ATTACHMENT 1.
QUESTIONNAIRES: ENGLISH-LANGUAGE VERSIONS

Food and Drug Administration
Center for Tobacco Products

TCS
National Panel of
Tobacco Consumer Studies

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.

1. 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

2. Does anyone 18 years of age or older living at this address now smoke <u>cigarettes?</u>

☐₁ Yes
☐₂ No

3. Does anyone 18 years of age or older living at this address now smoke <u>regular cigars, cigarillos, or little filtered cigars?</u> "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

4. Does anyone 18 years of age or older living at this address now use <u>smokeless tobacco products?</u> 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

5. 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 (0212926.017.000.006)
5265 Capital Boulevard
Raleigh, NC 27690-1653

FORM ID

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

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

A. INTRODUCTION
  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). We mailed a letter to your household prior to my visit.

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

B. ADDRESS VERIFICATION

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 <u>separate apartment with a separate entrance</u>?

1 ☐ YES
2 ☐ NO → GO TO SCCINTRO

SCB5. Do the occupants of the other living quarters <u>live and eat separately</u> from the residents of this household? (PROBE IF NEEDED: In other words, do the occupants <u>live on their own</u> 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 <u>direct access</u> 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 & UNIT/APARTMENT #:_____
   LQ 2 STREET NUMBER:_____ STREET NAME & UNIT/APARTMENT #:_____
   LQ 3 STREET NUMBER:_____ STREET NAME & UNIT/APARTMENT #:_____
   LQ 4 STREET NUMBER:_____ STREET NAME & UNIT/APARTMENT #:_____

   [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

C. 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, <u>including yourself</u>, how many adults 18 years of age or older are living or staying at <u>this</u> 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)

CHECK BOX 1:
IF ROSTER CONTAINS ONLY 1 ADULT→ GO TO CHECK BOX 2.
IF ROSTER CONTAINS 2 OR MORE ADULTS→ CONTINUE

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
- -2 ☐ REFUSED

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

5

_____ 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
-1 ☐ DON'T KNOW
-2 ☐ REFUSED

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 [NAME]…[READ LIST]?

1 ☐ Married or living with a partner
2 ☐ Widowed
3 ☐ Divorced
4 ☐ Separated
5 ☐ Never married
-1 ☐ DON'T KNOW
-2 ☐ REFUSED

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)
-1 ☐ DON'T KNOW
-2 ☐ REFUSED

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

1 ☐ YES
2 ☐ NO
-1 ☐ DON'T KNOW
-2 ☐ REFUSED

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

1 ☐ YES
2 ☐ NO
-2 ☐ REFUSED

SCC13. What is (IF LOOP 1, FILL "your", ELSE IF SCC6 = 1, FILL: his/IF SCC6 = 2, FILL her)/IF SCC6 = -2, FILL [NAME's] 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
-2 ☐ REFUSED

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". ELSE IF SCC6 = -2, FILL: "his/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)
⁻¹ ☐ DON'T KNOW
⁻² ☐ REFUSED

D. 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 and "he/she uses" if REF) them.

The first question is about cigarettes.

SCD1. [ASK ONLY OF SCREENING R (LOOP 1)]: Have you smoked at least 100 <u>cigarettes</u> 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 <u>cigarettes</u> 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 <u>regular cigars, cigarillos, or little filtered cigars</u> 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 <u>smokeless tobacco</u> 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. HOUSEHOLD MEMBERS AGE 17 AND YOUNGER)

E. CHILDREN/YOUTH AGE 17 AND YOUNGER

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 <u>13 and 17</u> who spend more than half of their time living in this household?

- ¹ ☐ YES
- ² ☐ NO   → GO TO SCE6

-1 ☐ DON'T KNOW → GO TO SCE6
-2 ☐ REFUSED → 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)**

NODK

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

1 ☐ YES
2 ☐ NO → GO TO SCE8
-1 ☐ DON'T KNOW → GO TO SCE8
-2 ☐ REFUSED → 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

NODK

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

SCE8. What was the total <u>combined</u> 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)

F. 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**

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.

[1]   NAME CORRECT AS IS   → GO TO CHECK BOX 11

[2]   UPDATE NAME

[3]   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: Based on the information you provided, there are no eligible household members at this address.]

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 ENROLLMENT 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.**

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   ☐   ENGLISH
     2   ☐   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.

Do you live here fulltime? (Half or more than half time in this household)

[DISPLAY SAMPLED ADDRESS]

1 ☐ YES
2 ☐ NO → GO TO CHECK BOX 3
-1 ☐ DON'T KNOW→ GO TO CHECK BOX 3
-2 ☐ REFUSED→ 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
-1 ☐ DON'T KNOW→ GO TO CHECK BOX 3
-2 ☐ REFUSED→ GO TO CHECK BOX 3

ESA2a. 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 → Go TO CHECK BOX 3
2 ☐ NO
-1 ☐ DON'T KNOW → GO TO CHECK BOX 3
-2 ☐ REFUSED → GO TO CHECK BOX 3

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

ESA3. Have you smoked at least 100 <u>cigarettes</u> 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 <u>cigarettes</u> 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 <u>regular cigars, cigarillos, or little filtered cigars</u> 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 (snoose), or dissolvable tobacco. Some examples of these product brands are Skoal, Copenhagen, Grizzly, Levi Garrett, or Red Man.

ESA6. Do you now use <u>smokeless tobacco</u> 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 (ESA2a = 2) 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 OR -1 OR -2 (DOES NOT LIVE AT ADDRESS FULLTIME), GO TO ESAALT1
➔IF ESA2 = 2 OR -1 OR -2 (NOT AGE 18+) OR ESA2a = 1 OR -1 OR -2 (IS ACTIVE DUTY
MILITARY), 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 OR -1 OR -2 (DOES NOT LIVE AT ADDRESS FULLTIME), GO TO ESAEXT1
➔IF ESA2 = 2 OR -1 OR -2 (NOT AGE 18+) OR ESA2a = 1 OR -1 OR -2 (IS ACTIVE DUTY
MILITARY), 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 fulltime, 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. According to the information you
provided, 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]

[EXIT SURVEY – ASSIGN PENDING CODE 1327 – INELIGIBLE, ACTIVE DUTY]

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 fulltime, 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]?

- [1] ☐ YES → FLAG PRIMARY SAMPLED ADULT AS 1323 INELIGIBLE – DOES NOT RESIDE AT SAMPLE. RETURN TO ESINTRO AND LOOP THROUGH SECTION A FOR ALTERNATE ADULT.
- [2] ☐ NO → BREAKOFF AND SCHEDULE RETURN VISIT [ASSIGN PENDING CODE 1323 INELIGIBLE – DOES NOT RESIDE AT SAMPLE]

ESAALT2: These are all the questions I have. According to the information you provided, 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]?

- [1] ☐ YES → FLAG PRIMARY SAMPLED ADULT AS 1321 INELIGIBLE – 17 YEARS OF AGE OR YOUNGER or 1327 – INELIGIBLE, ACTIVE DUTY. RETURN TO ESINTRO AND LOOP THROUGH SECTION A FOR ALTERNATE ADULT.
- [2] ☐ NO → BREAKOFF AND SCHEDULE RETURN VISIT [ASSIGN PENDING CODE 1321 INELIGIBLE – 17 YEARS OF AGE OR YOUNGER or 1327 – INELIGIBLE, ACTIVE DUTY]

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]?

¹ ☐ 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.

² ☐ 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?

¹ ☐ YES   → ENABLE CARI
² ☐ 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?

¹ ☐ YES
² ☐ NO → GO TO ESB3

ESB2. Which of the following do you use to connect to the internet <u>from home</u>? 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 <u>regularly</u> 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 <u>usually</u> 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 2-3 short 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 ESB1 = 1 OR ESB3 = 1 OR ESB5 = 1 OR ESB7 = 1, FILL: We expect most panel members will be able to participate in the short surveys online, that is via the web. 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 ESB1 =1 OR ESB3 = 1 OR ESB5 = 1 OR ESB7 =1, GO TO ESB9CHK. ELSE, GO TO ESB9CHK2.

ESB9CHK: FI: ENCOURAGE WEB PARTICIPATION (E.G., 2-3 SHORT SURVEYS/YEAR, SECURE TCS WEBSITE, DATA ENCRYPTED WHEN SENT TO RTI, EASY TO LOGIN/COMPLETE SURVEYS ONLINE). ENTER "1" IF R SAYS WEB PARTICIPATION IS CONVENIENT. ELSE, ENTER "2".

¹ ☐   WEB MODE IS CONVENIENT FOR R → GO TO ESB10
² ☐   WEB MODE IS <u>NOT</u> CONVENIENT FOR R → GO TO ESB9CHK2

ESB9CHK2: Because our goal is to enroll as many people as possible to complete the panel surveys online, there may be another way you can take part. A small number of panel members may be eligible for the loan of a tablet computer while they are in the panel. The tablet loan may make it more convenient to complete the short panel surveys on the study website. Is this something you might be interested in?

¹ ☐   YES, TABLET LOAN WOULD ENABLE R'S WEB PARTICIPATION → GO TO ESBEXT2
² ☐   NO, TABLET LOAN IS NOT A VIABLE OPTION FOR R → GO TO CHECK BOX 4

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

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

ESBEXT2: We would really like you to join the TCS panel. [IF ESB9CHK2 = 1, FILL: I will talk to my supervisor to see if you may be eligible for the loan of a tablet computer while you are in the panel or if there is another way for you to participate. ELSE, FILL: 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} ☐ WEB NOT CONVENIENT (E.G., 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 ESB14
2	☐	MAIL SURVEY	→ GO TO ESB14
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

-1 ☐ DON'T KNOW
-2 ☐ REFUSED

> **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]
   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]

   SELECT ITEMS TO UPDATE:

   1 ☐   GENDER
   2 ☐   AGE
   4 ☐   MARITAL STATUS
   5 ☐   HIGHEST SCHOOL GRADE/YEAR
   6 ☐   WORK FOR PAY IN PAST 30 DAYS
   7 ☐   HISPANIC ORIGIN
   8 ☐   RACE
   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?

   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 are eligible to participate in the panel. Can you confirm which of the following age categories you belong to?

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

ESC6. Are you currently…[READ LIST]?

1 ☐ Married or living with a partner,
2 ☐ Widowed,
3 ☐ Divorced,
4 ☐ Separated, or
5 ☐ Never married?
-1 ☐ DON'T KNOW
-2 ☐ REFUSED

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)

-1 ☐ DON'T KNOW
-2 ☐ REFUSED

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

1 ☐ YES
2 ☐ NO
-1 ☐ DON'T KNOW

-2 ☐ REFUSED

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 FIELD SCREENER (SCC6), if alternate then GENDER (Male=Latino/Female=Latina) from FIELD SCREENER (SCC6), or of Spanish origin?

1 ☐ YES
2 ☐ NO
-2 ☐ REFUSED

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?
-2 ☐ REFUSED

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 <u>past 12 months</u> was less than $30,000 or $30,000 or more?

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

ESC14. In what month and year were you born?

A. MONTH   B. YEAR

-1 ☐ DON'T KNOW
-2 ☐ REFUSED

DISCONTINUE CARI RECORDING.

D.   <u>CONTACT AND TRACKING QUESTIONS</u>

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 <u>best</u> 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]?

    ☐   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 #:
    e. NONE

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 <u>best</u> 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 <u>living outside this household</u> 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):

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

FI: ENTER 99999 for REFUSED.

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): IS THERE A SECOND CONTACT
PERSON?**

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

FI: ENTER 99999 for REFUSED.

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). RECORD SURVEY INITIATION CODE ON CASE FOLDER LABEL.

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). RECORD SURVEY INITIATION CODE ON CASE FOLDER LABEL.

SURVEY INITIATION CODE: ☐ ☐ ☐

ESEND: EXIT AND TRANSMIT IMMEDIATELY

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

PBINTIT1A: 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?

¹ ☐   Use the tutorial to answer practice questions
² ☐   Skip the tutorial → GO TO **PBBROWSER**

Click [NEXT] to continue.

PBA3. In a survey, some questions will ask you to <u>pick one answer</u> 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 <u>grid format</u>. 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 ☐	2 ☐
b.	Frozen yogurt or sorbet	1 ☐	2 ☐
c.	Other frozen desserts (e.g., pies, cakes)	1 ☐	2 ☐

PBA5. Some questions may ask you to <u>select all the answers that apply</u> 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 <u>each answer</u> 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 <u>numeric answer</u>—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 <u>drop down lists</u>. 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 <u>text answer</u> 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.

_____

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 <u>cigarettes</u> do you now smoke a day?

Please enter the number of <u>cigarettes</u> 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.
1	☐	RETURN TO QUESTION → RETURN TO PBB1
-2	☐	CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBB4

PBB2. On how many of the <u>past 30 days</u> did you smoke a <u>cigarette</u>?

