

**ATTACHMENT 1.**  
**QUESTIONNAIRES: ENGLISH-LANGUAGE VERSIONS**



OMB Number: 0910-0815  
Expiration Date: 06/30/2019

Thank you for filling out this short survey. Your household's answers to the questions will be kept private to the fullest extent allowable by law. They will be used to determine if someone in your household may be eligible to take part in an important study for the U.S. Food and Drug Administration (FDA). Your participation is voluntary and the survey will only take 1-2 minutes of your time to complete.

**Start Here. Please use blue or black ink to complete the survey.**

**MS1.** Please think about everyone who currently lives at this address. How many adults 18 years of age or older live at this address?

Adults 18 years of age or older

**MS2.** Does anyone 18 years of age or older living at this address now smoke cigarettes?

1 Yes  
 2 No

**MS3.** Does anyone 18 years of age or older living at this address now smoke regular cigars, cigarillos, or little filtered cigars? "Cigarillos" are medium cigars that sometimes are sold with plastic or wooden tips. Some common brands are Black and Mild, Swisher Sweets, Dutch Masters, and Phillies Blunts. Cigarillos are usually sold individually or in packs of 5 or fewer. Little filtered cigars look like cigarettes and are usually brown in color. Like cigarettes, little filtered cigars have a spongy filter and are sold in packs of 20. Some common brands are Prime Time and Winchester.

1 Yes  
 2 No

**MS4.** Does anyone 18 years of age or older living at this address now use smokeless tobacco products? Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (snoose) or dissolvable tobacco. *Some common brand names are Skoal, Copenhagen, Grizzly, Levi Garrett, or Red Man.*

1 Yes  
 2 No

**MS5.** Can you connect to the Internet at this address?

1 Yes  
 2 No

**Thank you for completing the survey!**

Please place your questionnaire in the provided envelope and return to RTI International. If the envelope has been misplaced, please mail the questionnaire to:

**RTI International – 0212926.017.000.005  
3040 Cornwallis Rd.  
Research Triangle Park, NC 27709**

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 2 minutes per response to complete the survey questions. Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov).

Attachment 1-2: Field Screening Instrument

# National Panel of Tobacco Consumer Studies Field Screening (SC) Instrument

RTI\_Mobile Platform

OMB Number: 0910-0815

Expiration Date: 06/30/2019

**A. INTRODUCTION / ADDRESS VERIFICATION**

**CONFIRM YOU HAVE OPENED THE CORRECT CASE. IF YOU ARE NOT IN THE CORRECT CASE, BREAK OFF AND LOCATE THE CORRECT CASE**

**SCBLANG: INTERVIEWER: WHAT LANGUAGE IS BEING USED TO CONDUCT THIS INTERVIEW?**

- 1  ENGLISH
- 2  SPANISH

**SCBINTRO: Hello, my name is \_\_\_\_\_ from Research Triangle Institute in North Carolina. We are conducting a nationwide study sponsored by the U.S. Food and Drug Administration (FDA). You should have received a letter prior to my visit.**

**HAND R COPY OF LETTER IF NECESSARY. ALLOW TIME TO READ.**

**SCB1. For survey purposes, I need to confirm that I have the correct address. Is it [FILL ADDRESS]?**

- 1  YES, VERIFIED ADDRESS IS CORRECT
- 2  NO, EXIT AND FIND CORRECT ADDRESS → GO TO SCEXIT2
- 3  ADDRESS CORRECT, MINOR EDITS NEEDED. → GO TO SCEXIT2A

**[DISPLAY ADDRESS]**

- 1  STREET NUMBER
- 2  STREET NAME
- 3  APARTMENT NUMBER
- 4  CITY
- 5  STATE
- 6  ZIP
- 7  NONE → GO TO SCB2

PROGRAM EACH ADDRESS UPDATE ELEMENT AS SINGLE QUESTION AS NEEDED. SCB1B = STREET NUMBER, SCB1C = STREET NAME, SCB1D = CITY, SCB1E = STATE, SCB1F = ZIP

**SCB2. INTERVIEWER: IDENTIFY KNOWLEDGEABLE ADULT RESIDENT TO SCREEN.**

**First let me verify: do you live here? (Are you a member of this household?)**

**(IF NOT OBVIOUS): And are you 18 years of age or older?**

[IF NO TO EITHER, ASK FOR A KNOWLEDGEABLE ADULT RESIDENT AND BEGIN INTRO AGAIN.]

- 1  ADULT SCREENING R AVAILABLE, CONTINUE → GO TO SCBCONSENT
- 2  ADULT SCREENING R NOT CURRENTLY AVAILABLE → GO TO SCEXIT3
- 3  NO HH RESIDENTS 18+ → GO TO SCB3

**SCB3. Just to confirm, is there anyone living in this household who is 18 years of age or older?**

- 1  YES → ASK FOR ADULT RESIDENT, GO BACK TO INTRO
- 2  NO → GO TO SCEXIT4

**SCBCONSENT. SCREENER INFORMED CONSENT: We are working with the FDA to create a large, national survey panel as part of the National Panel of Tobacco Consumer Studies, or TCS. This address is one of more than 30,000 addresses across the U.S. that has been randomly selected. We are contacting this household to determine if anyone who lives here may be eligible for the panel. My questions will only take 5-10 minutes of your time. Your answers to the questions will be kept private to the fullest extent allowable by law, and your participation is voluntary. If we select someone from your household to take part in the panel, that person will have the chance to receive cash payments for participating in the TCS surveys.**

**→ CONTINUE**

**SCB4. Are there any other living quarters within this structure or at this address, such as a separate apartment with a separate entrance?**

- 1  YES
- 2  NO → GO TO SCCINTRO

**SCB5. Do the occupants of the other living quarters live and eat separately from the residents of this household? (PROBE IF NEEDED: In other words, do the occupants live on their own or do they share common space and food?)**

- 1  YES, OCCUPANTS LIVE SEPARATELY
- 2  NO, OCCUPANTS SHARE COMMON FOOD/SPACE → GO TO SCCINTRO

**SCB6. Do the occupants of the additional living quarters have direct access from the outside or through a common hall?**

- 1  YES
- 2  NO → GO TO SCCINTRO

**SCB7A. FI: DID YOU FIND 5 OR MORE NEW LQs?**

- 1 YES
- 2 NO → GO TO **SCB7**

**SCB7AA. PLEASE COLLECT DETAILED INFO ABOUT ADDITIONAL LQs (5+ LQs) AND CONTACT YOUR FS UPON LEAVING THE HOME.**

**CONTINUE** → GO TO **SCCINTRO**

**SCB7. INTERVIEWER: OCCUPANTS OF ADDITIONAL LQs LIVE ON OWN AND HAVE DIRECT ACCESS FROM OUTSIDE/Common HALL. ENTER ADDRESS OF SEPARATE LQs. INCLUDE STREET NUMBER, NAME, AND UNIT OR APARTMENT NUMBER.**

[COLLECT UP TO 4]

LQ 1 STREET NUMBER: _____	STREET NAME: _____
LQ 2 STREET NUMBER: _____	STREET NAME: _____
LQ 3 STREET NUMBER: _____	STREET NAME: _____
LQ 4 STREET NUMBER: _____	STREET NAME: _____

[INTERVIEWER: RECORD A DESCRIPTION IF ADDRESS IS NOT KNOWN.]

**SCEXIT2. Thank you for answering our questions, but I have the wrong address. Have a nice day/evening. [EXIT SURVEY. DO NOT ASSIGN EVENT. KEEP AT MOST CURRENT STATUS/EVENT CODE.]**

**SCEXIT2A. INTERVIEWER: TAP EXIT. THEN TAP MENU. EDIT ADDRESS AND MODIFY ADDRESS. TAP MENU AGAIN TO UPDATE. RETURN TO SCREENING INSTRUMENT. SELECT 'YES, VERIFIED ADDRESS IS CORRECT' AND PROCEED. [DO NOT ASSIGN EVENT. KEEP AT MOST CURRENT STATUS/EVENT CODE.]**

**SCEXIT3. [EXIT/BREAKOFF] OBTAIN NAME, DATE, TIME TO RETURN**

**B. HOUSEHOLD ROSTER**

**SCCINTRO: Next I would like to ask a few questions about you and your household.**

**(TASK 1. BUILD LIST 1: ADULT HOUSEHOLD MEMBERS)**

**SCC1. First, including yourself, how many adults 18 years or age or older are living or staying at this address? [IF SCB6 = 1 OR SCB7 = 1, FILL]: Please do not include persons who live on their own in separate living quarters at this address or within this structure, such as a separate apartment with a separate entrance.**

**[FILL SAMPLE ADDRESS FOR REFERENCE. USE UPDATED ADDRESS FROM SECTION A IF APPLICABLE.]**

**INTERVIEWER PROBE IF NEEDED:**

- **INCLUDE** adults who are away at school or college, lodgers, boarders, or people you employ who live here.
- **INCLUDE** adults who usually stay here but are temporarily away for reasons such as visiting friends, traveling for their jobs, or in "general" hospitals.
- **[DISPLAY IF SCB5 = 2 OR SCB6 = 2 OR SCB7 = 2]: INCLUDE** adults who share common food or space but that live in other living quarters at the address.

**SCC2. [LOOP 1]: What is your name?**

**[LOOP 2 (IF SCC1 = 2 OR MORE)]: Please give me the names of all the other adults age 18 and older who live or stay at this address. [PROBE: What are the names of the other adults who live or stay here? Let's start with the oldest and work down to the youngest adult in this household.]**

INTERVIEWER: ASK FOR FULL NAMES, BUT ACCEPT FIRST NAMES, NICKNAMES OR INITIALS IF NECESSARY. TRY TO DISTINGUISH NAMES (Tom vs. Tom Jr.). ASSURE R OF PRIVACY.

**SCC3. Do any other adults age 18 or older usually live here or stay here?**

- 1  YES → ADD NAME(S) TO ROSTER  
2  NO → GO TO CHECK BOX 1

INTERVIEWER: RECORD ALL NAMES. ASK FOR FULL NAMES, BUT ACCEPT FIRST NAMES, NICKNAMES OR INITIALS IF NECESSARY. TRY TO DISTINGUISH NAMES (Tom vs. Tom Jr.). ASSURE R OF PRIVACY.

**NAMEDUP. [NAME ENTERED] HAS BEEN PREVIOUSLY ENTERED. PROBE FOR UNIQUE NAME, AND RE-ENTER.**

**TASK 2. DETERMINE "HOUSEHOLDER" (HHNAME FILL) FOR RELATIONSHIP MAPPING)**

<b>CHECK BOX 1: IF ROSTER CONTAINS ONLY 1 ADULT→ GO TO CHECK BOX 2. IF ROSTER CONTAINS 2 OR MORE ADULTS→ CONTINUE</b>
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**SCC4. Please tell me the name of the adult or one of the adults living here who owns or rents this home. We'll refer to this person as the "householder."**

INTERVIEWER: PICK "HOUSEHOLDER" FROM DISPLAYED ROSTER. IF SCREENING RESPONDENT IS ONE OF THE "HOUSEHOLDERS," SELECT HIM/HER FROM ROSTER.

[PROGRAMMER: IDENTIFY SELECTED "HOUSEHOLDER" AS "HHNAME" FILL.]

**SCC5INTRO. Now I have a few questions about the adults who live in this household. Let's start with you.**

**(TASK 3. GATHER KEY CHARACTERISTICS OF EVERYONE ON LIST 1)**

**CHECK BOX 2:**

**IF ROSTER CONTAINS ONLY 1 ADULT → CODE THE ADULT AS "HOUSEHOLDER (0)" IN SCC5 AND GO TO SCC6.**

**IF ROSTER CONTAINS 2 OR MORE ADULTS → ASK SCC5-SCD4 FOR EACH ADULT ON LIST 1.**

**SCC5.**

**[IF LOOP 1 (SCREENING R)]: How are you related to the householder, [FILL HHNAME NAME]?**

**[IF LOOP 2+]: [IF LOOP 2: Now let's talk about the other adults in the household.] How is [FILL NAME] related to [IF SCREENING R IS HOUSEHOLDER IN SCC4, FILL: "you"/ELSE, FILL "[HHNAME]"?]**

[DISPLAY OPTION 0 (HOUSEHOLDER) ONLY UNTIL SELECTED.]

