

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

C2a. During the **past 6 months**, that is since [FILL LAUNCH DATE], 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

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?**

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 vapor products on at least one day during any of the following weeks in the past 4 months?

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									

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)

C3c. In the past 12 months, have you used any of the following medications to help you quit smoking: nicotine skin patch, nicotine gum, nicotine lozenges, nicotine nasal spray, a nicotine inhaler, or pills such as Wellbutrin, Zyban, bupropion, Chantix, or varenicline?

1. Yes
2. No

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 vapor products such as e-cigarettes, vape-pens, hookah-pens, electronic hookahs (e-hookahs), electronic cigars (e-cigars), electronic pipes (e-pipes), or e-vaporizers

C4_4. Substitute some of your regular cigarettes with electronic vapor products such as e-cigarettes, vape-pens, hookah-pens, electronic hookahs (e-hookahs), electronic cigars (e-cigars), electronic pipes (e-pipes), or e-vaporizers

C4_5. Switch to mild or some other brand of cigarettes

C4_6. Use nicotine replacements like the nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, or nicotine inhaler

C4_7. Use medications like Wellbutrin, Zyban, bupropion, Chantix, or varenicline

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 _____		

C5a. During the past 6 months, that is since [FILL DATE], have you talked to any of the following types of doctors or health care professionals about quitting smoking?

	Yes	No
C5a_1. Primary care physician		
C5a_2. Nurse		
C5a_3. Physician's Assistant (PA) or Nurse Practitioner (NP)		
C5a_4. Pharmacist		
C5a_5. Dentist or dental hygienist		
C5a_6. Eye doctor, optometrist, or ophthalmologist		
C5a_7. Therapist or psychologist		

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. I do not plan to quit smoking cigarettes for good
 7. 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. 3 to 4 weeks ago
 3. 1 to 3 months ago
 4. 4 to 6 months ago
 5. 7 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 refillable cartridges, or an electronic vapor product that uses refillable tanks?

Please indicate the type of electronic vapor product that you **use the most**.

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

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

_____ [ENTER NUMBER]

B9c. Where did you get or buy the electronic vapor products that you have used?
Yes No

B9c_1. A gas station or convenience store
B9c_2. A grocery store
B9c_3. A drugstore
B9c_4. A mall or shopping center kiosk/stand
B9c_5. Over the Internet
B9c_6. A store that sells electronic vapor products, such as a “vape shop”
B9c_7. Some other place
B9c_8. From a family member
B9c_9. From a friend
B9c_10. Some other person that is not a family member or a friend

B9d. Which of those is the main way you usually get your electronic vapor products?
 [DISPLAY LIST]

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?

Yes 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)

B14. Do you want to quit using electronic vapor products for good?

1. Yes, after I have successfully stopped smoking cigarettes
2. Yes, but I will continue to smoke cigarettes
3. No

B15. Do you plan to quit using electronic vapor products....

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. I do not plan to quit using electronic vapor products for good
7. Not sure/Uncertain

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

C22. In the past 3 months, did you receive any of the following medications for free from the 1-800-QUIT-NOW smokers' quitline: nicotine patches, gum, lozenges, nasal spray, inhaler, or pills such as Wellbutrin, Zyban, bupropion, Chantix, or varenicline?

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
- D21_16.** Macular degeneration or blindness

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 tobacco smoke 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?

Yes 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?

Yes 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...

Yes 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?

F25_x. Please tell us if you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree with the following statements.

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

F25a_x. This ad is worth remembering.

F25b_x. This ad grabbed my attention.

F25c_x. This ad is powerful.

F25d_x. This ad is informative.

F25e_x. This ad is meaningful to me.

F25f_x. This ad is convincing.

F25g_x. This ad is ridiculous.

F25h_x. This ad is terrible.

F25i_x. This ad was difficult to watch.

F26_x. On scale of 1 to 5, where 1 means “not at all” and 5 means “very”, please indicate how much this ad made you feel...

1 2 3 4 5
Not at all Very

F26a_x. Sad

F26b_x. Afraid

F26c_x. Irritated

F26d_x. Ashamed

F26e_x. Discouraged

F26f_x. Hopeful

F26g_x. Motivated

F26h_x. Understood

F26i_x. Angry

F28_x. Would this ad make you want to quit smoking?

1. Yes
2. No

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

- 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, nicotine gum, nicotine lozenges, nicotine nasal spray, or nicotine inhaler
 6. Use medications like Wellbutrin, Zyban, bupropion, Chantix, or varenicline
 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?

Yes 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

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 disagree, disagree, neither agree nor disagree, agree, or strongly agree 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?	
	Yes	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 : _____