# **Evaluation of the National Tobacco Prevention and Control Public Education Campaign**

# (OMB no. 0920-0923, approved 03/18/2014, exp. date 03/31/2017)

# **Justification for Non-Substantive Change**

November 20, 2014

**December 5, 2014:** Requested OMB Approval Date of this Change Request (approximately 5 weeks of lead time is needed to re-program and test Web-based surveys)

**January 6, 2015:** Estimated date to initiate Wave 3 data collection

# **Summary**

# The currently-approved information collection for the National Tobacco Prevention and Control Public Education Campaign consists of multiple waves of online surveys, involving both smokers (five waves) and nonsmokers (four waves), to assess their awareness of and reactions to the two-phase *Tips From Former Smokers* (*Tips)* 2014 campaign. The surveys also assess quit attempts, cessation behaviors, and other actions that were made before, during, and after the timeframe of the campaign. To provide information on outcomes that are specific to the smoker and nonsmoker populations, this information collection uses a screening process to determine smoker or nonsmoker status as well as instrument versions that are specific to smokers and nonsmokers.

The first wave of data collection (Wave 1) was launched between the first and second phases of the 2014 campaign (see currently-approved Information Collection Request 0920-0923). Wave 1 data collection began after the first phase of the campaign was completed (April 7, 2014) and ended prior to the beginning of the second phase of *Tips* 2014 which launched on July 7, 2014. Wave 2 data collection launched on September 8, 2014 following the conclusion of the second phase of the campaign. It is anticipated that Wave 2 data collection will be completed by November 17, 2014. Wave 3 data collection is planned to launch on January 6, 2015 and will include longitudinal follow-ups of previously-interviewed participants as described in the currently-approved Information Collection Request (0920-0923).

As noted in the currently-approved Information Collection Request (0920-0923), modest survey revisions may be necessary to capture changes in the dynamic landscape of tobacco use and nicotine products (see sections A.1 (page 8) and A.12 (page 18) of the currently-approved Information Collection Request). Some states offer free nicotine replacement therapy to smokers through the quitline number 1-800-QUIT-NOW. Thus, in order to better understand the effect of campaign messages on cessation behaviors of smokers (e.g., calling 1-800-QUIT-NOW, use of nicotine replacement therapy), we have updated the survey instruments to include a small number of new items that assess participants’ use of nicotine medications and whether they received them through their state quitlines. These items are essential for understanding the impact of *Tips* on smoking cessation behaviors. In addition to these new questions, we have also added additional items to measure where electronic vapor products are obtained and intentions to quit using electronic vapor products among electronic vapor product users as well as various minor updates to the wording of several items to improve their accuracy.

CDC is requesting OMB approval for updates and enhancements to our survey instruments that will provide additional information about cessation behaviors and improve our ability to analyze the impact of *Tips* on smokers’ use of nicotine replacement therapy, as well as enhance the accuracy of questions regarding electronic vapor products. The nature of our proposed revisions can be summarized as follows:

* Added a new item to assess use of any medications (nicotine replacements or pills) in the past year to help quit smoking.
* Added a new item to assess whether participants have received any medications for free from 1-800-QUIT-NOW in the past 3 months for stopping smoking.
* Added a new item to assess what types of health care professionals participants talked to about quitting smoking.
* Added a new item to measure intentions to quit using electronic vapor products.
* Added a new item to measure where electronic vapor products are obtained.
* Updated items on knowledge of smoking-related diseases to include terminology for “macular degeneration or blindness,” a new health condition that will be featured in *Tips* 2015 campaign messages.
* Minor revision to items related to electronic vapor products and nicotine replacement medications to reflect standardized terminology.
* Various deletions of items that are not needed for campaign evaluation at this time.

The specific instrument revisions are outlined in Tables 1 and 2 below and include details on currently-approved wording, revised item wording, and justification for each specific change. These changes have also been transferred to the final Spanish versions of the instruments. In order to launch our survey in a timely fashion, CDC respectfully requests approval of these revisions by **December 5, 2014**.