_____ Number of days (RANGE 0-30)

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

PROGRAMMER NOTE: IF PBB2 = 0, GO TO PBB4. 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.
1	☐	RETURN TO QUESTION → RETURN TO PBB2
-2	☐	CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBB3

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

Please enter the number of <u>cigarettes</u> 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 <u>regular cigars, cigarillos, or little filtered cigars</u> 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 <u>past 30 days</u> did you smoke regular cigars, cigarillos, or little filtered cigars?

7

_____ Number of days (RANGE 0-30)

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

PROGRAMMER NOTE: IF PBB9 = 0, GO TO PBB10a. 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 <u>past 30 days</u>, 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 (RANGE 0-99) → 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 0 and 30.

> PROGRAMMER NOTE: IF PBB13 = 0, GO TO PBB15. 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 <u>past 30 days</u>, about how many times did you use a day?

_____ Number of times (RANGE 0-99)

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 <u>usually</u> 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 <u>pouch</u>?

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 <u>past 30 days</u> did you use e-cigarettes?

_____ Number of days (RANGE 0-30)

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

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

		YES	NO
a.	Pipe	¹☐	²☐
b.	Water pipe (or Hookah)	¹☐	²☐
c.	Other tobacco products not already mentioned (SPECIFY IF YES)	¹☐	²☐

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 <u>ONE</u> 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].**

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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 <u>past 30 days</u>, 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☐	2☐
b.	Tablet (Examples: iPad, iPad Mini, Galaxy, Nexus)	1☐	2☐
c.	E-Reader (Examples: Kindle or Nook)	1☐	2☐
d.	Laptop or Desktop Computer	1☐	2☐

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 <u>past 30 days</u>, 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 <u>past 30 days</u>, 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

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

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

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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**

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.

NATIONAL PANEL OF TOBACCO CONSUMER STUDIES
INTERVIEWER OBSERVATION (IO) SURVEY
RTI_Mobile Platform
OMB Number: 0910-0815
Expiration Date: 06/30/2019

MODULE 1: POST-ENROLLMENT ITEMS

INTERVIEWER: COMPLETE FOR EACH PM AFTER HIS/HER ENROLLMENT <u>AND</u> BASELINE SURVEYS COMPLETED. ANSWER QUESTIONS AFTER LEAVING PM'S HOME.

IOA. DID PM CONSENT TO PARTICIPATE VIA WEB OR MAIL?

- 1 ☐ WEB → GO TO IOC
- 2 ☐ MAIL

IOB. WHAT IS THE <u>MAIN</u> REASON MAIL MODE WAS OFFERED TO THE PM?

- 1 ☐ REFUSED WEB MODE, REQUESTED TO PARTICIPATE VIA MAIL
- 2 ☐ NO PERSONAL DEVICE/INTERNET, STUDY-PROVIDED TABLET NOT OFFERED
- 3 ☐ NO PERSONAL DEVICE/INTERNET, STUDY-PROVIDED TABLET REFUSED
- 4 ☐ OTHER (SPECIFY): _____ (500 chars)

   ALL → GO TO IO4

IOC. IS PM USING A PERSONAL DEVICE OR A STUDY-PROVIDED TABLET FOR THE PANEL?

- 1 ☐ PERSONAL DEVICE (INCLUDES HH DEVICE)
- 2 ☐ STUDY-PROVIDED TABLET

IOD. DID YOU CONFIRM WITH THE PM THAT THEY RECEIVED THE AUTOMATED EMAIL FROM THE BASELINE SURVEY?

- 1 ☐ YES
- 2 ☐ NO, (SPECIFY: _____) (500 chars) → GO TO CHECK BOX 1
- 3 ☐ NOT SURE/UNABLE TO VERIFY RECEIPT OF MESSAGE → GO TO CHECK BOX 1

IOE. WAS THE PM ABLE TO ACCESS THE PANEL WEBSITE VIA THE LINK IN THE EMAIL?

- 1 ☐ YES
- 2 ☐ NO, (SPECIFY:_____) (500 chars)
- 3 ☐ NOT SURE/UNABLE TO VERIFY USE OF EMAIL LINK

CHECK BOX 1: IF IOC = 2 (STUDY-PROVIDED TABLET), ASK IOF; ELSE GO TO IOG.

IOF. **WHAT PROBLEMS, IF ANY, DID YOU HAVE SETTING UP THE STUDY-PROVIDED TABLET FOR THE PM? (DO NOT INCLUDE TCS WEBSITE OR BASELINE SURVEY ACCESS ISSUES.) SELECT ALL THAT APPLY.**

1. ☐ PROBLEMS ACCESSING THE INTERNET
2. ☐ UNRESOLVABLE TABLET MALFUNCTION – NEEDED REPLACEMENT
3. ☐ DIFFICULTY SETTING UP GMAIL ACCOUNT FOR PM
4. ☐ NON-PANEL RELATED TECHNICAL ISSUES (I.E. SCREEN RESOLUTION ISSUES, BATTERY ISSUES, PROBLEMS WITH GENERAL TABLET FUNCTIONALITY)
5. ☐ OTHER (SPECIFY): _____ (500 chars)
6. ☐ NO PROBLEMS

IOG. **DID PM HAVE PROBLEMS ACCESSING THE SURVEY WEBSITE OR BASELINE SURVEY?**

1. ☐ YES
2. ☐ NO → GO TO IO1

IOH. **WHAT KIND OF PROBLEMS DID THE PM HAVE ACCESSING THE SURVEY WEBSITE OR BASELINE SURVEY? SELECT ALL THAT APPLY.**

1. ☐ POOR/NO INTERNET CONNECTION
2. ☐ INCOMPATIBLE BROWSER (E.G., OLD VERSION OF INTERNET EXPLORER, CHROME, FIREFOX)
3. ☐ PROBLEMS WITH USERNAME OR PASSWORD
4. ☐ PROBLEMS CREATING NEW PASSWORD
5. ☐ PROBLEMS ANSWERING SECURITY QUESTIONS
6. ☐ OTHER (SPECIFY): _____ (500 chars)

IOI. **WHAT STEPS DID YOU TAKE TO HELP ADDRESS THESE ACCESS ISSUES? SELECT ALL THAT APPLY.**

1. ☐ CALLED FS/RS FOR ASSISTANCE
2. ☐ CALLED RTI TECH SUPPORT FOR ASSISTANCE
3. ☐ REFERRED TO PROJECT JOB AID/MANUAL
4. ☐ PM UPDATED/INSTALLED NEW BROWSER
5. ☐ PM CONSULTED THEIR INTERNET SERVICE PROVIDER FOR ASSISTANCE
6. ☐ OTHER (SPECIFY): _____ (500 chars)

IO1. **WHAT LEVEL OF ASSISTANCE DID YOU PROVIDE THE PM <u>DURING HIS/HER BASELINE SURVEY</u>?**

1. ☐ PM COMPLETED SURVEY WITH NO ASSISTANCE FROM ME → GO TO IO3
2. ☐ PM COMPLETED SURVEY, BUT NEEDED ASSISTANCE ON A FEW SCREENS → GO TO IO2
3. ☐ PM COMPLETED SURVEY, BUT NEEDED ASSISTANCE ON MANY SCREENS → GO TO IO2
4. ☐ I ADMINISTERED THE SURVEY TO PM → GO TO IO1A
5. ☐ I WAS UNABLE TO OBSERVE PM'S WEB SURVEY COMPLETION → GO TO IO3

IO1a. **DID YOU ADMINISTER THE BASELINE INTERVIEW ON YOUR PROJECT TABLET OR ON A PAPER VERSION OF THE QUESTIONNAIRE?**

1 ☐ ON MY PROJECT TABLET → GO TO IO1C
2 ☐ ON A PAPER VERSION OF THE QUESTIONNAIRE

IO1b. **WHY DID YOU ADMINISTER THE BASELINE INTERVIEW ON A PAPER VERSION OF THE QUESTIONNAIRE?**

1 ☐ THE INTERNET IN THE HOME WAS TEMPORARILY NOT WORKING, I COULD NOT ACCESS THE INTERNET ON MY TABLET
2 ☐ THERE WAS NO INTERNET IN THE HOME, AND I COULD NOT ACCESS THE INTERNET
3 ☐ OTHER (SPECIFY): _____ (500 chars)

101c. **WHY DID YOU ADMINISTER THE BASELINE SURVEY TO THE PM?**

1 ☐ PM VISION/PHYSICAL ISSUES, UNABLE TO SEE WEB SCREENS
2 ☐ TEMPORARY INTERNET OUTAGE – PM UNABLE TO USE PERSONAL DEVICE
3 ☐ PM DID NOT HAVE ACCESS TO PERSONAL DEVICE (I.E., BEING REPAIRED OR USED BY OTHER HH MEMBER)
4 ☐ PM'S DEVICE WAS IN REMOTE AREA OF HOME, FI COULD NOT ACCOMPANY PM OR STAY UNATTENDED IN HOME
5 ☐ OTHER (SPECIFY:_____) (500 chars)

IO2. **WHAT TYPE OF ASSISTANCE DID YOU PROVIDE THE PM DURING THE BASELINE SURVEY?** (SELECT ALL THAT APPLY.)

1 ☐ HELPED PM ENTER ONE OR MORE ANSWERS
2 ☐ HELPED PM MOVE TO NEXT SCREEN/QUESTION
3 ☐ HELPED PM BACK UP TO PREVIOUS SCREEN/QUESTION
4 ☐ HELPED PM RESUME SURVEY AFTER BREAKOFF/TIME-OUT
5 ☐ HELPED PM WITH TECH ISSUES (E.G., SCREEN BRIGHTNESS, CONTRAST, FONT)
6 ☐ ANSWERED QUESTIONS ABOUT A PARTICULAR SURVEY ITEM
7 ☐ OTHER (SPECIFY:_____) (500 chars)

IO3. **OVERALL, WHAT IS YOUR OPINION OF THE PM'S COMFORT LEVEL WITH COMPUTERS/THE INTERNET?**
1 ☐ VERY COMFORTABLE
2 ☐ COMFORTABLE
3 ☐ SOMEWHAT COMFORTABLE
4 ☐ SOMEWHAT UNCOMFORTABLE
5 ☐ UNCOMFORTABLE
6 ☐ VERY UNCOMFORTABLE

IO3A. **DO YOU THINK THE PM WILL NEED TECHNICAL OR OTHER SUPPORT TO SUCCESSFULLY COMPLETE FUTURE TCS SURVEYS?**

1 ☐ YES
2 ☐ NO   → GO TO IO4
3 ☐ NOT SURE   → GO TO IO4

IO3B. WHAT TYPE OF SUPPORT MIGHT THE PM NEED? SELECT ALL THAT APPLY.

1 ☐ INSTRUCTION ON ACCESSING PANEL WEBSITE
2 ☐ PASSWORD ISSUES/ASSISTANCE IN LOGGING INTO PANEL SURVEYS
3 ☐ GENERAL PANEL-RELATED TECH SUPPORT (I.E., TIMING OUT, NAVIGATING WITHIN SURVEYS, PANEL EMAIL RECEIPT ISSUES)
4 ☐ GENERAL NON-PANEL RELATED TECH SUPPORT (I.E., PROBLEMS WITH PERSONAL DEVICE OR STUDY-PROVIDED TABLET, WEB BROWSERS)
5 ☐ NON-TECHNICAL SUPPORT (GENERAL QUESTIONS ABOUT PANEL, SURVEYS, INCENTIVES)
6 ☐ OTHER (SPECIFY:_____) (500 chars)

IO4. HOW EASY OR DIFFICULT WAS IT TO RECRUIT THE PM TO PARTICIPATE IN THE PANEL?

1 ☐ EXTREMELY EASY → **GO TO IO6**
2 ☐ MODERATELY EASY → **GO TO IO6**
3 ☐ NEITHER EASY NOR DIFFICULT → **GO TO IO6**
4 ☐ MODERATELY DIFFICULT
5 ☐ EXTREMELY DIFFICULT

IO5. WHAT WAS THE <u>MAIN REASON</u> FOR THE PM'S RESISTANCE?

1 ☐ LACK OF INTEREST
2 ☐ LACK OF TIME
3 ☐ FEAR OF A SCAM
4 ☐ PRIVACY / CONFIDENTIALITY CONCERNS
5 ☐ CONCERN ABOUT PANEL BURDEN/COMMITMENT
6 ☐ DISLIKE OF THE SURVEY SPONSOR
7 ☐ DISLIKE OF THE SURVEY TOPICS/PANEL FOCUS
8 ☐ OTHER (SPECIFY:_____) (500 chars)

IO6. WHY DO YOU THINK THE PM AGREED TO PARTICIPATE IN THE PANEL? SELECT ALL THAT APPLY.