- 0  HOUSEHOLDER (OWNS OR RENTS HOME)
- 1  HUSBAND
- 2  WIFE
- 3  SON (INCLUDES STEP)
- 4  DAUGHTER (INCLUDES STEP)
- 5  SON-IN-LAW/DAUGHTER-IN-LAW
- 6  BROTHER (INCLUDES STEP)
- 7  SISTER (INCLUDES STEP)
- 8  PARENT/GUARDIAN (INCLUDING STEP)
- 9  GRANDPARENT
- 10  GRANDCHILD
- 11  LIVE-IN PARTNER
- 12  FRIEND/ROOMMATE
- 13  OTHER RELATIVE
- 14  OTHER NON-RELATIVE
- 15  RELATIONSHIP UNSPECIFIED

**SCC6. [IF LOOP 1]: INTERVIEWER: CODE GENDER OF R.**

**[IF LOOP 2+]: ASK IF NECESSARY: Is [FILL NAME] male or female?**

- 1  MALE
- 2  FEMALE

**SCC7. [IF LOOP 1]: How old are you? [IF LOOP 2+]: How old is [FILL NAME]?**

\_\_\_\_\_ AGE (RANGE: 18-110)

**[If DK, REF then ask SCC7A]**

**SCC7A. Providing an age is important. This ensures we can accurately determine whether [you are] or [fill person name] is] eligible to participate in the panel. Can you confirm which of the following age categories [you belong/[fill person name] belongs] to?**

- 1  18-25
- 2  26-34
- 3  35-49
- 4  50-74
- 5  75 +
- 1  DON'T KNOW
- 2  REFUSED

**[IF STILL DK, REF, CONTINUE WITH SCC8] NOTE: THIS PERSON WOULD NOT BE CONSIDERED IN THE HH.**

**SCC8. [IF LOOP 1, FILL]: Are you/ELSE: Is [FILL NAME]] currently serving on active duty in the U.S. Armed Forces, Military Reserves or National Guard? [FILL FOR LOOP 1 ONLY]: Active duty for the Reserves or National Guard does not include the regular training for the Reserves or Guard. It does include being activated for deployment such as for the war in Afghanistan.**

- 1  YES
- 2  NO

INTERVIEWER: IF ASKED, THE US ARMED FORCES ARE ARMY, NAVY, AIR FORCE, AND MARINE CORPS.

**CHECK BOX 3:  
IF SCC5 = 1 OR 2 FOR ADULT BEING DISCUSSED SET SCC9 TO 1 (MARRIED)→ GO TO SCC10.**

**SCC9. [IF LOOP 1, FILL: Are you/ELSE FILL: Is [IF SCC6 = 1, FILL: he/IF SCC6 = 2 FILL: she]...[READ LIST]?**

- 1  Married or living with a partner
- 2  Widowed
- 3  Divorced
- 4  Separated
- 5  Never married

**SCC10. What is the highest grade or year of school (IF LOOP 1, FILL "you have", ELSE FILL "[NAME] has") completed?**



INTERVIEWER: FOR THOSE CURRENTLY IN SCHOOL, THIS DOES NOT INCLUDE THE CURRENT YEAR OF SCHOOL, UNLESS IT IS ALREADY COMPLETED.

- 1  LESS THAN HIGH SCHOOL
- 2  HIGH SCHOOL GRADUATE OR GED
- 3  SOME COLLEGE/VOCATIONAL SCHOOL (NO DEGREE)
- 4  2-YEAR COLLEGE/VOCATIONAL/ASSOCIATE'S DEGREE
- 5  4-YEAR COLLEGE DEGREE OR HIGHER(E.G., BA, BS, MA, MS, Ph.D)

**SCC11. In the past 30 days, did (IF LOOP 1, FILL "you", ELSE FILL "[NAME]") do any work for pay, including both full-time and part-time work?**

- 1  YES
- 2  NO

**SCC12. (IF LOOP 1, FILL "Are you", ELSE FILL "Is [NAME]") Hispanic, [IF SCC6 =1, FILL: Latino / IF SCC6 = 2, FILL: Latina], or of Spanish origin?**

- 1  YES
- 2  NO

**SCC13. What is (IF LOOP 1, FILL "your", ELSE IF SCC6 = 1, FILL: his/IF SCC6 = 2, FILL her) race? I'm going to read a list. Please select one or more.**

- 1  White
- 2  Black or African American
- 3  American Indian or Alaska Native
- 4  Asian
- 5  Native Hawaiian or Other Pacific Islander

**SCC14. (IF LOOP 1, FILL "Do you", ELSE FILL "Does [NAME]") live here full time or part time? PROBE: (IF LOOP 1, FILL "Do you", ELSE FILL "Does [FILL NAME] spend half or more of (IF LOOP 1, FILL "your", ELSE IF SCC6=1, FILL "his", ELSE IF SCC6 = 2, FILL "her") time in this household?)**

- 1  FULL TIME (SPENDS HALF TIME OR MORE IN THIS HH)
- 2  PART TIME (SPENDS LESS THAN HALF TIME IN THIS HH)

### C. TOBACCO USE SCREENER

**CHECK BOX 4:  
PROGRAMMER: CONTINUE WITH SCD1 – SCD4 FOR THE SCREENING RESPONDENT; THEN LOOP BACK TO QUESTION SCC5 AND COMPLETE SCC5 THROUGH SCD4 FOR ALL OTHER ADULTS LISTED IN HH ROSTER.**

#### Cigarettes

**SCDINTRO:** The next questions are about tobacco products (IF LOOP 1, FILL "you use"/ELSE FILL "[NAME] uses") and how often (IF LOOP 1, FILL "you use" if SR; ELSE FILL "he uses" if Male "she uses" if Female) them.

The first question is about cigarettes.

**SCD1. [ASK ONLY OF SCREENING R (LOOP 1)]:** Have you smoked at least 100 cigarettes in your entire life?

- 1  YES
- 2  NO → GO TO CHECK BOX 5

**PROGRAMMER NOTE: IF SCD1 = 2, SET SCD2 TO 3 (NOT AT ALL) FOR PURPOSES OF CIGARETTE USE CLASSIFICATION IN CHECK BOX 5. SCD2 VALUE CAN BE RECODED TO "LEGITIMATE SKIP" FOR DATA DELIVERY.**

**SCD2. (IF LOOP 1, FILL: Do you/ELSE FILL: Does [NAME])** now smoke cigarettes every day, some days, or not at all?

- 1  EVERY DAY
- 2  SOME DAYS
- 3  NOT AT ALL
- 1  DON'T KNOW
- 2  REFUSED

**CHECK BOX 5:**  
**IF SCREENING R: CLASSIFY AS TOBACCO USER (SMOKER) IF SCD2 = 1 OR 2). ELSE, CLASSIFY AS NON-SMOKER.**  
**IF OTHER ADULT IN HH: CLASSIFY AS TOBACCO USER (SMOKER) IF SCD2 = 1 OR 2. ELSE, CLASSIFY AS NON-SMOKER.**

**Regular Cigars/Cigarillos/Little Filtered Cigars**

**SCD3INTRO:** The next question is about tobacco products that (IF LOOP 1, FILL: you smoke/ELSE FILL: [NAME] smokes) other than cigarettes, specifically regular cigars, cigarillos and little filtered cigars. [IF LOOP 2+, FILL: READ IF NECESSARY:] "Cigarillos" are medium cigars that sometimes are sold with plastic or wooden tips. Some common brands are Black and Mild, Swisher Sweets, Dutch Masters, and Phillies Blunts. Cigarillos are usually sold individually or in packs of 5 or fewer. Little filtered cigars look like cigarettes and are usually brown in color. Like cigarettes, little filtered cigars have a spongy filter and are sold in packs of 20. Some common brands are Prime Time and Winchester.

**SCD3. (IF LOOP 1, FILL: Do you/ELSE FILL: Does [NAME])** now smoke regular cigars, cigarillos, or little filtered cigars every day, some days, or not at all?

- 1  EVERY DAY
- 2  SOME DAYS
- 3  NOT AT ALL
- 1  DON'T KNOW
- 2  REFUSED

**CHECK BOX 6:**

**IF SMOKING BEHAVIOR OF NAMED HH MEMBER (SCD3) = 1 OR 2, CLASSIFY AS TOBACCO USER (CIGAR SMOKER). ELSE, CLASSIFY AS NON-CIGAR SMOKER.**

**Noncombustible (smokeless) tobacco products**

**SCD4INTRO: Now we'd like to ask you about smokeless tobacco products, specifically chewing tobacco, snuff, dip, snus (snoose), or dissolvable tobacco. [IF LOOP 2+, FILL: READ IF NECESSARY:]Some examples of these product brands are Skoal, Copenhagen, Grizzly, Levi Garrett, or Red Man.**

**SCD4. (IF LOOP 1, FILL: Do you/ELSE FILL: Does [NAME]) now use smokeless tobacco every day, some days, or not at all?**

- 1  EVERY DAY
- 2  SOME DAYS
- 3  NOT AT ALL
- 1  DON'T KNOW
- 2  REFUSED

**CHECK BOX 7:  
IF SMOKING BEHAVIOR OF NAMED HH MEMBER (SCD4) = 1 OR 2, CLASSIFY AS TOBACCO USER (SMOKELESS USER). ELSE, CLASSIFY AS NON-SMOKELESS USER.**

**CHECK BOX 8: LIST 1 LOOP END  
REPEAT QUESTIONS SCC6 THROUGH SCD4 FOR ALL OTHER ADULTS LISTED IN HH ROSTER.  
THEN CONTINUE WITH SECTION E.**

**(TASK 4. BUILD LIST 2: FULL LIST OF HOUSEHOLD MEMBERS AGES 13-17)**

**D. ROSTER OF CHILDREN/YOUTH AGES 13-17**

**SCE1. Now I'd like to ask you a few questions about the children living or staying at this address. Are there any children between the ages of 13 and 17 who spend more than half of their time living in this household?**

- 1  YES
- 2  NO → GO TO SCE6

**SCE2. How many children age 13-17 spend more than half of their time living in this household?**

\_\_\_\_\_ CHILDREN 13-17 (**RANGE 1-10**)

**SCE3. To make sure I keep people straight, can you give me their initials? We will keep this and all other answers private.**

INTERVIEWER: RECORD ALL FIRST INITIALS.

**(TASK 5. GATHER AGE AND GENDER OF CHILDREN 13-17)**

**CHECK BOX 9:  
LIST 2 LOOP BEGIN. ASK SCE4-SCE5 FOR EACH CHILD IN LIST 2.**

**SCE4. How old is [INITIALS]?**

\_\_\_\_ YEARS OF AGE (RANGE 13-17)

**SCE5. Is [INITIALS] male or female?**

- 1  MALE  
2  FEMALE

**LIST 2 LOOP END**

**SCE6. Are there any children 12 or younger who spend more than half of their time living in this household?**

- 1  YES  
2  NO → GO TO SCE8

**SCE7. How many children 12 or younger spend more than half of their time living in this household?**

\_\_\_\_\_ CHILDREN 12 OR YOUNGER

**(TASK 6. DETERMINE WHETHER HOUSEHOLD INCOME IS < \$30,000)**

**SCE8. What was the total combined income of all members of your family during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of your family who are 18 years of age or older. Would you say it was...**

- 1  Less than \$30,000 a year  
2  \$30,000 a year or more  
  
-1  DON'T KNOW  
-2  REFUSED

**(TASK 8. PANEL MEMBER SELECTION)**

**E. PANEL MEMBER SELECTION**

**CHECK BOX 10: SELECT SAMPLED ADULT, APPLYING OVERSAMPLING OF 18-25 YEAR OLDS AND HIGHER PROBABILITY FOR SMOKELESS USERS. SELECT 1 ALTERNATE ELIGIBLE IN HH (IF ANY) IN CASE FIRST SAMPLED ADULT IS INELIGIBLE PER FI ENROLLMENT SURVEY MODULE. ONCE SELECTED, GO TO SCF1. ELSE, IF NO ELIGIBLES IN HH, GO TO SCEXIT4.**

**ANY PERSON**

- ◆ 18 OR OLDER or DK/REF on age  
AND  
◆ NOT ON ACTIVE DUTY (~~SCE9=5~~) SCC8 = 2  
AND

◆ LIVES IN HH FULL TIME (SCC14=1)  
AND  
◆ CURRENT TOBACCO USER (CLASSIFIED AS SMOKER, CIGAR SMOKER, OR  
SMOKELESS USER IN CHECK BOX 5, 6, OR 7. ADULT MAY BE CLASSIFIED AS MORE  
THAN ONE TYPE OF USER.)

