

**National Tobacco Prevention and Control Public Education Campaign:  
Rough Cut Testing of English Language Television, Radio, Print, and Digital  
Advertisements for the 2016 Tips Campaign**

**Main Questionnaire**

Public reporting burden of this collection of information is estimated to average **16** 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0910).

{PREAMBLE SHOWN DURING SCREENER}

On behalf of the Centers for Disease Control and Prevention (CDC), we're conducting a study about different health and smoking-specific advertising that you see in the media. Your opinions are very important to us! Please be assured that the purpose of this survey is to gather feedback regarding specific health-related advertising. We do not plan to report your answers individually. We plan to report results from this survey for the group as a whole. Thank you for taking the time to help us!

Your participation in this survey is voluntary.

**Anxiety/Depression (Quota Requirement)**

*{Base = All respondents}*

**ADQ1. Has a physician or other medical professional ever diagnosed you with any of the following medical conditions? (Select all that apply)**

- 1 Anxiety disorder
- 2 Depression
- 3 Other mental health condition (specify) \_\_\_\_\_
- 4 None of these [Single select, anchor]

*{If answered ADQ1.04 is selected, then ask:}*

**ADQ2. Even if a physician or other qualified medical professional has not diagnosed you with any of these medical conditions, have you ever considered yourself to have any of the following medical conditions? (Select all that apply)**

- 1 Anxiety disorder
- 2 Depression
- 3 Other mental health condition
- 4 None of these [Single select, anchor]

{If ADQ1 or ADQ2 = 03, 04 then do not include as part of Anxiety/Depression quota}

**ADQ3. Over the last two weeks, how often have you been bothered by any of the following problems?**

- 1 Not at all
  - 2 Several days
  - 3 More than half the days
  - 4 Nearly every day
- 
- a. Feeling nervous, anxious, or on edge
  - b. Not being able to stop or control worrying
  - c. Little interest or pleasure in doing things
  - d. Feeling down, depressed or hopeless

**Low SES (Quota Requirement)**

**SES1. What is the highest level of education you have completed or the highest degree you have received? If you received your education in another country, please indicate the equivalent level below.**

- 1 Less than high school
- 2 Completed high school
- 10 Completed General Education Diploma (GED)
- 3 Job-specific training program(s) after high school
- 4 Some college, but no degree
- 5 Associate Degree
- 6 College (such as B.A., B.S.)
- 7 Some graduate school, but no degree
- 8 Graduate degree (such as MBA, MS, M.D., Ph.D.)
- 9 Prefer not to answer

**SES2. Which of the following income categories best describes your total 2014 household income before taxes?**

- 1 Less than \$15,000
- 2 \$15,000 to \$19,999
- 3 \$20,000 to \$24,999
- 4 \$25,000 to \$29,999
- 5 \$30,000 to \$34,999
- 6 \$35,000 to \$49,999
- 7 \$50,000 to \$74,999
- 8 \$75,000 to \$99,999
- 9 \$100,000 or more
- 10 Prefer not to answer

**SES3. Which statement best describes your current employment status?**

- 01 Working – as a paid employee
- 02 Working – self-employed
- 03 Not working – on temporary layoff from a job
- 04 Not working – looking for work
- 05 Not working – retired
- 06 Not working – disabled
- 07 Not working – other
- 08 Prefer not to answer

**Military**

**MIL2. Are you currently serving on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for Afghanistan or Iraq.**

- 1 Yes
- 2 No
- 8 Don't know

**Psychographic/Attitudinal**

*{Base = Current smokers}*

**PA1a. Please rank the top two reasons why you smoke cigarettes where “1” is the main reason and “2” is the second most important reason.**

{RANDOMIZE}

- 1 Smoking cigarettes is a social thing to do when I'm out with friends
- 2 Smoking cigarettes is something to do at parties
- 3 I'm addicted to smoking
- 4 Smoking cigarettes goes well with/after meals
- 5 I like the taste of regular cigarettes
- 6 Smoking cigarettes helps me relax
- 7 Smoking cigarettes goes well when I'm drinking alcohol
- 8 Smoking cigarettes helps me stay awake
- 9 Smoking cigarettes helps when I'm stressed
- 10 Smoking cigarettes excites me
- 11 Smoking cigarettes is something to do when I'm bored
- 12 Smoking cigarettes helps me lose weight / not gain weight
- 13 I have tried to quit smoking cigarettes and cannot
- 14 Smoking cigarettes is something I can do with others while working
- 15 Smoking cigarettes helps me when I'm depressed
- 16 Smoking cigarettes helps me when I'm anxious
- 17 Smoking cigarettes is pleasurable {recode as 18}
- 18 Other specify {recode as 17}