1 ☐ GENERAL INTEREST/BELIEF IN IMPORTANCE OF PANEL TOPICS
2 ☐ MONETARY INCENTIVE
3 ☐ TO GAIN USE OF STUDY-PROVIDED TABLET
4 ☐ UNSURE/UNKNOWN REASON
5 ☐ OTHER (SPECIFY:_____) (500 chars)

IO7. HOW LIKELY IS IT THAT THE PM WILL STAY IN THE PANEL?

1 ☐ VERY LIKELY → **EXIT SURVEY**
2 ☐ LIKELY → **EXIT SURVEY**
3 ☐ SOMEWHAT LIKELY → **EXIT SURVEY**
4 ☐ SOMEWHAT UNLIKELY
5 ☐ UNLIKELY
6 ☐ VERY UNLIKELY

IO8. WHAT IS THE <u>MAIN REASON</u> YOU FEEL THIS WAY? SELECT ONLY ONE RESPONSE.

1 ☐ PM HESITANT ABOUT PARTICIPATING FOR FULL PANEL PERIOD
2 ☐ PM NOT MOTIVATED BY INCENTIVE/INCENTIVE NOT SUFFICIENT
3 ☐ PM DISINTERESTED IN PANEL OBJECTIVE/STUDY TOPICS
4 ☐ GENERAL PANEL BURDEN (NUMBER OF SURVEYS)
5 ☐ WEB MODE MAY BE BURDENSOME FOR PM
6 ☐ MAIL MODE MAY BE BURDENSOME FOR PM
7 ☐ OTHER (SPECIFY:_____) (500 chars)

INTERVIEWER: THIS IS THE END OF MODULE 1. EXIT SURVEY. MODULE 2 IS TO BE COMPLETED WITH TABLET-LOANED PMs 1 WEEK AFTER ENROLLMENT.

CHECKBOX 2: IF PANEL MEMBER ENROLLED FOR WEB OR MAIL MODE (IOA = 2 OR IOC = 1), EXIT SURVEY AND ASSIGN FINAL CODE 2690. ELSE, IF TABLET PANELIST (IOC = 2), EXIT SURVEY AND ASSIGN PENDING CODE 1692 FOR MODULE 1 COMPLETION.

MODULE 2: FOLLOW-UP CONTACT WITH TABLET-LOANED PANELIST

INTRO: (ONCE PM ON THE PHONE, SAY): Hello, this is [NAME]. I'm calling to thank you for your recent enrollment in the survey panel for the National Panel of Tobacco Consumer Studies (TCS). I also want to answer any questions you may have about the tablet computer that was loaned to you or about the survey panel itself.

IOFU1. In the past week, that is, since you received the tablet, have you used it? (PROBE TO SEE IF PM TURNED IT ON, TRIED TO ACCESS INTERNET, ETC.)

1 ☐ YES
2 ☐ NO → GO TO IOFU3

IOFU2. Have you used it to log in to the panel website or check for panel email?

1 ☐ YES
2 ☐ NO

IOFU3. Do you have any questions about the tablet computer or the survey panel?

1 ☐ YES
2 ☐ NO → GO TO EXIT SCRIPT

IOFU4. What questions do you have? (RESPOND TO QUESTIONS; DOCUMENT THEM BELOW.)

1 ☐ PM ASKED FOR INSTRUCTION ON ACCESSING PANEL WEBSITE
2 ☐ PM HAD PASSWORD ISSUES/NEEDED ASSISTANCE LOGGING INTO WEBSITE
3 ☐ PM NEEDED GENERAL PANEL-RELATED TECH SUPPORT (I.E., TIMING OUT, NAVIGATING, PANEL EMAIL RECEIPT ISSUES)
4 ☐ PM NEEDED GENERAL TABLET TECH SUPPORT (I.E., TURNING ON/CHARGING TABLET, SETTING VOLUME/BRIGHTNESS, GETTING TO WEB BROWSERS)
5 ☐ PM NEEDED NON-TECHNICAL SUPPORT (GENERAL QUESTIONS ABOUT PANEL, SURVEYS, INCENTIVES)
6 ☐ OTHER (SPECIFY: _____) (500 chars)

EXIT SCRIPT: Thank you for answering my questions. As a reminder, you can contact our project Helpdesk if you need help with the tablet or have (additional) questions about the panel. The Helpdesk can be reached at:

      Phone: 1-800-XXX-XXXX
      Email: tcs@rti.org

Have a great day/evening.

IOFU5. INTERVIEWER: DOES PM NEED A FOLLOW-UP CONTACT FROM RTI TECH SUPPORT TO ASSIST WITH TABLET ISSUES?

    [1] ☐ YES (EXPLAIN WHY:_____)(500 chars)
    [2] ☐ NO

EXIT SURVEY. ASSIGN FINAL CODE 2695.

National Panel of Tobacco Consumer Studies
Contact Information (CI) Update

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

[Contact info would come from the latest in the control system.]

CI1. **It is important that we maintain accurate contact information for you while you are in the survey panel. Please review the following information and make any needed changes or corrections.**

☐   All information is correct, no changes needed

[DISPLAY PRELOADED INFORMATION]:
FIRST NAME: LAST NAME: SUFFIX:
STREET NUMBER AND NAME:
APT/UNIT:
CITY:
STATE:
ZIP:

HOME PHONE NUMBER:
WORK PHONE NUMBER
CELL PHONE NUMBER: ☐ Can we send text messages to this cell number?
ALTERNATE CELL PHONE NUMBER: ☐ Can we send text messages to your cell phone number?

PRIMARY EMAIL ADDRESS:
ALTERNATE EMAIL ADDRESS:

<u>**Contact Person Update**</u>

CI2. **When you joined the panel, you gave us the name and contact information for one or more persons who live outside your household who would always know how to reach you if you move. These persons are listed below. Please confirm or update their contact information. You can also provide contact information for a different person if needed.**

☐   All information is correct, no changes needed

[DISPLAY CONTACT PERSON 1 INFO]:
FIRST NAME: LAST NAME:
STREET NUMBER AND NAME:
APT/UNIT:
CITY:

STATE:
ZIP:
HOME PHONE NUMBER:
CELL PHONE NUMBER:

[DISPLAY CONTACT PERSON 2 INFO]:
FIRST NAME: LAST NAME:
STREET NUMBER AND NAME:
APT/UNIT:
CITY:
STATE:
ZIP:
HOME PHONE NUMBER:
CELL PHONE NUMBER:

Thank you for updating your TCS contact information.

Programmer Note: For first and subsequent iterations of the survey, the PM's info will be pulled from Nirvana Control System. Reasoning: the PM may have updated the contact table on the web portal between rounds and the control system will have this and any information from the Mobile FS Responses table.

For the first time, Contact 1 & 2 will preload from the Nirvana Control System (confirmation source = MobileFS, contact1 = 57, contact2 = 58). Subsequent iterations will grab from the previous Hatteras contact info survey.

National Panel of Tobacco Consumer Studies
Study 1 Questionnaire
Study 1: Brands and Purchasing Behaviors

PROGRAMMER: INSERT PROMPTS IF AN ITEM IS LEFT BLANK SO R CAN CHOSE DK OR RE RESPONSE.

S1_INTRO: We are excited that you have enrolled in the TCS survey panel. This first study will collect information about the specific brands of tobacco products you use, how and where you purchase tobacco products, and your use of coupons or promotional items you may receive. The questions will take about 15 minutes to complete and you will receive $15 as a token of our appreciation. Your participation is voluntary and you can skip any question you do not want to answer.

[IF MAIL MODE:] Once you complete the survey, please place it in the enclosed business reply envelope and return it to us at no charge. Thank you for your participation.

CHECK BOX 1: ROUTE PM's TO MODULES FOR <u>EACH</u> TOBACCO PRODUCT THEY REPORTED USING AT BASELINE:

IF SMOKER → GO TO S1A1 (CIGARETTE MODULE). ELSE → GO TO CHECK BOX 5.

A. CIGARETTE MODULE

S1A1. When you enrolled in the panel you indicated you smoked cigarettes. Do you now smoke cigarettes every day, some days, or not at all?

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

S1A2. On the average, about how many <u>cigarettes</u> a day [IF S1A1 = 4, FILL: did you smoke/ELSE, FILL: do you now smoke]?

Please enter the number of <u>cigarettes</u> 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.

S1A3. What [IF S1A1 = 4, FILL: was/ ELSE, FILL: is] your usual brand of cigarettes?

[DISPLAY LIST OF BRANDS FOR PARTICIPANTS TO SELECT. USE SCANNER DATA WITH BRAND BY MARKET SHARE TO DETERMINE CATEGORIES]:
- 1st column of response has pull-down menu selection of brand level (Example: MARLBORO)—use brands with top market share from scanner data
- 2nd column of response is variety of brand (Examples (from Marlboro): RED, BLACK, BLUE, MEDIUM, MILD, SMOOTH, BLEND 27)**]**

S1A4. About how long [IF S1A1 = 4, FILL: had/ ELSE FILL: have] you been using [BRAND SELECTED]? Please enter your answer in YEARS. If less than 1 year, enter the number of months.

I___I____I   OR   I___I___I
YEARS   MONTHS

S1A5. Is [BRAND SELECTED] the first brand you ever smoked regularly?

1 ☐ Yes
2 ☐ No

S1A6. Is [BRAND SELECTED] the first brand you tried when you started smoking?

1 ☐ Yes
2 ☐ No

S1A7. Why did you start using [IF S1A1 = 4, FILL: this brand/ELSE FILL: your current brand] [BRAND SELECTED]? Please select all that apply.

1 ☐ My friends smoked this brand
2 ☐ My parents smoked this brand
3 ☐ My significant other smoked this brand
4 ☐ I liked the taste
5 ☐ It gave me just the right "hit"
6 ☐ It's the cheapest brand I could find
7 ☐ It's not harsh—doesn't bother my throat
8 ☐ It seemed to fit my style
9 ☐ It's the healthiest cigarette I could find

S1A8. [IF S1A1 = 4, FILL: Was/ ELSE FILL: Is] [BRAND SELECTED] flavored to taste like menthol or mint?

1 ☐ Yes
2 ☐ No

S1A9. Which of the following terms describes the strength of the cigarettes you usually [IF S1A1 = 4, FILL: smoked/ELSE FILL: smoke]?

1 ☐ Regular
2 ☐ Previously referred to as Light cigarettes (Now referred to as Marlboro Gold, Camel Subtle, etc.)
3 ☐ Previously referred to as Ultra Light cigarettes (Now referred to as Marlboro Silver, Camel Refined, etc.)
4 ☐ None of the above

S1A10. How often [IF S1A1 = 4, FILL: did/ELSE FILL: do] you buy brands other than your usual brand?

1 ☐ Often
2 ☐ Sometimes
3 ☐ Rarely   → GO TO S1A12
4 ☐ Never   → GO TO S1A12
5 ☐ I don't have a usual brand   → GO TO S1A13

S1A11. You said that you sometimes or often [IF S1A1 = 4, FILL: bought/ELSE FILL: buy] a brand other than your usual brand. Below are some reasons other smokers have given for trying other brands.

Please select all the reasons that [IF S1A1 = 4, FILL: applied/ELSE FILL: apply] to you.

1 ☐ My brand is too expensive   → GO TO S1A13
2 ☐ My brand is too harsh   → GO TO S1A13
3 ☐ My brand doesn't give coupons or any special offers → GO TO S1A13
4 ☐ Health concerns   → GO TO S1A13
5 ☐ The quality of my brand is not consistent   → GO TO S1A13
6 ☐ Other (Please specify): _____ → GO TO S1A13

S1A12. You said that you rarely or never [IF S1A1 = 4, FILL: bought/ELSE FILL: buy] a brand other than your usual brand. Below are some reasons other smokers have given for being loyal to one brand. Please select all the reasons that [IF S1A1 = 4, FILL: applied/ELSE FILL: apply] to you.

1 ☐ I like the way my brand tastes
2 ☐ My brand is smooth
3 ☐ My brand is the cheapest available
4 ☐ My brand is mild
5 ☐ My brand is healthier than other brands
6 ☐ My brand has fewer chemicals than other brands
7 ☐ The quality of my brand is consistently high
8 ☐ My brand is considered one of the best out there
9 ☐ My brand relaxes and calms me perfectly
10 ☐ My friends smoke this brand
11 ☐ People like me smoke this brand.
12 ☐ Other (Please specify):_____

S1A13. Do you get electronic mail from companies trying to sell you cigarettes? (This includes both tobacco companies, as well as businesses that sell tobacco online.)

1 ☐ Yes
2 ☐ No

CHECK BOX 2: IF S1A1 = 4 → GO TO S1A16

S1A14a. How often do you use coupons sent to you by the tobacco companies or e-cigarette companies for your <u>usual brand</u>?

1 ☐ Always
2 ☐ Often
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never
6 ☐ No coupons received

S1A14b. How often do you use coupons sent to you by the tobacco companies or e-cigarette companies for a brand that is <u>not your usual brand</u>?