END OF SELECTION.

**SCF1. The computer has selected [READ DISPLAYED NAME] for the study. I want to make sure I have (your/his/her) full name before we continue.**

[DISPLAY NAME, AGE, GENDER OF SAMPLED ADULT SO FI ASKS FOR CORRECT PERSON]

**INTERVIEWER: UPDATE NAME AS NEEDED.**

**INTERVIEWER: ASK TO SPEAK WITH SAMPLED ADULT IF DIFFERENT FROM SCREENING RESPONDENT. PROCEED TO FI ENROLLMENT SURVEY.**

<sup>1</sup> NAME CORRECT AS IS → GO TO CHECK BOX 11

<sup>2</sup> UPDATE NAME

<sup>3</sup> UPDATE GENDER

**SCF2. INTERVIEWER: PLEASE OBTAIN/VERIFY [primary sampled adult]'s FULL NAME.**

**NAME:** \_\_\_\_\_

**SCF3. INTERVIEWER: PLEASE VERIFY [primary sampled adult]'s GENDER.**

**GENDER:** \_\_\_\_\_

**SCF4. INTERVIEWER: OBTAIN A GOOD PHONE NUMBER FOR THE SAMPLED ADULT.**

→ GO TO CHECK BOX 11

**SCEXIT4. Thank you for answering our survey. [IF NO ONE ELIGIBLE, FILL "IF ASKED, EXPLAIN THAT NO ONE WAS ELIGIBLE FOR THE STUDY."; IF NO ONE 18+, FILL "We are only interviewing adults age 18 and older for this study." If SCC8 = 2 (active military) FILL "We are only interviewing non-active service members for this study." or SCC14 = 2 (part-time HH), FILL "We are only interviewing household members who are full-time residents for this study".**

**Someone may contact you to check on the quality of my work. May I please confirm your name and obtain your telephone number? (This is solely to monitor that I've done my job correctly. It is the only way my supervisor can check on the quality of my work – your name and number would not be used for any other purpose.)**

- 1  YES → GO TO SCEXIT4A  
2  NO/REFUSED

**SCEXIT4END Have a nice day/evening. [EXIT SURVEY. ASSIGN FINAL SCREENING INELIGIBLE CODE 2601 IF INELIGIBLE – NO ONE 18+; ASSIGN FINAL SCREENING CODE 2605 IF INELIGIBLE – NO ELIGIBLE TOBACCO USERS SAMPLED]**

**SCEXIT4A. May I please [IF NO ONE 18+, FILL "have", IF NO ONE SELECTED, FILL "confirm"] your first and last name?**

**FIRST and LAST NAME:** \_\_\_\_\_

**SCEXIT4B. May I please [IF NO ONE 18+ or only 1 person in household and SCC8 = 2 (active military ) or SCC14 = 2 ( part-time HH, FILL "have", IF NO ONE SELECTED, FILL "confirm"] your phone number?**

**PHONE NUMBER:** \_\_\_\_\_

**Have a nice day/evening.**

**[EXIT SURVEY. ASSIGN FINAL SCREENING INELIGIBLE CODE 2601 IF INELIGIBLE – NO ONE 18+; ASSIGN FINAL SCREENING CODE 2605 IF INELIGIBLE – NO ELIGIBLE HOUSEHOLD MEMBERS SAMPLED]**

**CHECK BOX 11:**

**→CONTINUE WITH ENROLLMENT SURVEY MODULE ON FI TABLET TO EXTEND PANEL INVITATION, OBTAIN CONSENT, AND COLLECT BASELINE DATA FOR SELECTED PANELIST.**

**→ASSIGN COMPLETED SCREENING CODE 2610 (Screening Complete - One Selected), 2620 (SCREENING COMPLETE - One Plus One Alternate Selected), or 2607 (Screening Complete - unknown eligibility – DK/REF on age for all HH)**

**→OUTPUT VARIABLES TO PASS TO FI BASELINE SURVEY MODULE:**

- **SAMPLED HH MEMBER'S NAME (FROM ROSTER OR F1 UPDATE)**
- **SAMPLED HH MEMBER'S DEMOGRAPHICS FROM ROSTER (ALL - AGE, RACE, GENDER, MARITAL STATUS, EDUCATION)**
- **TOBACCO USE CLASSIFICATION(S) FOR SAMPLED HH MEMBER: E.G., SMOKER, CIGAR SMOKER, SMOKELESS USER.**
- **WHETHER SAMPLED HH MEMBER WAS THE SCREENING RESPONDENT (SET FLAG)**
- **IF APPLICABLE: ALTERNATE ELIGIBLE HH MEMBER'S NAME (FROM ROSTER)**
- **IF APPLICABLE: ALTERNATE ELIGIBLE HH MEMBER'S DEMOGRAPHICS FROM ROSTER (ALL – AGE, RACE, GENDER, MARITAL STATUS, EDUCATION)**
- **IF APPLICABLE: TOBACCO USE CLASSIFICATION(S) FOR ALTERNATE ELIGIBLE HH MEMBER: E.G., SMOKER, CIGAR SMOKER, SMOKELESS USER.**

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 10 minutes per response to complete the survey questions. Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov).

Attachment 1-3. Enrollment Survey

# National Panel of Tobacco Consumer Studies Enrollment Survey (ES) RTI\_Mobile Platform

OMB Number: 0910-0815  
Expiration Date: 06/30/2019

**PROGRAMMER: DISPLAY CASE ID, SAMPLED ADULT, AND SAMPLED ADDRESS TO CONFIRM THE CORRECT CASE IS BEING OPENED BY THE INTERVIEWER.**

**FI: CONFIRM YOU HAVE OPENED THE CORRECT CASE. IF YOU ARE NOT IN THE CORRECT CASE, BREAK OFF AND LOCATE THE CORRECT CASE.**

**GPS CAPTURE: IMPLEMENT PASSIVE GPS & BEARING CAPTURE FOR SAMPLED ADDRESS.**

**ASK ALL**

**ESLANG: INTERVIEWER: WHAT LANGUAGE IS BEING USED TO CONDUCT THIS INTERVIEW?**

- |   |                          |         |
|---|--------------------------|---------|
| 1 | <input type="checkbox"/> | ENGLISH |
| 2 | <input type="checkbox"/> | SPANISH |

**CHECK BOX 1:**

**IF SAMPLED ADULT = SCREENING RESPONDENT → GO TO ESBINTRO.**

**IF SAMPLED ADULT IS NOT THE SCREENING RESPONDENT → GO TO ESINTRO.**

**ESINTRO: (Hello, my name is...). I'm part of a team working with the FDA to create a large, national survey panel as part of the National Panel of Tobacco Consumer Studies, or TCS. This address is one of more than 30,000 addresses across the U.S. that has been randomly selected for participation. We are speaking with you because the household summary information provided by [NAME/your household] indicates you may be eligible to take part in the panel. My questions will only take 5-10 minutes of your time. Your answers to the questions will be kept private to the fullest extent allowable by law, and your participation is voluntary. If we verify you are eligible, you will have the chance to receive cash payments as a token of appreciation for participating in the TCS surveys.**

**ESINTROA. First, I want to make sure I have (your) full name before we continue.**

**INTERVIEWER: PLEASE OBTAIN/VERIFY [Alternate sampled adult]'s FULL NAME.**

[DISPLAY SAMPLED ADULT'S NAME: \_\_\_\_\_]

**FI: DOES NAME NEED TO BE UPDATED?**

- 1  YES, UPDATE  
2  NO, NAME IS CORRECT

**A. ELIGIBILITY VERIFICATION (if Sampled Adult not Screening Respondent)**

**ESA1. Next, I need to verify you are eligible to participate in the survey panel.  
(IF NOT OBVIOUS) Do you live here? (Are you a member of this household?)**

**[DISPLAY SAMPLED ADDRESS]**

- 1  YES  
2  NO → GO TO CHECK BOX 3

**ESA2. (IF NOT OBVIOUS): And are you 18 years of age or older?**

- 1  YES  
2  NO → GO TO CHECK BOX 3

**ESA3. Have you smoked at least 100 cigarettes in your entire life?**

- 1  YES  
2  NO → GO TO ESA5INTRO

**PROGRAMMER NOTE: IF ESA3 = 2 (NO), SET ESA4 TO 3 (NOT AT ALL) FOR PURPOSES OF CIGARETTE USE CLASSIFICATION IN CHECK BOX 2. ESA4 CAN BE RECODED TO "LEGITIMATE SKIP" FOR DATA DELIVERY PURPOSES.**

**ESA4. Do you now smoke cigarettes every day, some days, or not at all?**

- 1  EVERY DAY  
2  SOME DAYS  
3  NOT AT ALL  
-2  REFUSED

**ESA5INTRO. The next questions are about tobacco products that you smoke other than cigarettes, specifically regular cigars, cigarillos and little filtered cigars. "Cigarillos" are medium cigars that sometimes are sold with plastic or wooden tips. Some common brands are Black and Mild, Swisher Sweets, Dutch Masters, and Phillies Blunts. Cigarillos are usually sold individually or in packs of 5 or fewer. Little filtered cigars look like cigarettes and are usually brown in color. Like**



cigarettes, little filtered cigars have a spongy filter and are sold in packs of 20. Some common brands are Prime Time and Winchester.

**ESA5. Do you now smoke regular cigars, cigarillos, or little filtered cigars every day, some days, or not at all?**

- 1  EVERY DAY
- 2  SOME DAYS
- 3  NOT AT ALL
- 2  REFUSED

**ESA6INTRO: Now we'd like to ask you about smokeless tobacco products. Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (snouse), or dissolvable tobacco. Some examples of these product brands are Skoal, Copenhagen, Grizzly, Levi Garrett, or Red Man.**

**ESA6. Do you now use smokeless tobacco every day, some days, or not at all?**

- 1  EVERY DAY
- 2  SOME DAYS
- 3  NOT AT ALL
- 2  REFUSED

**CHECK BOX 2: UPDATE SMOKING CLASSIFICATION OF SAMPLED ADULT WHO IS NOT SCREENING R (IF NEEDED):**

- CLASSIFY AS TOBACCO USER (SMOKER) IF ESA4 = 1 OR 2 ). ELSE, CLASSIFY AS NON-SMOKER.
- CLASSIFY AS TOBACCO USER (CIGAR SMOKER) IF ESA5 = 1 OR 2. ELSE, CLASSIFY AS NON-CIGAR SMOKER.
- CLASSIFY AS TOBACCO USER (SMOKELESS USER) IF ESA6 = 1 OR 2. ELSE, CLASSIFY AS NON-SMOKELESS USER.