*{Base = All respondents}*

**PA2. How dangerous or safe do you think smoking cigarettes is?**

- 1 Very dangerous
- 2 Dangerous
- 3 Neither dangerous nor safe
- 4 Safe
- 5 Very safe

*{Base = Current smokers}*

**PA27. If you had to do it over again, would you have started smoking cigarettes? Would you say...**

- 1 Definitely not
- 2 Probably not
- 3 Probably yes
- 4 Definitely yes
- 5 Not Sure

**Smoking Behavior - Chewing tobacco, Snuff, Dip or Snus**

*{Base = Current Smokers and Former Smokers}*

**D1a. Have you ever used chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?**

- 1 Yes
- 2 No

*{Base = Answers Yes to D1a}*

**D1b. Do you now use chewing tobacco, snuff, or dip ....**

- 1 Every day
- 2 Some days
- 3 Not at all

*{Base = Current Smokers and Former Smokers}*

**D3a. Snus is a spitless smokeless tobacco product usually sold in individual or pre-packaged small pouches that are placed under the lip against the gum. Have you ever used snus, such as Camel Snus or Marlboro Snus?**

- 1 Yes
- 2 No

*{Base = Answers Yes to D3a}*

**D3b. Do you now use snus ....**

- 1 Every day
- 2 Some days
- 3 Not at all

<b>Categories Set #3</b>	<b>SCREENING LOGIC</b>
Current Chewing Tobacco, Snuff, Dip User	Answers 1 to D1A & 1 or 2 to D1b
Current Snus User	Answers 1 to D3a & 1 or 2 to D3b

**Section: Attitudes and Behaviors**

**Overall Health Impression**

*{Base = all respondents}*

**OH1. Would you say your health in general is excellent, very good, good, fair, or poor?**

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

**Smoking Behavior**

*{Base = Respondents who SMOKE EVERY DAY (IF TS2 (in screener) = 1)}*

**TS1. On average, how many cigarettes do you now smoke a day?**

Note that 1 PACK = 20 CIGARETTES  
[RANGE 1-100]

*{Numeric response}*

*{Base = Respondents who SMOKE EVERY DAY (IF TS2 (in screener) = 1)}*

**TS2. When do you typically have your first cigarette after waking up?**

- 1 Within 5 minutes
- 2 6-30 minutes
- 3 31-60 minutes
- 4 After 60 minutes

*{Base = current smokers}*

**TS3. How old were you the first time you smoked part or all of a cigarette, even one or two puffs?  
Please enter age in years.**

\_\_\_ age in years

**TS5. On average, on the days when you smoked, about how many cigarettes did you smoke a day?**

Note that 1 PACK = 20 CIGARETTES  
[RANGE 1-100]

*{Numeric response}*

**Electronic Vapor Product Use and Alternative Forms Of Tobacco**

*{Current E-Cig Users}*

**E1b. 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 use cartridges
- 3 Electronic vapor product that use tanks

*{Current E-Cig Users}*

**E010c. How dangerous or safe do you think substituting electronic vapor products for a few regular cigarettes is?**

- 1 Very dangerous
- 2 Dangerous
- 3 Neither dangerous nor safe
- 4 Safe
- 5 Very safe

*{Current E-Cig Users}*

**B10. Are any of the following a reason why you [currently use] electronic vapor products?**

[SELECT ALL THAT APPLY, PRESENT RANDOMLY]

Yes      No

- B10\_1. They cost less than other forms of tobacco
- B10\_2. They can be used in places where smoking regular 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 product 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 regular cigarettes
- B10\_14. I was curious about electronic vapor products
- B10\_15. Other, specify\_\_\_\_\_