¹ ☐ Always
² ☐ Often
³ ☐ Sometimes
⁴ ☐ Rarely
⁵ ☐ Never
⁶ ☐ No coupons received

S1A15a. In the last 30 days, how often did you take advantage of in-store special promotions on your <u>usual brand</u> of cigarettes (i.e., buy one, get one free or reduced price)?

¹ ☐ Always
² ☐ Often
³ ☐ Sometimes
⁴ ☐ Rarely
⁵ ☐ Never

S1A15b. In the last 30 days, how often did you take advantage of in-store special promotions for a brand of cigarettes that is <u>not your usual brand</u> (i.e., buy one, get one free or reduced price)?

¹ ☐ Always
² ☐ Often
³ ☐ Sometimes
⁴ ☐ Rarely
⁵ ☐ Never

S1A16. [IF S1A1 = 4, FILL: Did/ ELSE FILL: Do] you <u>usually</u> buy your own cigarettes?

¹ ☐ Yes
² ☐ No   → GO TO S1A22

S1A17. How [IF S1A1 = 4, FILL: did/ ELSE FILL: do] you usually buy cigarettes for yourself? [IF S1A1 = 4, FILL: Was/ELSE FILL: Is] it…

¹ ☐ In person?
² ☐ From the Internet?   → GO TO S1A19
³ ☐ By telephone?   → GO TO S1A19

S1A18. Where [IF S1A1 = 4, FILL: did/ELSE FILL: do] you buy your cigarettes most of the time?

¹ ☐ A convenience store or gas station
² ☐ A supermarket, grocery store, or drug store

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³ ☐ A warehouse club, such as Sam's or Costco
⁴ ☐ A smoke shop, tobacco specialty store or tobacco outlet store
⁵ ☐ A duty free shop or military commissary
⁶ ☐ A bar, pub, restaurant or casino
⁷ ☐ A friend or relative
⁸ ☐ A swap meet or flea market
⁹ ☐ A store on an Indian reservation
¹⁰ ☐ A liquor store
¹¹ ☐ From somewhere else (Please specify):_____

S1A19. In the past 12 months, [IF S1A1 = 4, FILL: did you make/ELSE FILL: have you made] any special effort to buy cigarettes that are less expensive than you [IF S1A1 = 4, FILL: could/ELSE FILL can] get from local stores?

¹ ☐ Yes
² ☐ No   → GO TO S1A21

S1A20. Did you purchase less expensive cigarettes…

¹ ☐ A smoke shop, tobacco specialty store, or tobacco outlet store?
² ☐ At an Indian reservation?
³ ☐ At a duty-free shop?
⁴ ☐ In other states, not including Indian Reservations?
⁵ ☐ From a website or on the internet?
⁶ ☐ From someone selling them independently, for example, door-to-door or in the street?

S1A21. [IF S1A1 = 4, FILL: Did/ELSE FILL: Do] you <u>usually buy</u> your cigarettes by the carton, pack or single cigarettes?

¹ ☐ Pack
² ☐ Carton
³ ☐ Single cigarettes
⁴ ☐ A combination of pack/carton/single cigarettes

S1A22. How much did you pay for the <u>last</u> carton/pack/single cigarette you purchased?

$|__|__|__|·|__|__|

[DISPLAY RANGES FOR CARTON, PACK, SINGLES]

CHECK BOX 3: IF S1A16 = 2 → GO TO S1A26

S1A23. In the past 30 days, how many times did you buy cigarettes?

|__|__| Times

S1A24. For these purchases (in the past 30 days), did you buy by the pack, carton, and/or single cigarette?

1 ☐ Pack
2 ☐ Carton
3 ☐ Single cigarettes
4 ☐ A combination of pack/carton/single cigarettes

S1A25. Now think about cigarettes you purchased in the last week.

a. How many cartons, packs, or single cigarettes did you buy Monday?

__ Cartons   __ Packs   __ Singles (ALLOW 0 FOR ALL RANGES)

b. How many cartons, packs, or single cigarettes did you buy Tuesday?

__ Cartons   __ Packs   __ Singles (ALLOW 0 FOR ALL RANGES)

c. How many cartons, packs, or single cigarettes did you buy Wednesday?

__ Cartons   __ Packs   __ Singles (ALLOW 0 FOR ALL RANGES)

d. How many cartons, packs, or single cigarettes did you buy Thursday?

__ Cartons   __ Packs   __ Singles (ALLOW 0 FOR ALL RANGES)

e. How many cartons, packs, or single cigarettes did you buy Friday?

__ Cartons   __ Packs   __ Singles (ALLOW 0 FOR ALL RANGES)

f. How many cartons, packs, or single cigarettes did you buy Saturday?

__ Cartons   __ Packs   __ Singles (ALLOW 0 FOR ALL RANGES)

g. How many cartons, packs, or single cigarettes did you buy Sunday?

__ Cartons   __ Packs   __ Singles (ALLOW 0 FOR ALL RANGES)

S1A26. Did anyone else purchase cigarettes for you in the past month?

1 ☐ Yes
2 ☐ No   → GO TO S1A28

S1A27. For the purchases made by someone else for you, did they did buy by the pack, carton, and/or single cigarette?

1 ☐ Pack
2 ☐ Carton
3 ☐ Single cigarettes
4 ☐ A combination of pack/carton/single cigarettes

S1A28. Did you share cigarettes you purchased with someone else in the past month?

1 ☐ Yes
2 ☐ No → GO TO CHECK BOX 5

S1A29. About how many cigarettes did you share with someone else in the past month?

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	1-1/4 PACKS = 25	2-1/4 PACKS = 45
½ PACK = 10	1-1/2 PACKS = 30	2-1/2 PACKS = 50
¾ PACK = 15	1-3/4 PACKS = 35	2-3/4 PACKS = 55
1 PACK = 20	2 PACKS = 40	3 PACKS = 60

_____ Number of cigarettes (RANGE 1-180)

CHECK BOX 5: IF CIGAR SMOKER → GO TO S1B_INTRO (CIGAR MODULE). ELSE → GO TO CHECK BOX 11.

B. CIGARS/CIGARILLOS/LITTLE FILTERED CIGARS

S1BINTRO: 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: FOR S1BTYPE, DISPLAY A PICTURE OF EACH OF THE 3 PRODUCT TYPES, WITH A CHECKBOX BESIDE THE PICTURE AND THE FOLLOWING DESCRIPTIONS:

REGULAR CIGAR: Cigar that typically contains at least ½ ounce of tobacco (as much as a pack of cigarettes) and usually takes 1-2 hours to smoke.

CIGARILLO: 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 CIGAR: 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.

S1BTYPE. When you enrolled in the panel you indicated you smoked one or more of these cigar products. A picture of each product type is shown below, along with a brief description. Please check the box next to each product that you smoke. If you smoke more than one of these cigar types, please select every product you use.

¹ ☐ Cigars   ² ☐ Cigarillos   ³ ☐ Little Filtered Cigars

CHECK BOX 6: IF ONLY 1 PRODUCT SELECTED IN S1BTYPE → GO TO S1B1. ELSE, ASK SIBTYPE2. FILL TEXT FOR S1BTYPE2:
"cigars"
"cigarillos"
"little filtered cigars"

S1BTYPE2. You indicated you smoke [FILL ALL PRODUCTS SELECTED IN S1BTYPE.] Which of these products do you use most often? (PLEASE SELECT ONE ANSWER.)

[PROGRAMMER; DISPLAY ONLY THE PRODUCTS FROM S1BTYPE]

¹ ☐ Cigars   ² ☐ Cigarillos   ³ ☐ Little Filtered Cigars

CHECK BOX 7: IF ONLY 1 PRODUCT SELECTED IN S1BTYPE, USE THAT PRODUCT FOR "CIGAR TYPE" FILLS IN THE REMAINING ITEMS IN THE CIGAR MODULE. ELSE, FILL THE MOST COMMON PRODUCT SELECTED BY PM IN S1BTYPE2.

CIGAR TYPE FILL TEXT:
"cigars"
"cigarillos"
"little filtered cigars"

S1B1. Do you now smoke [FILL CIGAR TYPE: cigars, cigarillos, little filtered cigars] every day, some days, or not at all?

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

S1B2. On the average, about how many [FILL CIGAR TYPE: cigars, cigarillos, little filtered cigars] a day [IF S1B1 = 4, FILL: did you smoke/ELSE FILL: do you now smoke]? Please enter the number below.

_____ [FILL CIGAR TYPE: cigars, cigarillos, little filtered cigars] (RANGE 1-99)

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

S1B3. How frequently [IF S1B1 = 4, FILL: did/ELSE FILL: do] you smoke [FILL CIGAR TYPE: cigars, cigarillos, little filtered cigars]?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Often
4 ☐ Always

S1B4. [IF S1B1 = 4, FILL: Did/ELSE FILL: Do] you usually smoke [FILL CIGAR TYPE: cigars, cigarillos, little filtered cigars] that have...

1 ☐ A spongy filter?
2 ☐ A plastic tip?
3 ☐ A wooden tip?
4 ☐ No filter or tip?

S1B5. What [IF S1B1 = 4, FILL: was/ELSE FILL: is] your usual brand of [FILL CIGAR TYPE: cigars, cigarillos, little filtered cigars]?

[DISPLAY LIST OF BRANDS FOR PARTICIPANTS TO SELECT. USE SCANNER DATA WITH BRAND BY MARKET SHARE TO DETERMINE CATEGORIES]:
- 1st column of response has pull-down menu selection of brand level — use brands with top market share from scanner data
- 2nd column of response is variety of brand

S1B6. About how long [IF S1B1 = 4, FILL: had/ ELSE FILL: have] you been using [BRAND SELECTED]? Please enter your answer in YEARS. If less than 1 year, enter the number of months.

I___I___I   OR   I___I___I
YEARS   MONTHS

S1B7. Is [BRAND SELECTED] the first brand you ever smoked regularly?

1 ☐ Yes
2 ☐ No

S1B8. Is [BRAND SELECTED] the first brand you tried when you started smoking?

¹ ☐ Yes
² ☐ No

S1B9. Why did you start using [IF S1B1 = 4, FILL: this brand/ELSE FILL: your current brand] [BRAND SELECTED]? Please select all that apply.

¹ ☐ My friends smoked this brand
² ☐ My parents smoked this brand
³ ☐ My significant other smoked this brand
⁴ ☐ I liked the taste
⁵ ☐ It was cheaper than cigarettes
⁵ ☐ It gave me just the right "hit"
⁶ ☐ It's the cheapest brand of cigars I could find
⁷ ☐ It's not harsh—doesn't bother my throat
⁸ ☐ It seemed to fit my style
⁹ ☐ It's the healthiest cigar I could find

S1B10. In the past 30 days, were any of the [FILL CIGAR TYPE: cigars, cigarillos, little filtered cigars] that you smoked... [SELECT ALL THAT APPLY]:

¹ ☐ Menthol or mint flavored?
² ☐ Clove, spice, or herb flavored?
³ ☐ Fruit flavored?
⁴ ☐ Alcohol flavored?
⁵ ☐ Candy, chocolate, or other sweet flavored?
⁶ ☐ Some other flavor? (Please specify): _____
⁷ ☐ Did not smoke cigars in past 30 days

S1B11. How often [IF S1B1 = 4, FILL: did/ELSE FILL: do] you buy brands other than your usual brand?

¹ ☐ Often
² ☐ Sometimes
³ ☐ Rarely   → GO TO S1B13
⁴ ☐ Never   → GO TO S1B13
⁵ ☐ I don't have a usual brand   → GO TO S1B14

S1B12. You said that you sometimes or often [IF S1B1 = 4, FILL: bought/ELSE FILL: buy] a brand other than your usual brand. Below are some reasons other cigar smokers have given for trying other

brands. Please select all the reasons that [IF S1B1 = 4, FILL: applied/ELSE FILL: apply] to you.

1 ☐ My brand is too expensive   → GO TO S1B14
2 ☐ My brand is too harsh   → GO TO S1B14
2 ☐ My brand does not offer all the flavors I like   → GO TO S1B14
3 ☐ My brand doesn't give coupons or any special offers → GO TO S1B14
4 ☐ Health concerns   → GO TO S1B14
5 ☐ The quality of my brand is not consistent   → GO TO S1B14
6 ☐ Other (Please specify): _____ → GO TO S1B14

S1B13. You said that you rarely or never [IF S1B1 = 4, FILL: bought/ELSE FILL: buy] a brand other than your usual brand. Below are some reasons other smokers have given for being loyal to one brand. Please select all the reasons that [IF S1B1 = 4, FILL: applied/ELSE FILL: apply] to you.