**GO TO CHECK BOX 3.**

**CHECK BOX 3: DETERMINE ELIGIBILITY OF NON-SCREENING R.**

**-> IF R REFUSED ALL ( ? ) ESA4, ESA5,ESA6, GO TO ESAEXT4 (UNKNOWN INELIGIBLE)**

**IF (ESA1 = 1) AND (ESA2 = 1) AND (R IS CLASSIFIED AS SMOKER, CIGAR SMOKER, OR SMOKELESS USER PER CHECK BOX 2), SAMPLE MEMBER IS CONFIRMED ELIGIBLE:**

- GO TO ESBINTRO B FOR PANEL CONSENT

**ELSE, SAMPLE MEMBER IS NOT ELIGIBLE. CHECK FOR ALTERNATE ELIGIBLE IN HH. IF ALTERNATE →**

**→IF ESA1 = 2 (DOES NOT LIVE AT ADDRESS), GO TO ESAALT1**

**→IF ESA2 = 2 (NOT AGE 18+), GO TO ESAALT2**

**→IF R NOT A TOBACCO USER PER CHECK BOX 2, GO TO ESAALT3**

**CREATE variable to track whether ineligible. 1 = 1 person ineligible, 2 = 2 persons (both) ineligible.**

**IF NO (REMAINING) ALTERNATE:**

**→IF ESA1 = 2 (DOES NOT LIVE AT ADDRESS), GO TO ESAEXT1**

**→IF ESA2 = 2 (NOT AGE 18+), GO TO ESAEXT2**

**→IF R NOT A TOBACCO USER PER CHECK BOX 2, If there is an alternate go to ESAALT3  
ELSE GO TO ESAEXT3**

**ESAEXT1: These are all the questions I have. Because we are only interviewing persons who usually live at this address, you are not eligible to participate in the survey panel. Thank you for your time, and have a nice day/evening.**

[EXIT SURVEY – ASSIGN PENDING CODE 1323 – INELIGIBLE, DOES NOT RESIDE AT SAMPLED ADDRESS]

**ESAEXT2: These are all the questions I have. Because we are only interviewing persons who are 18 years of age or older, you are not eligible to participate in the survey panel. Thank you for your time and have a nice day/evening.**

[EXIT SURVEY – ASSIGN PENDING CODE 1321 – INELIGIBLE, 17 YEARS OF AGE OR YOUNGER]

**ESAEXT3: These are all the questions I have. Because we are only interviewing adults who regularly use these tobacco products, you are not eligible to participate in the survey panel. Thank you for your time, and have a nice day/evening.**

[EXIT SURVEY – ASSIGN PENDING CODE 1322 – INELIGIBLE, DO NOT REGULARLY USE]

**ESAEXT4: These are all the questions I have. We are unable to confirm your eligibility for the panel at this time. Thank you for your time, and have a nice day/evening.**

[EXIT SURVEY – ASSIGN FINAL CODE 1324 – UNKNOWN REFUSED TO ANSWER TOBACCO Qs]

**ESAALT1: These are all the questions I have. Because we are only interviewing persons who usually live at this address, you are not eligible to participate in the survey panel. However, our records indicate another adult in your household may be eligible to take part. May I please speak to [FILL ALTERNATE NAME]?**

<sup>1</sup>  YES → FLAG PRIMARY SAMPLED ADULT AS 1323 INELIGIBLE – DOES NOT RESIDE AT SAMPLE. RETURN TO ESINTRO AND LOOP THROUGH SECTION A FOR ALTERNATE ADULT.

<sup>2</sup>  NO → BREAKOFF AND SCHEDULE RETURN VISIT [ASSIGN PENDING CODE 1323 INELIGIBLE – DOES NOT RESIDE AT SAMPLE]

**ESAALT2: These are all the questions I have. Because we are only interviewing persons who are 18 years of age or older, you are not eligible to participate in the**

**survey panel. However, our records indicate another adult in your household may be eligible to take part. May I please speak to [FILL ALTERNATE NAME]?**

- <sup>1</sup>  YES → FLAG PRIMARY SAMPLED ADULT AS 1321 INELIGIBLE – 17 YEARS OF AGE OR YOUNGER. RETURN TO ESINTRO AND LOOP THROUGH SECTION A FOR ALTERNATE ADULT.
- <sup>2</sup>  NO → BREAKOFF AND SCHEDULE RETURN VISIT [ASSIGN PENDING CODE 1321 INELIGIBLE – 17 YEARS OF AGE OR YOUNGER]

**ESAALT3: These are all the questions I have. Because we are only interviewing adults who regularly use these tobacco products, you are not eligible to participate in the survey panel. However, our records indicate another adult in your household may be eligible to take part. May I please speak to [FILL ALTERNATE NAME]?**

- <sup>1</sup>  YES → FLAG PRIMARY SAMPLED ADULT AS 1322 INELIGIBLE – DOES NOT REGULARLY USE TOBACCO PRODUCTS. RETURN TO ESINTRO AND LOOP THROUGH SECTION A FOR ALTERNATE ADULT.
- <sup>2</sup>  NO → BREAKOFF AND SCHEDULE RETURN VISIT [ASSIGN PENDING CODE 1322, INELIGIBLE – DOES NOT REGULARLY USE TOBACCO PRODUCTS]

**B. PANEL MODE DETERMINATION/INFORMED CONSENT**

**ESBINTRO: [IF SAMPLED ADULT IS NOT SCREENING R, FILL: Thank you. Based on the information you've provided, you are eligible to participate in the survey panel for the National Panel of Tobacco Consumer Studies]**

**[ALL]: I'd like to tell you more about the TCS survey panel and determine the most convenient way for you to take part. If you agree to enroll in the panel, you will have the opportunity to receive cash payments as a token of our appreciation for participating in the surveys.**

**So that my supervisor can review my work, some parts of this interview may be recorded for quality control purposes. Is this okay with you?**

- <sup>1</sup>  YES → ENABLE CARI
- <sup>2</sup>  NO → DISABLE CARI

**ACTIVATE CARI RECORDING THROUGH ESB9.**

**ESB1. First, I have some questions that will help me determine the best way for you to participate in the survey panel.**

**Do you have an Internet connection in your home?**

- <sup>1</sup>  YES
- <sup>2</sup>  NO → GO TO ESB3

**ESB2. Which of the following do you use to connect to the internet from home?  
Please select all that apply.**

- 1  Dial Up
- 2  DSL
- 3  Cable (through TV or phone company)
- 4  Fiber optic (FIOS)
- 5  Satellite
- 6  Data plan (for cell phone, smart phone, tablet or computer)
- 7  WiFi (including wireless hotspot, wireless router)

**ESB3. Do you regularly access the Internet outside of your home?**

- 1  YES
- 2  NO → GO TO ESB5

**ESB4. Where do you regularly access the Internet outside of your home? Please select all that apply.**

- 1  At work
- 2  At school
- 3  At the library
- 4  At a coffee shop/restaurant/or other WiFi enabled public location
- 5  At a friend's/neighbor's/family member's house
- 6  Can access anywhere via phone/tablet/computer
- 7  Other location (Please specify) \_\_\_\_\_

**ESB5. Overall, would you say you can successfully connect to the Internet whenever you need? (PROMPT IF NEEDED: That is, you can connect to the Internet at home or outside the home whenever you need to.)**

- 1  YES
- 2  NO → GO TO ESB7

**ESB6. Which of the following devices do you usually use to access the Internet?  
Please select all that apply.**

- 1  Desktop or laptop computer
- 2  Tablet computer
- 3  Cell phone/smart phone

**ESB7. Do you have a personal e-mail address? This may include a home email address that you share with others in your household.**

- 1  YES
- 2  NO

**ES8INTRO. Next, I'd like to tell you more about what your participation in the National Panel of Tobacco Consumer Studies would involve. By joining the panel**

you will have the opportunity to participate in several short surveys for the Food and Drug Administration (FDA) over a 3-year period. You will be asked to complete about 3 surveys a year and your participation in each survey is voluntary. The surveys will only take about 15 to 20 minutes to complete. If you complete the panel enrollment process with me, you will receive a \$35 cash payment as a token of our appreciation for joining the panel. As a panel member, you will also receive a \$15 cash payment for each of the short surveys you complete.

→ CONTINUE

**ESB8. [IF ESB5 = 1, FILL: Based on the information you've provided, it appears you have convenient access to the Internet. This means you can complete the short surveys online through the secure TCS panel website.]**

**[ELSE, FILL: Based on the information you've provided, it appears the best way for you to participate in the panel is by mail. This means we can mail you a paper questionnaire for each of the short surveys. Once you answer the questions, you can simply return the questionnaire to us in the postage-paid envelope we provide.]**

**[ALL]: Is this a convenient way for you to participate in the panel?**

- 1  YES → GO TO ESB10  
2  NO → IF ESB5 = 1, GO TO ESB9CHK, ELSE, CHECK BOX 4.

**ESB9CHK: FI: ENCOURAGE WEB PARTICIPATION. ENTER "1" IF R SAYS WEB PARTICIPATION IS CONVENIENT. ELSE, ENTER "2" TO MOVE TO MAIL MODE OFFER.**

- 1  WEB MODE IS CONVENIENT FOR R → GO TO ESB10  
2  WEB MODE IS NOT CONVENIENT FOR R → GO TO CHECK BOX 4.

**CHECK BOX 4: CONSIDER ALTERNATE MODE OFFER.**

**IF WEB OFFERED: ESB5 = 1, ESB8 = 2, ESB3 = 1 → GO TO ESB9.**

**IF MAIL OFFERED, POTENTIAL TABLET: ESB5 = 2, ESB8 = 2, ESB3 = 1 → GO TO ESBEXT2.**

**IF MAIL OFFERED, NO TABLET: ESB5 = 2, ESB8 = 2, ESB3 = 2 → GO TO ESBEXT1.**

**ESB9: You can also participate in the panel by mail. This means each of the short surveys you are asked to complete can be mailed to you. Once you answer the questions, you would simply return the questionnaire to us in the postage-paid envelope we provide.**

**Is mail a more convenient way for you to participate?**

- 1  YES  
2  NO / R REFUSED MAIL → GO TO ESBEXT1

**FI: ENCOURAGE R'S PARTICIPATION BY MAIL.**

**DISCONTINUE CARI RECORDING.**

**ESB10. FI: CONFIRM R'S CONVENIENT MODE OF PARTICIPATION:**

- 1  WEB → GO TO ESB11  
2  MAIL → GO TO ESB11

**ESBEXT1: Thank you for your time. Have a nice day/evening.**

[ASSIGN PENDING CODE 1296, BREAKOFF, NO APPT MADE]

**ESBEXT2: We would really like you to join the TCS panel. I will talk to my supervisor to see if there is another way for you to participate. I will contact you again once I speak with him/her.**

**What would be the best telephone number for me to contact you at?**

**FI: ENTER 9 FOR DK/REF**

**Phone Number:** \_\_\_\_\_

**Thank you for your time today.**

**FI: ANSWER CLOSING QUESTIONS AFTER LEAVING THE HOUSEHOLD.**

**ESBEXT2A: WHAT IS THE MAIN REASON THE SAMPLED ADULT CANNOT/WILL NOT PARTICIPATE BY WEB OR MAIL? (CHECK ALL THAT APPLY)**

- 1  NO PERSONAL DEVICE/INTERNET, NO ACCESS TO OTHER INTERNET-ENABLED DEVICE  
2  NOT COMFORTABLE USING ELECTRONIC DEVICES/ACCESSING THE INTERNET  
3  COMPLETING AND MAILING A HARDCOPY FORM IS TOO MUCH WORK OR IS NOT CONVENIENT (E.G., DIFFICULT TO SEND/RECEIVE USPS MAIL)  
4  OTHER (SPECIFY): \_\_\_\_\_

**ESBEXT2B: IF KNOWN, DOES THE SAMPLED ADULT HAVE ANY EXPERIENCE WITH USING ANY OF THE FOLLOWING DEVICES? (CHECK ALL THE APPLY)**

- 1  DESKTOP OR LAPTOP COMPUTER  
2  TABLET COMPUTER  
3  CELL PHONE/SMART PHONE  
4  ELECTRONIC READER (E.G., KINDLE, NOOK)  
5  UNKNOWN

**ESBEXT2C: WHAT IS YOUR OPINION OF THE PM'S COMFORT LEVEL WITH COMPUTERS?**

- 1  VERY COMFORTABLE

- 2  COMFORTABLE
- 3  SOMEWHAT COMFORTABLE
- 4  SOMEWHAT UNCOMFORTABLE
- 5  UNCOMFORTABLE
- 6  VERY UNCOMFORTABLE
- 7  UNKNOWN

**ESBEXT2D: WHAT IS YOUR OPINION OF THE PM’S COMFORT LEVEL WITH THE INTERNET?**

- 1  VERY COMFORTABLE
- 2  COMFORTABLE
- 3  SOMEWHAT COMFORTABLE
- 4  SOMEWHAT UNCOMFORTABLE
- 5  UNCOMFORTABLE
- 6  VERY UNCOMFORTABLE
- 7  UNKNOWN

**ESBEXT2E: IN YOUR OPINION, HOW LIKELY IS IT THAT THE PM WILL JOIN THE PANEL IF OFFERED A LOANER TABLET?**

- 1  VERY LIKELY
- 2  LIKELY
- 3  SOMEWHAT LIKELY
- 4  SOMEWHAT UNLIKELY
- 5  UNLIKELY
- 6  VERY UNLIKELY

[ASSIGN PENDING CODE 1693, PENDING TABLET LOANER DECISION FROM RTI]

**ACTIVATE CARI RECORDING THROUGH ESB11B.**

**ESB11: Now that we’ve determined the most convenient way for you to participate, I’d like to review the panel consent form with you and have you sign and date it.**

**READ CORRECT VERSION OF CONSENT FORM TO R: STANDARD WEB/MAIL OR TABLET. OBTAIN PM’S SIGNATURE/DATE.**

**a. FI: DID PM CONSENT TO JOIN THE PANEL?**

- 1  YES
- 2  NO → GO TO ESBEXT3

**b. FI: CONFIRM MODE OF PARTICIPATION FROM CONSENT:**

- 1  WEB, WITH PERSONAL DEVICE → GO TO ESCINTRO
- 2  MAIL SURVEY → GO TO ESCINTRO
- 3  WEB, WITH STUDY TABLET → GO TO ESB12

**ESB12: FI: RECORD ID OF LOANED STUDY TABLET BELOW.**

- a. TABLET ID NUMBER: \_\_\_\_\_  
b. VERIFY ID NUMBER: \_\_\_\_\_

[CHECK ESB11a & b MATCH; ELSE, REQUIRE REENTRY.]