**Inter-agency Coordination**

In designing the data collection activities approved on 03/18/2014 for OMB no. 0920-0923, we continue to take steps to ensure that this effort does not duplicate ongoing efforts and that no existing data sets would address the proposed evaluation questions. We have carefully reviewed existing data collection plans by other agencies such as the Food and Drug Administration (FDA) that are conducting similar data collection activities (see OMB No. 0910-0753, Evaluation of the FDA’s General Market Youth Tobacco Prevention Campaign, exp. 10/31/2016). Additionally, a collaborative workgroup consisting of representatives from CDC, FDA, the National Cancer Institute, and the Substance Abuse and Mental Health Services Administration, has been developed to discuss terminology related to new and emerging tobacco, nicotine, and vapor products and to ensure alignment of question wording on the instruments where topics of mutual interest are included. The changes proposed in this Change Request reflect the current status of collaborative discussions about terminology for vapor-related products and devices. Staff members in CDC’s Office on Smoking and Health will continue to work closely with staff in FDA’s Center for Tobacco Products to assess the appropriateness of terminology in a dynamic product environment. Conference calls are held at least monthly to review plans, and weekly to discuss campaign coordination and share research/evaluation findings, as appropriate.

CDC’s submission of this Change Request has been approved by the HHS/Assistant Secretary for Planning and Evaluation (ASPE).

**Justification** **for Change**

Since the approval of this information collection, CDC has reviewed items in other surveys (e.g., National Adult Tobacco Survey; OMB No. 0920-0828, exp. 7/31/2015) related to nicotine replacement therapies. Although similar items have been assessed in other surveillance systems, they have never measured receipt of nicotine medications through the 1-800-QUIT-NOW number. Currently, no other planned surveillance systems would adequately capture this data. In addition, the changes we have made in item wording and terminology are necessary to reflect newer campaign messages (e.g., macular degeneration) and to improve the accuracy and measurement of variables related to electronic vapor products.

The proposed changes to the approved questionnaires do not alter the original purposes and functions of the surveys. Our changes are intended to enhance CDC’s ability to assess knowledge, attitudes, behaviors, and intentions of survey participants in relation to the *Tips* campaign. These changes will improve the analytic value of the surveys in evaluating the overall impact of the *Tips* campaign.

**Effect of Proposed Change on Burden Estimate**

None. The proposed changes result in a net increase of 3 items in the smoker survey and a net increase of 3 items in the nonsmoker survey. Given these minor changes to survey length, we believe there will be no substantial impact on the current burden estimate.

**Effect of Proposed Changes on Currently Approved Instruments and Attachments**

The following files will be replaced as described below:

* Replace “C-3 Smoker Follow-Up Survey (Waves 2-5) Screenshots\_9 04 2014.pdf” with “Attachment C-3. Smoker Follow-Up Survey (Waves 2-5) (REVISED SCREENSHOTS).pdf.”
* Replace “C-5 Nonsmoker Follow-Up Survey (Waves 2-4) Screenshots\_9 04 2014.pdf” with “Attachment C-5. Nonsmoker Follow-Up Survey (Waves 2-5) (REVISED SCREENSHOTS).pdf.”
* Replace “Smoker Follow-Up Surveys (Waves 2-5)\_SPANISH\_Screenshots.pdf” with “Smoker Follow-Up Surveys (Waves 2-5) (REVISED SPANISH Screenshots).pdf.”
* Replace “Nonsmoker Follow-Up Surveys (Waves 2-4)\_SPANISH\_Screenshots.pdf” with “Nonsmoker Follow-Up Surveys (Waves 2-4) (REVISED SPANISH Screenshots).pdf.”

