

SMOKER FOLLOW-UP SURVEY (WAVES 2-5) SCREENSHOTS

Form Approved
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Evaluation of the National Tobacco Prevention and Control Public Education Campaign Smoker 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).

A5. During the past 30 days, that is since November 17, 2013, on how many days did you smoke cigarettes?

_____ Number of Days

The next few questions are about tobacco use and smoking cessation.

B1. On the average, about how many cigarettes a day do you now smoke?

_____ 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...

1. Within 5 minutes
2. 6-30 minutes
3. From more than 30 minutes to 1 hour
4. After more than 1 hour

The next few questions ask about your attempts to quit smoking regular cigarettes at different times over the past year. In answering, please think specifically about the timeframe for each question.

C2. 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

C1. 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

C1a. 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								

C1b.

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									

C1c.

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								

C1d_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									

C1d_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									

C1e.

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"/>

C3. 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)

C4. When you last tried to quit smoking, did you do any of the following?

Yes No

- C4_1.** Give up cigarettes all at once
- C4_2.** Gradually cut back on cigarettes
- C4_3.** Switch **completely** to electronic cigarettes or e-cigarettes such as Blu or NJOY
- C4_4.** Substitute some of your regular cigarettes with electronic cigarettes or e-cigarettes
- C4_5.** Switch to mild or some other brand of cigarettes
- C4_6.** Use nicotine replacements like the nicotine patch or nicotine gum
- C4_7.** Use medications like Zyban or Chantix
- C4_8.** Get help from a telephone quit line
- C4_9.** Get help from a website such as Smokefree.gov
- C4_10.** Get help from a doctor or other health professional

C5. When you last tried to quit smoking, did any of the following motivate you to try to quit?

Yes No

- C5_1.** A family member or friend encouraged me to try to quit
- C5_2.** Television commercials, radio ads, or other types of advertisements that focus on the health consequences of smoking
- C5_3.** My doctor or other health professional advised me to quit smoking
- C5_4.** Workplace restrictions on smoking
- C5_5.** Other, specify _____

C6. 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

C6_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

C7. 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

C6a. Do you want to quit smoking cigarettes for good?

1. Yes
2. No

C7b. How much do you want to quit smoking? Would you say you want to quit...

1. Not at all
2. A little
3. Somewhat
4. A lot

C9. Do you plan to quit smoking for good....

1. In the next 7 days,
2. In the next 30 days,
3. In the next 6 months,
4. In the next 1 year, or
5. More than 1 year from now?
6. Not sure/Uncertain

C10. If you decided to give up smoking altogether in the next 12 months, how likely do you think you would be to succeed? Would you say...

1. Extremely likely
2. Very likely
3. Somewhat likely
4. Very unlikely
5. Extremely unlikely

C11. How much do you think your health would improve if you were to quit smoking?

1. Not at all
2. A little
3. Somewhat
4. A lot

C12. How worried are you that smoking will damage your health in the future?

1. Not at all worried
2. A little worried
3. Somewhat worried
4. Very worried

C14. 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?

C15. 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?

The next questions are about electronic vapor products. These are devices that usually contain a nicotine-based liquid that is vaporized and inhaled. You may also know them as e-cigarettes, vape-pens, hookah-pens, electronic hookahs (e-hookahs), electronic cigars (e-cigars), electronic pipes (e-pipes), or e-vaporizers. Some brand examples are Blu, NJOY, Vuse, MarkTen, and Starbuzz.

B8. Have you ever used electronic vapor products, even one time?

1. Yes
2. No

B9. Do you now use electronic vapor products...

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

B9_date. How long ago did you first try an electronic vapor product?

1. 1 to 2 weeks ago
2. 2 to 4 weeks ago
3. 1 to 3 months ago
4. 3 to 6 months ago
5. 6 to 12 months ago
6. More than 1 year ago

B9a. Do you usually use disposable electronic vapor products, an electronic vapor product that uses cartridges, or an electronic vapor product that uses tanks?

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

1. Disposable electronic vapor products
2. Electronic vapor product that uses cartridges
3. Electronic vapor product that uses tanks

B9b. On average, about how many disposable e-cigarettes/e-cigarette cartridges/e-cigarette tanks do you now use each week?

_____ [ENTER NUMBER]

B10. Are any of the following a reason why you first tried/currently use electronic vapor products?

Yes No

B10_1. They cost less than other forms of tobacco.

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 vapor products come in flavors I like.

B10_6. Electronic vapor products can help me quit smoking regular cigarettes.

B10_7. Electronic vapor products can help me reduce the number of regular cigarettes I smoke.

B10_8. Electronic vapor products don't smell.

B10_9. Using an electronic vapor products feels like smoking a regular cigarette.

B10_10. Electronic vapor products don't bother people who don't use tobacco.

B10_11. The advertising for electronic vapor products 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 vapor products as a way to quit smoking.

B10_14. I was curious about electronic vapor products.