**ESB13 FI: READ EQUIPMENT AGREEMENT FORM TO PM. THEN ALLOW TIME FOR THEM TO REVIEW IT ON THEIR OWN AND SIGN.**

**DID THE PM SIGN THE EQUIPMENT AGREEMENT FORM?**

- 1  YES  
2  NO → GO TO ESBEXT4

**ESB14. FI: (ASK IF NECESSARY): WHAT IS PM'S PREFERRED LANGUAGE OF PARTICIPATION?**

- 1  ENGLISH  
2  SPANISH

**DISCONTINUE CARI RECORDING.**

**ESBEXT3: Thank you for your time. Have a nice day/evening.**

[ASSIGN PENDING CODE 1440, REFUSAL BY SM, BREAKOFF]

**ESBEXT4: Thank you for your time. Have a nice day/evening.**

[ASSIGN PENDING CODE 1446, TABLET OFFER REFUSED]

**C. PANEL MEMBER DEMOGRAPHICS**

**ESCINTRO: Thank you for consenting to join the TCS panel. Now I have a few background questions about you.**

**ESC1. In general, would you say your health is excellent, very good, good, fair, or poor?**

- 1  EXCELLENT  
2  VERY GOOD  
3  GOOD  
4  FAIR  
5  POOR

**CHECK BOX 5: IF SCREENING R = PANEL MEMBER → GO TO ESC2 AND CONFIRM SCREENER DEMOGRAPHICS. ELSE, FOR ALL OTHER PANEL MEMBERS → GO TO ESC3.**

**ESC2. Let me confirm the information collected earlier.**

**GENDER: [FILL FROM SCREENER SCC6]**



**AGE: [FILL FROM SCREENER SCC7/SCC7A]**  
**MILITARY SERVICE: [FILL FROM SCREENER SCC8]**  
**MARITAL STATUS: [FILL FROM SCREENER SCC9]**  
**HIGHEST SCHOOL GRADE/YEAR: [FILL FROM SCREENER SCC10]**  
**WORK FOR PAY IN PAST 30 DAYS: [FILL FROM SCREENER SCC11]**  
**HISPANIC ORIGIN: [FILL FROM SCREENER SCC12]**  
**RACE: [FILL FROM SCREENER SCC13]**  
**FULL TIME PART TIME STATUS: [FILL FROM SCREENER SCC14]**

**SELECT ITEMS TO UPDATE:**

- 1  GENDER
- 2  AGE
- 3  MILITARY SERVICE
- 4  MARITAL STATUS
- 5  HIGHEST SCHOOL GRADE/YEAR
- 6  WORK FOR PAY IN PAST 30 DAYS
- 7  HISPANIC ORIGIN
- 8  RACE
- 9  FULL TIME/PART TIME STATUS
- 10  NONE → GO TO ESC12INTRO

**FI: ENTER 999 WHEN ALL UPDATES ARE COMPLETED.**

[WHEN 999 IS ENTERED, GO TO ESC3]

ROUTE EACH UPDATE ELEMENT AS TO APPROPRIATE VARIABLE ESC3 – ESC11 UNTIL ALL SELECTED ELEMENTS ARE COMPLETE.
---

**ESC3. INTERVIEWER: CONFIRM GENDER OF PANEL MEMBER.**

- 1  MALE
- 2  FEMALE

**ESC4. How old are you?**

**[PROGRAMMER: IF AGE IS 17 or LESS, GO TO ESAEXT2 (IF NO ALTERNATE AVAILABLE or ESAALT2 IF ALTERNATE AVAILABLE)]**

**FI: ENTER 9 for DK/REF**

\_\_\_\_\_ **AGE (RANGE 18-110)**

**[If DK, REF (9) then ask ESC4A]**

**ESC4A. Providing your age is important. This ensures we can accurately determine whether you/or [fill person name] is/are eligible to participate in the panel. Can you confirm which of the following age categories you/[fill person name] belong to?**

- 1  18-25
- 2  26-34
- 3  35-49
- 4  50-74
- 5  75 +
- 1  DON'T KNOW
- 2  REFUSED

**[IF STILL DK, REF THEN BREAKOFF AND SET INITIAL REFUSAL (REFUSAL CODE 1429)]**

**ESC5. Are you currently serving on active duty in the U.S. Armed Forces, Military Reserves or National Guard? Active duty for the Reserves or National Guard does not include the regular training for the Reserves or Guard. It does include being activated for deployment such as for the war in Afghanistan.**

- 1  YES
- 2  NO

INTERVIEWER: IF ASKED, THE US ARMED FORCES INCLUDE ARMY, NAVY, AIR FORCE, AND MARINE CORPS.

**ESC6. Are you currently...[READ LIST]?**

- 1  Married or living with a partner,
- 2  Widowed,
- 3  Divorced,
- 4  Separated, or
- 5  Never married?

**ESC7. What is the highest grade or year of school you have completed?**

INTERVIEWER NOTE: FOR THOSE CURRENTLY IN SCHOOL, THIS DOES NOT INCLUDE THE CURRENT YEAR OF SCHOOL, UNLESS IT IS ALREADY COMPLETED.

- 1  LESS THAN HIGH SCHOOL
- 2  HIGH SCHOOL GRADUATE OR GED
- 3  SOME COLLEGE/VOCATIONAL SCHOOL (NO DEGREE)
- 4  2-YEAR COLLEGE/VOCATIONAL/ASSOCIATE'S DEGREE
- 5  4-YEAR COLLEGE DEGREE OR HIGHER(E.G., BA, BS, MA, NS, Ph.D)

**ESC8. In the past 30 days, did you do any work for pay, including both full-time and part-time work?**

- 1  YES
- 2  NO

**ESC9. Are you Hispanic, [IF ESC3 not blank, then IF ESC3 =1, FILL: Latino / IF ESC3 = 2, FILL: Latina else if primary then GENDER (Male=Latino/Female=Latina) from DATA05, if alternate then GENDER (Male=Latino/Female=Latina) from DATA06]], or of Spanish origin?**

- 1  YES
- 2  NO

**ESC10. What is your race? I'm going to read a list. Please select one or more. (READ LIST. SELECT ALL THAT APPLY.)**

- 1  White
- 2  Black or African American
- 3  American Indian or Alaska Native
- 4  Asian, or
- 5  Native Hawaiian or Other Pacific Islander?

**ESC11. Do you live here full time or part time? PROBE: Do you spend half or more of your time in this household?)**

- 1  FULL TIME (SPENDS HALF TIME OR MORE IN THIS HH)
- 2  PART TIME (SPENDS LESS THAN HALF TIME IN THIS HH)

**ESC12INTRO: Thank you. I have one additional follow-up question for you regarding your household income.**

**ACTIVATE CARI RECORDING THROUGH ESC13.**

**ESC12. What was the total combined income of all members of your family during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of your family who are 18 years of age or older. Would you say it was...**

- 1  Under \$30,000 → GO TO ESDINTRO
- 2  \$30,000 to \$49,999 → GO TO ESDINTRO
- 3  \$50,000 to \$74,999 → GO TO ESDINTRO
- 4  \$75,000 to \$99,999 → GO TO ESDINTRO
- 5  \$100,000 to \$124,999 → GO TO ESDINTRO
- 6  \$125,000 to \$149,999 → GO TO ESDINTRO
- 7  \$150,000 or more → GO TO ESDINTRO
- 8  DON'T KNOW
- 9  REFUSED

**ESC13. It is very important that we have some measure of your household's income. Would you say the total combined income of all members of your household during the past 12 months was less than \$30,000 or \$30,000 or more?**

- 1  LESS THAN \$30,000
- 2  \$30,000 OR MORE
- 8  DON'T KNOW
- 9  REFUSED

**DISCONTINUE CARI RECORDING.**

**D. CONTACT AND TRACKING QUESTIONS**

**ESDINTRO: It is important that we have accurate contact information for you so that we can stay in touch regularly throughout your time in the TCS panel.**

**ESD1. First, let me confirm your full name and street address: [CONFIRM OR COLLECT IF MISSING.]**

NAME  
ADDRESS  
CITY                      STATE                      ZIP

INTERVIEWER: VERIFY SPELLING OF NAME, STREET, & CITY. OBTAIN STREET ADDRESS, NOT P.O. BOX NUMBER.

**SELECT ITEMS TO UPDATE:**

- 1  NAME
- 2  STREET NUMBER
- 3  STREET NAME
- 4  APT NUMBER
- 5  CITY
- 6  STATE
- 7  ZIP
- 8  NONE → GO TO ESD2

PROGRAM EACH ADDRESS UPDATE ELEMENT AS SINGLE QUESTION AS NEEDED.  
ESD1A = NAME, ESD1B = STREET NUMBER, ESD1C = STREET NAME, ESD1D = APT  
NUM, ESD1E = CITY, ESD1F = STATE, ESD1G = ZIP.

**ESD1AA. Is this also your mailing address?**

- 1  YES → GO TO ESD2
- 2  NO → COLLECT MAILING ADDRESS

**Programmer Note: For Street Number/PO BOX NUMBER screen include FI message in ALL CAPS: "IF PO BOX NUMBER, PLEASE INCLUDE 'PO BOX' BEFORE THE NUMBER"**

STREET NUMBER/ PO BOX NUMBER

**Programmer Note: For Street Name create a warning screen with the following in ALL CAPS screen include FI message in CAPS: "STREET NAME NOT PROVIDED. CONFIRMED YOU HAVE CORRECTLY ENTERED THE ADDRESS BEFORE PROCEEDING."**

STREET NAME  
APT NUMBER  
CITY  
STATE  
ZIP

**ESD2. What is the best telephone number to use to reach you?**

FI: ENTER 9 for REFUSED.

**ESD2A. Providing your telephone number is important. This ensures we can reach you in the future to let you know about upcoming surveys. Your telephone information will be securely stored and only used for TCS panel related purposes. It will not be shared with anyone outside of the research team.**

BEST#:

FI: ENTER 9 for REFUSED.

**ESD3. Is this a home, work or cell phone number?**

- 1  HOME NUMBER
- 2  WORK NUMBER
- 3  CELL NUMBER
- 4  OTHER NUMBER (E.G., FAMILY, NEIGHBOR)

**IF ESD3 = 3 and ((ESD2 ne Blank and ne '9') or (ESD2A ne Blank and ne '9')), ASK ESD3A.**

**ESD3A. Can we send text messages to your cell phone, [fill cell phone number from ESD2/ESD2A]?**

- 1  YES
- 2  NO

**ESD4. Please provide other telephone numbers where you can be reached (PROBE FOR HOME, WORK, AND CELL NUMBERS).**

- a. HOME#:
- b. WORK#:
- c. CELL#:

d. ALTERNATE CELL #:

**FOR ESD4, PROGRAM EACH PHONE ELEMENT AS SINGLE QUESTION:  
ESD4a = Home #, ESD4b = Work #, etc.**

**CHECK BOX 7: IF ESD4c NE BLANK and ESD4 ne '9', ASK ESD5. ELSE, GO TO CHECK BOX 6.**

**ESD5. Can we send text messages to your cell phone number, [fill cell phone (ESD4C)]?**

- 1  YES  
2  NO

**CHECK BOX 8: IF ESD4d NE BLANK and ESD4D ne '9', ASK ESD6. ELSE, GO TO ESD7.**

**ESD6. You gave us a second cell phone number [fill second cell phone (ESD4D)].  
Can we send text messages to this cell number?**

- 1  YES  
2  NO

**ESD7. One of the primary ways we plan to contact panel members is through  
email. Do you have a personal, home, or other email address where you can  
receive panel information regularly?**

- 1  YES → ESD8  
2  NO → GO TO ESD11A  
3  PM REFUSED USE OF HIS/HER EMAIL FOR PANEL → Go to ESD7A.