**Table 1. Changes to 2014 Smoker Wave 2 Questionnaire**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Currently Approved** | **Change Type** | **Revised** | **Justification** |
| **C2a** | N/A | Addition | **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 | The *Tips* 2015 campaign will be the longer in duration than previous campaigns (approximately 18-24 months). Therefore, a measure of quit attempt incidence with longer time reference is necessary. |
| **C1a** | **C1a.** During the past **4 months**, on which days did you try to quit smoking? 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.  Please click on each date you did not smoke due to quitting. **If you did not try to quit smoking on any day** in the past four months, select the 'Did not' response below. | Deletion | N/A | This variation of the timeline follow back question for assessing quit attempts is no longer needed. |
| **C1b** | **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**?  Please click on each week that you did not smoke due to quitting for at least one day. **If you did not try to quit smoking for at least one day** during the following weeks in the past four months, select the 'Did not' response below. | Revision (Minor) | **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**? | This item has been simplified to include only the first sentence question to shorten the item length. Previous cognitive testing assessments indicated that the more detailed instructions were unnecessary. |
| **C1d\_1** | **C1d\_1.** Did you use electronic cigarettes/e-cigarettes on at least one day during any of the following weeks in the past 4 months?  **If you did not use e-cigarettes** during any of the following weeks, select the 'Did not' response below. | Revision (Minor) | **C1d\_1**. Did you use electronic vapor products on at least one day during any of the following weeks in the past 4 months? | Updated item wording to refer to “electronic vapor products” instead of “electronic cigarettes.” This makes the item more consistent with current terminology regarding these products. |
| **C1d\_2** | **C1d\_2.** Did you use any tobacco product other than cigarettes or electronic cigarettes/e-cigarettes on at least one day during any of the following weeks in the past 4 months?  **If you did not use any tobacco product other than cigarettes or electronic cigarettes/e-cigarettes** during any of the following weeks, select the 'Did not' response below. | Deletion | N/A | This variation of the timeline follow back question for assessing electronic cigarette use is no longer needed. |
| **C1e** | **C1e.** For each week listed below, we have 3 questions:  1) did you quit smoking during the week for at least one day **because you were trying to quit smoking**?  2) did you use an electronic cigarette/ecigarette on at least one day during the week?  3) did you use any tobacco product other than cigarettes or electronic cigarettes/e-cigarettes (such as cigar, hookahs or smokeless tobacco products) on at least one day during the week?  Select all weeks that apply within each column. **If you did NOT do a particular behavior for all the weeks**, select the appropriate 'Did not' response at the bottom. | Deletion | N/A | This variation of the timeline follow back question for assessing electronic cigarette use is no longer needed. |
| **C3c** | N/A | Addition | **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, buproprion, Chantix, or varenicline?   1. Yes 2. No | This item was added to better understand the impact of *Tips* on smoking cessation behaviors. |
| **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 cigarettes or e-cigarettes such as Blu or NJOY  **C4\_4.** Substitute some of your regular cigarettes with electronic cigarettes or e-cigarettes  **C4\_5.** Switch to mild or some other brand of cigarettes  **C4\_6.** Use nicotine replacements like the nicotine patch or nicotine gum  **C4\_7.** Use medications like Zyban or Chantix  **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 | Revision (Minor) | **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, buproprion, 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 | Item revised to provide more complete description of electronic vapor products (C4\_3 and C4\_4) as well as a more thorough description of nicotine replacement therapies and medications (C4\_6 and C4\_7). |
| **C5a** | N/A | Addition | **C5a.** During the past 6 months, that is since [FILL DATE], did you talk to any of the following types of doctors or health care professionals about quitting smoking?   1. Yes 2. 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 | This item has been added to capture interactions between consumers and their health care professionals as a result of *Tips’* reach. |
| **C6** | **C6.** Since [FILL START DATE] between [START DATE] and [END DATE], did you see or talk to any type of dental care provider (dentist, dental hygienist, orthodontist, oral surgeon, any other dental specialist) for dental care or a dental check-up?   1. Yes 2. No | Deletion | N/A | This question is no longer necessary for the campaign evaluation |
| **C6\_1** | **C6\_1**. During the past **[FILL # MONTHS PLANNED CAMPAIGN DURATION] months**, that is since [FILL DATE], have you talked with your dental care provider (dentist, dental hygienist, orthodontist, oral surgeon, any other dental specialist) about your smoking or about quitting smoking?   1. Yes 2. No | Deletion | N/A | This question is no longer necessary for the campaign evaluation |
