

POINT-OF-SALE CREATIVE CONCEPT TESTING - FOCUS GROUPS WITH CURRENT ADULT SMOKERS SCREENER

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 5 minutes per response to complete the survey (the time estimated to read and complete). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to PRASStaff@fda.hhs.gov.

INTRODUCTION

Hello, my name is _____, and I am calling on behalf of Fors Marsh Group, a professional research company. We will be conducting focus groups to test ideas for a health education campaign. Each focus group will be led by a qualified researcher and will include about four participants who will be asked to share their opinions. Focus groups will be held in **LOCATION** on **DATES** for about 90 minutes. Those who participate will receive a **\$75** gift card as a thank you for taking part in the study. May I please speak with someone in your household between the ages of 25 to 54 to see if they are qualified to participate in the study?

[REPEAT INTRO IF CALL WAS TRANSFERED]

May I ask you a few questions to see if you are qualified to participate in the study?

Yes	<input type="checkbox"/>	[CONTINUE]
No	<input type="checkbox"/>	[THANK AND END]

Great! Before we begin, you should know that there are no right or wrong answers to the questions I'm going to ask you. You also don't have to answer some questions if you don't want to. If an answer leads to me ending the call, this doesn't mean that there was anything wrong with the answer you provided.

SECTION 1: SCREENER & DEMOGRAPHIC QUESTIONS

READ: To begin, I have a couple questions to ensure that we speak to the targeted group of people.

ZIP_CODE. What is your zip code?

IF ELIGIBLE PER ZIP CODE INSTRUCTIONS BELOW	[]	[CONTINUE]
IF <u>NOT</u> ELIGIBLE PER ZIP CODE INSTRUCTIONS BELOW	[]	[THANK AND END]

ZIP CODE INSTRUCTIONS - please refer to Eligible Zip Code document.

- A. Ask for caller’s zip code:
 - i. If matches unhighlighted zip: **ELIGIBLE**
 - ii. If matches highlighted zip: **GO TO B**
- B. Ask what county they reside in **[RECORD]**
 - i. If matches eligible county: **ELIGIBLE**
 - ii. If does not match eligible county: **INELIGIBLE [THANK AND END]**
 - iii. **If caller is unsure of county: record address, flag**

1. How old are you? [_____]

RECORD RESPONSE 25 to 54	[]	> CONTINUE
IF age is <25 or >54	[]	> TERMINATE

TERMINATION LANGUAGE: Thank you for taking the time to answer these questions. Unfortunately, based on the responses you provided, you do not meet the specifications we are looking for in this study. I appreciate your time and have a good morning/afternoon/evening.

2. In the past five years (including now), have you, a member of your immediate family or a close friend worked for any of the following

types of businesses? **READ LIST AND RECORD BELOW**

an advertising or public relations firm?	<input type="checkbox"/>	> TERMINATE IF YES TO ANY
a marketing or market research firm or department?	<input type="checkbox"/>	
a marketing or market research consultant?	<input type="checkbox"/>	
any kind of media company - like a TV or radio station or newspaper?	<input type="checkbox"/>	
the federal government or a federal government agency?	<input type="checkbox"/>	
a manufacturer or representative of tobacco?	<input type="checkbox"/>	

3. When, if ever, was the last time you participated in a marketing research study, such as a consumer interview or a group discussion? **DO NOT READ LIST**

Within the past six months	<input type="checkbox"/>	> TERMINATE
Over six months ago	<input type="checkbox"/>	> CONTINUE
Never	<input type="checkbox"/>	> SKIP TO Q5

4. Please think about the market research studies you have participated in. What were the topics of the market research? **RECORD BELOW**

1) _____	2) _____
3) _____	4) _____

TERMINATE IF ANYTHING RELATED TO TOBACCO (E.G., TOBACCO ATTITUDES, TOBACCO BEHAVIORS SUCH AS CIGARETTE SMOKING, SMOKELESS TOBACCO, ETC.)

SECTION 2: Tobacco Behavior

5. Have you smoked at least 100 cigarettes in your entire life?¹
(NOTE: 5 Packs=100 cigarettes)

Yes	<input type="checkbox"/>	> CONTINUE
No	<input type="checkbox"/>	> TERMINATE
Refused	<input type="checkbox"/>	> TERMINATE
Don't Know	<input type="checkbox"/>	> TERMINATE

6. Do you now smoke cigarettes every day, some days, or not at all?¹

¹ Behavioral Risk Factor Surveillance System (BRFSS)

Every day	<input type="checkbox"/>	> CONTINUE
Some days	<input type="checkbox"/>	> CONTINUE
Not at all	<input type="checkbox"/>	> TERMINATE
Refused	<input type="checkbox"/>	> TERMINATE
Don't Know	<input type="checkbox"/>	> TERMINATE

7. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?¹

Yes	<input type="checkbox"/>	> CONTINUE
No	<input type="checkbox"/>	> TERMINATE
Refused	<input type="checkbox"/>	> TERMINATE
Don't Know	<input type="checkbox"/>	> TERMINATE

8. Do you ever buy cigarettes at the following types of stores? [Mark all that apply]

Grocery Stores	<input type="checkbox"/>	> TERMINATE
Drug Stores or pharmacy	<input type="checkbox"/>	IF NEVER
Convenience Stores/Gas Stations (like 7/11 or a local store)	<input type="checkbox"/>	PURCHASE AT C-STORES/GAS STATIONS.
Tobacco Outlets	<input type="checkbox"/>	OTHERWISE,
Online	<input type="checkbox"/>	CONTINUE.
Other: RECORD _____	<input type="checkbox"/>	

9. How often would you say you visit convenience stores (like 7/11, or a local store)?

More than daily	<input type="checkbox"/>	> CONTINUE
Daily	<input type="checkbox"/>	> CONTINUE
A few times a week	<input type="checkbox"/>	> CONTINUE
Once a week	<input type="checkbox"/>	> CONTINUE
Once a month	<input type="checkbox"/>	> CONTINUE
Less than once a month	<input type="checkbox"/>	> TERMINATE

Now, I would like to ask you questions about your use of tobacco products other than cigarettes.