1 ☐ I like the way my brand tastes
2 ☐ My brand is smooth
3 ☐ My brand is the cheapest available
4 ☐ My brand offers a variety of flavors
4 ☐ My brand is mild
5 ☐ My brand is healthier than other brands
6 ☐ My brand has fewer chemicals than other brands
7 ☐ The quality of my brand is consistently high
8 ☐ My brand is considered one of the best out there
9 ☐ My brand relaxes and calms me perfectly
10 ☐ My friends smoke this brand
11 ☐ People like me smoke this brand.
12 ☐ Other (Please specify):_____

S1B14. Do you get electronic mail from companies trying to sell you cigars, cigarillos, or little filtered cigars? (This includes both tobacco companies, as well as businesses that sell tobacco online.)

1 ☐ Yes
2 ☐ No

CHECK BOX 8: IF S1B1 = 4 → GO TO S1B17.

S1B15a. How often do you use coupons sent to you by the tobacco companies for your <u>usual brand</u> of [FILL CIGAR TYPE: cigars, cigarillos, little filtered cigars]?

1 ☐ Always
2 ☐ Often
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never

⁶ ☐ No coupons received

S1B15b. How often do you use coupons sent to you by the tobacco companies for a brand of cigars, cigarillos, or little filtered cigars that is <u>not your usual brand</u>?

¹ ☐ Always
² ☐ Often
³ ☐ Sometimes
⁴ ☐ Rarely
⁵ ☐ Never
⁶ ☐ No coupons received

S1B16a. In the last 30 days, how often did you take advantage of in-store special promotions on your <u>usual brand</u> of [FILL CIGAR TYPE: cigars, cigarillos, little filtered cigars] (i.e., buy one, get one free or reduced price)?

¹ ☐ Always
² ☐ Often
³ ☐ Sometimes
⁴ ☐ Rarely
⁵ ☐ Never

S1B16b. In the last 30 days, how often did you take advantage of in-store special promotions for a brand of cigars, cigarillos, or little filtered cigars that is <u>not your usual brand</u> (i.e., buy one, get one free or reduced price)?

¹ ☐ Always
² ☐ Often
³ ☐ Sometimes
⁴ ☐ Rarely
⁵ ☐ Never

S1B17. [IF S1B1 = 4, FILL: Did/ELSE FILL: Do] you <u>usually buy</u> your own [FILL CIGAR TYPE: cigars, cigarillos, little filtered cigars]?

¹ ☐ Yes
² ☐ No   → GO TO S1B23

S1B18. How [IF S1B1 = 4, FILL: did/ELSE FILL: do] you usually buy [FILL CIGAR TYPE: cigars, cigarillos, little filtered cigars] for yourself? [IF S1B1 = 4, FILL: Was/ELSE FILL: Is] it…

1 ☐ In person?
2 ☐ From the Internet?   → GO TO S1B20
3 ☐ By telephone?   → GO TO S1B20

S1B19. Where [IF S1B1 = 4, FILL: did/ELSE FILL: do] you buy your [FILL CIGAR TYPE: cigars, cigarillos, little filtered cigars] most of the time?

1 ☐ A convenience store or gas station
2 ☐ A supermarket, grocery store, or drug store
3 ☐ A warehouse club, such as Sam's or Costco
4 ☐ A smoke shop, tobacco specialty store or tobacco outlet store
5 ☐ A duty free shop or military commissary
6 ☐ A bar, pub, restaurant or casino
7 ☐ A friend or relative
8 ☐ A swap meet or flea market
9 ☐ A store on an Indian reservation
10 ☐ A liquor store
11 ☐ From somewhere else (Please specify): _____

S1B20. In the past 12 months, [IF S1B1 = 4, FILL: did you make/ELSE FILL: have you made] any special effort to buy [FILL CIGAR TYPE: cigars, cigarillos, little filtered cigars] that are less expensive than you [IF S1B1 = 4, FILL: could/ELSE FILL: can] get from local stores?

1 ☐ Yes
2 ☐ No   → GO TO S1B22

S1B21. Did you purchase less expensive cigars, cigarillos, or little filtered cigars…

1 ☐ A smoke shop, tobacco specialty store or tobacco outlet store?
2 ☐ At an Indian reservation?
3 ☐ At a duty-free shop?
4 ☐ In other states, not including Indian Reservations?
5 ☐ From a website or on the internet?
6 ☐ From someone selling them independently, for example, door-to-door or in the street?

S1B22. How many [FILL CIGAR TYPE: cigars, cigarillos, little filtered cigars]
[IF S1B1 = 4, FILL: were/ELSE FILL: are] in the package you <u>usually</u>
[IF S1B1 = 4, FILL: bought/ELSE FILL: buy]?

_____ Number of cigars, cigarillos, little filtered cigars in package (Range 1-99)

S1B23. How much did you pay for the last package of [FILL CIGAR TYPE:
cigars, cigarillos, little filtered cigars] you purchased?

$|__|__|__|·|__|__|

CHECK BOX 9: IF S1B17 = 2 → GO TO S1B26

S1B24. In the past 30 days, how many times did you buy [FILL CIGAR TYPE:
cigars, cigarillos, little filtered cigars]?

|__|__| Times

CHECK BOX 10: IF S1B24 = 0, OR S1B1 = 4 → GO TO S1B26.

S1B25. How many [FILL CIGAR TYPE: cigars, cigarillos, little filtered cigars]
were in the last package you bought?

1 ☐ 1
2 ☐ 2-3
3 ☐ 5
4 ☐ 10-15
5 ☐ 16-20
6 ☐ 21-25
7 ☐ More than 25

S1B26. Did anyone else purchase [FILL CIGAR TYPE: cigars, cigarillos, little
filtered cigars] for you in the past month?

1 ☐ Yes
2 ☐ No   → GO TO S1B28

S1B27. For the purchases made by someone else for you, how many [FILL CIGAR TYPE: cigars, cigarillos, little filtered cigars] were in the pack?

1 ☐ 1
2 ☐ 2-3
3 ☐ 5
4 ☐ 10-15
5 ☐ 16-20
6 ☐ 21-25
7 ☐ More than 25

S1B28. Did you share [FILL CIGAR TYPE: cigars, cigarillos, little filtered cigars] you purchased with someone else in the past month?

1 ☐ Yes
2 ☐ No

CHECK BOX 11: IF SMOKELESS TOBACCO USER → GO TO S1C_INTRO (SMOKELESS MODULE). ELSE → GO TO SECTION D (S1D1).

C. SMOKELESS TOBACCO MODULE

S1C_INTRO: These questions are about smokeless tobacco products, specifically chewing tobacco, snuff, dip, or snus (snoose). Some examples of these product brands are Skoal, Copenhagen, Grizzly, Levi Garrett, or Red Man.

S1C1. When you enrolled in the panel you indicated you used smokeless tobacco products. Do you now use smokeless tobacco every day, some days, or not at all?

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

S1C2. On the average, about how many times a day [IF S1C1 = 4, FILL: did/ ELSE FILL: do] you use chewing tobacco, snuff, dip, or snus (snoose)? Please enter the number of times per day below.

_____ Number of times per day (RANGE 1-25)

RANGE CHECK: Please enter a number between 1 and (25).

S1C3. On the average, about how many tins or pouches of chewing tobacco, snuff, dip, or snus (snoose) [IF S1C1 = 4, FILL: did/ELSE FILL: do]

you use each week? Please enter the number of <u>tins or pouches per week</u> below.

_____ **Number of tins of pouches per week (RANGE 1-50)**

RANGE CHECK: Please enter a number between 1 and (50).

S1C4. What [IF S1C1 = 4, FILL: was/ELSE FILL: is] your usual brand of chewing tobacco, snuff, dip, or snus (snoose)?

[DISPLAY LIST OF BRANDS FOR PARTICIPANTS TO SELECT. USE SCANNER DATA WITH BRAND BY MARKET SHARE TO DETERMINE CATEGORIES]:
- 1st column of response has pull-down menu selection of brand level — use brands with top market share from scanner data
- 2nd column of response is variety of brand

S1C5. About how long [IF S1C1 = 4, FILL: had/ELSE FILL: have] you been using [BRAND SELECTED]? Please enter your answer in YEARS. If less than 1 year, enter the number of months.

I___I___I   OR   I___I___I
YEARS   MONTHS

S1C6. Is [BRAND SELECTED] the first brand you ever used regularly?

1 ☐ Yes
2 ☐ No

S1C7. Is [BRAND SELECTED] the first brand you tried when you started using chewing tobacco, snuff, dip, or snus (snoose)?

1 ☐ Yes
2 ☐ No

S1C8. Why did you start using [IF S1C1 = 4, FILL: this brand/ELSE FILL: your current brand] [BRAND SELECTED]? Please select all that apply.

1 ☐ My friends used this brand
2 ☐ My parents used this brand
3 ☐ My significant other used this brand
4 ☐ I liked the taste
5 ☐ It comes in flavors I like
6 ☐ It gave me just the right "hit"
7 ☐ It's the cheapest brand I could find
8 ☐ It's not harsh—doesn't bother my mouth or throat
9 ☐ It seemed to fit my style
10 ☐ It's the healthiest chewing tobacco, snuff, or dip I could find

S1C9. In the past 30 days, was any of the chewing tobacco, snuff, dip, or snus (snoose) that you used... [SELECT ALL THAT APPLY]:

1 ☐ Menthol or mint flavored?
2 ☐ Clove, spice or herb flavored?
3 ☐ Fruit flavored?
4 ☐ Alcohol flavored?
5 ☐ Candy, chocolate, or other sweet flavored?
6 ☐ Some other flavor? (Please specify)_____
7 ☐ Did not use smokeless tobacco in past 30 days

S1C10. How often [IF S1C1 = 4, FILL: did/ELSE FILL: do] you buy brands other than your usual brand?

1 ☐ Often
2 ☐ Sometimes
3 ☐ Rarely   → GO TO S1C12
4 ☐ Never   → GO TO S1C12
5 ☐ I don't have a usual brand   → GO TO S1C13

S1C11. You said that you sometimes or often [IF S1C1 = 4, FILL: bought/ELSE FILL: buy] a brand other than your usual brand. Below are some reasons other smokeless users have given for trying other brands. Please select all the reasons that [IF S1C1 = 4, FILL: applied/ELSE FILL: apply] to you.

1 ☐ My brand is too expensive   → GO TO S1C13
2 ☐ My brand is too harsh   → GO TO S1C13
3 ☐ My brand doesn't give coupons or any special offers → GO TO S1C13
4 ☐ Health concerns   → GO TO S1C13
5 ☐ The quality of my brand is not consistent   → GO TO S1C13
6 ☐ Other (Please specify): _____ → GO TO S1C13

S1C12. You said that you rarely or never [IF S1C1 = 4, FILL: bought/ELSE FILL: buy] a brand other than your usual brand. Below are some reasons other smokeless users have given for being loyal to one brand. Please select all the reasons that [IF S1C1 = 4, FILL: applied/ELSE FILL: apply] to you.

1 ☐ I like the way my brand tastes
2 ☐ My brand comes in the flavor(s) I like
3 ☐ My brand is the cheapest available
4 ☐ My brand is mild
5 ☐ My brand is healthier than other brands
6 ☐ My brand has fewer chemicals than other brands
7 ☐ The quality of my brand is consistently high
8 ☐ My brand is considered one of the best out there
9 ☐ My brand relaxes and calms me perfectly
10 ☐ My friends use this brand

11 ☐ People like me use this brand.

12 ☐ Other (Please specify):_____

S1C13. Do you get electronic mail from companies trying to sell you chewing tobacco, snuff, dip, or snus (snoose)? (This includes both tobacco companies, as well as businesses that sell tobacco online.)

1 ☐ Yes
2 ☐ No

S1C14a. How often [IF S1C1 = 4, FILL: did/ELSE FILL: do] you use coupons sent to you by the tobacco companies for your <u>usual brand</u> of chewing tobacco, snuff, dip, or snus (snoose)?

1 ☐ Always
2 ☐ Often
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never
6 ☐ No coupons received

S1C14b. How often [IF S1C1 = 4, FILL: did/ELSE FILL: do] you use the coupons sent to you by the tobacco companies for a brand of chewing tobacco, snuff, dip, or snus (snoose) that [IF S1C1 = 4, FILL: was/ELSE FILL: is] <u>not your usual brand</u>?

1 ☐ Always
2 ☐ Often
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never
6 ☐ No coupons received

S1C15a. In the last 30 days, how often did you take advantage of in-store special promotions on your <u>usual brand</u> of chewing tobacco, snuff, dip, or snus (snoose) (i.e., buy one, get one free or reduced price)?

1 ☐ Always
2 ☐ Often
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never

S1C15b. In the last 30 days, how often did you take advantage of in-store special promotions for a brand of chewing tobacco, snuff, dip, or snus

(snoose) that is <u>not your usual brand</u> (i.e., buy one, get one free or reduced price)?

¹ ☐ Always
² ☐ Often
³ ☐ Sometimes
⁴ ☐ Rarely
⁵ ☐ Never

S1C16. [IF S1C1 = 4, FILL: Did/ELSE FILL: Do] you <u>usually buy</u> your own chewing tobacco, snuff, dip, or snus (snoose)?