| **C7** | **C7.** During the past **[FILL # MONTHS PLANNED CAMPAIGN DURATION] months**, that is since **[ FILL DATE]**, has a dental care provider (dentist, dental hygienist, orthodontist, oral surgeon, any other dental specialist) advised you to quit smoking?   1. Yes 2. No | Deletion | N/A | This question is no longer necessary for the campaign evaluation |
| **C9** | **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. Not sure/Uncertain | Revision (Minor) | **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 | This item was revised to include an option for “I do not plan to quit smoking cigarettes for good” to capture any participants who have no intentions to quit smoking during these timeframes. |
| **B9\_date** | How long ago did you first try an electronic vapor product?   1. 1 to 2 weeks ago 2. 2 to 4 weeks ago 3. 1 to 3 months ago 4. 3 to 6 months ago 5. 6 to 12 months ago 6. More than 1 year ago | Revision (Minor) | **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 | Response options were updated to reflect mutually exclusive categories for each period of time. |
| **B9a** | Do you usually use disposable electronic vapor products, an electronic vapor product that uses cartridges, or an electronic vapor product that uses tanks?  Please indicate the type of e-cigarette that you **use the most**.   1. Disposable electronic vapor products 2. Electronic vapor product that uses cartridges 3. Electronic vapor product that uses tanks | Revision (Minor) | **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 | Item was updated to add clarifying language that electronic vapor cartridges and tanks are refillable. |
| **B9c** | N/A | Addition | **B9c.** Where did you get or buy the electronic vapor products that you have used?   1. A gas station or convenience store 2. A grocery store 3. A drugstore 4. A mall or shopping center kiosk/stand 5. Over the Internet 6. A store that sells electronic vapor products, such as a “vape shop” 7. Some other place 8. From a family member 9. From a friend 10. Some other person that is not a family member or a friend 11. I have never tried an electronic vapor product | New item to provide timely information on where electronic vapor products are being obtained. This item will help inform CDC’s future *Tips* campaign messages related to the use of electronic vapor products. |
| **B9d** | N/A | Addition | **B9d.** Which of those is the main way you usually get your electronic vapor products? | New item to provide timely information on where electronic vapor products are being obtained. This item will help inform CDC’s future *Tips* campaign messages related to the use of electronic vapor products. |
| **B14** | N/A | Addition | **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 | This item was added to measure intentions to quit using electronic vapor products among current electronic vapor users. CDC plans to include some messaging on electronic vapor products in upcoming *Tips* 2015 campaign ads. Intentions to quit using electronic vapor products is thus a potential outcome targeted by this messaging. |
| **B15** | N/A | Addition | **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. Not sure/Uncertain | This item was added to measure intentions to quit using electronic vapor products among current electronic vapor users. CDC plans to include some messaging on electronic vapor products in upcoming *Tips* 2015 campaign ads. Intentions to quit using electronic vapor products is thus a potential outcome targeted by this messaging. |
| **C22** | N/A | Addition | **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, buproprion, Chantix, or varenicline?   1. Yes 2. No | This item was added to better understand the impact of *Tips* on smoking cessation behaviors. |
| **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 | Revision (Minor) | **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 | The *Tips* 2015 campaign will include new messages related to the effects of smoking on eye health, particularly macular degeneration. This grid item has been updated to include the term “macular degeneration or blindness” in order to capture the campaign’s impact on knowledge of this condition. |
| **E8a** | How likely do you think it is that regularly breathing secondhand smoke from cigarettes 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 | Revision (Minor) | **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 | This item was updated to refer to secondhand “tobacco smoke” more generically rather than only “cigarettes.” This increases the accuracy of this measure. |
| **F31\_x** | Did seeing these ads make you want to do any of the following?   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 or nicotine gum 6. Use medications like Zyban or Chantix 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 | Revision (Minor) | **F31\_x.** Did seeing these ads make you want to do any of the following?   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, buproprion, 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 | Options 5 and 6 in this item were updated to include a more comprehensive list of nicotine replacement and stop-smoking medications to improve accuracy of responses. |