10. Have you ever smoked a cigar, even one or two puffs?¹

Yes	<input type="checkbox"/>	> CONTINUE
No	<input type="checkbox"/>	> Skip to Q12
Refused	<input type="checkbox"/>	> Skip to Q12
Don't Know	<input type="checkbox"/>	> Skip to Q12

11. Do you currently smoke cigars every day, some days, or not at all? ¹

Every day	[]	> CONTINUE - QUALIFIES AS POLY- USER ²
Some days	[]	> CONTINUE - QUALIFIES AS POLY- USER
Not at all	[]	> CONTINUE
Don't Know	[]	> CONTINUE

² Bombard, J. M.; Pederson, L. L.; Nelson, D. E.; & Malarcher, A. M. (2007). Are smokers only using cigarettes: Exploring current polytobacco use among an adult population. *Addictive Behavior, 32*, 2411-2419.

12. Have you ever smoked a cigarillo or little cigar (for example, Black & Mild or Swisher Sweets), even one or two puffs?

Yes	[]	> CONTINUE
No	[]	> Skip to Q14
Refused	[]	> Skip to Q14
Don't Know	[]	> Skip to Q14

13. Do you now smoke cigarillos or little cigars (for example, Black & Mild or Swisher Sweets), every day, some days, or not at all?

Every day	[]	> CONTINUE - QUALIFIES AS POLY- USER
Some days	[]	> CONTINUE - QUALIFIES AS POLY- USER
Not at all	[]	> CONTINUE
Don't Know	[]	> CONTINUE

14. Have you ever used or tried any smokeless tobacco products such as chewing tobacco, snuff, or snus? (Snus rhymes with goose) [Note: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches, that is placed under the lip against the gum.]¹

Yes	[]	> CONTINUE
No	[]	> Skip to Q16
Refused	[]	> Skip to Q16
Don't Know	[]	> Skip to Q16

15. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?¹

Every day	[]	> CONTINUE - QUALIFIES AS POLY- USER
Some days	[]	> CONTINUE - QUALIFIES AS POLY- USER
Not at all	[]	> CONTINUE
Don't Know	[]	> CONTINUE

16. Have you ever tried an electronic cigarette, or e-cigarette, even just

one time?

Yes	[]	> CONTINUE
No	[]	> Skip to Q18
Refused	[]	> Skip to Q18
Don't Know	[]	> Skip to Q18

17. Do you currently use an electronic cigarette, or e-cigarette, every day, some days, or not at all?

Every day	[]	> CONTINUE - QUALIFIES AS POLY- USER
Some days	[]	> CONTINUE - QUALIFIES AS POLY- USER
Not at all	[]	> CONTINUE
Don't Know	[]	> CONTINUE

18. Have you ever tried smoking tobacco from a hookah or a waterpipe, even just one time?

Yes	[]	> CONTINUE
No	[]	> Skip to Q20
Refused	[]	> Skip to Q20
Don't Know	[]	> Skip to Q20

19. Do you currently smoke tobacco from a hookah or a waterpipe every day, some days, or not at all?

Every day	[]	> CONTINUE - QUALIFIES AS POLY- USER
Some days	[]	> CONTINUE - QUALIFIES AS POLY- USER
Not at all	[]	> CONTINUE
Don't Know	[]	> CONTINUE

<If Q5 = yes AND Q6 = every or some days AND respondent does not qualify as poly-user by Q10-19, s/he qualifies as current smoker>

READ: Great. I have a couple last questions to ensure that we speak to a variety of people.

20. What is your gender? **DO NOT READ LIST**

Male	<input type="checkbox"/>	> CONTINUE
Female	<input type="checkbox"/>	
Other: RECORD VERBATIM	<input type="checkbox"/>	

PLEASE AIM TO RECRUIT MIX OF GENDER FOR EACH GROUP

21. Which of the following best describes your racial or ethnic background? **RECORD ALL THAT APPLY**

White or Caucasian	<input type="checkbox"/>	> CONTINUE
Black or African American	<input type="checkbox"/>	
Asian	<input type="checkbox"/>	
Hispanic or Latino	<input type="checkbox"/>	
Native American or Alaska Native	<input type="checkbox"/>	
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	
Mixed or Other	<input type="checkbox"/>	

PLEASE AIM TO RECRUIT MIX OF RACE/ETHNICITIES FOR EACH GROUP

SECTION 3: INVITATION TO PARTICIPATE IN FOCUS GROUP

Thank you for your time today. We would like to invite you to participate in a focus group. The focus group will take place at **LOCATION**, and we will be asking your reactions to several ideas for a health education campaign. Portions of the interview will be recorded.

The interviews are being held on **DATES** and will last **approximately 90 minutes**.

Your opinions are very important to us. You will be paid **\$75** in the form of a gift card.

People who have been invited to participate in this type of project have found the experience to be enjoyable and informative.

22. Are you interested in participating in this study?

Yes	<input type="checkbox"/>	> CONTINUE
No	<input type="checkbox"/>	> TERMINATE

READ: Great! I am going to give you the address and contact information for the facility. Please make sure that you are there 15 minutes before the scheduled start time. Do you have a pen and paper?

GIVE LOCATION OF FACILITY