**ESD7A. Providing your email address is important. This ensures we can reach you  
in the future to let you know about upcoming surveys. Your email information will  
be securely stored and only used for TCS panel related purposes. It will not be  
shared with anyone outside of the research team.**

**Do you have a personal, home, or other email address where you can receive panel  
information?**

- 1  YES → ESD8  
2  NO → GO TO ESD11A  
3  PM REFUSED USE OF HIS/HER EMAIL FOR PANEL → Go to ESD11A.

**ESD8. What is the best email address to use to reach you?**

**BEST EMAIL:  
RE-ENTER EMAIL:**

FI: CONFIRM SPELLING/ACCURACY OF EMAIL ADDRESS.

**ESD8a. Is this your personal or work email address?**

- 1  PERSONAL/HOME EMAIL
- 2  WORK EMAIL
- 3  OTHER EMAIL

**ESD8b. How often do you check this email address? Would you say...**

- 1  Every day
- 2  A few times per week
- 3  About once a week
- 4  About once a month
- 5  Less often than once a month

**ESD9. Is there another email address where you can receive messages?**

- 1  YES
- 2  NO → GO TO ESD12

**ESD10. Please provide the other email where you can receive messages.**

**OTHER EMAIL:**

FI: CONFIRM SPELLING/ACCURACY OF EMAIL ADDRESS.

**ESD10a. Is this a personal or work email address?**

- 1  PERSONAL/HOME EMAIL
- 2  WORK EMAIL
- 3  OTHER EMAIL

**ESD10b. How frequently do you check this other email address? Would you say...**

- 1  Every day
- 2  A few times per week
- 3  About once a week
- 4  About once a month
- 5  Less often than once a month

**→ GO TO ESD12**

**ESD11A. I'd like to work with you to set up a simple Google email address that we can use to contact you while you are in the panel. This would let us notify you when a new survey is ready to be completed.**

**[IMPLEMENT GMAIL PROTOCOL]**

**a. WAS GMAIL ADDRESS CREATED?**

- 1  YES
- 2  NO

**ESD11b. ENTER GMAIL ADDRESS:  
ESD11c. CONFIRM GMAIL ADDRESS:**

[CHECK ESD11b & c MATCH; ELSE, REQUIRE REENTRY.]

**ESD12. If you happen to move while you are in the panel, would you please give me the names of two close relatives or friends living outside this household who would likely know where you can be reached?**

- 1  YES → GO TO ESD14  
2  NO

FI: ASSURE PM WE WILL CONTACT THESE INDIVIDUALS ONLY IN THE EVENT HE/SHE MOVES AND WE NEED HELP CONTACTING HIM/HER. ALLOW PM TO LOOK UP ADDRESSES AND PHONE NUMBERS.

**ESD13. It is very important that we be able to reach you if your contact information changes while you are in the TCS panel. Would you reconsider and give me the name of a friend or relative outside this household who would know how to reach you?**

- 1  YES, WILL GIVE NAME  
2  NO, WILL NOT GIVE NAME → GO TO CHECK BOX 8

FOR ESD14 PROGRAM EACH ADDRESS ELEMENT AS SINGLE QUESTION. ESD14A = NAME, ESD14B = RELATIONSHIP TO R, ESD14C = STREET ADDRESS, ESD14D = CITY, ESD14E = STATE, ESD14F = ZIP, ESD14G = HOME#, ESD14H = CELL#

**ESD14. FIRST CONTACT PERSON (COLLECT ALL INFO, INCLUDING PHONE. CANNOT LIVE AT SAME ADDRESS AS R):**

- NAME: \_\_\_\_\_  
a. RELATIONSHIP TO R: \_\_\_\_\_  
b. STREET NUMBER: \_\_\_\_\_  
c. STREET NAME: \_\_\_\_\_  
d. APT # \_\_\_\_\_  
e. CITY: \_\_\_\_\_  
f. STATE: \_\_\_\_\_  
g. ZIP: \_\_\_\_\_  
h. HOME #: \_\_\_\_\_  
i. CELL#: \_\_\_\_\_

FOR ESD15 PROGRAM EACH ADDRESS ELEMENT AS SINGLE QUESTION. ESD15A = NAME, ESD15B = RELATIONSHIP TO R, ESD15C = STREET ADDRESS, ESD15D = CITY, ESD15E = STATE, ESD15F = ZIP, ESD15G = HOME#, ESD15H = CELL#

**ESD15. SECOND CONTACT PERSON (COLLECT ALL INFO, INCLUDING PHONE. CANNOT LIVE AT SAME ADDRESS AS R):**

- a. NAME: \_\_\_\_\_  
b. RELATIONSHIP TO R: \_\_\_\_\_  
c. STREET NUMBER: \_\_\_\_\_  
d. STREET NAME \_\_\_\_\_  
e. APT # \_\_\_\_\_



- f. CITY: \_\_\_\_\_
- g. STATE: \_\_\_\_\_
- h. ZIP: \_\_\_\_\_
- i. HOME #: \_\_\_\_\_
- j. CELL#: \_\_\_\_\_

**CHECK BOX 8:**

**If ESD2a = 9 OR (ESD7A = 3 AND ESD11A = 2) GOT TO ESD15AA**

**ELSE PROCEED TO CHECK BOX 9**

**ESD 15AA.** FI: PLEASE REVIEW AND CONFIRM THE PM'S PHONE AND EMAIL INFORMATION. UPDATE AS NEEDED

[DISPLAY BEST PHONE NUMBER]  
[DISPLAY BEST EMAIL ADDRESS]

- 1  Update Best Phone Number → Go to ESD2
- 2  Update Email Address → ESD8
- 3  Refused to provide new information → GO TO CHECK BOX 9
- 4  No updates needed → GO TO CHECK BOX 9

**ESD 15AA1.** ENTER PHONE NUMBER \_\_\_\_\_

Enter 9 for REFUSED

**ESD 15AA2.** ENTER BEST EMAIL ADDRESS: \_\_\_\_\_

**CHECK BOX 9: CREATE 3-DIGIT SURVEY INITIATION CODE FROM BEST INFORMATION (SCREENER OR UPDATED STATUS FROM CHECK BOX 2). EACH DIGIT REPRESENTS STATUS OF A SPECIFIC TOBACCO PRODUCT USE.**

**Digit 1 →Smoker: [0,1,2,9]**  
**Digit 2 →Cigar smoker [0,1,2,9]**  
**Digit 3 →Smokeless user [0,1,2,9]**

**0 = DOES NOT USE PRODUCT**  
**1 = USES PRODUCT EVERY DAY**  
**2 = USES PRODUCT SOME DAYS 9 = DON'T KNOW/REFUSED**

**CHECK BOX 10:**

**IF ESB11b = 1 (PERSONAL DEVICE USE) → GO TO ESD16**

**IF ESB11b = 2 (MAIL MODE) → GO TO ESDEV2**

**IF ESB11b = 3 (STUDY TABLET) → GO TO ESDEV1**

**ESD16. FI: WHAT TYPE OF PERSONAL DEVICE IS PM PLANNING TO USE FOR PANEL?**

- 1  SMART PHONE OR CELL PHONE (e.g., iPhone, Android)
- 2  TABLET COMPUTER (e.g., iPad, iPad Mini, Galaxy, Nexus)
- 3  LAPTOP OR DESKTOP COMPUTER
- 4  OTHER DEVICE (SPECIFY: \_\_\_\_\_)

**ESDEV1: Thank you for answering my questions. Now I'd like to show you how to access the TCS web site. We want to make sure you can log in successfully at home. We'll then have you answer a few final tobacco use questions on your own to complete the enrollment process.**

→ GO TO ESINIT1

**ESDEV2: Thank you for answering my questions. To complete your enrollment process for the TCS panel, I have a few final questions about the tobacco products you currently use.**

→ GO TO ESINIT2

**ESINIT1: WEB BASELINE SURVEY INITIATION STEPS:  
GIVE PM THE PANEL MEMBER INFORMATION SHEET WITH ACCESS CODE (CASE ID) AND SURVEY INITIATION CODE**

**SURVEY INITIATION CODE:**

→ GO TO CHECK BOX 11

**ESINIT2: MAIL BASELINE SURVEY INITIATION STEPS:  
GIVE PM THE PANEL MEMBER INFORMATION SHEET WITH ACCESS CODE (CASE ID) AND SURVEY INITIATION CODE**

**SURVEY INITIATION CODE:**

**ESEND: EXIT AND TRANSMIT IMMEDIATELY**

<b>CHECK BOX 11: OUTPUT VARIABLES TO PASS TO HATTERAS BASELINE MODULE</b>	
- TCS ID	
- BASELINE INITIATION CODE (SURVINIT)	<b>SURVINIT</b>
- MODE: WEB, MAIL	<b>MODE</b>
- EXPERIMENTAL GROUP (FOR INCENTIVE LISTING AT THE END OF THE HATTERAS INSTRUMENTS)	
- WAS PM SCREENING RESPONDENT?	<b>SCREENRESP</b>
- PANEL MEMBER FIRST NAME	<b>ENRNAME</b>
- PANEL MEMBER LAST NAME *** NAME IS NOT BROKEN INTO FIRST & LAST DATA FIELDS	
- PHYSICAL ADDRESS – STREET NUMBER	<b>STNUM</b>
- PHYSICAL ADDRESS – STREET NAME	<b>STNAME</b>
- PHYSICAL ADDRESS – UNIT/APT	<b>UNIT</b>
- PHYSICAL ADDRESS – CITY	<b>CITY</b>
- PHYSICAL ADDRESS – STATE	<b>STATE</b>
- PHYSICAL ADDRESS - ZIP/ STATE/ ZIP	<b>ZIPCODE</b>
- MAILING ADDRESS – STREET NUMBER	<b>MSTNUM</b>
- MAILING ADDRESS – STREET NAME	<b>MSTNAME</b>
- MAILING ADDRESS – UNIT/APT	<b>MUNIT</b>

- MAILING ADDRESS – CITY	MCITY
- MAILING ADDRESS – STATE	MSTATE
- MAILING ADDRESS - ZIP/ STATE/ ZIP	MZIPCODE
- HOME PHONE NUMBER	HOMEPHONE
- WORK PHONE NUMBER	WORKPHONE
- CELL PHONE NUMBER	CELLPHONE
- ALTERNATE CELL PHONE NUMBER	ALTCELLPHONE
- OTHER PHONE	OTHERPHONE
- EMAIL ADDRESS	EMAIL
- ALTERNATE EMAIL ADDRESS	ALTEMAIL

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 10 minutes per response to complete the survey questions. Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to [PRStaff@fda.hhs.gov](mailto:PRStaff@fda.hhs.gov).

# National Panel of Tobacco Consumer Studies Panelist Baseline (PB) Survey

Hatteras Web Platform

OMB Number: 0910-0815

Expiration Date: 06/30/2019

[HATTERAS SURVEY BANNER SHOULD DISPLAY PANEL MEMBER'S UNIQUE CASE ID AND NAME TO VERIFY THE CORRECT SURVEY HAS BEEN ACCESSED.]

**PBINTRO:** Thank you for joining the survey panel for the National Panel of Tobacco Consumer Studies, or TCS. The information you provide will be very important to FDA's research. This first survey will introduce you to some of the features of our web surveys. It will also collect more detailed information about the tobacco products you are currently using. If you have any questions about how to answer a question or need help moving through the survey, please let the interviewer know.

PROGRAMMER: If SURVEY INITIATION CODE is available (passed to the Hatteras instrument), then GO TO PBINIT1A, ELSE PBINIT1B
--

**PBINIT1A:** Your survey initiation code is:

[DISPLAY SURVEY INITIATION CODE] display in bold:

If this code differs from the code given to you by your interviewer, please let him or her know before proceeding.

**1) CODE IS CORRECT, CONTINUE (goto PBINIT2 -- going the name verification ... skipping the next one)**

**2) CODE IS INCORRECT, (goto PBINIT1B – and then going to the name verification)**

**PBINIT1B:** To begin, please enter the 3-digit survey initiation code provided by the interviewer.

SURVEY INITIATION CODE:

If no code is entered, display "Please enter your survey initiation code provided by your interviewer."