**Table 2. Changes to 2014 Non-Smoker Wave 2 Questionnaire**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Currently Approved** | **Change Type** | **Revised** | **Justification** |
| **NB2a** | N/A | Addition | **NB2a.** 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 | The *Tips* 2015 campaign will be the longer in duration than previous campaigns (approximately 18-24 months). Therefore, a measure of quit attempt incidence with longer time reference is necessary. |
| **NC1a** | **NC1a.** During the past **4 months**, on which days did you try to quit smoking? 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.  Please click on each date you did not smoke due to quitting. **If you did not try to quit smoking on any day** in the past four months, select the 'Did not' response below. | Deletion | N/A | This variation of the timeline follow back question for assessing quit attempts is no longer needed. |
| **NC1b** | **NC1b.** 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**?  Please click on each week that you did not smoke due to quitting for at least one day. **If you did not try to quit smoking for at least one day** during the following weeks in the past four months, select the 'Did not' response below. | Revision (Minor) | **NC1b.** 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**? | This item has been simplified to include only the first sentence question to shorten the item length. Previous cognitive testing assessments indicated that the more detailed instructions were unnecessary. |
| **NC1d\_1** | **NC1d\_1.** Did you use electronic cigarettes/e-cigarettes on at least one day during any of the following weeks in the past 4 months?  **If you did not use e-cigarettes** during any of the following weeks, select the 'Did not' response below. | Revision (Minor) | **NC1d\_1**. Did you use electronic vapor products on at least one day during any of the following weeks in the past 4 months? | Updated item wording to refer to “electronic vapor products” instead of “electronic cigarettes.” This makes the item more consistent with current terminology regarding these products. |
| **NC1d\_2** | **NC1d\_2.** Did you use any tobacco product other than cigarettes or electronic cigarettes/e-cigarettes on at least one day during any of the following weeks in the past 4 months?  **If you did not use any tobacco product other than cigarettes or electronic cigarettes/e-cigarettes** during any of the following weeks, select the 'Did not' response below. | Deletion | N/A | This variation of the timeline follow back question for assessing electronic cigarette use is no longer needed. |
| **NC1e** | **NC1e.** For each week listed below, we have 3 questions:  1) did you quit smoking during the week for at least one day **because you were trying to quit smoking**?  2) did you use an electronic cigarette/ecigarette on at least one day during the week?  3) did you use any tobacco product other than cigarettes or electronic cigarettes/e-cigarettes (such as cigar, hookahs or smokeless tobacco products) on at least one day during the week?  Select all weeks that apply within each column. **If you did NOT do a particular behavior for all the weeks**, select the appropriate 'Did not' response at the bottom. | Deletion | N/A | This variation of the timeline follow back question for assessing electronic cigarette use is no longer needed. |
| **NB3c** | N/A | Addition | **NB3c.** 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, buproprion, Chantix, or varenicline?   1. Yes 2. No | This item was added to better understand the impact of *Tips* on smoking cessation behaviors. |
| **NB4** | When you last tried to quit smoking, did you do any of the following?  Yes No  **NB4\_1.** Give up cigarettes all at once  **NB4\_2.** Gradually cut back on cigarettes  **NB4\_3.** Switch **completely** to electronic cigarettes or e-cigarettes such as Blu or NJOY  **NB4\_4.** Substituted some of your regular cigarettes with e-cigarettes  **NB4\_5.** Switch to mild or some other brand of cigarettes  **NB4\_6.** Use nicotine replacements like the nicotine patch or nicotine gum  **NB4\_7.** Use medications like Zyban or Chantix  **NB4\_8.** Get help from a telephone quit line  **NB4\_9.** Get help from a website such as Smokefree.gov  **NB4\_10**. Get help from a doctor or other health professional | Revision (Minor) | **NB4.** When you last tried to quit smoking, did you do any of the following?  Yes No  **NB4\_1.** Give up cigarettes all at once  **NB4\_2.