Participant ID:				
RTI/FDA Focus Groups - Adults Screening Questionnaire Qualitative Study on Acute Nicotine Toxicity Warnings for E-Liquids				
Hello, this is from [FACILITY NAME], a local market research firm. May I please speak to?				
(Hello, this is from [FACILITY NAME], a local market research firm.) We are working with RTI International, a nonprofit research organization, and the Food and Drug Administration (FDA) on a research study about tobacco products, and would like to include your opinions. I want to assure you that we are not from a tobacco company or a company that sells quit-smoking aids.				
We are holding a group discussion on [DATE] with approximately 11 other people like you. The discussion group starts at [TIME] and will last no longer than 60 minutes, as part of the discussion group you will also be asked to fill out a worksheet. For study purposes, the group discussion will be audio recorded, and other staff will observe the discussion in person or through livestreaming.				
In appreciation for your participation, you will be reimbursed for your time, effort, and travel expenses. Participation in the groups is completely voluntary and your responses will be kept private to the extent allowable by law. Would it be OK if I ask you a few questions now in order to see if you are eligible to be in one of the groups?				
Yes – Continue. No – Thank and end call.				
Q1. How old will you be on [DAY], [DATE]?				
Q2. On a scale of 1-5, how comfortable are you understanding and speaking English? 1 is very uncomfortable, 3 is somewhat comfortable, and 5 is very comfortable				
[TERMINATE if 4 or lower]				

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		omfortable are you talking in a group of people your age? 1 is very t comfortable, and 5 is very comfortable.
[TERMINAT	E if 4 or lower	1
pens, mods, va e-liquid rather	apes, and hooka than tobacco le	electronic nicotine products, such as e-cigarettes, e-hookahs, vape the pens. These products are battery-powered, use liquid nicotine or eaves, and produce vapor instead of smoke. Some common brands a e-Go and Vuse.
Q4. Do you cu	Yes How often: Every of Some of Rarely No	Thank the respondent and terminate.
Q5. Does the	electronic nicoti	ine product you use most often contain nicotine?
	Yes No Don't Know Refused	(go to Q6) Thank the respondent and terminate. Thank the respondent and terminate. Thank the respondent and terminate.
re-usable kits	with a cartridge	ght as one-time, disposable products, while others can be bought as or tank system. Some people refill their own e-cigarettes with ed "e-liquid" or "e-juice."
-	with e-liquid o	c nicotine product you use most of the time, does it have a way for re-juice or for you to replace a part such as a cartridge when it runs
	Yes No Don't Know Refused	(go to Q7) Thank the respondent and terminate. Thank the respondent and terminate. Thank the respondent and terminate.

Q7. Think about the electronic nicotine product that you use \underline{most} of the time. What do you do

when it runs out of e-liquid or e-juice?

Exp. 06/30/18 You replace a cartridge or cartomizer on your electronic nicotine product Recruit as "Closed ENDS (cartridge) user" and go to Q8. You pour e-liquid or e-juice into the tank of your electronic nicotine product Recruit as "Open ENDS users" and go to Q8. You do both <u>equally</u> as much (replace cartridge or cartomizer and pour e-liquid or e-juice into the tank of your electronic nicotine product) **HOLD** and contact RTI Buy a new device **Thank the respondent and terminate** Don't Know Thank the respondent and terminate. Refused Thank the respondent and terminate. Q8. In the past 5 years, have you or any member of your household worked for any of the following? (Read list. If yes to any, thank the respondent and terminate.) A tobacco or cigarette company A public health or community organization involved in communicating the dangers of smoking or the benefits of quitting A marketing, advertising, or public relations agency or department The Federal Government (Read list. If yes to any, thank the respondent and terminate.) The U.S. Food and Drug Administration (FDA) The National Institutes of Health (NIH) The Centers for Disease Control and Prevention (CDC) The Substance Abuse and Mental Health Services Administration (SAMHSA) The Centers for Medicare & Medicaid Services (CMS) The Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) The Alcohol and Tobacco Tax and Trade Bureau (TTB) Q9. Have you or any member of your household ever lobbied on behalf of the tobacco industry or worked on behalf of a tobacco company in connection with a tobacco lawsuit? Thank the respondent and terminate. Yes No Continue. Q10. Have you or any member of your household personally represented or worked on behalf of a tobacco company in connection with a tobacco lawsuit? Thank the respondent and terminate. Yes No Continue.

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Q11. l	Have	you participated	l in any paid market re	search in the past 6 months?
		Yes Thank th	ne respondent and term	ninate.
		No Continue	2.	
Q12. V	What	is your sex?	(Recruit about equal	numbers of males and females per group)
		Male	Continue.	
		Female	Continue.	
-		_		ou have completed? (Read list. Recruit a mix
ĺ	to sh		o more than two postg	
[Less than high s	-	Continue.
Ĺ	_	High school gra		Continue.
[_	Some college or	2-year degree	Continue.
		College degree		Continue.
		Postgraduate de	gree	Continue.
	Yes Choo Me	s ese all that apply, xican, Mexican erto Rican	, Latino/a, or Spanish o American, Chicano/a	origin Skip to Q16
	An	other Hispanic, I	Latino/a, or Spanish or	igin
Q16.	Wha		ethnicity? Choose all	that apply. (Read list. Recruit a mix.)
	_ -	White	- A	
_	_ -	Black or African	n American n or Alaska Native	
_		Asian Indian	II OF AIASKA NAUVE	
	_	Chinese		
	- -	Filipino		
	_ _	Japanese		
	_	Korean		
[_	Vietnamese		
[ם	Other Asian		
[_	Native Hawaiia		
[-	Guamanian or C	Chamorro	
Ţ	_	Samoan		
	_	Other Pacific Is	lander	

5	e age of 6 years living in your household? They do not have 2 adults per group with children under age 6 living in
No Yes	
1 0	e discussion group will be held on [DATE] at [TIME] and For your time and opinions, you will receive \$40 at the end
Q18. Would you like to participate in	n the group discussion at [TIME] on [DATE]?
Yes No	Continue. 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 group.

We are only inviting a few people, so it is very important that you notify us as soon as possible if for some reason you are unable to attend. Please call [recruiter] at [telephone number] if this should happen. We look forward to seeing you on [date] at [time]. If you normally wear corrective lenses, contacts, or glasses to read please remember to have them with you during the focus group.

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Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 6 minutes per response to complete the Screener (the time estimated to read and review). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to PRAStaff@fda.hhs.gov.

Participant ID:

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

NAME:	
ADDRESS:	
CITY:	
ZIP CODE:	
E-MAIL_	_
What is the best time to reach you? What is the best telephone number to re	each 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:	

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 1-800-334-8571, extension 28219. 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.