ATTACHMENT 1.
QUESTIONNAIRES: ENGLISH-LANGUAGE VERSIONS

[CLEAN VERSIONS]

Food and Drug Administration
Center for Tobacco Products

TCS
National Panel of
Tobacco Consumer Studies

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

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

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

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 27616**

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

> 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

1

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

2

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

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

INTERVIEWER PROBE IF NEEDED:

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

3

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.**

4

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]?

_____ 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

5

-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

6

-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.**

<u>CIGARETTES</u>

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

7

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?

8

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)

9

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
   AND
   ◆ NOT ON ACTIVE DUTY (SCC8 = 2) or DK/REF
   AND
   ◆ LIVES IN HH FULL TIME (SCC14=1) or DK/REF
   AND
   ◆ CURRENT TOBACCO USER (CLASSIFIED AS SMOKER, CIGAR SMOKER, OR SMOKELESS USER IN CHECK BOX 5, 6, OR 7. ADULT MAY BE CLASSIFIED AS MORE THAN ONE TYPE OF USER.)
END OF SELECTION.

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

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

INTERVIEWER: UPDATE NAME AS NEEDED.

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

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.

10

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)

11

→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.**

12

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.

1

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

2

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.**

3

> → 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.

4

[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]

5

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 from home? Please select all that apply.

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

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

- 1 ☐ YES
- 2 ☐ NO → GO TO ESB5

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

- 1 ☐ At work
- 2 ☐ At school
- 3 ☐ At the library
- 4 ☐ At a coffee shop/restaurant/or other WiFi enabled public location
- 5 ☐ At a friend's/neighbor's/family member's house

6

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

7

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

CHECK BOX 4: CONSIDER ALTERNATE MODE OFFER.

IF ESB9CHK2 = 2

    IF WEB OFFERED AT ESB8: IF ESB1 = 1 OR ESB3 = 1 OR ESB5 = <u>1 OR ESB7 = 1</u>, → GO TO ESB9.

    IF MAIL OFFERED AT ESB8: IF ESB1 NE 1 AND ESB3 NE 1 AND ESB5 NE 1 AND ESB7 NE 1 → GO TO ESBEXT2.

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

Is mail a more convenient way for you to participate?

¹☐ YES
²☐ NO / R REFUSED MAIL → GO TO ESBEXT2

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

8

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

9

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.]

10

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]

11

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 ☐   ----------
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

12

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, MS, 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

13

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 <u>combined</u> income of all members of your family during the <u>past 12 months</u>? 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 ESC14
^{2} ☐ $30,000 to $49,999   → GO TO ESC14
^{3} ☐ $50,000 to $74,999   → GO TO ESC14
^{4} ☐ $75,000 to $99,999   → GO TO ESC14
^{5} ☐ $100,000 to $124,999   → GO TO ESC14
^{6} ☐ $125,000 to $149,999   → GO TO ESC14
^{7} ☐ $150,000 or more   → GO TO ESC14
^{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 <u>combined</u> 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

14

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.**

15

BEST#:

FI: ENTER 9 for REFUSED.

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

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

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

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

¹ ☐   YES
² ☐   NO

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

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

16

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.

17

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

18

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]

19

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:

20

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

21

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 TO 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.]

1

[FIRST NAME]   **[LAST NAME]**

_____   _____

A. <u>WEB SURVEY TUTORIAL</u>

> 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.

2

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)

3

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.

4

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.

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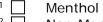
¼ PACK = 5	1¼ PACKS = 25	2¼ PACKS = 45
½ PACK = 10	1½ PACKS = 30	2½ PACKS = 50
¾ PACK = 15	1¾ PACKS = 35	2¾ PACKS = 55
1 PACK = 20	2 PACKS = 40	3 PACKS = 60

    _____ Number of cigarettes (RANGE 1-99)

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

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

    1 ☐   Menthol
    2 ☐   Non-Menthol
    3 ☐   No usual type

5

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.

6

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?

_____ Number of days (RANGE 0-30)

RANGE CHECK: Please enter a number between 0 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.

7

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

8

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 past 30 days, 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 usually use? Please select one.

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

PROGRAMMER NOTE: IF R LEAVES PBB15 BLANK, ASK:
Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.
1   ☐ RETURN TO QUESTION → RETURN TO PBB15
-2   ☐ CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBB16

9

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
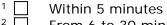   ⁻²   ☐ CONTINUE → CODE AS -2 (REFUSED) AND CONTINUE TO PBB19

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

10

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]. 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.**

11

[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

12

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

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

PROGRAMMER NOTE: IF R LEAVES PBC3 BLANK, ASK:
Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.
  1   ☐ RETURN TO QUESTION → RETURN TO PBC3
  -2   ☐ CONTINUE→ CODE AS -2 (REFUSED) AND CONTINUE TO PBC4

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

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

1 ☐ Every day
2 ☐ A few times per week
3 ☐ Once a week
4 ☐ Once a month
5 ☐ Never

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

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

PROGRAMMER NOTE: IF R LEAVES PBC6 BLANK, ASK:
Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.
  1   ☐ RETURN TO QUESTION → RETURN TO PBC6
  -2   ☐ CONTINUE→ CODE AS -2 (REFUSED) AND CONTINUE TO PB_END

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

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

  1   ☐**No email address**

PROGRAMMER NOTE: IF R LEAVES PBEND BLANK, ASK:

13

Could you please enter a response? Select "return to question" to enter a response. Select "continue" to skip this question.	
1 ☐ RETURN TO QUESTION → RETURN TO PBEND	
-2 ☐ CONTINUE→ CODE AS -2 (REFUSED) AND CONTINUE TO PB_END2	

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

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

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.

