads on television or radio with the following themes or slogans?

1. Yes 2. 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

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

1. Yes 2. No

**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

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 7 ads to view. After you view each ad, there will be a few questions that ask about your opinions of the ad.

**NF21\_x.** Were you able to view this video?

1. Yes
2. No

**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.

**NF24\_x.** Have you seen this ad on television or online in the past **3 months**, since **December 17, 2013**?

1. Yes
2. No

**NF24a\_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

**NF24a\_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

**NF24a\_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

**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.** Search for the ad on YouTube, Google, or other Internet search engine?

**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

**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.



## 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]

**F32\_x.** Were you able to listen to this ad?

1. Yes
2. No

[IF F32\_x=2, GO TO F34]

[ASK F34\_x IF F32\_x=2]

**F34\_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]

**F35\_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 F35\_x=1, ASK F35a\_x]

**F35a\_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

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."

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

**NE36.** In the past **3 months**, since December 17, 2013, 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

**NE37\_1.** Magazines or print publications  
**NE37\_2.** Websites online  
**NE37\_3.** Public places such as bus shelters, bus interiors, outdoor bulletins, etc.

**NF38\_x.** Now we would like to show you a series of screen shots from **2** 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.

**NF38\_x.** Have you seen this ad on television or online in the past **3 months**, since December 17, 2013?

1. Yes
2. No

**NF38a\_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

**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

**F38a\_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

**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 statements.

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

**NF42a\_x.** This ad makes me want to try an e-cigarette.

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**SECTION G: CLOSING QUESTIONS**

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

\_\_\_\_\_ Number of Children

**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

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

- 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

- NG6b.** 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

- 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

**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

**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

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

1. Yes 2. 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

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

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

**NG22a.** I usually try new products before other people do.

**NG22b.** I often try new brands because I like variety and get bored with the same old thing.

**NG22c.** When I shop I look for what is new.

**NG22d.** I like to be the first among my friends and family to try something new.

**NG22e.** I like to tell others about new brands or technology.

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

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 **3 months** and you will be awarded [AMOUNT] bonus points for completing that survey.

**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 [AMOUNT]. 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): \_\_\_\_\_  
Street Address (If applicable, include unit number): \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code : \_\_\_\_\_