## RTI/FDA Tobacco Focus Groups Screening Questionnaire *E-Cigarette*

. . . . . . . . .

Hello, this is	Trom [FACILITY NAME], a local market research firm. May I
please speak to	?
are working with RTI Inter and Drug Administration ( would like to include your	_ from [FACILITY NAME], a local market research firm.) We mational, a nonprofit research organization, and the Food (FDA) on a research study about tobacco products, and opinions. I want to assure you that we are not from a mpany that sells quit-smoking aids.
The discussion group star study purposes, the group	iscussion on [DATE] with approximately 9 other people. Its at [TIME] and will last no longer than 90 minutes. For Its discussion will be audio recorded, and FDA project team It discussion in person or through videostreaming.
and travel expenses. Part	articipation, you will be reimbursed for your time, effort, icipation in the groups is completely voluntary. Would it be tions now in order to see if you are eligible to be in one of
Yes - <b>Continue</b> .	
No - Thank and e	nd call.
1. What is your age? [Reco	rd age and group into category]
☐ 18-29 <b>→ CON</b>	MINATE ITINUE FOR YOUNG ADULT GROUP → CONTINUE FOR ADULT GROUP

The next questions are about electronic nicotine products such as e-cigarettes, vape pens, personal vaporizers and mods, e-cigars, e-pipes, e-hookah, and hookah pens. These products are battery-powered and produce vapor instead of smoke. They typically use a nicotine liquid, although the amount of nicotine can vary and some may not contain any nicotine at all. Some common brands include Vuse, Blu, Logic, MarkTen, NJOY, and eGo.

1. Have you ever heard of an electronic nicotine products (such as ecigarettes)?

		Yes	Conti	nue.					
		No	Term	inate.					
2.		re you ever tried electronic nicotine products (such as e-cigarettes), even one time?							
		Yes <b>Continue.</b> No <b>Terminate.</b>							
	_	<b>yes:</b> Do you currently use electronic nicotine products (such as egarettes)							
		Every	day day						
		Some	days						
		Rarel	у	Terminate	•				
		Not a	t all	Terminate	1				
	the sa "cigal	here are different types of electronic nicotine products. The first type are ne same size and shape as tobacco cigarettes and are sometimes called cigalikes". They can be bought as one-time, disposable products; some of nese are rechargeable and use pre-filled cartridges.							
	A second type of electronic nicotine product (sometimes called "tank systems") do not look like cigarettes – they are often bigger and allow the user to refill with e-liquid. These devices often can be customized and modified in different ways.								
	Think use is	_	the pro	oduct you us	se most	t of the time	, would y	ou say the de	vice
		First t	type ("d	cigalike")	Recr	uit for ciga	like gro	ир	
		Secor	nd type	("tank syste	em")	Recruit fo	or tank	group	
		Not s	ure	Terminate	9				
		I don'	't have	a device tha	nt I use	most of the	time	Terminate	

	years, have you or any member of your household worked for lowing? ( <b>Read list. If yes to any, thank the respondent and</b>
A tobacco specialty	or cigarette company (including a vape shop or tobacco store)
dangers o	ealth or community organization involved in communicating the of smoking or the benefits of quitting
The Feder	ng, advertising, or public relations agency or department ral Government ( <b>Read list. If yes to any, thank the ent and terminate.)</b>
The U.	S. Food and Drug Administration (FDA) stional Institutes of Health (NIH)
The Ce	enters for Disease Control and Prevention (CDC) bstance Abuse and Mental Health Services Administration
The Ce	(SAMHSA) Inters for Medicare & Medicaid Services (CMS)
4. Have you or tobacco indu	any member of your household <u>ever</u> lobbied on behalf of the stry?
Yes No	Thank the respondent and terminate. Continue.
	any member of your household <u>personally</u> represented or ehalf of a tobacco company in connection with a tobacco lawsuit?
Yes No	Thank the respondent and terminate. Continue.
6. Have you par	ticipated in any paid market research in the past 6 months?
Yes No	Thank the respondent and terminate. Continue.
The moderate	rposes, if you participate, the discussion group will be recorded. or will not ask any sensitive questions. Are you okay with us ur group discussion?  Continue.
No	Thank the respondent and terminate.
	sex? Male Female
9. What is the l	nighest level of education that you have completed? (Read list.)
Less than	high school diploma <b>Continue.</b> ol graduate or GED <b>Continue.</b>

	Some college or 2-year degree College degree Postgraduate degree	Continue. Continue. Continue.					
10.Are	10.Are you of Hispanic or Latino origin?						
	Yes No						
11. W	hat is your race? (Read list. Recru	iit a mix to show per group.)					
	<ul><li>☐ White</li><li>☐ Black or African American</li><li>☐ Asian</li></ul>						
	Native Hawaiian or other Pacific						
	<ul><li>American Indian or Alaskan Native</li><li>[DON'T READ] Hispanic</li><li>[DON'T READ] Other</li></ul>						
<ul> <li>12. Finally, during the focus group discussion, you will be asked to review written materials and offer your opinions; therefore, I need to ask whether you have a medical or nonmedical condition that affects your ability to read and/or understand written materials in English?         <ul> <li>Yes</li> <li>Thank the respondent and terminate.</li> <li>No</li> </ul> </li> </ul>							
Great! You qualify for our study. The discussion group will be held on [DATE] at [TIME] and will last about 90 minutes. For your time and opinions, you will receive \$75 at the end of the session. We request that you bring with you the electronic nicotine product you told me you use most often.							
13. W	ould you like to participate in the	group discussion at [TIME] on [DATE]?					
	Yes <b>Continue</b> No <b>Thank th</b>	e respondent and terminate.					
	ay I please have your mailing and tion letter with directions? <b>[Verif</b>	or e-mail address to send you a a address and phone number.]					
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 Jennifer Alexander of RTI at 301-770-8219. 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.
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 tir	ne?
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.

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