¹ ☐ Yes
² ☐ No   → GO TO S1C24

S1C17. How [IF S1C1 = 4, FILL: did/ELSE FILL: do] do you usually buy chewing tobacco, snuff, dip, or snus (snoose) for yourself? [IF S1C1 = 4, FILL: Was/ELSE FILL: Is] it…

¹ ☐ In person?
² ☐ From the Internet?   → GO TO S1C19
³ ☐ By telephone?   → GO TO S1C19

S1C18. Where [IF S1C1 = 4, FILL: did/ELSE FILL: do] you buy your chewing tobacco, snuff, dip, or snus (snoose) most of the time?

¹ ☐ A convenience store or gas station
² ☐ A supermarket, grocery store, or drug store
³ ☐ A warehouse club, such as Sam's or Costco
⁴ ☐ A smoke shop, tobacco specialty store or tobacco outlet store
⁵ ☐ A duty free shop or military commissary
⁶ ☐ A bar, pub, restaurant or casino
⁷ ☐ A friend or relative
⁸ ☐ A swap meet or flea market
⁹ ☐ A store on an Indian reservation
¹⁰ ☐ A liquor store
¹¹ ☐ From somewhere else (Please specify): _____

S1C19. In the past 12 months, [IF S1C1 = 4, FILL: did you make/ELSE FILL: have you made] any special effort to buy chewing tobacco, snuff, dip, or snus (snoose) that is less expensive than you [IF S1C1 = 4, FILL: could/ELSE FILL: can] get from local stores?

¹ ☐ Yes
² ☐ No   → GO TO S1C21

S1C20. Did you purchase less expensive chewing tobacco, snuff, dip, or snus (snoose) …

1 ☐ A smoke shop, tobacco specialty store, or tobacco outlet store?
2 ☐ At an Indian reservation?
3 ☐ At a duty-free shop?
4 ☐ In other states, not including Indian Reservations?
5 ☐ From a website or on the internet?
6 ☐ From someone selling them independently, for example, door-to-door or in the street?

S1C21. [IF S1C1 = 4, FILL: Did/ELSE FILL: Do] you <u>usually</u> buy your chewing tobacco, snuff, dip, or snus (snoose) by the…(PLEASE SELECT ONE ANSWER.)

1 ☐ Single tin?   → GO TO S1C23
2 ☐ Single pouch?   → GO TO S1C23
3 ☐ Single tub?   → GO TO S1C23
4 ☐ Multiple tin pack?
5 ☐ Multiple pouch pack?

S1C22. You said that you <u>usually</u> [IF S1C1 = 4, FILL: bought/ELSE FILL: buy] your chewing tobacco, snuff, dip, or snus (snoose) in a multiple tin or pouch pack. How many tins or pouches [IF S1C1 = 4, FILL: were/ELSE FILL: are] in the pack you usually [IF S1C1 = 4, FILL: bought/ELSE FILL: buy]?

|__|__| Tins/pouches (RANGE 1-25)

S1C23. [IF S1C1 = 4, FILL: Did/ELSE FILL: Do] you usually buy chewing tobacco, snuff, dip, or snus (snoose) that comes in the form of loose tobacco or [IF S1C1 = 4, FILL: did/ELSE FILL: do] you usually buy products with the tobacco in little pouches?

1 ☐ Loose tobacco
2 ☐ Little pouches

S1C24. How much did you pay for the last tin or pouch, or multiple tin or pouch pack of chewing tobacco, snuff, dip, or snus (snoose) you purchased?

$|__|__|__|·|__|__|

[DISPLAY RANGES FOR SINGLE TINS/POUCHES AND MULTIPLE TIN PACK]

CHECK BOX 12: IF S1C16 = 2 → GO TO S1C27

S1C25. In the past 30 days, how many times did you buy chewing tobacco, snuff, dip, or snus (snoose)?

|__|__| Times → IF 0, GO TO S1C27

S1C26. For these purchases, did you buy by the…(PLEASE SELECT ONE ANSWER.)

1 ☐ Single tin
2 ☐ Single pouch
3 ☐ Single tub
4 ☐ Multiple tin pack
5 ☐ Multiple pouch pack

S1C27. Did anyone else purchase chewing tobacco, snuff, dip, or snus (snoose) for you in the past month?

1 ☐ Yes
2 ☐ No   → GO TO S1C29

S1C28. For the purchases made by someone else for you, did they buy by the…(PLEASE SELECT ONE ANSWER.)

1 ☐ Single tin
2 ☐ Single pouch
3 ☐ Single tub
4 ☐ Multiple tin pack
5 ☐ Multiple pouch pack

S1C29. Did you share chewing tobacco, snuff, dip, or snus (snoose) you purchased with someone else in the past month?

1 ☐ Yes
2 ☐ No   → GO TO S1D1

S1C30. About how many "dips" of chewing tobacco, snuff, dip, or snus (snoose) did you share with someone else in the past month?

Please enter the number of dips or pouches of **chewing tobacco, snuff, dip, or snus (snoose)** below.

_____ Number of dips or pouches shared (RANGE 1-30)

D. NEW PRODUCT OFFERS

S1D1. How do you usually hear about new tobacco products (i.e. snus, Camel orbs, sticks, and strips, e-cigarettes)? Please select all that apply.

1 ☐ Family or friend
2 ☐ Social network website (i.e. Facebook, Twitter, Google+, etc.)
3 ☐ Website/search engine
4 ☐ You Tube
5 ☐ Email/newsletter
6 ☐ Magazine ad
7 ☐ Newspaper article
8 ☐ TV news
9 ☐ Other (Please specify): _____

S1D2. In the past 12 months, how often have you received things like coupons or other promotional items by postal or electronic mail from tobacco companies?

1 ☐ Never
2 ☐ Rarely
3 ☐ Sometimes
4 ☐ Often
5 ☐ Always

S1D3. For which tobacco products have you received coupons or other promotional items by postal or electronic mail? Please select all that apply.

1 ☐ Cigarettes
2 ☐ Cigars
3 ☐ Chew/smokeless tobacco
4 ☐ E-cigarette
5 ☐ Snus
6 ☐ Dissolvable tobacco (i.e. Camel orbs, strips, sticks)
7 ☐ Other
8 ☐ I have not received any coupons or promotional items for tobacco products by postal or electronic mail

S1D4. In order to receive coupons and other items in the mail, tobacco users need to sign up for tobacco company mailing lists. How did you sign up for their mailing list? Please select all that apply.

1 ☐ By mail
2 ☐ By phone
3 ☐ At a bar or music club
4 ☐ Online
5 ☐ Other (Please specify): _____

S1D5a. In the past 30 days, how often have you seen tobacco products advertised on spam emails?

1 ☐ Always
2 ☐ Often
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never

S1D5b. In the past 30 days, how often have you seen tobacco products advertised on pop up or banner ads?

1 ☐ Always
2 ☐ Often
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never

S1D5c. In the past 30 days, how often have you seen tobacco products advertised on websites?

1 ☐ Always
2 ☐ Often
3 ☐ Sometimes
4 ☐ Rarely

⁵ ☐ Never

END: Thank you for answering this TCS survey. Your $15 cash payment will be mailed to you in the next 1-2 weeks.

> **LAUNCH CONTACT INFORMATION UPDATE MODULE TO CONFIRM/UPDATE BASELINE DATA AND ENSURE INCENTIVE PAYMENT REACHES CORRECT ADDRESS.**

Please allow 24 hours for your completion of this survey to register in our system.

[IF MAIL MODE]:

> **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 – [project number]**
> **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 20 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 PRAStaff@fda.hhs.gov.

Attachment 1-13: Contact Information Update: Mail

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

Start Here

1. Please review the following information and make any needed changes or corrections.

[DISPLAY INFORMATION LABEL HERE]:

Is all of the above information correct, or do you need to change or add something?

1 ☐ All information is correct, no changes needed

2 ☐ I need to change or add information:

_____   _____
First Name   Last Name

_____
Street Address

_____
City/State/Zip

_____
Home Phone Number

_____
Work Phone Number

_____
Cell Phone Number   ☐ Can we send text messages to this cell number?

_____
Alternate Cell Phone Number ☐ Can we send text messages to this cell number?

_____
Email Address

_____
Alternate Email Address

1

FORM ID

2.   **Contact Person Update:** You gave us the name and contact information of the persons listed below who live outside your household who would always know how to reach you if you move. Please confirm or update their contact information. You can also provide contact information for a different person if needed.

[DISPLAY CONTACT PERSON 1 LABEL]:

[DISPLAY CONTACT PERSON 2 LABEL]:

Is all of the above information correct, or do you need to change or add something?

1 ☐   All information is correct, no changes needed

2 ☐   I need to change or add information:

PERSON 1:

_____
Name

_____
Street Address

_____
City/State/Zip

_____
Telephone Number

PERSON 2:

_____
Name

_____
Street Address

_____
City/State/Zip

_____
Telephone Number

Thank you for completing the survey!
Please mail to: RTI International – [project number]
3040 E Cornwallis Rd.,
Research Triangle Park, NC 27709

FORM ID

Attachment 1-16.

National Panel of Tobacco Consumer Studies
Tracing / Nonresponse Follow-up Questionnaire
OMB Number: 0910-0815
Expiration Date: 06/30/2019

PROGRAMMER: INCLUDE THE FOLLOWING PRE-LOADS: (1) PANEL MEMBER NAME, (2) SAMPLED ADDRESS, OR LAST UPDATED ADDRESS (MOST RECENT), (3) ALL KNOWN TELEPHONE NUMBERS, (4) CONTACT #1 INFORMATION, (5) CONTACT #2 INFORMATION, AND (6) MODE OF PARTICIPATION. IF ANY FIELDS WERE REF/DK (ITEMS 1-5) LEAVE BLANK.

CONTACT1: ARE YOU SPEAKING TO [NAME] OR KNOWLEDGEABLE INFORMANT?

¹ ☐ YES, SPEAKING TO [NAME] → GO TO CONTACT2
² ☐ NO, BUT SPEAKING TO KNOWLEDGEABLE INFORMANT → GO TO CONTACT3
³ ☐ NO → EXIT; ASSIGN PENDING CODE **1180** UNABLE TO LOCATE

CONTACT 2: We are trying to reach you regarding your continued participation in the National Panel of Tobacco Consumer Studies (TCS). We have attempted to reach you earlier but have been unsuccessful. I'm here today to make sure that we have the correct contact information for you, and to answer any questions you may have about your continued participation in the panel.

➔ GO TO CONTACT4

CONTACT3: We are trying to reach [NAME] about an important research study. We have attempted to reach him/her earlier but were unsuccessful. Would you know where I could reach him/her?

1 ☐ YES → GO TO CONTACT4
² ☐ NO → GO TO CONTACT16 AND EXIT/BREAKOFF

CONTACT4: [Are you/Is [NAME] currently living at [LAST KNOWN ADDRESS]?

¹ ☐ YES, CURRENT ADDRESS IS ACCURATE → GO TO CONTACT7
² ☐ NO, CURRENT ADDRESS IS INACCURATE → GO TO CONTACT5
³ ☐ DON'T KNOW → GO TO CONTACT7

1

CONTACT5: Can you please provide me with your/[NAME's] new address information?

    ¹ ☐   YES → GO TO NEWADD1
    ² ☐   NO → GO TO CONTACT7

NEWADD1: ENTER ANY NEW ADDRESS INFORMATION. (IF YOU DID NOT OBTAIN A FULL ADDRESS ENTER WHAT YOU WERE ABLE TO OBTAIN.)
    a. STREET NUMBER
    b. STREET NAME
    c. APT NUMBER
    d. CITY
    e. STATE
    f. ZIP

NEWADD2: Is this your/[NAME's] mailing address as well?

    ¹ ☐ YES → GO TO CONTACT7
    ² ☐ NO → GO TO CONTACT6

CONTACT6: What is your/[NAME's] full mailing address?

    ¹   ☐ YES → GO TO CONTACT6A
    ²   ☐ REFUSED → GOTO CONTACT7

    a. (CONTACT6A) STREET NUMBER/PO BOX Number
    b. (CONTACT6B) STREET NAME
    c. (CONTACT6C) APT NUMBER
    d. (CONTACT6D) CITY
    e. (CONTACT6E) STATE
    f. (CONTACT6F) ZIP

CONTACT7. What is the <u>best</u> telephone number to use to reach you/[NAME]?

PROGRAMMER: LOOP TO COLLECT UP TO 4 NUMBERS.
TELEPHONE [1,2,3,4]
1 LANDLINE
2 CELL
3 WORK
4 OTHER
5 NO PHONE
6 REFUSED

FI: ENTER 9 FOR REFUSED.