*{Current E-Cig Users}*

**B12. Do you use electronic vapor products in places where smoking regular cigarettes is not allowed?**

1. Yes
2. No

*{Current E-Cig Users}*

**B12a. Do you use electronic vapor products in any of the following places?**

1. Yes
2. 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 \_\_\_\_\_

### **Quit Attempts**

*{Base = smokers}*

**QA1. 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

*{Base = current smokers who answered 1 or more to QA1}*

**QA2. When you last tried to quit smoking, did you do any of the following?**

- 1 YES
- 2 NO

[PRESENT IN RANDOM ORDER]

QA3\_A. Give up cigarettes all at once

QA3\_B. Gradually cut back on cigarettes

QA3\_C. Substitute some of your regular cigarettes with an electronic vapor product

QA3\_D. Switch completely to an electronic vapor product

QA3\_E. Switch to mild or some other brand of cigarettes

QA3\_F. Use nicotine replacement products such as a nicotine patch or nicotine gum

QA3\_G. Use medications like Zyban or Chantix

QA3\_H. Get help from a telephone quit line

QA3\_I. Get help from a website such as [cdc.gov/Tips](http://cdc.gov/Tips)

QA3\_J. Get help from a doctor or other health professional

*{Base = smokers}*

**QA4. Do you want to quit smoking cigarettes for good?**

- 1 Yes
- 2 No



*{Base = current smokers who answered 1 or more to QA1}*

**QA5. 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

*{Base = current smokers who answered 1 or more to QA1}*

**QA6. 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 don't plan to quit smoking cigarettes
- 7 Not sure/Uncertain

*{Base = current smokers who answered 1 or more to QA1}*

**QA7. If you were to try to quit smoking completely, how LIKELY do you think you would be to succeed?**

- 1 Not at all,
- 2 A little likely,
- 3 Somewhat likely, or
- 4 Very likely

*{Base = current smokers who answered 1 or more to QA1}*

**QA8. Listed below are some things that can make it hard for some people to quit smoking. For each item, enter "Yes" if it is something that would make it hard for you to quit or enter "No" if it is not.**

- 1 YES
- 2 NO

[RANDOMIZE ORDER]

- a. Cost of medicines or products to help with quitting
- b. Cost of classes to help with quitting
- c. Fear of gaining weight
- d. Loss of a way to handle stress
- e. Other people smoking around me
- f. Cravings for a cigarette
- g. Lack of support from others to quit
- h. Worsening depression
- i. Worsening anxiety
- j. Loss of enjoyment from smoking cigarettes
- k. Some other reason, specify \_\_\_\_\_

**QA24a. Do you think that cutting down on regular tobacco cigarettes decrease your risk of getting a tobacco-related disease?**

- 1 Yes
- 2 No
- 3 Don't Know/Not Sure

**Demographic Information**

*{BASE for this section is all RESPONDENTS}*

**DEMO1. What is your gender?**

- 1 Male
- 2 Female

**DEMO8. Do you consider yourself to be (Select all that apply):**

- 01 Heterosexual / Straight
- 02 Lesbian
- 03 Gay
- 04 Bisexual
- 05 Transgender
- 06 Something else - please specify \_\_\_\_\_
- 07 Prefer not to answer

**DEMO2. How many children (under age 18) live in your household:**

- 1 None
- 2 1-2 children
- 3 3-4 children
- 4 5 or more children

**DEMO3. What is your marital status?**

- 1 Now married
- 2 Living with my partner
- 3 Widowed
- 4 Divorced
- 5 Separated
- 6 Never married
- 7 Prefer not to answer

{If DEMO3.01 or DEMO3.02}

**DEMO3b. Does your partner or spouse smoke cigarettes?**

- 1 Yes
- 2 No

{BASE = answers DEMO3b\_01}

**DEMO3c. Has your partner or spouse tried to quit smoking cigarettes?**

- 1 Yes
- 2 No

**Technology/Media**

*{BASE for this section is all RESPONDENTS}*

**T1. Think about the last time you went online to look for information...How did you begin looking?**

- 01 At a search engine such as Google, Bing or Yahoo
- 02 At a site that specializes in topical information, like WebMD
- 03 At a more general site like Wikipedia, that contains information on all kinds of topics
- 04 At a social network site like Facebook
- 05 Other specify

**T2. Do you currently own a cell phone?**

- 1 Yes
- 2 No
- 3 Don't Know/Not Sure

*{BASE = answers T2\_01}*

**T3. Some cell phones are called "smartphones" because they have Internet access. Is your cell phone a smartphone, such as an iPhone, Android, Blackberry or Windows phone?**