B10_15. Other, specify _____

B11. Which of those is the **main reason you** first tried/currently use electronic vapor products?

B11a. You indicated previously that you have tried electronic vapor products before but do not currently use them. Using the text box below, tell us in a few words why you do not use electronic vapor products now.

TEXT BOX

B11b. You indicated previously that you currently smoke cigarettes and also currently use electronic vapor products. Using the text box below, tell us in a few words why your reasons for not switching completely from regular cigarettes to electronic vapor products.

TEXT BOX

B12. Do you use electronic vapor products in places where smoking regular cigarettes is not allowed?

1. Yes
2. No

B12a. Do you use electronic vapor products 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 _____

B13. As far as you know or believe is the **use of electronic vapor products in combination with regular cigarettes** less harmful than smoking only regular cigarettes, more harmful than smoking only regular cigarettes, or equally as harmful as smoking only regular cigarettes?

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 smoking only regular cigarettes)

2

3 (equally as harmful as smoking only regular cigarettes)

4

5 (much more harmful than smoking only regular cigarettes)

QUITLINE USE AND AWARENESS

C18. 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 you quit smoking?

1. Yes
2. No

C20. Have you heard of 1-800-QUIT-NOW?

1. Yes
2. No

C20a. Have you called 1-800-QUIT-NOW or any other telephone quit line in the past 3 months since **December 17, 2013**?

1. Yes
2. No

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

Please tell us if you strongly disagree, disagree, agree, or strongly agree with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
D1. Smoking cigarettes is pleasurable.				
D2. Smoking cigarettes relieves tension.				
D3. Smoking helps me concentrate and do better work.				
D4. I would be more energetic right now if I didn't smoke.				
D5. I'm embarrassed that I have to smoke.				
D6. Smoking is hazardous to my health.				

Please tell us if you strongly disagree, disagree, agree, or strongly agree with the following statement.

	Strongly disagree	Disagree	Agree	Strongly agree
D8. I am eager for a life without smoking.				

Please tell us if you strongly disagree, disagree, agree, or strongly agree with the following statement.

	Strongly disagree	Disagree	Agree	Strongly agree
D10. I get upset when I think about my smoking.				
D11. I am disappointed in myself because I smoke.				
D12. I get upset when I hear or read about illnesses caused by smoking.				
D13. Warnings about the health risks of smoking upset me.				
D14. Smoking will severely lower my quality of life in the future.				
D16. Smokers should take warnings about cigarette smoking and lung cancer seriously.				

- D17.** On a scale from 1 to 5 with 1 being the “lowest” and 5 being the “highest,” how would you rate quitting smoking as a priority in your life?
1. Lowest
 - 2.
 - 3.
 - 4.
 5. Highest

Please tell us if you strongly disagree, disagree, agree, or strongly agree with the following statement.

D18. Smoking can cause immediate damage to your body.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree

D20. How likely do you think you are 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

D21. Do you believe cigarette smoking is related to

Yes No

- D21_1.** Lung Cancer
- D21_2.** Cancer of the mouth or throat
- D21_3.** Heart Disease
- D21_4.** Diabetes
- D21_5.** Emphysema
- D21_6.** Stroke
- D21_7.** Hole in throat (stoma or tracheotomy)
- D21_8.** Buerger's Disease
- D21_9.** Amputations (removal of limbs)
- D21_10.** Asthma
- D21_11.** Gallstones
- D21_12.** COPD or Chronic bronchitis
- D21_13.** Periodontal or Gum Disease
- D21_14.** Premature birth
- D21_15.** Colorectal Cancer

E8b. 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

E1. Other than yourself, does anyone who lives in your home smoke cigarettes now?

1. Yes
2. No

E7. 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

E8a. 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

E8b. Not counting decks, porches, or garages, inside your home, is smoking...

1. **Always** allowed
2. Allowed only at **some** times or in **some** places
3. Never allowed

E9. Are you seriously considering increasing restrictions on smoking in your household?

1. Definitely Yes
2. Probably Yes
3. Probably Not
4. Definitely Not

F1. 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

F2. 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

F3. 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

- F4.** 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

- F13.** Have you heard of the Website www.cdc.gov/Tips?
1. Yes
 2. No

- F13a.** Have you visited www.cdc.gov/Tips in the past 3 months, since **December 17, 2013**?
1. Yes
 2. No

- F14.** In the past **3 months**, that is since [FILL DATE], have you seen or heard advertisements for medications or products to help people quit smoking such as Chantix, nicotine patches, or nicotine gums?
1. Never
 2. Rarely
 3. Sometimes
 4. Often
 5. Always

- F17.** 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

F17_1. TIPS FROM A FORMER SMOKER

F17_2. TRUTH

F17_3. BECOME AN EX

F17_4. EVERY CIGARETTE IS DOING YOU DAMAGE

F17_5. TOBACCO FREE LIVING

F18. Where have you seen or heard about the TIPS Campaign?
1. Yes 2. No

F18_1. On TV

F18_2. On the radio

F18_3. In newspapers or magazines

F18_4. On the Internet

F18_5. Billboards or other outdoor ads

F20. 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 7 ads to view. After you view each ad, there will be a few questions that ask about your opinions of the ad.