**PBINIT2.** Please verify first and last name.

[PROVIDE TEXTBOXES FOR PANEL MEMBER TO ENTER FIRST AND LAST NAMES.]

[FIRST NAME]

[LAST NAME]

\_\_\_\_\_

\_\_\_\_\_

### A. WEB SURVEY TUTORIAL

PROGRAMMER: SKIP TUTORIAL IF BASELINE SURVEY IS BEING FI-ADMINISTERED THROUGH HIS/HER STUDY LOGIN. GO TO SECTION B.

**PBA1.** Now, let's review how to move from one question to another in the web survey. The navigation buttons in the bottom tool bar will help you move through the survey.

- The [NEXT] button at the bottom right side of your screen will allow you to move forward from one question to the next.
- The [PREVIOUS] button at the bottom left side of your screen will let you back up and change an answer to a previous question. You can then click the [NEXT] button to go to the next question you need to answer.
- The LOG OUT button at the top of your screen can be used if you need to exit the survey and finish it at a later time. Any information you have already entered will be saved.

Click the [NEXT] button to continue.

**PBA2.** While you are in the panel, you will be asked different types of survey questions. We have a short 6-question tutorial that will let you practice entering answers to several types of items. Would you like to use the tutorial to practice answering questions, or skip the tutorial?

- <sup>1</sup>  Use the tutorial to answer practice questions
- <sup>2</sup>  Skip the tutorial → GO TO PBBROWSER

Click [NEXT] to continue.

**PBA3.** In a survey, some questions will ask you to pick one answer from a list of answer choices. To pick your answer, simply click the radio button beside your answer choice. The circle will be filled beside the answer you have selected. Once your answer is selected, click [NEXT] to move to the next question. Practice picking an answer for the following question.

Do you like ice cream?

- 1  Yes
- 2  No

**PBA4.** You may also see “Yes” and “No” questions presented in a grid format. This format lets you pick “Yes” or “No” for a list of related items on the same survey screen. In the example question below, practice answering “Yes” or “No” to each answer choice. Click on the correct radio button for each answer choice; then click [NEXT] when done.

**In the past 30 days, have you purchased any of the following items? Answer “Yes” or “No” for each.**

- |  | YES                        | NO                         |
|--|----------------------------|----------------------------|
| a. Ice cream                                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Frozen yogurt or sorbet                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Other frozen desserts (e.g., pies, cakes) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

**PBA5.** Some questions may ask you to select all the answers that apply to you from a list. These questions will have this instruction: “Select all that apply.” You can pick one or more than one answer choice. Simply click the box beside each answer you want to select. If you pick an answer by mistake, just click the box beside that answer again to remove the check mark. Once you have selected all your answers, click [NEXT] to continue. Practice selecting more than one answer to this example question:

**Which of the following ice cream flavors do you like? Select all that apply.**

- 1  Vanilla
- 2  Chocolate
- 3  Strawberry
- 4  Peach
- 5  Cookies & Cream
- 6  None of the above/Do not eat ice cream

**PBA6.** You may also be asked to type your answer rather than pick it from a list. For example, you may be asked to enter a numeric answer—that is, a number or dollar amount—using the number keys on the keypad or keyboard. Use the number keys to answer the following example question. Then click [NEXT] to continue.

**On average, about how many hours of TV do you watch each day?**

\_\_\_\_\_ Hours watch TV (RANGE 0-24)

**PBA7.** Occasionally, you may be asked to pick your answer using drop down lists. For example, you may be asked to pick the month and year something happened using drop down lists. Click the arrow beside the “month” item,

and then click on the month you want to select as your answer. Repeat these steps to select the year.

Practice using drop down boxes to enter your date of birth. Then click [NEXT] to continue.

What is your date of birth? Please select the month, day, and year.

Month (1-12) Day (1-31) Year (1909-1996)

**PBA8.** Finally, some questions may ask you to type a text answer using the alphabetical (letter) keys on the keypad or keyboard. Use the letter keys to answer the practice question below. Then click [NEXT] to continue.

What is your favorite color? Please enter your answer in the space below.

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**PBTUTOREND:** You have reached the end of the practice questions. Please click [NEXT] to continue.

**PBBROWSER:** Please don't click your browser's back button during the survey. Use the navigation buttons at the bottom of the survey instead.

Click [NEXT] to continue.

## **B. TOBACCO USE QUESTIONS**

**PBBINTRO:** Now we'd like to collect more information about the tobacco products you currently use.

Please click [NEXT] to continue.

CHECK BOX 1: BASED ON SURVEY INITIATION CODE

→ R CLASSIFIED AS "EVERY DAY" SMOKER, GO TO PBB1

→ R CLASSIFIED AS "SOME DAY" SMOKER", GO TO PBB2

→ R NOT CLASSIFIED AS "SMOKER" (EVERY DAY, SOME DAYS), GO TO CHECK BOX 2 (CIGARS)

## **CIGARETTES**

PROGRAMMER NOTE: INSERT BANNER—"CIGARETTES"— AT THE TOP OF SCREENS FOR PBB1 THROUGH PBB8.

**PBB1.** Let's begin with cigarettes.

On the average, about how many cigarettes do you now smoke a day?

**Please enter the number of cigarettes below. You can use the chart below, which tells you how many cigarettes are in a pack.**

¼ PACK = 5	1¼ PACKS = 25	2¼ PACKS = 45
½ PACK = 10	1½ PACKS = 30	2½ PACKS = 50
¾ PACK = 15	1¾ PACKS = 35	2¾ PACKS = 55
1 PACK = 20	2 PACKS = 40	3 PACKS = 60

\_\_\_\_\_ **Number of cigarettes (RANGE 1-99)**

**RANGE CHECK: Please enter a number between 1 and 99.**

PROGRAMMER NOTE: ALL RESPONDENTS WHO ANSWERED PBB1 SHOULD SKIP TO PBB4. (PBB2 AND PBB3 ARE FOR NON-DAILY SMOKERS.)

ELSE, IF R LEAVES PBB1 BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- <sup>1</sup>  RETURN TO QUESTION → RETURN TO PBB1  
<sup>-2</sup>  CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBB4

**PBB2. On how many of the past 30 days did you smoke a cigarette?**

\_\_\_\_\_ **Number of days (RANGE 0-30)**

**RANGE CHECK: Please enter a number between 0 and 30.**

PROGRAMMER NOTE: IF R LEAVES PBB2 BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- <sup>1</sup>  RETURN TO QUESTION → RETURN TO PBB2  
<sup>-2</sup>  CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBB3

**PBB3. On the average, on days when you smoked cigarettes during the past 30 days, about how many did you smoke a day?**

**Please enter the number of cigarettes below. You can use the chart below, which tells you how many cigarettes are in a pack.**

¼ PACK = 5	1¼ PACKS = 25	2¼ PACKS = 45
½ PACK = 10	1½ PACKS = 30	2½ PACKS = 50
¾ PACK = 15	1¾ PACKS = 35	2¾ PACKS = 55
1 PACK = 20	2 PACKS = 40	3 PACKS = 60



\_\_\_\_\_ **Number of cigarettes (RANGE 1-99)**

**RANGE CHECK: Please enter a number between 1 and 99.**

PROGRAMMER NOTE: IF R LEAVES PBB3 BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- 1  RETURN TO QUESTION → RETURN TO PBB3  
-2  CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBB4

**PBB4. Do you usually smoke menthol or non-menthol cigarettes?**

- 1  Menthol  
2  Non-Menthol  
3  No usual type

PROGRAMMER NOTE: IF R LEAVES PBB4 BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- 1  RETURN TO QUESTION → RETURN TO PBB4  
-2  CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBB5

**PBB5. How soon after you wake up do you usually have your first cigarette?**

- 1  Within 5 minutes  
2  From 6 to 30 minutes  
3  From more than 30 minutes to 1 hour  
4  After more than 1 hour

PROGRAMMER NOTE: IF R LEAVES PBB5 BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- 1  RETURN TO QUESTION → RETURN TO PBB5  
-2  CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBB6

**PBB6. Are you planning to stop smoking cigarettes within the next 30 days?**

- 1  Yes  
2  No

PROGRAMMER NOTE: IF R LEAVES PBB6 BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- 1  RETURN TO QUESTION → RETURN TO PBB6  
-2  CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO CHECK BOX 2

CHECK BOX 2: BASED ON SURVEY INITIATION CODE:

→ R CLASSIFIED AS "CIGAR SMOKER" (EVERY DAY OR SOME DAYS), GO TO PBB7INTRO

→ R NOT CLASSIFIED AS "CIGAR SMOKER", GO TO CHECK BOX 4 (SMOKELESS)

**REGULAR CIGARS/CIGARILLOS/LITTLE FILTERED CIGARS**

**PBB7INTRO: [IF PBB6 NE BLANK, FILL: The next/ELSE, FILL: These] questions are about regular cigars, cigarillos and little filtered cigars. "Cigarillos" are medium cigars that sometimes are sold with plastic or wooden tips. Some common brands are Black and Mild, Swisher Sweets, Dutch Masters, and Phillies Blunts. Cigarillos are usually sold individually or in packs of 5 or fewer. Little filtered cigars look like cigarettes and are usually brown in color. Like cigarettes, little filtered cigars have a spongy filter and are sold in packs of 20. Some common brands are Prime Time and Winchester.**

PROGRAMMER NOTE: INSERT BANNER—"REGULAR CIGARS/CIGARILLOS/LITTLE FILTERED CIGARS"— AT THE TOP OF SCREENS SHOWING PBB7INTRO THROUGH PBB11.

**PBB7. Have you smoked at least 50 regular cigars, cigarillos, or little filtered cigars in your entire life?**

1  Yes

2  No

CHECK BOX 3: BASED ON SURVEY INITIATION CODE:

→ R CLASSIFIED AS "EVERY DAY" CIGAR SMOKER, GO TO PBB8

→ R CLASSIFIED AS "SOME DAY" CIGAR SMOKER", GO TO PBB9

**PBB8. On the average, about how many regular cigars, cigarillos, or little filtered cigars do you now smoke a day?**

\_\_\_\_ Number of regular cigars, cigarillos, or little filtered cigars (RANGE = 1-99)

**RANGE CHECK: Please enter a number between 1 and 99.**

PROGRAMMER NOTE: ALL RESPONDENTS WHO ANSWERED PBB8 SHOULD SKIP TO PBB10a. (PBB9 AND PBB10 ARE FOR NON-DAILY CIGAR SMOKERS.)