** Gradually cut back on cigarettes  **NB4\_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  **NB4\_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  **NB4\_5.** Switch to mild or some other brand of cigarettes  **NB4\_6.** Use nicotine replacements like the nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, or nicotine inhaler  **NB4\_7.** Use medications like Wellbutrin, Zyban, buproprion, Chantix, or varenicline  **NB4\_8.** Get help from a telephone quit line  **NB4\_9.** Get help from a website such as Smokefree.gov  **NB4\_10**. Get help from a doctor or other health professional | Item revised to provide more complete description of electronic vapor products (NB4\_3 and NB4\_4) as well as a more thorough description of nicotine replacement therapies and medications (NB4\_6 and NB4\_7). |
| **N5a** | N/A | Addition | **N5a.** During the past 6 months, that is since [FILL DATE], did you talk to any of the following types of doctors or health care professionals about quitting smoking?   1. Yes 2. No   **N5a\_1.** Primary care physician  **N5a\_2.** Nurse **N5a\_3.** Physician’s Assistant (PA) or Nurse Practitioner (NP)  **N5a\_4.** Pharmacist  **N5a\_5.** Dentist or dental hygienist  **N5a\_6.** Eye doctor, optometrist, or ophthalmologist  **N5a\_7.** Therapist or psychologist | This item has been added to capture interactions between consumers and their health care professionals as a result of *Tip’* reach. |
| **NB6** | **NB6.** Since [FILL START DATE] between [START DATE] and [END DATE], did you see or talk to any type of dental care provider (dentist, dental hygienist, orthodontist, oral surgeon, any other dental specialist) for dental care or a dental check-up?   1. Yes 2. No | Deletion | N/A | This question is no longer necessary for the campaign evaluation |
| **Nb6a** | **NB6a**. During the past **[FILL # MONTHS PLANNED CAMPAIGN DURATION] months**, that is since [FILL DATE], have you talked with your dental care provider (dentist, dental hygienist, orthodontist, oral surgeon, any other dental specialist) about your smoking or about quitting smoking?   1. Yes 2. No | Deletion | N/A | This question is no longer necessary for the campaign evaluation |
| **NB7** | **NB7.** During the past **[FILL # MONTHS PLANNED CAMPAIGN DURATION] months**, that is since **[ FILL DATE]**, has a dental care provider (dentist, dental hygienist, orthodontist, oral surgeon, any other dental specialist) advised you to quit smoking?   1. Yes 2. No | Deletion | N/A | This question is no longer necessary for the campaign evaluation |
| **NB9\_date** | How long ago did you first try an electronic vapor product?   1. 1 to 2 weeks ago 2. 2 to 4 weeks ago 3. 1 to 3 months ago 4. 3 to 6 months ago 5. 6 to 12 months ago 6. More than 1 year ago | Revision (Minor) | **NB9\_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 | Response options were updated to reflect mutually exclusive categories for each period of time. |
| **NB9a** | Do you usually use disposable electronic vapor products, an electronic vapor product that uses cartridges, or an electronic vapor product that uses tanks?  Please indicate the type of electronic vapor product that you use the most.   1. Disposable electronic vapor product 2. Electronic vapor product that uses cartridges 3. Electronic vapor product that uses tanks | Revision (Minor) | **NB9a.** 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 | Item was updated to add clarifying language that electronic vapor cartridges and tanks are refillable. |
| **NB9c** | N/A | Addition | **NB9c.** Where did you get or buy the electronic vapor products that you have used?   1. A gas station or convenience store 2. A grocery store 3. A drugstore 4. A mall or shopping center kiosk/stand 5. Over the Internet 6. A store that sells electronic vapor products, such as a “vape shop” 7. Some other place 8. From a family member 9. From a friend 10. Some other person that is not a family member or a friend 11. I have never tried an electronic vapor product | New item to provide timely information on where electronic vapor products are being obtained. This item will help inform CDC’s future *Tips* campaign messages related to the use of electronic vapor products. |
| **NB9d** | N/A | Addition | **NB9d.** Which of those is the main way you usually get your electronic vapor products? | New item to provide timely information on where electronic vapor products are being obtained. This item will help inform CDC’s future *Tips* campaign messages related to the use of electronic vapor products. |