F21_x. Were you able to view this video?

1. Yes

2. No

F23_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.

F24_x. Have you seen this ad on television or online in the past **3 months**, since **December 17**?

1. Yes

2. No

F24a_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

F24a_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

F24a_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

F24d_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

F24d_x_1. Notice the ad on a Website that you were visiting?

F24d_x_2. Search for the ad on YouTube, Google, or other Internet search engine?

For the next few questions, think about all of the advertisements you just viewed and recalled seeing in the past **3 months**.

- F28a.** In the past **3 months**, since **December 17, 2013**, have these ads stopped you from having a cigarette when you were about to smoke one? Would you say...
1. Never
 2. Once
 3. A few times
 4. Many times

- F30.** Did you talk to anyone about any of these ads?
1. Yes
 2. No

- F31.** When you talked about the ads, did the person talking to you about the ads encourage you to stop smoking?
1. Yes
 2. No

[ASK F31_x IF ANY F24_x=1]

- F31_x.** Did seeing these ads make you want to do any of the following?
[ANSWER ALL, RANDOMIZE]
1. Quit smoking
 2. Cut back on the number of cigarettes I smoke
 3. Use electronic vapor products
 4. Switch to mild or some other brand of cigarettes
 5. Use nicotine replacements like the nicotine patch or nicotine gum
 6. Use medications like Zyban or Chantix
 7. Call a telephone quit line
 8. Visit a web site such as Smokefree.gov or CDC.gov/Tips
 9. Talk to a doctor or other health professional about quitting

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 **2** 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.

F32_x. Were you able to listen to this ad?

1. Yes
2. No

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.

F35_x. Have you heard this ad on the radio in the past **3 months**, since **December 17**?

1. Yes
2. No

F35a_x. In the past **3 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.

F36. 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

F37. Where did you see these advertisements?

1. Yes 2. No

F37_1. Magazines or print publications

F37_2. Websites online

F37_3. Public places such as bus shelters, bus interiors, outdoor bulletins, etc.

AWARENESS OF E-CIGARETTE ADS

F38_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.

F38_x. Have you seen this ad on television or online in the past **3 months**, since December 17, 2013?

1. Yes
2. No

F38a_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

F38a_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

F41_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

F41a_x. This ad is worth remembering.

F41b_x. This ad grabbed my attention.

F41c_x. This ad is powerful.

F41d_x. This ad is informative.

F41e_x. This ad is meaningful to me.

F41f_x. This ad is convincing.

F42_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

F42a_x. This ad makes me want to try an electronic vapor product.

F42b_x. This ad makes me want to switch to electronic vapor products completely and quit smoking regular cigarettes.

F42c_x. This ad makes me want to use electronic vapor products as a way to cut back on smoking regular cigarettes.

F42d_x. This ad makes me want to use electronic vapor products in places where you normally cannot smoke regular cigarettes.

F42e_x. I want a cigarette right now.

SECTION G: CLOSING QUESTIONS

G1. How many children aged 17 or younger live in your household 6 months or more of the year?

_____ Number of Children

G5. 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).

G6. Was your total HOUSEHOLD income in the past 12 months...

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

G6a. 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

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

G7. 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

G8. 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

G9. 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

G15. Have you been diagnosed by a physician or other qualified medical professional with any of the following medical conditions?

1. Yes 2. No

G15_1. Acid reflux disease

G15_2. ADHD or ADD

G15_3. Anxiety disorder

G15_4. Asthma, chronic bronchitis, or COPD

G15_5. Cancer (any type except skin cancer)

G15_6. Chronic pain (such as low back pain, neck pain, or Fibromyalgia)

G15_7. Depression

G15_8. Diabetes

G15_9. Heart attack

G15_10. Heart disease

G15_11. High blood pressure

G15_12. High cholesterol

G15_13. HIV/AIDS

G15_14. Kidney disease

G15_15. Mental health condition

G15_16. Multiple sclerosis

G15_17. Osteoarthritis, joint pain or inflammation

G15_18. Osteoporosis or osteopenia

G15_19. Rheumatoid arthritis

G15_20. Seasonal allergies

G15_21. Skin cancer

G15_22. Sleep disorders such as sleep apnea or insomnia

G15_23. Stroke

G15_24. Something else

G20. Do you or anyone in this household connect to the Internet from home?

1. Yes

2. No

G21. Do you live in a metro or non-metro area?

1. Non-metro (rural)

2. Suburban

3. Urban

G22. 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

G22a. I usually try new products before other people do.

G22b. I often try new brands because I like variety and get bored with the same old thing.

G22c. When I shop I look for what is new.

G22d. I like to be the first among my friends and family to try something new.

G22e. 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 : _____