14

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 <u>COMPUTERS/THE INTERNET</u>?**

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 this 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:

1

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.

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 5 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.

2

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

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

PROGRAMMER: INSERT PROMPTS IF AN ITEM IS LEFT BLANK SO R CAN CHOSE DK OR RE RESPONSE: "Please enter a response. Select "Change answer" to enter a response. Select "Keep answer and continue" to skip this question." ASSIGN -99 TO INDICATE RESPONDENT LEFT THE ITEM BLANK. FOR NUMERIC ITEMS, THE RANGE CHECK PROMPT IS: Please enter a number between [FILL LOWER RANGE] and [FILL UPPER RANGE].

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 buy tobacco products, and your use of tobacco product coupons or promotional items. 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. Your answers to the questions will be kept private to the fullest extent allowable by law.

> **PER IRB FOR TCS WEB SURVEYS: Do you agree to participate in the survey?**
>
> ¹ ☐ Yes
> ² ☐ No → EXIT SURVEY: Thank you for your time. Have a nice day/evening. (ASSIGN CODE 1410 REFUSAL BY SUBJECT)

[IF MAIL MODE:] Please use <u>blue or black ink</u> to complete the survey. Once you complete the survey, please place it in the enclosed business reply envelope and return it to us at no charge. If you have any questions about the survey, please call the TCS toll-free project line at **1-800-613-0326.** Thank you for your participation.

A. CIGARETTE MODULE

The first questions are about cigarettes.

S1A1. Have you smoked at least 100 <u>cigarettes</u> in your entire life?

¹ ☐ Yes
² ☐ No

1

S1A1a. 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 → **GO TO QUESTION S1A28 ON PAGE X**

S1A2. On the average, about how many <u>cigarettes</u> a day 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)

S1A3. What is your <u>usual brand</u> of cigarettes? *Please select one answer* **(IF MAIL:** *from the list below***).**

[DISPLAY LIST OF BRANDS AND VARIETY OF BRAND FOR PARTICIPANTS TO SELECT. USE SCANNER DATA WITH BRAND BY MARKET SHARE TO DETERMINE CATEGORIES]:

⁸⁸⁸☐ Other (*Please specify:* _____)
⁹⁹⁹☐ I do not have a usual brand → GO TO QUESTION S1A16

The next questions are about your <u>usual brand</u> of cigarettes reported in (IF WEB: the previous question/IF MAIL: the previous question, S1A3). Please think about this brand as you answer the following questions.

PROGRAMMER: ADD THE FOLLOWING BANNER TO WEB SCREENS FOR ITEMS S1A4 TO S1A8: USUAL BRAND OF CIGARETTES: [FILL BRAND SELECTED IN S1A3]

S1A4. About how long have you been using your <u>usual brand</u>? *Please enter your answer in YEARS. If less than 1 year, enter the number of months. If less than 1 month, enter the number of days.*

I___I___I   Or
Years   (RANGE 0-99)

I___I___I   Or
Months (RANGE 0-12)

2

|___|___|
Days (RANGE 0-31)

S1A5. Is this brand the first brand you ever smoked regularly?

¹ ☐ Yes
² ☐ No

S1A6. Is your <u>usual brand</u> the first brand you tried when you started smoking?

¹ ☐ Yes
² ☐ No

S1A7. Why did you start using your <u>usual brand</u>? *Please select all that apply.*

¹☐ People close to me smoked this brand
²☐ I liked the taste
³☐ It satisfied me
⁴☐ It was the cheapest brand I could find
⁵☐ It felt smooth on my throat
⁶☐ It seemed to fit my style
⁷☐ It was less harmful than other cigarette brands
⁸☐ I liked the look and feel of the packaging
⁹☐ I had coupons or special offers
¹⁰ ☐ Other (*Please specify:* _____)

S1A8. Is your <u>usual brand</u> 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 smoke? *Please select one answer.*

¹ ☐ Full flavor cigarettes
² ☐ "Light" cigarettes
³ ☐ "Ultra Light" cigarettes
⁴ ☐ None of the above

S1A10. How often do you buy brands <u>other than</u> your <u>usual brand</u>?

