**SCREENER**

**Title of Information Collection: Point-of-Sale Campaign: Online Quantitative Study of Reactions to Rough-Cut Advertising Designed to Encourage Adult Smokers to Quit Smoking**

**Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 2 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 PRAStaff@fda.hhs.gov.**

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|  | [Intro Language]  Thank you for your interest in participating in a study. We would like to ask you questions to determine your eligibility to participate in a survey about how you perceive different communication materials for a public health campaign. This eligibility survey should take about 5 minutes to complete.  Please select the next button to continue.  **Question Type:** Open End Text  **Q1.** How old are you?  **Variable Label:** Q1: Age   |  |  | | --- | --- | |  |  |   **Lower Limit:** 0  **Upper Limit**: 100  //**PROGRAMMING NOTE: If Q1<25 or Q1>54, SKIP TO TERMINATION PAGE; OTHERWISE CONTINUE //**  **Question Type: Multi Punch**  **Q2:** 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?*Mark all that apply.*  **Variable Label:** Q2: Profession  //**PROGRAMMING NOTE: *RANDOMIZE Q2\_1-Q2\_6//***   |  |  |  | | --- | --- | --- | | **Variable Name** | **Variable Text** | **Variable Label** | | Q2\_1 | An advertising or public relations firm | Q2\_1 Profession: Advertising | | Q2\_2 | A marketing or market research firm or department? | Q2\_2 Profession: Market Research | | Q2\_3 | A marketing or market research consultant? | Q2\_3 Profession: Consultant | | Q2\_4 | Any kind of media company – like a TV or radio station or newspaper? | Q2\_4 Profession: Media | | Q2\_5 | The federal government or a federal government agency? | Q2\_5 Profession: Government Agency | | Q2\_6 | A manufacturer or representative of tobacco? | Q2\_6 Profession: Tobacco Company |   //**PROGRAMMING NOTE: If Q2\_1-Q2\_6 =1, SKIP TO TERMINATION PAGE; OTHERWISE CONTINUE //**  **Q3:** When, if ever, was the last time you participated in a marketing research study related to tobacco, such as a consumer interview or a group discussion on tobacco attitudes or behaviors?   |  |  |  | | --- | --- | --- | | **Variable Name** | **Variable Text** | **Variable Label** | | Q3\_1 | Within the past six months | Q3\_1 Study: Six Months | | Q3\_2 | Over six months ago | Q3\_2 Study: Over Six Months | | Q3\_3 | Never | Q3\_3 Study: Never |   //**PROGRAMMING NOTE: If Q3\_1=1, SKIP TO TERMINATION PAGE; OTHERWISE CONTINUE //**  *Cigarette Smoking Behavior*  **Question Type: Single Punch**  **Q4:** Have you smoked at least 100 cigarettes in your entire life? (NOTE: 5 Packs=100 cigarettes)  **Variable Label:** Q4: Ever Smoked   |  |  | | --- | --- | | **Value** | **Value Label** | | 01 | Yes | | 02 | No | | 99 | Refused |   //**PROGRAMMING NOTE: IF Q4 ≠ 01, SKIP TO TERMINATION PAGE; OTHERWISE CONTINUE //**  **Question Type: Single Punch**  **Q5:** Do you now smoke cigarettes every day, some days, or not at all?  **Variable Label:** Q5: Smoke Frequency   |  |  | | --- | --- | | **Value** | **Value Label** | | 01 | Not at all | | 02 | Some days | | 03 | Every day | | 99 | Refused |   //**PROGRAMMING NOTE: IF Q5=01 or Q5=99, SKIP TO TERMINATION PAGE; OTHERWISE CONTINUE //**  **Question Type: Single Punch**  **Q6:** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?  **Variable Label:** Q6: Quit Attempt   |  |  | | --- | --- | | **Value** | **Value Label** | | 01 | Yes | | 02 | No | | 99 | Refused |   //**PROGRAMMING NOTE: IF Q6 ≠ 01, SKIP TO TERMINATION PAGE; OTHERWISE CONTINUE //**  *Cigarette Purchasing Behavior*  **Question Type: Multi Punch**  **Q7:** Do you ever buy cigarettes at the following types of stores? *Mark all that apply.*  **Variable Label:** Q7: Purchase Location  //**PROGRAMMING NOTE: *RANDOMIZE Q7\_1-Q7\_6,* but keep *Q7\_6* LAST*//***   |  |  |  | | --- | --- | --- | | **Variable Name** | **Variable Text** | **Variable Label** | | Q7\_1 | Grocery Stores | Q7\_1 Location: Grocery Stores | | Q7\_2 | Drug Stores or Pharmacy | Q7\_2 Location: Drug Stores | | Q7\_3 | Convenience Stores or Gas Stations (like 7/11 of a local store) | Q7\_3 Location: Convenience Stores | | Q7\_4 | Tobacco Outlets | Q7\_4 Location: Tobacco Outlets | | Q7\_5 | Online | Q7\_5 Location: Online | | Q7\_6 | Other [open-end] | Q7\_6 Location: Other [open-end] |  |  |  | | --- | --- | | **Value** | **Value Label** | | 01 | Yes | | 02 | No | | 99 | Refused |   **//PROGRAMMING NOTE: IF Q7\_3 ≠ 01 (is not selected), SKIP TO TERMINATION PAGE; OTHERWISE CONTINUE //**  **Question Type: Single Punch**  **Q8:** How often would you say you visit convenience stores (like 7/11, or a local store)?  **Variable Label:** Q8: Convenience Store Frequency   |  |  | | --- | --- | | **Value** | **Value Label** | | 01 | More than daily | | 02 | Daily | | 03 | A few times a week | | 04 | Once a week | | 05 | Once a month | | 06 | Less than once a month | | 99 | Refused |     //**PROGRAMMING NOTE: IF Q8=06 or Q8=99, SKIP TO TERMINATION PAGE; OTHERWISE CONTINUE //**  *Other Forms of Tobacco Behavior (*Poly-Users)  **Question Type: Single Punch**  **Q9:** Have you ever…  //**PROGRAMMING NOTE: *RANDOMIZE Q9\_1-Q9\_5//***   |  |  |  | | --- | --- | --- | | **Variable Name** | **Variable Text** | **Variable Label** | | Q9\_1 | Smoked a cigar, even one or two puffs? | Q 9\_1: Ever Cigar | | Q9\_2 | Smoked a cigarillo or little cigar (for example, Black & Mild or Swisher Sweets), even one or two puffs? | Q9\_2: Ever Cigarillo | | Q9\_3 | Used or tried any smokeless tobacco products such as chewing tobacco, snuff, or snus?  Note: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches, that is placed under the lip against the gum. | Q9\_3: Ever Chew | | Q9\_4 | Tried an electronic cigarette, or e-cigarette, even just one time? | Q9\_4: Ever Electronic Cigarette | | Q9\_5 | Tried ever tried smoking tobacco from a hookah or a waterpipe, even just one time? | Q9\_5: Ever Hookah |  |  |  | | --- | --- | | **Value** | **Value Label** | | 01 | Yes | | 02 | No | | 99 | Refused |   **//PROGRAMMING NOTE: ASK Q10\_1 if Q9\_1=1, OTHERWISE CONTINUE //**  **Question Type: Single Punch**  **Q10\_1:** Do you now smoke cigars every day, some days, or not at all?  **Variable Label:** Q10\_1: Cigar Frequency   |  |  | | --- | --- | | **Value** | **Value Label** | | 01 | Not at all | | 02 | Some days | | 03 | Every day | | 99 | Refused |   **//PROGRAMMING NOTE: ASK Q10\_2 if Q9\_2=1, OTHERWISE CONTINUE //**  **Question Type: Single Punch**  **Q10\_2:** Do you now smoke cigarillos or little cigars (for example, Black & Mild or Swisher Sweets), every day, some days, or not at all?  **Variable Label:** Q10\_2: Cigarillo Frequency   |  |  | | --- | --- | | **Value** | **Value Label** | | 01 | Not at all | | 02 | Some days | | 03 | Every day | | 99 | Refused |   **//PROGRAMMING NOTE: ASK Q10\_3 if Q9\_3=1, OTHERWISE CONTINUE //**  **Question Type: Single Punch**  **Q10\_3:** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?  **Variable Label:** Q10\_3: Chew Frequency   |  |  | | --- | --- | | **Value** | **Value Label** | | 01 | Not at all | | 02 | Some days | | 03 | Every day | | 99 | Refused |   **//PROGRAMMING NOTE: ASK Q10\_4 if Q9\_4=1, OTHERWISE CONTINUE //**  **Question Type: Single Punch**  **Q10\_4:** Do you currently use an electronic cigarette, or e-cigarette, every day, some days, or not at all?  **Variable Label:** Q10\_4: Electronic Cigarette Frequency   |  |  | | --- | --- | | **Value** | **Value Label** | | 01 | Not at all | | 02 | Some days | | 03 | Every day | | 99 | Refused |   **//PROGRAMMING NOTE: ASK Q10\_5 if Q9\_5=1, OTHERWISE CONTINUE //**  **Question Type: Single Punch**  **Q10\_5:** Do you currently smoke tobacco from a hookah or a waterpipe every day, some days, or not at all?  **Variable Label:** Q10\_5: Electronic Cigarette Frequency   |  |  | | --- | --- | | **Value** | **Value Label** | | 01 | Not at all | | 02 | Some days | | 03 | Every day | | 99 | Refused |   *Demographics*  **Question Type: Single Punch**  **Q11:** What is your gender?  **Variable Label:** Q11: Gender   |  |  | | --- | --- | | **Value** | **Value Label** | | 01 | Male | | 02 | Female | | 99 | Refused |   **Question Type: Multi Punch**  **Q12:** Which of the following best describes your racial or ethnic background? *Mark all that apply.*  **Variable Label:** Q12: Race   |  |  |  | | --- | --- | --- | | **Variable Name** | **Variable Text** | **Variable Label** | | Q12\_1 | White or Caucasian | Q12\_1 Race: White or Caucasian | | Q12\_2 | Black or African American | Q12\_2 Race: Black or African Americans | | Q12\_3 | Asian | Q12\_3 Race: Asian | | Q12\_4 | Hispanic or Latino | Q12\_4 Race: Hispanic or Latino | | Q12\_5 | Native American or Alaska Native | Q12\_5 Race: Native American or Alaska Native | | Q12\_6 | Native Hawaiian or Other Pacific Islander | Q12\_6 Race: Native Hawaiian or Other Pacific Islander | | Q12\_7 | Mixed or Other | Q12\_7 Race: Mixed or Other |   **Question Type: Date**  **Q13:** What is your birthdate?  **Variable Label:** Q13: Birthdate  //**PROGRAMMER NOTE: DATE CAPTURE TOOL//**   |  |  | | --- | --- | |  |  |   **Question Type: Open End Numerical**  **Q14:** What is your zip code?  **Variable Label:** Q14: Zip Code  //**PROGRAMMER NOTE: ONLY ALLOW 5 DIGIT NUMBERS//**   |  |  | | --- | --- | |  |  | |

**[TERMINATION LANGUAGE]**

Thank you for completing this survey. Unfortunately, based on the responses you provided, you do not meet the specifications we are looking for in this study. We appreciate your time today in answering the questions.

*Additional termination language shown to potential participants who have been asked questions about tobacco use but do not screen in for the study:*

If you are thinking about quitting, you are advised to speak with your healthcare provider for more information on ways to quit tobacco that could work for you.

**[ELIGIBILITY LANGUAGE]**

Thank you for your time today. We would like to invite you to participate in a survey. Please select the next button to continue.