**Food and Drug Administration (FDA) Center for Tobacco Products (CTP)**

**2018 E-blast Online Survey Instrument**

Note: The survey respondent will not see any text in blue.

[Screening Questions]

The purpose of this E-BLAST SURVEY is to see how satisfied you are with the Food and Drug Administration’s Center for Tobacco Products’ (CTP) email communications in general (i.e., CTP Connect, CTP News, and Spotlight on Science) and for us to learn about the email communications’ user base. Would you like to participate in this study?

1. Yes
2. No [TERMINATE SURVEY; GO TO TERMINATION TEXT 1]
3. Prefer not to answer [TERMINATE SURVEY; GO TO TERMINATION TEXT 1]

What year were you born?

[Drop-down menu]

[TERMINATE SURVEY AND GO TO TERMINATION TEXT 1 IF RESPONDENT WAS BORN IN 1999 OR LATER]

[TERMINATION TEXT 1:] Based on your answer, you do not qualify for this survey. Thank you very much for your time.

[Landing Page/Introduction]

**[INSERT APPENDIX D, INFORMED CONSENT FORM HERE]**

**1. Which of the following best describes you?**

1. **Public health professional** **(such as scientific researcher, research scientist, chemist, public health advocate/activist/organizer, public health educator/trainer, or public health communicator)**

Please check the role that best describes you: [These options will only appear if the respondent checks “Public health professional”]

* 1. Scientific researcher/research scientist/chemist
  2. Public health advocate/activist/organizer
  3. Public health educator/trainer
  4. Public health communicator
  5. Other: Please specify: \_\_\_\_\_\_\_\_\_\_\_ [Open-ended text box]

1. **Healthcare professional** **(such as physician, nurse, Physician Assistant, Nurse Practitioner, or administrator)**

**Please check the role that best describes you:** [These options will only appear if the respondent checks “Healthcare professional”]

* 1. Physician
  2. Nurse
  3. Physician Assistant/Nurse Practitioner
  4. Administrator
  5. Other: Please specify: \_\_\_\_\_\_\_\_\_\_\_ [Open-ended text box]

1. **Tobacco industry representative** **(such as manufacturer, retailer, wholesaler/distributor, importer, grower, or trade association representative)**

Please check the role that best describes you: [These options will only appear if the respondent checks “Tobacco industry representative”]

* 1. Manufacturer
  2. Retailer including shop owner, manager, or employee
  3. Wholesaler or Distributor
  4. Importer
  5. Grower
  6. Trade Association Representative
  7. Other: Please specify: \_\_\_\_\_\_\_\_\_\_\_ [Open-ended text box]

1. **Media professional** **(such as member of the press/reporter or other communications professional)**

Please check the role that best describes you: [These options will only appear if the respondent checks “Media professional”]

* 1. Member of the press/reporter
  2. Other communications professional

1. **Attorney/other legal professional**
2. **Inspector**
3. **Regulatory affairs professional**
4. **General public or other**

**2. Are you a government employee?**

* 1. Yes

Please check the level of government that you work in: [These options will only appear if the respondent checks “Yes”]

* 1. Federal

Please check the role that best describes you: [These options will only appear if the respondent checks “Federal”]

* + 1. FDA
       1. CTP (Center for Tobacco Products)
       2. Other: Please specify: \_\_\_\_\_\_\_\_\_\_ [open-ended text box]
    2. Other: Please specify: \_\_\_\_\_\_\_\_\_\_ [open-ended text box]
  1. State
  2. Local
  3. No
  4. Prefer not to answer

**The next several questions ask about your opinions on and needs related to CTP (Center for Tobacco Products) communications.**

**3. To which of our three email options are you subscribed?**

**[SELECT ALL THAT APPLY.]**

* + CTP Connect
  + CTP News
  + Spotlight on Science
  + I Don’t Know

**4. Please rate the following 5 topics in order of interest level, 1 being of most interest and 5 being of least interest:**

* Youth tobacco education campaigns
* Adult tobacco consumer health information
* Tobacco product compliance and enforcement actions
* Tobacco product policy, rulemaking, and guidance information
* The latest tobacco science and research

**4a. Are there any additional topics not listed above that are of interest to you?**

* Yes; Please specify: \_\_\_\_\_\_\_\_\_\_ [open-ended text box]
* No

**5. For which of the following topics would you like more plain language (easy-to-understand) information and resources?**

**[SELECT ALL THAT APPLY.]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | 1 Yes, I would like more plain language information on | 6  Don’t know/Not Applicable | 9 Prefer not to answer |
| **5\_1** | General compliance information | 1 | 6 | 9 |
| **5\_2** | Tobacco product application pathways (such as PMTA or SE) | 1 | 6 | 9 |
| **5\_3** | HPHCs (harmful and potentially harmful constituents) | 1 | 6 | 9 |
| **5\_4** | The compliance check inspection process | 1 | 6 | 9 |
| **5\_5** | Tobacco product research | 1 | 6 | 9 |
| **5\_6** | Nicotine | 1 | 6 | 9 |

