

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 <i>Tips</i> 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 <u>did not smoke</u> cigarettes <u>because you were trying to quit smoking</u> . 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 <u>for at least one day</u> <u>because you were trying to quit smoking</u> ? 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 <u>for at least one day</u> <u>because you were trying to quit smoking</u> ?	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 <u>past 4 months</u> ? 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 <u>past 4 months</u> ?	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 <u>other than cigarettes or electronic cigarettes/e-cigarettes</u> on at least one day during any of the following weeks in the <u>past 4 months</u> ? 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'	Deletion	N/A	This variation of the timeline follow back question for assessing electronic cigarette use is no longer needed.

	response below.			
C1e	<p>C1e. For <u>each week</u> listed below, we have 3 questions:</p> <p>1) did you quit smoking during the week for <u>at least one day</u> because you were trying to quit smoking?</p> <p>2) did you use an electronic cigarette/ecigarette on at least one day during the week?</p> <p>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?</p> <p>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.</p>	Deletion	N/A	This variation of the timeline follow back question for assessing electronic cigarette use is no longer needed.
C3c	N/A	Addition	<p>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?</p> <p>1. Yes</p> <p>2. No</p>	This item was added to better understand the impact of <i>Tips</i> on smoking cessation behaviors.
C4	<p>When you last tried to quit smoking, did you do any of the following?</p> <p><u>Yes</u> <u>No</u></p> <p>C4_1. Give up cigarettes all at once</p> <p>C4_2. Gradually cut back on cigarettes</p> <p>C4_3. Switch completely to electronic cigarettes or e-cigarettes such as Blu or NJOY</p> <p>C4_4. Substitute some of your regular cigarettes with electronic cigarettes or e-cigarettes</p> <p>C4_5. Switch to mild or some other brand of cigarettes</p> <p>C4_6. Use nicotine replacements like the nicotine patch or nicotine gum</p> <p>C4_7. Use medications like Zyban or Chantix</p> <p>C4_8. Get help from a telephone quit line</p> <p>C4_9. Get help from a website such as Smokefree.gov</p> <p>C4_10. Get help from a doctor or other health professional</p>	Revision (Minor)	<p>C4. When you last tried to quit smoking, did you do any of the following?</p> <p><u>Yes</u> <u>No</u></p> <p>C4_1. Give up cigarettes all at once</p> <p>C4_2. Gradually cut back on cigarettes</p> <p>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</p> <p>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</p> <p>C4_5. Switch to mild or some other brand of cigarettes</p> <p>C4_6. Use nicotine replacements like the nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, or nicotine inhaler</p> <p>C4_7. Use medications like Wellbutrin, Zyban, bupropion, Chantix, or varenicline</p>	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).

			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	
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 <i>Tips'</i> 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 <u>use the most</u> . 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 <u>use the most</u> . 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	New item to provide timely information on where electronic vapor products are being obtained. This item will help inform CDC’s future <i>Tips</i> campaign messages related to the use of electronic vapor products.

			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	
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 <i>Tips</i> 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 <i>Tips</i> 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 <i>Tips</i> 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, bupropion, Chantix, or varenicline? 1. Yes 2. No	This item was added to better understand the impact of <i>Tips</i> on smoking cessation behaviors.
D21	Do you believe cigarette smoking is related to <u>Yes</u> <u>No</u> _____ D21_1. Lung Cancer D21_2. Cancer of the mouth or throat D21_3. Heart Disease D21_4. Diabetes D21_5. Emphysema	Revision (Minor)	D21. Do you believe cigarette smoking is related to <u>Yes</u> <u>No</u> _____ D21_1. Lung Cancer D21_2. Cancer of the mouth or throat D21_3. Heart Disease D21_4. Diabetes D21_5. Emphysema	The <i>Tips</i> 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.