- 1 Yes,
- 2 No
- 3 Not sure

*{BASE = answers T3\_01 & Current Smoker}*

**T40. Would you consider using your smartphone to find information, apps or websites that will help you quit smoking cigarettes?**

1. Yes
2. No
3. Don't Know/Not Sure

*{BASE = answers T3\_01 & Current Smoker}*

**T40b. Would you consider using your smartphone to call a quitline that will help you quit smoking cigarettes?**

- 1 Yes
- 2 No
- 3 Don't Know/Not Sure

**Section: Overall Awareness of anti-smoking campaign and other campaign**  
{BASE for this section is all RESPONDENTS}

**EAD1. Have you ever seen or heard an advertisement for electronic vapor products such as electronic cigarettes/e-cigarettes?**

- 1 Yes
- 2 No

{if EAD1 = 01}

**EAD2. Where have you seen or heard an advertisement for electronic vapor products such as electronic cigarettes/e-cigarettes? (Select all that apply)**

- 1 On the Internet
- 2 In newspapers or magazines
- 3 Convenience stores, supermarkets, gas stations, or shopping malls
- 4 On TV
- 5 At the movies
- 6 On the radio
- 7 On billboards or other outdoor ads
- 8 Other specify

{if EAD1 = 01}

**F31\_x. Did seeing these ads for electronic vapor products 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

**OAS1. Are you aware of any advertising or tobacco education campaigns against smoking, tobacco products, or tobacco companies that are now taking place?**

- 1 Yes
- 2 No

*{Base = recall anti-smoking advertising (OAS1/1)}*

**OAS2. Please comment on what you remember about these ads or tobacco education campaigns against smoking, tobacco products, or tobacco companies.**

[OPEN END]

**Section: Rough Cut Test**

**{Based on segment type, randomly select an eligible ad type, and randomly select an eligible ad}**

**{Assign hidden variable to Ad Type selected and Assign hidden variable to Ad selected}**

**{IF Ad Type is “TV”, use this language}**

We would now like to show you a television ad and then gather your reactions to that ad. Please make sure the volume on your computer is turned up, so that you can both see and hear the video. *Please click the forward arrow to continue. [Each respondent will review one TV ad]*

**{IF Ad Type is “Radio”, use this language}**

Please make sure the volume on your computer is turned up, so that you may hear the audio. *Please click the forward arrow at the bottom of the screen to continue. [Each respondent will review one radio ad]*

**{IF Ad Type is “Print” or “Digital”, use this language}**

We would now like to show you an ad and then gather your reactions to that ad. *Please click “Next” to continue. [Each respondent will review one print ad]*

*{For Ad Types = TV or Print: }*

*At top of page, before question, insert thumbnail image of ad for the rest of the questions in this survey}*

*{BASE = all RESPONDENTS and all Ad Types}*

**RC1. What do you believe is the main message of this ad?**

*[OPEN END]*

*{BASE = all RESPONDENTS and all Ad Types}*

**RC5. How believable or unbelievable was the person in the ad?**

- 1 Extremely believable
- 2 Moderately believable
- 3 Slightly believable
- 4 Neither believable nor unbelievable
- 5 Slightly unbelievable
- 6 Moderately unbelievable
- 7 Extremely unbelievable

*{BASE = ONLY respondents exposed to Kristy’s ads in all media formats}*

**RC20. What do you think was the main cause behind Kristy’s lung collapsing?**

*[Randomize Order except for last response item]*

- 1 Smoking regular cigarettes
- 2 Using electronic vapor products
- 3 Using electronic vapor products in combination with smoking regular cigarettes
- 4 Other health conditions not related to smoking regular cigarettes or using electronic vapor products
- 5 None of the above

*{BASE = all RESPONDENTS and all Ad Types}*

**RC3. People sometimes have different emotional reactions when they see or hear advertisements.**

On a scale from 1 to 5, where 1 indicates not feeling any emotion, and 5 indicates feeling emotion extremely intensely, please indicate how much this advertisement made you feel:

- 1 Angry
- 2 Afraid
- 3 Ashamed
- 4 Sad
- 5 Hopeful
- 6 Understood
- 7 Surprised
- 8 Trusting
- 9 Motivated
- 10 Regretful