**5a. Are there any additional topics not listed above that are of interest to you?**

* Yes; Please specify: \_\_\_\_\_\_\_\_\_\_ [open-ended text box]
* No

**The next few questions ask about your satisfaction with CTP (Center for Tobacco Products) communications.**

**6. Please rate the value of each of the following characteristics of our emails.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | **Don’t know/NA** | **Prefer not to answer** |
| **Length of Articles** | | | | | | |  |  |
| **6\_1 Too short** | **○1** | **○2** | **○3** | **○4** | **○5** | **Too long** | 6 | 9 |
| **Depth of Coverage** | | | | | | |  |  |
| **6\_2 Too little** | **○1** | **○2** | **○3** | **○4** | **○5** | **Too much** | 6 | 9 |
| **Amount of Graphics** | | | | | | |  |  |
| **6\_3 Too few** | **○1** | **○2** | **○3** | **○4** | **○5** | **Too many** | 6 | 9 |
| **Amount of Shareable Content** | | | | | | |  |  |
| **6\_4 Too little** | **○1** | **○2** | **○3** | **○4** | **○5** | **Too much** | 6 | 9 |
| **Frequency of Communications** | | | | | | |  |  |
| **6\_5 Too infrequently** | **○1** | **○2** | **○3** | **○4** | **○5** | **Too often** | 6 | 9 |

**7. Overall, how satisfied or dissatisfied are you with the email communications you receive from CTP?**

* Very satisfied
* Somewhat satisfied
* Neutral (neither satisfied or dissatisfied)
* Somewhat dissatisfied
* Very dissatisfied
* Prefer not to answer

**8. How helpful are the email communications you receive from CTP in keeping you informed about the work of the Center?**

* Very helpful
* Somewhat helpful
* Neutral (neither helpful or unhelpful)
* Somewhat unhelpful
* Very unhelpful
* Prefer not to answer

**9. Do you find our email content fresh and relevant?**

* Yes, always
* Yes, usually
* No, not usually
* No, never
* Don’t know/Not sure
* Prefer not to answer

**The next several questions ask about information sources.**

**10. Select your TOP 3 news sources from the following list:**

* Emails from CTP
* Non-CTP emails
* CTP Twitter
* FDA Facebook
* Non-FDA/CTP social media channels
* Television
* Radio
* Print (e.g., newspapers, magazines)
* Government websites
* Non-government websites
* Prefer not to answer

**11. Through which of the following social media channels would you like to receive more CTP information? [SELECT ALL THAT APPLY.]**

* Facebook
* Twitter
* Instagram
* YouTube
* LinkedIn
* None
* Other: Please specify: \_\_\_\_\_\_\_\_\_\_\_ [Open-ended text box]
* Prefer not to answer

**12. Which of the following government websites do you turn to as a tobacco news source?**

* FDA (including CTP) website
* CDC Office on Smoking and Health website
* CDC National Center for Chronic Disease Prevention and Health Promotion website
* National Cancer Institute (NCI) website
* None
* Other: Please specify: \_\_\_\_\_\_\_\_\_\_\_ [Open-ended text box]
* I don’t know
* Prefer not to answer

**The next few questions tell us more about you.**

**13. Are you a current tobacco product user?**

* Yes

**13a. Which tobacco product(s) do you use?** **[SELECT ALL THAT APPLY.]**

* + Cigarette
  + Cigar
  + Chew
  + Snus
  + Hookah
  + E-cigarette or vape
  + Pipe
* No
* Prefer not to answer

**14. What is your gender? [SELECT ONLY ONE.]**

* Male
* Female
* Transgender
* Other; Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [open-ended text box]
* Prefer not to answer

**15. What race do you consider yourself? [SELECT ALL THAT APPLY.]**

* White / Caucasian
* Black / African American / African
* Asian / Asian American
* American Indian / Native American
* Alaska Native
* Native Hawaiian
* Other Pacific Islander
* Prefer not to answer

**16. Are you Hispanic or Latino? [SELECT ONLY ONE.]**

* Yes

**16a.** [If Yes] **Are you interested in receiving information from CTP in Spanish?**

* + - * + Yes
        + No
* No
* Prefer not to answer

**17. In what country do you live?** [Drop down menu of countries]

* + Prefer not to answer

**17a.** [For those who responded “United States”] **What state do you work in?** [Drop down menu of states]

* + Prefer not to answer

**18. Which of the following categories best describes your level of education?**

* Some high school
* High school diploma or GED
* Trade or technical school
* Some college
* Associate’s degree
* Bachelor’s degree
* Graduate or professional degree (e.g., M.A., Ph.D., Psy.D., J.D., M.D.)
  + Prefer not to answer

**19. Did you take this survey last year, in 2017?**

* No
* Yes
* I don’t remember
* Prefer not to answer

**20. Please feel free here to make suggestions for how we can improve our email communications:**

[Open-ended text box]

**Thank you very much for taking the time to complete our E-Blast Survey!**

**The FDA CTP Team**

**Paperwork Reduction Act Statement:** The public reporting burden for this information collection has been estimated to average 5 minutes per response (the time estimated to read, review, and complete). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to [PRAStaff@fda.hhs.gov](mailto:PRAStaff@fda.hhs.gov).

[End of survey]