## RTI/FDA Tobacco Focus Groups Screening Questionnaire *Hookah*

Hello, this is	from [FACILITY NAME], a local market research firm. May?
are working with RTI Interrand Drug Administration (F	from [FACILITY NAME], a local market research firm.) We national, a nonprofit research organization, and the Food EDA) on a research study about tobacco products, and opinions. I want to assure you that we are not from a upany that sells quit-smoking aids.
you. The discussion group	scussion on [DATE] with approximately 7 other people like starts at [TIME] and will last about 60 minutes. For study sion will be audio recorded, and FDA project team discussion.
and travel expenses. Partic	rticipation, you will be reimbursed for your time, effort, cipation in the groups is completely voluntary. Would it estions now in order to see if you are eligible to be in one
Yes - <b>Continue</b> . No - <b>Thank and en</b> 1. What is your current ag	
☐ 18-20	Recruit for 18-20 year old group.
21-25	Recruit for 21-25 year old group.
26-29	Thank the respondent and terminate
30-34	Thank the respondent and terminate
35-39	Thank the respondent and terminate
40-45	Thank the respondent and terminate
46-49	Thank the respondent and terminate
 50-59	Thank the respondent and terminate
60-65	Thank the respondent and terminate
Over 65	Thank the respondent and terminate
2. Have you ever smoked	a hookah or waterpipe?
Yes	Continue.

No		Terminate.		
Vhen was	s the last time you	smoked a ho	okah?	
1-3 4-6 7-9 10-3 Mor	months ago months ago months ago* 12 months ago* e than a year ago		Continue. Continue. Continue. Continue-mark as HOLD*. Continue-mark as HOLD*. Terminate.  6 months, but <1 year ago for 21-25 ye	ar
		er tobacco pro	oduct besides hookah?	
		·		
If you contain the	Cigarettes Cigars, little cigars, Pipes Snus Chew tobacco, dip, Dissolvable tobacco	obacco products or snuff products s (e-cigarette		
☐ No		Go to Quest group	tion 6 and assign to Hookah Only	
lave you	used any of these	tobacco prod	ucts in the last 30 days?	
	Cigarettes Cigars, little cigars, Pipes Snus Chew tobacco, dip, Dissolvable tobacco	s have you us or cigarillos or snuff products	ed in the past 30 days?	
	Less   1-3   4-6   7-9   10-1   More   vou   Yes   If ye   you   Yes   Yes	Less than a month ago   1-3 months ago   4-6 months ago   7-9 months ago*   10-12 months ago*   More than a year ago   *May need to hold those who old group.   ave you ever used any other   Yes   If yes: Why types of to   Cigarettes   Cigars, little cigars,   Pipes   Snus   Chew tobacco, dip,   Dissolvable tobacco   Electronic cigarettes   Other:   No   No   ave you used any of these   Yes   If yes: Which products   Cigarettes   Cigars, little cigars,   Pipes   Snus   Chew tobacco, dip,   Dissolvable tobacco   Cigarettes   Cigars, little cigars,   Pipes   Snus   Chew tobacco, dip,   Dissolvable tobacco	When was the last time you smoked a hor Less than a month ago  1-3 months ago  4-6 months ago*  10-12 months ago*  More than a year ago  *May need to hold those who used more >6 old group.  lave you ever used any other tobacco product Cigarettes  Cigarettes  Cigars, little cigars, or cigarillos  Pipes  Snus  Chew tobacco, dip, or snuff  Dissolvable tobacco products  Electronic cigarettes (e-cigarette Other:  No  Go to Quest group  lave you used any of these tobacco prod  Yes  Continue an  If yes: Which products have you us  Cigarettes  Cigars, little cigars, or cigarillos  Pipes  Snus  Chew tobacco, dip, or snuff  Dissolvable tobacco products have you us  Cigarettes  Cigarettes  Cigars, little cigars, or cigarillos  Pipes  Snus  Chew tobacco, dip, or snuff  Dissolvable tobacco products  Electronic cigarettes (e-cigarette	# Less than a month ago

