

**Food and Drug Administration (FDA) Center for Tobacco Products (CTP)
2019 E-blast Online Survey Instrument**

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

[Screening Questions]

The purpose of the **2019 FDA CTP E-BLAST SURVEY** is to see how satisfied you are with the Food and Drug Administration (FDA) Center for Tobacco Products' (CTP) email communications (i.e., **CTP Connect**, **CTP News**, **Spotlight on Science**, and **Modified Risk Tobacco Product Application Updates**) and for us to learn about our email communications' subscriber base. Would you like to participate in this study?

- a. Yes
- b. No [TERMINATE SURVEY; GO TO TERMINATION TEXT 1]
- c. 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 2 IF RESPONDENT WAS BORN IN 2001 OR LATER]

[TERMINATION TEXT 1:] You have indicated that you do not want to participate in the 2019 CTP E-Blast Survey and will now exit the survey. If you decide later that you would like to participate, you can use the same email invitation to access the survey. Thank you for your time!

[TERMINATION TEXT 2:] 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?

- a. 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"]

- i. Scientific researcher/research scientist/chemist
- ii. Public health advocate/activist/organizer
- iii. Public health educator/trainer
- iv. Public health communicator
- v. Other: Please specify: _____ [Open-ended text box]

- b. 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"]

- i. Physician
- ii. Nurse
- iii. Physician Assistant/Nurse Practitioner
- iv. Administrator
- v. Other: Please specify: _____ [Open-ended text box]

- c. 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"]

- i. Manufacturer or employed by a manufacturer
- ii. Retailer including shop owner, manager, or employee
- iii. Wholesaler or Distributor
- iv. Importer
- v. Grower
- vi. Trade Association Representative
- vii. Other: Please specify: _____ [Open-ended text box]

- d. 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"]

- i. Member of the press/reporter
- ii. Other communications professional
- iii. Other: Please specify: _____ [Open-ended text box]

- e. Attorney/other legal professional**

- f. Inspector**

- g. Regulatory affairs professional**

- h. General public or other**

2. Are you a government employee?

- a. Yes

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

- i. Federal

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

- i. FDA
 - 1. CTP (Center for Tobacco Products)
 - 2. Other: Please specify: _____ [open-ended text box]
 - ii. Other: Please specify: _____ [open-ended text box]
 - ii. State
 - iii. Local (County or City)
 - iv. Tribal
- b. No
- c. 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 4 email options are you subscribed?

[SELECT ALL THAT APPLY.]

- *CTP Connect*
- *CTP News*
- *Spotlight on Science*
- *Modified Risk Tobacco Product Application Updates*
- 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 and cessation information
- Tobacco product compliance and enforcement actions
- Tobacco product policy, rulemaking, and guidance information
- 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	How to talk to youth about the risks of using e-cigarettes	<input type="checkbox"/> _1	<input type="checkbox"/> _6	<input type="checkbox"/> _9
5_2	Tobacco product application pathways (such as Premarket Tobacco Product Applications or Modified Risk Tobacco Product Applications)	<input type="checkbox"/> _1	<input type="checkbox"/> _6	<input type="checkbox"/> _9
5_3	HPHCs (harmful and potentially harmful constituents)	<input type="checkbox"/> _1	<input type="checkbox"/> _6	<input type="checkbox"/> _9
5_4	Low nicotine cigarettes	<input type="checkbox"/> _1	<input type="checkbox"/> _6	<input type="checkbox"/> _9
5_5	Tobacco product research	<input type="checkbox"/> _1	<input type="checkbox"/> _6	<input type="checkbox"/> _9
5_6	Nicotine	<input type="checkbox"/> _1	<input type="checkbox"/> _6	<input type="checkbox"/> _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	<input type="radio"/> _1	<input type="radio"/> _2	<input type="radio"/> _3	<input type="radio"/> _4	<input type="radio"/> _5	Too long	<input type="checkbox"/> _6	<input type="checkbox"/> _9
Depth of Coverage								
6_2 Too little	<input type="radio"/> _1	<input type="radio"/> _2	<input type="radio"/> _3	<input type="radio"/> _4	<input type="radio"/> _5	Too much	<input type="checkbox"/> _6	<input type="checkbox"/> _9
Amount of Graphics								
6_3 Too few	<input type="radio"/> _1	<input type="radio"/> _2	<input type="radio"/> _3	<input type="radio"/> _4	<input type="radio"/> _5	Too many	<input type="checkbox"/> _6	<input type="checkbox"/> _9
Amount of Shareable Content								
6_4 Too little	<input type="radio"/> _1	<input type="radio"/> _2	<input type="radio"/> _3	<input type="radio"/> _4	<input type="radio"/> _5	Too much	<input type="checkbox"/> _6	<input type="checkbox"/> _9
Frequency of Communications								
6_5 Too infrequently	<input type="radio"/> _1	<input type="radio"/> _2	<input type="radio"/> _3	<input type="radio"/> _4	<input type="radio"/> _5	Too often	<input type="checkbox"/> _6	<input type="checkbox"/> _9

7. 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

8. 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

9. 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

10. Are you interested in receiving information from CTP in other languages?

- Yes [[GO TO QUESTION 10a](#)]
- No [[GO TO QUESTION 11](#)]
- Prefer not to answer

10a. Please specify the language(s). List language(s) here: _____ [[Open-ended text box](#)]

- Prefer not to answer

The next several questions ask about information sources.

11. Select your TOP 3 TOBACCO 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

12. Through which of the following social media channels would you like to receive more tobacco education and regulatory information from CTP? [SELECT ALL THAT APPLY.]

- Facebook
- Twitter
- Instagram
- YouTube
- LinkedIn
- Forums (e.g., Reddit)
- None
- Other: Please specify: _____ [Open-ended text box]
- Prefer not to answer

13. Aside from FDA, who do you turn to for trusted information on the topic of tobacco?

_____ [Open-ended text box]

The next few questions tell us more about you.

14. Have you used a nicotine product (e.g., cigarettes, e-cigarettes, etc.) in the last 30 days?

- Yes
 - 14a. Which nicotine product(s) do you use? [SELECT ALL THAT APPLY.]**
 - o Cigarette
 - o Heat-not-burn cigarette
 - o Cigar
 - o Chew
 - o Snus
 - o Hookah
 - o E-cigarette or vape
 - o Pipe
- No
- Prefer not to answer

15. What is your gender? [SELECT ONLY ONE.]

- Male
- Female
- Transgender
- Non-binary
- Other
- Prefer not to answer

16. 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

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

- Yes
- No
- Prefer not to answer

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

- Prefer not to answer

18a. [For those who responded "United States"] In what state do you work? [Drop down menu of states]

- Prefer not to answer

19. 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

20. Did you take this survey last year, in 2018?

- No
- Yes
- I don't remember
- Prefer not to answer

21. 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 PRASStaff@fda.hhs.gov.

[\[End of survey\]](#)