IF CONTACT7 = 9 (REFUSED);
      IF CONTACT1 = 1, GO TO CONTACT7A;
      ELSE (CONTACT1 = 2,) GO TO CONTACT10. (will not be getting a phone number)
      ELSE (CONTACT7 NE 9), GO TO CONTACT7B

CONTACT7A. 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. IF '9' GO TO **CONTACT7B**

CONTACT7B. Is this a home, work or cell phone number?

      1 ☐   HOME NUMBER
      2 ☐   WORK NUMBER
      3 ☐   CELL NUMBER -> Note: (if contact1=2, will not be asking about texting)
      4 ☐   OTHER NUMBER (E.G., FAMILY, NEIGHBOR)

IF (CONTACT7 or CONTACT7A) ne blank and ne '9' and CONTACT7B = 3 and contact1 = 1 (we should ask only of PM), ASK CONTACT7AA.

CONTACT7AA. Can we send text messages to your cell phone number, [fill cell CONTACT7A/CONTACT7B]?
      1 ☐   YES
      2 ☐   NO

CONTACT7C. Please provide other telephone numbers where you/[NAME] can be reached (PROBE FOR HOME, WORK, AND CELL NUMBERS).

    a. HOME#:
    b. WORK#:
    c. CELL#:
    d. ALTERNATE CELL #:

FOR **CONTACT7C**, PROGRAM EACH PHONE ELEMENT AS SINGLE QUESTION: **CONTACT7CA** = Home #, **CONTACT7CB** = Work #, **CONTACT7CC** =cell, **CONTACT7CD**=other. For each phone number, add text 'FI: ENTER '9' FOR DK/REF'.

CHECK BOX 1: IF ((CONTACT7CC NE BLANK and NE -9) AND CONTACT1 eq 1), ASK CONTACT7D. ELSE, GO TO CHECK BOX 2.

CONTACT7D. Can we send text messages to your cell phone number, [fill cell CONTACT7CC]?

1 ☐ YES
2 ☐ NO

CONTACT7E. You gave us a second cell phone number. Can we send text messages to this cell number, [fill cell CONTACT7CD]?

1 ☐ YES
2 ☐ NO

CONTACT8. Do you/[NAME] have an email address? IF YES: What is it? (COLLECT UP TO 2 EMAIL ADDRESSES.)

1 ☐ YES, → GO TO CONTACT8A
2 ☐ NO, → GO TO CONTACT9
3 ☐ DON'T KNOW → GO TO CONTACT9
4 ☐ REFUSED→ GO TO CONTACT9

CONTACT8A ENTER EMAIL ADDRESS.

CONTACT8B. Do you/[NAME] have another email address?

1 ☐ YES, → GO TO CONTACT8C
2 ☐ NO, → GO TO CONTACT9
3 ☐ DON'T KNOW → GO TO CONTACT9
4 ☐ REFUSED→ GO TO CONTACT9

CONTACT8C. ENTER NEXT EMAIL ADDRESS
EMAIL ADDRESS. _____

CONTACT9. Would you provide me with the name and contact information for up to two persons who might be able to locate you/[NAME] in case we can't contact you/him/her? (RECORD ALL INFORMATION POSSIBLE)

a. NAME

b. RELATIONSHIP TO RESPONDENT
c. STREET NUMBER
d. STREEET NAME
e. APT NUMBER
f. CITY
g. STATE
h. ZIP
TELEPHONE:_____ 1 LANDLINE 2 MOBILE
EMAIL:_____ 1 NO EMAIL 2 REFUSED
1 REFUSED

   1   ☐ YES → GO TO CONTACT9A
   2   ☐ REFUSED → GO TO CONTACT10

CONTACT9A. FIRST CONTACT PERSON (COLLECT ALL INFO): [Note for phone numbers add text 'FI: ENTER '9' FOR DK/REF'.]

a.   NAME: _____
b.   RELATIONSHIP TO R: _____
c.   STREET ADDRESS: _____
d.   CITY: _____
e.   STATE: _____
f.   ZIP: _____
g.   HOME #: _____
h.   CELL#: _____

CONTACT9B. SECOND CONTACT PERSON (COLLECT ALL INFO): [Note for phone numbers add text 'FI: ENTER '9' FOR DK/REF'.]

a.   NAME: _____
b.   RELATIONSHIP TO R: _____
c.   STREET ADDRESS: _____
d.   CITY: _____
e.   STATE: _____
f.   ZIP: _____
g.   HOME #: _____
h.   CELL#: _____

CONTACT10: Thank you, these are all of the questions I have for today.

PROGRAMMER: IF SPEAKING TO KNOWLEDGEABLE INFORMANT [CONTACT1 = 2],

INTERVIEWER: ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR INTERACTION WITH THE PANEL MEMBER:

CONTACT11: DID HE/SHE HAVE ANY QUESTIONS ABOUT THEIR CONTINUED PARTICIPATION IN THE PANEL?

1 ☐ YES → GO TO CONTACT12
2 ☐ NO → GO TO CONTACT 13

CONTACT12: IF YES, WHAT WERE THE QUESTIONS ABOUT (CODE ALL THAT APPLY)?

1 ☐ PURPOSE OF PANEL
2 ☐ PANEL PARTICIPATION REQUIREMENTS
1 ☐ INCENTIVES
2 ☐ MODE (IE: WANTS TO CHANGE FROM WEB TO MAIL MODE)
1 ☐ PROJECT-PROVIDED TABLET
2 ☐ OTHER, SPECIFY: _____(500 chars)

CONTACT13: DID HE/SHE EXPRESS RELUCTANCE ABOUT CONTINUED PARTICIPATION?

1 ☐ YES → GO TO CONTACT14
2 ☐ NO → GO TO CONTACT15

CONTACT14: WHAT WAS THE REASON FOR RELUCTANCE?

1 ☐ NOT INTERESTED/TOO BUSY/TIME COMMITMENT
2 ☐ TOO PERSONAL
3 ☐ COMPENSATION TOO LOW
4 ☐ ANTI-GOVERNMENT
5 ☐ REFUSAL BREAKOFF
6 ☐ STIGMA OF TOBACCO USE
7 ☐ TECHNOLOGICAL - SELF REPORTED NOT COMPUTER SAVVY
8 ☐ TECHNOLOGICAL - NO INTERNET
9 ☐ REFUSAL BY OTHER
10 ☐ REFUSAL BY HH - OTHER (SPECIFY): _____ (500 CHARS)

CONTACT15: IN YOUR OPINION, WHAT IS THE LIKELIHOOD OF HIM/HER REMAINING IN THE PANEL?

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

EXIT SURVEY: FINAL CODE TRACING INSTRUMENT AS 2190 – CONTACT INFORMATION CONFIRMED WITH SUBJECT.

CONTACT16: Thank you. Have a nice day/evening. [EXIT SURVEY. SYSTEM ASSIGN Pending 1223: Knowledgeable Informant contacted.]

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 PRAStaff@fda.hhs.gov.

Information needed for completed Screener Verification

Relevant Codes:

2601 (No One Selected - No HH Members 18 years of age or older)
2605 (No Tobacco Users in Household)

Roster Information:

(*numberrostered1*): total number of people in roster (SCC1 from Screener)
(*numberrostered2*): total number of people in roster ages 13-17 (SCE2 from Screener)
(*numberrostered3*): total number of people in roster 12 and under (SCE7 from Screener)

Program fill for (*HH Count Noun1*)
        If number rostered is 0, then fill 'no'
        If number rostered is 1 = person
        If number rostered is >1 = people

Program fill for (*HH Count Noun2*)
        If number SCE2 is 1 = person
        If number SCE2 is >1 = people

Program fill for (*HH Count Noun3*)
        If number SCE7 is 1 = child
        If number SCE7 is >1 = children

Screening Information:

(*Screening Date*) fill: Date of final Screening Code (MMDDYYYY)

Case Information:

(Street Num, Street Name, Apt/Unit, *city, state and zip code*): Street number, Street address, Apt/Unit, city, state and zip code for address

Fills: (*first name/a resident of this household*) If first name available from data, use this in fill – otherwise, use "a resident of this household".

Screening Information Provided:

CaseID
Phone number provided in SCEXIT4B
Address
First Name provided in SCEXIT4A
Screening Date (date of final Screening code)
Roster Data

Information needed for Enrollment Verification Interview Scripts [2690s]

<u>**General Information:**</u>

Gender = Male/Female

All fills are designated by italics text in parentheses (*address*)

(Street Num, Street Name, Apt/Unit, *city, state and zip code*): Street number, Street address, Apt/Unit, city, state and zip code for address

IF CALL-IN: Thank you for calling this study sponsored by the U.S. Food and Drug Administration at RTI. This is _____. In case we get cut off, let me get the telephone number you are calling from.] (On behalf of the U.S. Food and Drug Administration, I am trying to reach <CAS_FirstName> <CAS_LastName>.)

INTERVIEWER: THE ROSTER WILL BE DISPLAYED NEXT. IF THE PHONE NUMBER EXISTS ON THE ROSTER FOR THE SUBJECT AND HAS NOT BEEN CODED OUT, SELECT THAT NUMBER. OTHERWISE, ADD A NEW ROSTER LINE.

CELL_RESP. Are you driving a vehicle at this moment? IF YES, ASK FOR A BETTER TIME TO CALL AND SET A CALLBACK. IF YES, AND SM INDICATES S/HE IS WILLING TO TALK NOW, SAY "I'm sorry but for your safety I'm not able to conduct the survey while you're driving. When would be a better time to call you?" Got to INTRO1

INTRO1. Hello, my name is _____. I am calling from RTI International regarding a study sponsored by the U.S. Food and Drug Administration. May I please speak to (Panel Member Name/Screening Respondent Name)?

> ¹ ☐ YES, SPEAKING TO PANEL MEMBER OR SCREENING RESPONDENT [INTRO3]
> ² ☐ PANEL MEMBER AVAILABLE [INTRO1A]
> ³ ☐ PANEL MEMBER UNAVAILABLE [If Enrollment: CALLBACK, If Screener: INTRO2]
> ³ ☐ PANEL MEMBER UNAVAILABLE - OUT OF THE COUNTRY [OTC_WHY]
> ⁴ ☐ PANEL MEMBER/SCREENING RESPONDENT UNKNOWN [INTRO2]
> ⁵ ☐ RESPONDENT/PANEL MEMBER KNOWN, BUT WILL NEVER BE AVAILABLE [If Enrollment: INTRO1B, If Screener: INTRO2]
> ⁶ ☐ OTHER [INTRO1B]

SUBJ_UNAVAIL. Can <CAS_FirstName> be contacted before March 31, 2016? INTERVIEWER: IF YES, DETERMINE WHEN THE RESPONDENT WILL RETURN AND SET A CALLBACK.

OTC_WHY. SUBJECT'S NAME: <CAS_FirstName> <CAS_LastName> <CAS_Suffix> Is <CAS_FirstName> <CAS_LastName> <CAS_Suffix> out of the country due to:

INTERVIEWER: TRY TO DETERMINE REASON SUBJECT IS OUT OF THE COUNTRY AND ENTER BELOW.

GO TO OTC_INFO

OTC_INFO. Can you give me any address or telephone information or an email address for contacting <ROL_SubjectFirstName> <ROL_SubjectLastName> <ROL_SubjectSuffix>?

GO TO END

INTRO1A. May I speak with [him, her, if Screener and INTRO2 = 3: with this person]?

1 ☐ YES [INTRO3]
2 ☐ NO [CALLBACK]

INTRO1B. ENTER RESPONDENT'S ANSWER VERBATIM. [If Enrollment: CALLBACK, If Screener: INTRO2]

INTRO2. (If Screener AND INTRO1 = 3, 4, 5 include: Perhaps you can help me.) My name is _____. I am calling from RTI International regarding a study sponsored by the U.S. Food and Drug Administration.

Our records indicate that (Screener: you/someone at this number; Enrollment: Panel Member) (were/was) (SCREENING: contacted concerning *address;* ENROLLMENT: contacted about an important research study sponsored by the U.S. Food and Drug Administration).

This call is to _verify the quality_ of our interviewer's performance. It will take just a few minutes of your time. For training and quality assurance purposes, this call may be monitored.

[If Screener: Are you (or anyone else at this number) familiar with (*address*)?]

[If Enrollment: Is this the correct phone number for (first name)?]

PROBE: This is a scientific research study and the quality of data is essential. We monitor our interviewer's work in several ways. One very important check is to call some of the residences that were contacted to ensure the interviewer followed proper procedures and behaved professionally.

1 ☐ YES, RESPONDENT IS [INTRO3]
2 ☐ PANEL MEMBER LOCATED [INTRO3]
3 ☐ SOMEONE ELSE IS [INTRO1A]
4 ☐ PANEL MEMBER UNKNOWN [END]
5 ☐ NO [SV1]
-1 ☐ DON'T KNOW [SV1]

INTRO3. [SKIP if INTRO1 = 1: Hello, my name is _____. I am calling from RTI International regarding a study sponsored by the U.S. Food and Drug Administration.]