| **NB14** | N/A | Addition | **NB14.** 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 | This item was added to measure intentions to quit using electronic vapor products among current electronic vapor users. CDC plans to include some messaging on electronic vapor products in upcoming *Tips* 2015 campaign ads. Intentions to quit using electronic vapor products is thus a potential outcome targeted by this messaging. |
| **NB15** | N/A | Addition | **NB15.** 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. Not sure/Uncertain | This item was added to measure intentions to quit using electronic vapor products among current electronic vapor users. CDC plans to include some messaging on electronic vapor products in upcoming *Tips* 2015 campaign ads. Intentions to quit using electronic vapor products is thus a potential outcome targeted by this messaging. |
| **NE11** | N/A | Addition | **NE11.** In the past 3 months, did you recommend your family and friends to ask about the follow free medications when calling 1-800-QUIT-NOW: nicotine patches, gum, lozenges, nasal spray, inhaler, or pills such as Wellbutrin, Zyban, buproprion, Chantix, or varenicline?   1. Yes 2. No | This item was added to better understand the impact of *Tips* on smoking cessation behaviors. |
| **NC1** | Do you believe cigarette smoking is related to  Yes No  **NC1\_1.** Lung Cancer  **NC1\_2.** Cancer of the mouth or throat  **NC1\_3.** Heart Disease  **NC1\_4.** Diabetes  **NC1\_5.** Emphysema  **NC1\_6.** Stroke  **NC1\_7.** Hole in throat (stoma or tracheotomy)  **NC1\_8.** Buerger’s Disease  **NC1\_9.** Amputations (removal of limbs);  **NC1\_10.** Asthma  **NC1\_11.** Gallstones  **NC1\_12**. COPD or Chronic bronchitis  **NC1\_13**. Periodontal or Gum Disease  **NC1\_14**. Premature birth  **NC1\_15**. Colorectal Cancer | Revision (Minor) | **NC1**. Do you believe cigarette smoking is related to  Yes No  **NC1\_1.** Lung Cancer  **NC1\_2.** Cancer of the mouth or throat  **NC1\_3.** Heart Disease  **NC1\_4.** Diabetes  **NC1\_5.** Emphysema  **NC1\_6.** Stroke  **NC1\_7.** Hole in throat (stoma or tracheotomy)  **NC1\_8.** Buerger’s Disease  **NC1\_9.** Amputations (removal of limbs);  **NC1\_10.** Asthma  **NC1\_11.** Gallstones  **NC1\_12**. COPD or Chronic bronchitis  **NC1\_13**. Periodontal or Gum Disease  **NC1\_14**. Premature birth  **NC1\_15**. Colorectal Cancer  **NC1\_16**. Macular degeneration or blindness | The *Tips* 2015 campaign will include new messages related to the effects of smoking on eye health, particularly macular degeneration. This grid item has been updated to include the term “macular degeneration or blindness” in order to capture the campaign’s impact on knowledge of this condition. |
| **NC4** | How likely do you think it is that regularly breathing secondhand smoke from cigarettes would cause children to have asthma or breathing problems?   1. Extremely Likely 2. Very Likely 3. Somewhat Likely 4. Very Unlikely 5. Extremely Unlikely | Revision (Minor) | **NC4.** How likely do you think it is that regularly breathing secondhand tobacco smoke would cause children to have asthma or breathing problems?   1. Extremely Likely 2. Very Likely 3. Somewhat Likely 4. Very Unlikely 5. Extremely Unlikely | This item was updated to refer to secondhand “tobacco smoke” more generically rather than only “cigarettes.” This increases the accuracy of this measure. |
| **NC4a** | How likely do you think it is that regularly breathing secondhand smoke from cigarettes 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 | Revision (Minor) | **NC4a.** 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 | This item was updated to refer to secondhand “tobacco smoke” more generically rather than only “cigarettes.” This increases the accuracy of this measure. |
| **ND1a** | During the past 7 days, that is, since [DATE FILL], on how many days did you breathe vapor from someone else was using an electronic cigarette/e-cigarette in an indoor or outdoor place?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [# OF DAYS] | Revision (Minor) | **ND1a.** During the past 7 days, that is, since [DATE FILL], on how many days did you breathe vapor from someone else who was using electronic vapor products in an indoor or outdoor place?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [# OF DAYS] | Updated to refer to “electronic vapor products” instead of “electronic cigarettes.” This reflects the most current terminology being used for these products. |