IF R LEAVES PBB8 BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

1  RETURN TO QUESTION → RETURN TO PBB8

-2  CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBB10a

**PBB9. On how many of the past 30 days did you smoke regular cigars, cigarillos, or little filtered cigars?**

\_\_\_\_\_ Number of days (RANGE 0-30)

**RANGE CHECK: Please enter a number between 1 and 30.**

PROGRAMMER NOTE: IF R LEAVES PBB9 BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- 1  RETURN TO QUESTION → RETURN TO PBB9  
-2  CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBB10

**PBB10. On the average, on days when you smoked regular cigars, cigarillos, or little filtered cigars during the past 30 days, about how many did you smoke a day?**

\_\_\_\_\_ Number of regular cigars, cigarillos, or little filtered cigars (RANGE = 1-99)

**RANGE CHECK: Please enter a number between 1 and 99.**

PROGRAMMER NOTE: IF R LEAVES PBB10 BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- 1  RETURN TO QUESTION → RETURN TO PBB10  
-2  CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBB10a

**PBB10a. How soon after you wake up do you usually have your first regular cigar, cigarillo, or little filtered cigar?**

- 1  Within 5 minutes  
2  From 6 to 30 minutes  
3  From more than 30 minutes to 1 hour  
4  After more than 1 hour

PROGRAMMER NOTE: IF R LEAVES PBB10a BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- 1  RETURN TO QUESTION → RETURN TO PBB10a  
-2  CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBB11

**PBB11. Are you planning to stop smoking regular cigars, cigarillos, or little filtered cigars within the next 30 days?**

- 1  Yes  
2  No

PROGRAMMER NOTE: IF R LEAVES PBB11 BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- 1  RETURN TO QUESTION → RETURN TO PBB11

-2  CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO CHECK BOX 4

CHECK BOX 4: BASED ON SURVEY INITIATION CODE:  
→ R CLASSIFIED AS "SMOKELESS USER" (EVERY DAY OR SOME DAYS), GO TO PB12INTRO  
→ R NOT CLASSIFIED AS "SMOKELESS USER", GO TO PBB20INTRO

**SMOKELESS TOBACCO**

**PBB12INTRO: [IF PBB6 OR PBB11 NE BLANK, FILL: Now/ELSE, FILL: First] we'd like to ask you about smokeless tobacco products. Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (snoose), or dissolvable tobacco.**

**Some examples of these product brands are Skoal, Copenhagen, Grizzly, Levi Garrett, and Red Man.**

PROGRAMMER NOTE: INSERT BANNER—"SMOKELESS TOBACCO"— AT THE TOP OF SCREENS SHOWING QUESTIONS PBB12INTRO THROUGH PBB19

**PBB12. Have you used smokeless tobacco at least 20 times in your entire life?**

- 1  YES
- 2  NO

CHECK BOX 5: BASED ON SURVEY INITIATION CODE:  
→ R CLASSIFIED AS "EVERY DAY" SMOKELESS USER, GO TO PBB12a. PBB13 AND PBB14 ARE FOR NON-DAILY SMOKELESS USERS.  
→ R CLASSIFIED AS "SOME DAY" SMOKELESS USER", GO TO PBB13

PBB12a. On the average, about how many times do you now use smokeless tobacco a day?  
\_\_\_\_ Number of times → GO TO PBB15

**PBB13. On how many of the past 30 days did you use smokeless tobacco?**

\_\_\_\_ Number of days (RANGE 0-30)

**RANGE CHECK: Please enter a number between 1 and 30.**

PROGRAMMER NOTE: IF R LEAVES PBB13 BLANK, ASK:  
**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**  
1  RETURN TO QUESTION → RETURN TO PBB13  
-2  CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBB14

**PBB14. On the average, on days when you used smokeless tobacco during the past 30 days, about how many times did you use a day?**

\_\_\_\_ Number of times

PROGRAMMER NOTE: IF R LEAVES PBB14 BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- 1  RETURN TO QUESTION → RETURN TO PBB14  
-2  CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBB15

**PBB15. What brand of smokeless tobacco do you usually use? Please select one.**

- 1  Copenhagen  
2  Skoal  
3  Red Man  
4  Grizzly  
5  Kodiak  
6  Some other brand (Please specify: \_\_\_\_\_)

PROGRAMMER NOTE: IF R LEAVES PBB15 BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- 1  RETURN TO QUESTION → RETURN TO PBB15  
-2  CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBB16

**PBB16. Do you usually use smokeless tobacco that is in a pouch?**

- 1  Yes  
2  No

PROGRAMMER NOTE: IF R LEAVES PBB16 BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- 1  RETURN TO QUESTION → RETURN TO PBB16  
-2  CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBB18

**PBB18. How soon after you wake up do you usually use smokeless tobacco?**

- 1  Within 5 minutes  
2  From 6 to 30 minutes  
3  From more than 30 minutes to 1 hour  
4  After more than 1 hour

PROGRAMMER NOTE: IF R LEAVES PBB18 BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- 1  RETURN TO QUESTION → RETURN TO PBB18  
-2  CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBB19

**PBB19. Are you planning to stop using smokeless tobacco within the next 30 days?**

- 1  Yes  
2  No

PROGRAMMER NOTE: IF R LEAVES PBB19 BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- 1  RETURN TO QUESTION → RETURN TO PBB19  
-2  CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBB20INTRO

### **OTHER TOBACCO PRODUCTS**

**PBB20INTRO: The next questions are about electronic cigarettes or e-cigarettes.**

**You may also know them as vape-pens, hookah-pens, e-hookahs, or e-vaporizers. Some look like cigarettes, and others look like pens or small pipes. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke.**

PROGRAMMER NOTE: INSERT BANNER—"OTHER TOBACCO PRODUCTS"— AT THE TOP OF SCREEN FOR QUESTION PBB20.

**PBB20I1. Have you EVER used an e-cigarette EVEN ONE TIME?**

- 1  Yes  
2  No → GO TO PBB20

**PBB20I2. Do you now use e-cigarettes every day, some days, or not at all?**

- 1  Every day  
2  Some days  
3  Not at all

**PBB20I3. On how many of the past 30 days, did you use e-cigarettes?**

\_\_\_\_ Number of days (RANGE 0-30)

**RANGE CHECK: Please enter a number between 0 and 30.**

**PBB20. Do you now use any of the following tobacco products? Answer "Yes" or "No" for each.**

- |  | YES                        | NO                         |
|--|----------------------------|----------------------------|
| a. Pipe  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Water pipe (or Hookah)  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Other tobacco products not already mentioned (SPECIFY IF YES) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

PROGRAMMER NOTE: IF R LEAVES ANY ITEM IN PBB20 BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

1  RETURN TO QUESTION → RETURN TO PBB20

-2  CONTINUE → CODE BLANK ITEM AS -2 (REFUSED ) AND CONTINUE TO CHECK BOX 6

CHECK BOX 6: BASED ON SURVEY INITIATION CODE:

- IF PARTICIPANT IS CLASSIFIED AS ONLY ONE OF THE FOLLOWING--SMOKER OR CIGAR SMOKER OR SMOKELESS USER → CONTINUE TO PBB21
- IF PARTICIPANT IS CLASSIFIED AS A DUAL OR POLY TOBACCO USER (CLASSIFIED AS AT LEAST 2 OF THE 3 TYPES OF TOBACCO USERS) → GO TO PBB22.

**PBB21. Do you consider yourself a [CHOOSE THE TOBACCO PRODUCT PARTICIPANT IS CLASSIFIED AS USING: **smoker/regular cigar, cigarillo, or little filtered cigar smoker/smokeless tobacco user**]?**

1  Yes

2  No → GO TO PBC1

PROGRAMMER NOTE: IF R LEAVES PBB21 BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

1  RETURN TO QUESTION → RETURN TO PBB21

-2  CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBC1

**PBB22. You said you [CHOOSE WHICH OF THE FOLLOWING 3 PRODUCTS PARTICIPANT IS CLASSIFIED AS USING: **smoke cigarettes/"and" smoke regular cigars, cigarillos, or little filtered cigars/"and" use smokeless tobacco products**]. Do you consider yourself primarily a [CHOOSE WHICH OF THE FOLLOWING 3 PRODUCTS PARTICIPANT IS CLASSIFIED AS USING: **cigarette smoker, regular cigar, cigarillo, or little filtered cigar smoker, or smokeless tobacco user**]? Please select one.**

**[PROGRAMMER: DISPLAY ONLY OPTIONS THAT APPLY TO R, PLUS "NONE OF THESE"]**

1  Cigarette smoker

2  Regular cigar, cigarillo, or little filtered cigar smoker

- 3  Smokeless tobacco user  
 4  None of these

PROGRAMMER NOTE: IF R LEAVES PBB22 BLANK, ASK:  
**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- 1  RETURN TO QUESTION → RETURN TO PBB22  
 -2  CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBC1

### C. COMPUTER METHODOLOGY QUESTIONS

**PBC1. The last questions are about your use of computers. In the past 30 days, have you used any of the following computing devices? Please include devices you may have used at home, work, school, or a library. Answer "Yes" or "No" for each.**

- |  | YES                        | NO                         |
|--|----------------------------|----------------------------|
| a. Smart Phone or Cell Phone (Examples: iPhone or Android) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Tablet (Examples: iPad, iPad Mini, Galaxy, Nexus)       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. E-Reader (Examples: Kindle or Nook)                     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Laptop or Desktop Computer                              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

PROGRAMMER NOTE: IF R LEAVES ANY ITEM IN PBC1 BLANK, ASK:  
**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- 1  RETURN TO QUESTION → RETURN TO PBC1  
 -2  CONTINUE → CODE BLANK ITEM AS -2 (REFUSED ) AND CONTINUE TO CHECK BOX 7

CHECK BOX 7: IF "NO" TO ALL IN PBC1 (items a-d) → GO TO PBC6. ELSE, CONTINUE.

**PBC2. In the past 30 days, how often did you use a computing device, such as a computer, tablet, e-reader or a smart phone? Would you say...**

- 1  Every day  
 2  A few times per week  
 3  Once a week → GO TO PBC4  
 4  Once a month → GO TO PBC4  
 5  Never → GO TO PBC4

**PBC3. On an average day, how many hours do you use a computing device, such as a computer, tablet, e-reader, or smart phone? Would you say...**



- 1  Less than 1 hour per day
- 2  Between 1-5 hours per day
- 3  Between 5-8 hours per day
- 4  More than 8 hours per day

PROGRAMMER NOTE: IF R LEAVES PBC3 BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- 1  RETURN TO QUESTION → RETURN TO PBC3
- 2  CONTINUE→ CODE AS -2 (REFUSED ) AND CONTINUE TO PBC4

**PBC4. The next question is about your use of Apps. An App is a small specialized program downloaded onto a mobile device. Apps may be used to do things like play games or music, go to social media sites like Twitter or Facebook, or get directions.**

**In the past 30 days, how often have you used Apps? Would you say...**

- 1  Every day
- 2  A few times per week
- 3  Once a week
- 4  Once a month
- 5  Never → GO TO PBC6

**PBC5. Do you use Apps to...(Answer "Yes" or "No" for each.)**

- |                                   | YES   | NO                         |
|-----------------------------------|---|----------------------------|
| a. Download or play music files   | 1 <input type="checkbox"/>                            | 2 <input type="checkbox"/> |
| b. Play games                     | 1 <input type="checkbox"/>                            | 2 <input type="checkbox"/> |
| c. Check the weather              | 1 <input type="checkbox"/>                            | 2 <input type="checkbox"/> |
| d. Get news                       | 1 <input type="checkbox"/>                            | 2 <input type="checkbox"/> |
| e. Send or receive email          | 1 <input type="checkbox"/>                            | 2 <input type="checkbox"/> |
| f. Access social networking sites | 1 <input type="checkbox"/>                            | 2 <input type="checkbox"/> |
| g. Watch a movie                  | 1 <input type="checkbox"/>                            | 2 <input type="checkbox"/> |
| h. Use online classified ads      | 1 <input type="checkbox"/>                            | 2 <input type="checkbox"/> |
| i. Make a phone or video call     | 1 <input type="checkbox"/>                            | 2 <input type="checkbox"/> |
| j. Shop online                    | 1 <input type="checkbox"/>                            | 2 <input type="checkbox"/> |
| k. Get directions or maps         | 1 <input type="checkbox"/>                            | 2 <input type="checkbox"/> |
| l. Other                          | 1 <input type="checkbox"/> 2 <input type="checkbox"/> |                            |

**PBC6. How comfortable do you feel using a computer? Would you say...**

- 1  Very comfortable
- 2  Comfortable
- 3  Uncomfortable
- 4  Very uncomfortable

PROGRAMMER NOTE: IF R LEAVES PBC6 BLANK, ASK:  
**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- 1  RETURN TO QUESTION → RETURN TO PBC6  
-2  CONTINUE → CODE AS -2 (REFUSED ) AND CONTINUE TO PB\_END

**PBEND: So that we can confirm we have an active email address on file for you, please enter your best email address in the blank below. Once you enter your address and complete this survey, you will receive a confirmation email from tcs@rti.org to verify your email address and provide the link to the panel website for future surveys. We recommend that you keep this email for future reference.**

**[Collect 1 email address – with checks for acceptable email address]**

- 1  **No email address**

PROGRAMMER NOTE: IF R LEAVES PBEND BLANK, ASK:

**Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.**

- 1 RETURN TO QUESTION RETURN TO PBEND  
-2 CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PB\_END2

**PBEND2: Thank you for completing this first survey. Again, we look forward to your participation in the TCS survey panel.**

**As a reminder, RTI International may send you one or more messages in approximately one week, thanking you for your participation in the panel. This could take the form of a brief email, text message, and/or automated phone call. This message will also serve as a confirmation that all information collected during your enrollment was entered correctly. If you have any questions, please feel free to visit the TCS panel website (<https://tcs.rti.org>), call our project helpline (1-800-613-0326), or send an email to [tcs@rti.org](mailto:tcs@rti.org).**

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 10 minutes per response to complete the survey questions. Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to [PRStaff@fda.hhs.gov](mailto:PRStaff@fda.hhs.gov).