[IF Screener: "Our records indicate that someone at this number was contacted concerning (*address*)" IF Enrollment: "Our records indicate that you were interviewed for the National Panel of Tobacco Consumer Studies (TCS)".]

This call is to _verify the quality_ of our interviewer's performance. It will take just a few minutes of your time. For training and quality assurance purposes, this call may be monitored.

[IF Enrollment: Did you complete an interview for this study?

1 ☐ YES [EV3]
2 ☐ NO [EV2A]

[IF Screener: Are you or anyone else at this number familiar with (*address*)?]

3 ☐ YES, ADDRESS OK [SNVCODE]
4 ☐ YES, SOMETHING INCORRECT ABOUT ADDRESS [SV7]

5 ☐ NO [END]
6 ☐ SCHEDULE A CALLBACK [CALLBACK]

⁷ ☐ OTHER CODES   [END]

PROBE: This is a scientific research study and the quality of data is essential. We monitor our interviewer's work in several ways. One very important check is to call some of the residences that were contacted to ensure the interviewer followed proper procedures and behaved professionally.

SV1. Just to confirm, I was given this telephone number to verify that our interviewer made contact with someone that either lives at or is knowledgeable about (*address*). Is there anyone at this number who might be familiar with (*address*)?

       ¹ ☐ YES, RESPONDENT IS [SV4]
       ² ☐ YES, SOMEONE ELSE IS [SV3]
       ³ ☐ NO [SV2]
       ⁻¹ ☐ DON'T KNOW [SV2]

SV2. Is there anyone at this number who might be familiar with our interviewer?

       ¹ ☐ YES, RESPONDENT IS [SV4]
       ² ☐ YES, SOMEONE ELSE IS [INTRO1A]
       ³ ☐ NO [END]
       ⁻¹ ☐ DON'T KNOW [END]

EV2A. You may have answered questions concerning your use of tobacco products, and provided some basic demographic information. The interviewer would have used a tablet computer to record your responses. Does this sound familiar?

       ¹ ☐ YES [EV3]
       ² ☐ NO [EV2B]

EV2B. Were you <u>ever</u> contacted by one of our interviewers?

       ¹ ☐ YES, BUT RESPONDENT DOES NOT REMEMBER COMPLETING INTERVIEW [EV2C]
       ² ☐ YES, AND RESPONDENT DOES REMEMBER COMPLETING INTERVIEW [EV3]
       ³ ☐ NO [EV2C]

EV2C. Our interviewer would have been wearing a white badge with a picture I.D. (He or she may have been carrying a tablet computer. Did this person ever contact you?

       ¹ ☐ YES, BUT RESPONDENT DOES NOT REMEMBER COMPLETING INTERVIEW [EVEND]
       ² ☐ YES, AND RESPONDENT DOES REMEMBER COMPLETING INTERVIEW [EV3]
       ³ ☐ NO [EVEND]

EV3. It is important that the interviewer visited the correct address. Please provide the full address where you lived when the interviewer contacted you. Please tell me the full address including any apartment number, city, state, and zip code.

TI NOTE: DO NOT READ ADDRESS TO RESPONDENT. IF THE ADDRESS PROVIDED MATCHES THE BELOW INFORMATION, SELECT CORRECT. IF IT DOES NOT MATCH SELECT INCORRECT.

     (address)

TI NOTE: IF RESPONDENT PROVIDES ONLY PARTIAL INFORMATION, YOU SHOULD PROVIDE THE MISSING INFORMATION TO THE RESPONDENT TO CONFIRM IT IS ACCURATE.

       ¹ ☐ CORRECT [EV4]

² ☐ INCORRECT [EV3A]
⁻¹ ☐ DON'T KNOW [EVEND]
⁻² ☐ REFUSE [EVEND]

EV3A. Can you please repeat that?

ENTER ADDITIONAL COMMENTS UP TO 150 CHARACTERS.

ENTER RESPONDENT'S ADDRESS VERBATIM.

EV4. Did the interviewer ask you questions about topics such as your use of tobacco products and your ability to access the internet or use internet-enabled devices?

¹ ☐ YES [EV6]
² ☐ NO [EV5]

EV5. Just to be sure, were you asked questions about the type of tobacco products you use (such as cigarettes, cigars, or smokeless tobacco products) as well as questions about your access to the internet (either in or outside of your home)?

¹ ☐ YES [EV6]
² ☐ NO [EV8]

EV6. Did you agree to join the survey panel for the National Panel of Tobacco Consumer Studies, or TCS? This would involve you participating in several surveys over the next 3 years on tobacco-related topics.

¹ ☐ YES [EV7]
² ☐ NO [EV8]

EV7. Did you receive $35 in cash for your participation?

¹ ☐ YES [EVEND]
² ☐ NO [EVEND]
⁻¹ ☐ DON'T KNOW/DON'T REMEMBER [EVEND]

EV8. Did you receive $35 in cash when the interviewer visited you?

¹ ☐ YES [EVEND]
² ☐ NO [EVEND]
⁻¹ ☐ DON'T KNOW/DON'T REMEMBER [EVEND]

SNVCODE.
    IF SCREENING CODE 2601 OR 2605 OR 2606 OR 2610 OR 2620, GO TO SV4
SV3. May I speak with this person?

1 ☐ YES [SV4]
² ☐ NO [SV4A]

SV4. I'd like to verify what the interviewer reported. First, according to our interviewer, there are (*numberrostered1*) (*HH Count Noun1*) <u>age 18 or older</u> living in your household. Is this correct?

¹ ☐ YES [IF numberrostered1 > 0, THEN SV5, ELSE SKIP TO SV8]
² ☐ NO [SV4A]

-1 ☐ DON'T KNOW [SV5]
-2 ☐ REFUSED [SV5]

SV4A. Would you please describe what is incorrect about the information?

ENTER ADDITIONAL COMMENTS UP TO 150 CHARACTERS. IF IT BECOMES CLEAR THE RESPONDENT WAS CONFUSED BY THE QUESTION, GO BACK TO THE QUESTION AND REREAD/PROBE FOR CLARITY. ENTER RESPONDENT'S ANSWER VERBATIM [500 CHAR]

SV5. Next, according to our interviewer, (*numberrostered2*) (*HH Count Noun2*) between the age of 13 and 17 live in your household. Is this correct?

1 ☐ YES [SV6]
2 ☐ NO [SV5A]
-1 ☐ DON'T KNOW [SV6]
-2 ☐ REFUSED [SV6]

SV5A. Would you please describe what is incorrect about the information?

ENTER ADDITIONAL COMMENTS UP TO 150 CHARACTERS. IF IT BECOMES CLEAR THE RESPONDENT WAS CONFUSED BY THE QUESTION, GO BACK TO THE QUESTION AND REREAD/PROBE FOR CLARITY. ENTER RESPONDENT'S ANSWER VERBATIM [500 CHAR]

SV6. And finally, according to our interviewer, (*numberrostered3*) (*HH Count Noun3*) age 12 and under live in your household. Is this correct?

1 ☐ YES [SV8]
2 ☐ NO [SV6A]
-1 ☐ DON'T KNOW [SV8]
-2 ☐ REFUSED [SV8]

SV6A. Would you please describe what is incorrect about the information?

ENTER ADDITIONAL COMMENTS UP TO 150 CHARACTERS. IF IT BECOMES CLEAR THE RESPONDENT WAS CONFUSED BY THE QUESTION, GO BACK TO THE QUESTION AND REREAD/PROBE FOR CLARITY. ENTER RESPONDENT'S ANSWER VERBATIM [500 CHAR]

GO TO SV8

SV7. It is important that the interviewer visited the correct address. Please provide the full address where you lived when the interviewer contacted you. Please tell me the full address including any apartment number, city, state, and zip code.

TI NOTE: DO NOT READ ADDRESS TO RESPONDENT. IF THE ADDRESS PROVIDED MATCHES THE BELOW INFORMATION, SELECT CORRECT. IF IT DOES NOT MATCH SELECT INCORRECT.

(*address*)

TI NOTE: IF RESPONDENT PROVIDES ONLY PARTIAL INFORMATION, YOU SHOULD PROVIDE THE MISSING INFORMATION TO THE RESPONDENT TO CONFIRM IT IS ACCURATE.

1 ☐ CORRECT [SV8]
2 ☐ INCORRECT [SV7A]
-1 ☐ DON'T KNOW [END]
-2 ☐ REFUSED [END]

SV7A. Can you please repeat that?

ENTER ADDITIONAL COMMENTS UP TO 150 CHARACTERS.

ENTER RESPONDENT'S ADDRESS VERBATIM.

SV8. Was the interviewer polite and did the interviewer treat you professionally?

1 ☐ YES [END]
2 ☐ NO [SV8A]

SV8A. Would you please tell me more about that?

ENTER ADDITIONAL COMMENTS UP TO 150 CHARACTERS.

ENTER RESPONDENT'S ANSWER VERBATIM.
IF NO COMMENTS, ENTER NONE [DONEB]

SNV6A. Has (*address)* been vacant any time within recent weeks?

1 ☐ YES [SNV9A]
2 ☐ NO [SNV6B]
-1 ☐ DON'T KNOW [SNV6B]

SNV6B. Let me verify, was (*address)* vacant on or around (*Screening Date*)?

1 ☐ YES [SNV9A]
2 ☐ NO [SNV9A]
-1 ☐ DON'T KNOW [SNV9A]
-2 ☐ REFUSED [SNV9A]

SNV7A. (*Do/Did*) the people who own or occupy (*address*) have a usual place of residence elsewhere? PROBE: That is, is (address) used as a second home, seasonal or weekend residence only?

1 ☐ YES [SNV9A]
2 ☐ NO [SNV7B]
-1 ☐ DON'T KNOW [SNV7B]

SNV7B. Let me verify, (*will/did*) the people who own or occupy (*address*) have a usual place of residence elsewhere? PROBE: That is, they live elsewhere and only use (address) as a second home, seasonal or weekend residence.

1 ☐ YES [SNV9A]
2 ☐ NO [SNV7C]
-1 ☐ DON'T KNOW [SNV7C]
-2 ☐ REFUSED [SNV7C]

SNV7C. To the best of your knowledge, (*will/did*) the people who own or occupy (*address)* have a usual place of residence elsewhere? PROBE: That is, they live elsewhere and only use (address) as a second home, seasonal or weekend residence.

1 ☐ YES [SNV9A]
2 ☐ NO [SNV9A]
-1 ☐ DON'T KNOW [SNV9A]
-2 ☐ REFUSED [SNV9A]

SNV8A. Is (*address*) a business, military barracks, hotel or motel, a place that was demolished or does not exist, or another type of place that is not a residence?

        1 ☐ YES [SNV9A]
        2 ☐ NO [SNV8B]
      -1 ☐ DON'T KNOW [SNV8B]

SNV8B. We are trying to distinguish places that are residences such as houses, town houses, apartments, and college dormitories from the types of places I just mentioned.

To the best of your knowledge, is (*address*) a business, military barracks, hotel or motel, a place that was demolished or does not exist, or another type of place that is not a residence?

        1 ☐ YES [SNV9A]
        2 ☐ NO [SNV9A]
      -1 ☐ DON'T KNOW [SNV9A]
      -2 ☐ REFUSED [SNV9A]

SNV9A. Did you personally speak with our interviewer?

        1 ☐ YES [SNV9B]
        2 ☐ NO [END]

SNV9B. Was the interviewer polite and did the interviewer treat you professionally?

        1 ☐ YES [END]
        2 ☐ NO [SNV9B1]

SNV9B1. Would you please tell me more about that?

ENTER ADDITIONAL COMMENTS UP TO 150 CHARACTERS.

    ENTER RESPONDENT'S ANSWER VERBATIM.
    IF NO COMMENTS, ENTER "NONE". [END]

CALLBACK. **Thank you very much for your time, I will call back at a later time. Have a good (evening/day). [SET FOR CALLBACK]**

CALLBACK. Thank you for your time, we will call back. Have a nice evening/day.

END. Those are all of the questions I have. Thank you very much for your time. Have a good (evening/day).

END SURVEY

VOICEMAILSCRIPTS:

- **SCREENER /INELIGIBLE VERSION:** My name is _____. I am calling from RTI International regarding an important research study sponsored by the U.S. Food and Drug Administration. This call is to verify the quality of our interviewer's performance. Please call me back at your convenience at 1-xxx-xxx-xxxx.

- **ENROLLMENT VERSION:** My name is _____. I am calling for [fill panel member] from RTI International regarding an important research study sponsored by the U.S. Food and Drug Administration. This call is to verify the quality of our interviewer's performance. Please call me back at your convenience at 1-xxx-xxx-xxxx.

- **MESSAGE LEFT WITH LIVE PERSON**: My name is_____. I am calling from RTI International regarding an important research study sponsored by the U.S. Food and Drug Administration. Please ask him/her to call me at his/her earliest convenience at 1-xxx-xxx-xxxx.