	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_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	
E8a	<p>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?</p> <ol style="list-style-type: none"> 1. Extremely likely 2. Very likely 3. Somewhat Likely 4. Very unlikely 5. Extremely unlikely 	Revision (Minor)	<p>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?</p> <ol style="list-style-type: none"> 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	<p>Did seeing these ads make you want to do any of the following?</p> <ol style="list-style-type: none"> 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)	<p>F31_x. Did seeing these ads make you want to do any of the following?</p> <ol style="list-style-type: none"> 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 	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	<p>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?</p> <p>_____ Number of times</p>	The <i>Tips</i> 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	<p>NC1a. During the past 4 months, on which days did you try to quit smoking? Using your cursor, click on each day that you <u>did not smoke</u> cigarettes <u>because you were trying to quit smoking</u>. Your best guess is fine.</p> <p>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.</p>	Deletion	N/A	This variation of the timeline follow back question for assessing quit attempts is no longer needed.
NC1b	<p>NC1b. In the past 4 months, during any of the weeks listed below did you quit smoking entirely <u>for at least one day because you were trying to quit smoking?</u></p> <p>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.</p>	Revision (Minor)	NC1b. In the past 4 months, during any of the weeks listed below did you quit smoking entirely <u>for at least one day because you were trying to quit smoking?</u>	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	<p>NC1d_1. Did you use electronic cigarettes/e-cigarettes on at least one day during any of the following weeks in the <u>past 4 months</u>?</p> <p>If you did not use e-cigarettes during any of the following weeks, select the 'Did not' response below.</p>	Revision (Minor)	NC1d_1. Did you use electronic vapor products on at least one day during any of the following weeks in the <u>past 4 months</u> ?	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	<p>NC1d_2. Did you use any tobacco product <u>other than cigarettes or electronic cigarettes/e-cigarettes</u> on at least one day during any of the following weeks in the <u>past 4 months</u>?</p> <p>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'</p>	Deletion	N/A	This variation of the timeline follow back question for assessing electronic cigarette use is no longer needed.

	response below.			
NC1e	<p>NC1e. For <u>each week</u> listed below, we have 3 questions:</p> <p>1) did you quit smoking during the week for <u>at least one day because you were trying to quit smoking</u>?</p> <p>2) did you use an electronic cigarette/ecigarette on at least one day during the week?</p> <p>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?</p> <p>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.</p>	Deletion	N/A	This variation of the timeline follow back question for assessing electronic cigarette use is no longer needed.
NB3c	N/A	Addition	<p>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, bupropion, Chantix, or varenicline?</p> <p>1. Yes 2. No</p>	This item was added to better understand the impact of <i>Tips</i> on smoking cessation behaviors.
NB4	<p>When you last tried to quit smoking, did you do any of the following?</p> <p><u>Yes</u> <u>No</u></p> <p>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</p>	Revision (Minor)	<p>NB4. When you last tried to quit smoking, did you do any of the following?</p> <p><u>Yes</u> <u>No</u></p> <p>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,</p>	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).

	professional		bupropion, 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	
N5a	N/A	Addition	<p>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?</p> <p>1. Yes 2. No</p> <p>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</p>	This item has been added to capture interactions between consumers and their health care professionals as a result of <i>Tip'</i> reach.
NB6	<p>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?</p> <p>3. Yes 4. No</p>	Deletion	N/A	This question is no longer necessary for the campaign evaluation
Nb6a	<p>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?</p> <p>3. Yes 4. No</p>	Deletion	N/A	This question is no longer necessary for the campaign evaluation
NB7	<p>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?</p>	Deletion	N/A	This question is no longer necessary for the campaign evaluation

	3. Yes 4. No			
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 <u>use the most</u> . 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 <i>Tips</i> 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 <i>Tips</i> 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 <i>Tips</i> 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 <i>Tips</i> 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, bupropion, Chantix, or varenicline? 1. Yes 2. No	This item was added to better understand the impact of <i>Tips</i> on smoking cessation behaviors.
NC1	Do you believe cigarette smoking is related to <u>Yes</u> <u>No</u> _____ 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	Revision (Minor)	NC1. Do you believe cigarette smoking is related to <u>Yes</u> <u>No</u> _____ 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	The <i>Tips</i> 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.

	NC1_12. COPD or Chronic bronchitis NC1_13. Periodontal or Gum Disease NC1_14. Premature birth NC1_15. Colorectal Cancer		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	
NC4	<p>How likely do you think it is that regularly breathing secondhand smoke from cigarettes would cause children to have asthma or breathing problems?</p> <ol style="list-style-type: none"> 1. Extremely Likely 2. Very Likely 3. Somewhat Likely 4. Very Unlikely 5. Extremely Unlikely 	Revision (Minor)	<p>NC4. How likely do you think it is that regularly breathing secondhand tobacco smoke would cause children to have asthma or breathing problems?</p> <ol style="list-style-type: none"> 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	<p>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?</p> <ol style="list-style-type: none"> 1. Extremely Likely 2. Very Likely 3. Somewhat Likely 4. Very Unlikely 5. Extremely Unlikely 	Revision (Minor)	<p>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?</p> <ol style="list-style-type: none"> 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	<p>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?</p> <p>_____ [# OF DAYS]</p>	Revision (Minor)	<p>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?</p> <p>_____ [# OF DAYS]</p>	Updated to refer to “electronic vapor products” instead of “electronic cigarettes.” This reflects the most current terminology being used for these products.