Scale for items RC3.A-J:

- A. I do not feel this emotion
- B. Slight emotion
- C. Moderate emotion
- D. Very intense emotion
- E. Extreme and intense emotion

*{BASE = all RESPONDENTS and all Ad Types}*

**RC4. On a scale from 1 to 5, where 1 indicates that you strongly disagree, and 5 indicates that you strongly agree, please indicate how much you disagree or agree with the following statements.**

- A. This ad is convincing
- B. This ad grabbed my attention
- C. This ad was easy to understand
- D. I learned something new by {TEXTFILL: if ad type = TV or Print or Digital, "viewing"; if ad type = Radio, "hearing"} this ad
- E. I trust the information in this ad
- F. This ad is believable
- G. I would talk to someone else about this ad
- H. This ad is annoying
- I. The people in this ad are believable
- J. This ad is worth remembering
- K. This ad is powerful
- L. This ad is informative
- M. This ad is meaningful
- N. I can identify with what the ad says
- O. This ad made me more confident that I can quit

Scale for items RC4.A-N:

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neither agree or disagree
- 4 Somewhat agree
- 5 Strongly agree

*{BASE = all RESPONDENTS and all Ad Types}*

**RC5. Is there anything about the ad that is confusing, unclear, or hard to understand?**

- 1 Confusing
- 2 Unclear
- 3 Hard to understand
- 4 None of the above

*[Base = IF RC5 is any of 1, 2, or 3]*

**RC6. What was confusing, unclear or hard to understand? Please be as specific as possible.**

*{Open End}*

*{BASE = all RESPONDENTS and all Ad Types}*

**RC7. Was there anything about the ad that you liked?**

- 1 Yes
- 2 No

*{Base = ask only if Rc7.01}*

**RC8. What, if anything, do you like about this ad? Please be as specific as possible.**

*{Open End}*

*{BASE = all RESPONDENTS and all Ad Types}*

**RC9. Was there anything about the ad that you disliked?**

- 1 Yes
- 2 No

*{Base = ask only if Rc9.01}*

**RC10. What, if anything, do you dislike about this ad? Please be as specific as possible.**

*{Open End}*

*{BASE = Smokers and all Ad Types}*

**RC11. Does this ad make you want to quit smoking cigarettes?**

- 1 Yes
- 2 No

*{Base = ask only if Rc11.02}*

**RC12. Why doesn't the ad make you want to quit smoking cigarettes? Please be as specific as possible.**

*{Open End}*



*{Base = ask only if Rc11.01}*

**RC13. What about the ad made you want to quit smoking cigarettes? Please be as specific as possible.**

*{Open End}*

**RC19. 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

[RANDOMIZE ORDER]

**RC19a.** [non-current e-cigarette smokers only] This ad makes me want to try an electronic vapor product.

**RC19b.** This ad makes me want to switch to electronic vapor products completely and quit smoking regular cigarettes.

**RC19c.** This ad makes me want to use electronic vapor products as a way to cut back on smoking regular cigarettes.

**RC19d.** This ad makes me want to use electronic vapor products in places where you normally cannot smoke regular cigarettes.

**RC19e.** I want a cigarette right now.

*{BASE = Smokers and all Ad Types}*

**RC14. In the future, because you {TEXTFILL: if ad type = TV, "saw or heard this ad on television"; if ad type = Print, "saw this ad in a newspaper or magazine"; if ad type = Digital, "saw this ad in online"; if ad type = Radio, "heard this ad on the radio"}, on a scale from 1 to 5, where 1 indicates not at all likely and 5 is extremely likely, how likely would you be to take the following actions in the next 6 months?**

- A. Call 1-800-QUIT-NOW for assistance in quitting smoking
- B. Visit an informational government website, such as [www.cdc.gov/tips](http://www.cdc.gov/tips) for information on quitting
- C. Talk to your doctor about quitting smoking
- D. Not smoke around others
- E. Follow the Tips campaign on Twitter
- F. Try to quit on your own
- G. Use an electronic vapor product to help quit smoking regular cigarettes
- H. Support smoke-free laws in your community
- I. Do nothing

*Scale for items RC14.A-H:*

- 1 Not at all likely

- 2 A little likely
- 3 Moderately likely
- 4 Very likely
- 5 Extremely likely

**RC14c.** In the future, **because** you {TEXTFILL: if ad type = TV, “saw or heard this ad on television”; if ad type = Print, “saw this ad in a newspaper or magazine”; if ad type = Digital, “saw this ad in online”; if ad type = Radio, “heard this ad on the radio”}, on a scale from 1 to 5, where 1 indicates not at all likely and 5 is extremely likely, how likely would you be to take the following actions in the next 6 months?