		No	Continue and hold for Hookah Only group
6.	of t	•	years, have you or any member of your household worked for any ving? (Read list. If yes to any, thank the respondent and
		A public danger A mark The Fe and te The The The	ic health or community organization involved in communicating the rs of smoking or the benefits of quitting seting, advertising, or public relations agency or department ederal Government (Read list. If yes to any, thank the respondent orminate.)  E. U.S. Food and Drug Administration (FDA)  E. National Institutes of Health (NIH)  E. Centers for Disease Control and Prevention (CDC)  The Substance Abuse and Mental Health Services Administration (SAMHSA)  E. Centers for Medicare & Medicaid Services (CMS)
7.		e you o acco ind	r any member of your household <u>ever</u> lobbied on behalf of the lustry?
		Yes	Thank the respondent and terminate.
		No	Continue.
8.			r any member of your household <u>personally</u> represented or worked f a tobacco company in connection with a tobacco lawsuit?
		Yes	Thank the respondent and terminate.
		No	Continue.
9.	Hav	e you p	articipated in any paid market research in the past 6 months?
		Yes	Thank the respondent and terminate.
		No	Continue.
10.	The	intervie	urposes, if you participate, the discussion group will be recorded. ewer will not ask any sensitive questions. Are you okay with us our group discussion?
		Yes	Continue.
		No	Thank the respondent and terminate.

11. \	11. What is your sex?					
		Male				
		Female				
12.	What is the highest level of education that you have completed? (Read list. Recruit a mix to show per group. No more than two postgraduates per group.)					
		Less than high school of High school graduate of Some college or 2-yea College degree Postgraduate degree	or GED	Continue. Continue. Continue. Continue. Continue. Continue.		
13.	Are	you of Hispanic or Latin	no origin?			
		Yes No				
14.	Wha	t is your race? (Read li	st. Recruit	a mix to show per group.)		
		White				
Black or African American						
		Asian				
		Native Hawaiian or oth				
		American Indian or Ala		9		
		[DON'T READ] Hispar [DON'T READ] Other	nic			
		[DON I READ] Other				
15.	mate med	erials and offer your op	inions; ther dition that a	ion, you will be asked to review written refore, I need to ask whether you have a refects your ability to read and/or h?		
		Yes	Thank the	respondent and terminate.		
		No	Continue.			
[TIM	E] an	• •		sion group will be held on [DATE] at our time and opinions, you will receive		
16.	Wou	ld you like to participat	e in the gro	oup discussion at [TIME] on [DATE]?		
		Yes	Continue.			
		No	Thank the	respondent and terminate.		

Great! May I please have your mailing and/or e-mail address to send you a confirmation letter with directions? *[Verify address and phone number.]* 

We are asking for your contact information only for the purpose of sending you a reminder letter and giving you a call to remind you of the discussion group. We will destroy all contact information at the conclusion of the groups.

NAME:	
ADDRESS:	
CITY:	
ZIP CODE:	
E-MAIL	_
What is the best time to reach you? What is the best telephone number	to reach you at that time?
BEST TIME TO BE REACHED:	
BEST PHONE NUMBER:	
Is there another time and number we can try if we miss you?	
ALTERNATE TIME:	
ALTERNATE PHONE NUMBER:	

\*\*NOTE\*\* THIS PAGE MUST BE STORED SEPARATELY FROM THE SCREENER AND FOCUS GROUP DATA. PLEASE DESTROY UPON COMPLETION OF FOCUS GROUP.

Thank you. That's all the questions I have today. Please try to arrive at least 15 minutes before the starting time. If you have any questions or find that you are unable to attend, please call [facility's phone number] as soon as possible. Thank you again for your time. We look forward to seeing you at [TIME] on [DATE].

## Read if necessary:

If you have any questions about the study, you may contact Elizabeth Adams of RTI at (770) 407-4909. If you have concerns about how participants are being treated in the study, you may contact RTI's Office of Research Protection toll-free at 1-866-214-2043.