[PRESENT IN RANDOM ORDER]

[ANSWER ALL]

- 1 Not at all likely
- 2 A little likely
- 3 Moderately likely
- 4 Very likely
- 5 Extremely likely

**C4\_1.** Give up cigarettes all at once

**C4\_2.** Gradually cut back on the number of regular cigarettes smoked

**C4\_3.** Switch **completely** to electronic vapor products

**C4\_4.** Substitute some of your regular cigarettes with electronic vapor products

**C4\_5.** Switch to mild or some other brand of cigarettes

**RC24b.** **Because** you {TEXTFILL: if ad type = TV, “saw or heard this ad on television”; if ad type = Print, “saw this ad in a newspaper or magazine”; if ad type = Digital, “saw this ad in online”; if ad type = Radio, “heard this ad on the radio”}, **Do you think that cutting down on regular tobacco cigarettes decrease your risk of getting a tobacco-related disease?**

- 1 Yes
- 2 No
- 3 Don't Know/Not Sure

*{BASE = Non-Smokers and all Ad Types}*

This question is about the possibility of encouraging someone you care about to quit smoking, based on the message you just {TEXTFILL: if ad type = TV or Print or Digital, “saw”; if ad type = Radio, “heard”} in the ad.

*{BASE = Non-Smokers and all Ad Types}*

**RC15.** **Does the ad make you want to encourage someone to quit smoking cigarettes?**

- 1 Yes
- 2 No

*{Base = ask only if Rc15.02}*

**RC16. Why doesn't the ad make you want to encourage someone to quit smoking? Please be as specific as possible.**

{Open End}

{Base = ask only if Rc15.01}

**RC17. What about the ad makes you want to encourage someone to quit smoking? Please be as specific as possible.**

{Open End}

{BASE = Non-Smokers and all Ad Types}

**RC18. In the future, because you {TEXTFILL: if ad type = TV, "saw or heard this ad on television"; if ad type = Print, "saw this ad in a newspaper or magazine"; if ad type = Digital, "saw this ad in online"; if ad type = Radio, "heard this ad on the radio"}, on a scale from 1 to 5, where 1 indicates not at all likely and 5 is extremely likely, how likely would you be to take the following actions in the next 6 months?**

- A. Call 1-800-QUIT-NOW for information to help someone you care about quit smoking
- B. Visit an informational government website, such as [www.cdc.gov/tips](http://www.cdc.gov/tips) for information to help someone you care about quit smoking
- C. Talk to your doctor about helping someone you care about quit smoking
- D. Ask someone to not smoke around you or others
- E. Encourage someone you care about to use an electronic vapor product to help quit smoking regular cigarettes
- F. Follow the Tips campaign on Twitter
- G. Support smoke-free laws in your community
- H. Encourage someone you care about to quit smoking
- I. Do nothing

*Scale for items RC18.A-H:*

- 1 Not at all likely
- 2 A little likely
- 3 Moderately likely
- 4 Very likely
- 5 Extremely likely

*{BASE = All respondents, all ad types}*

**RC30. On a scale of 1 (not at all) to 5 (extremely), to what degree did the ad focus on the benefits of quitting smoking cigarettes?**

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Very
- 5 Extremely

*{BASE = All respondents, all ad types}*

**RC31. On a scale of 1 (not at all) to 5 (extremely), to what degree did the ad focus on the consequences of continuing to smoke cigarettes?**

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Very
- 5 Extremely

*{BASE = All respondents, all ad types}*

**RC32. Please rate the overall tone of the ad on a scale from 1 (extremely negative) to 5 (extremely positive).**

- 1 Extremely negative
- 2 Somewhat negative
- 3 Neither positive or negative
- 4 Somewhat positive
- 5 Extremely positive