¹ ☐ Often
² ☐ Sometimes
³ ☐ Rarely   → GO TO S1A12
⁴ ☐ Never   → GO TO S1A12

3

S1A11. Below are some reasons other smokers have given for trying other brands. Please select all the reasons that apply to you.

1 ☐ My <u>usual brand</u> is too expensive   → GO TO S1A13
2 ☐ My <u>usual brand</u> is too harsh   → GO TO S1A13
3 ☐ My <u>usual brand</u> does not give coupons or
     special offers   → GO TO S1A13
4 ☐ My <u>usual brand</u> is more harmful than other brands   → GO TO S1A13
5 ☐ The quality of my <u>usual brand</u> is not consistent   → GO TO S1A13
6 ☐ Other (*Please specify*): _____ → GO TO S1A13

S1A12. Below are some reasons other smokers have given for being loyal to one brand. Please select all the reasons that apply to you.

1 ☐ People like me smoke this brand
2 ☐ I like the taste
3 ☐ It satisfies me
4 ☐ It is cheap
5 ☐ It feels smooth on my throat
6 ☐ It fits my style
7 ☐ It is less harmful than other brands
8 ☐ I get coupons or special offers for it
9 ☐ The quality is consistently high
10 ☐ Other (*Please specify*):_____

S1A13. How often do you use coupons for your <u>usual brand of cigarettes</u>?

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

S1A14. How often do you use coupons for a brand that is <u>not your usual brand</u>?

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

S1A15a. How often do 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

4

S1A15b. How often do 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. Do you <u>usually</u> buy your own cigarettes?

1 ☐ Yes
2 ☐ No   → GO TO S1A21

S1A17. How do you <u>usually</u> buy cigarettes for yourself? Is it…(*Please select one answer*):

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

S1A18. Where do you buy your cigarettes most of the time? *Please select one answer.*

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*): _____

S1A19. Do you <u>usually</u> buy your cigarettes by the carton, pack, or single cigarettes? *Please select one answer.*

1 ☐ Carton
2 ☐ Pack
3 ☐ Single cigarettes

S1A20. How much do you <u>usually</u> pay for the carton, pack, or single cigarettes you buy?

$|__|__|__|.|__|__|
[RANGE: CARTON $15-$150; PACK $2 - $15; SINGLES $0-$3]

5

S1A21. Please think about the past 30 days.

In the past 30 days, on how many days did you buy cigarettes?

|__|__| Days (RANGE 0-30) → IF 0, GO TO S1A23

S1A22. About how many cigarettes did you buy in the past 30 days?

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 you bought (RANGE 1-1800)

S1A23. Did anyone else buy cigarettes for you in the past 30 days?

1 ☐ Yes
2 ☐ No   → GO TO S1A25

S1A24. About how many cigarettes did someone else buy for you in the past 30 days?

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 someone bought for you (RANGE 1-1800)

S1A25. Did you give or sell any cigarettes you bought or that were bought for you in the past 30 days to someone else?

1 ☐ Yes
2 ☐ No   → GO TO S1A27

S1A26. About how many of the cigarettes that you bought or that were bought for you in the past 30 days did you give or sell to someone else?

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

6

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 given or sold (RANGE 1-1800)

S1A27. Now think about cigarettes you bought in <u>the last week</u>.

a. How many cartons, packs, or single cigarettes did you buy <u>Monday</u>?

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

b. How many cartons, packs, or single cigarettes did you buy <u>Tuesday</u>?

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

c. How many cartons, packs, or single cigarettes did you buy <u>Wednesday</u>?

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

d. How many cartons, packs, or single cigarettes did you buy <u>Thursday</u>?

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

e. How many cartons, packs, or single cigarettes did you buy <u>Friday</u>?

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

f. How many cartons, packs, or single cigarettes did you buy <u>Saturday</u>?

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

g. How many cartons, packs, or single cigarettes did you buy <u>Sunday</u>?

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

(RANGES FOR ITEMS A-G: CARTONS 0-5; PACKS: 0-9; SINGLES (0-19)

| **CHECK BOX 1: GO TO SECTION B (CIGARS).** |

S1A28. In the <u>past 12 months</u>, have you smoked a cigarette, even one or two puffs?

¹ ☐ Yes
² ☐ No ➔ **GO TO SECTION B (CIGARS) ON PAGE X**

S1A29. Thinking about the <u>past 12 months</u>, how long has it been since you last smoked a cigarette, even one or two puffs? _Please enter your answer in MONTHS. If less than 1 month, enter the number of weeks. If less than 1 week, enter the number of days._

7

I___I___I Or
Months   (RANGE 0-12)

I___I___I Or
Weeks (RANGE 0-52)

I___I___I
Days (RANGE 0-31)

B. CIGARS/CIGARILLOS/LITTLE FILTERED CIGARS

S1BINTRO: The next 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.

S1B1. Do you now smoke regular cigars, cigarillos, or little filtered cigars every day, some days, or not at all?

¹ ☐ Every day
² ☐ Some days
³ ☐ Not at all   → **GO TO QUESTION S1B28 ON PAGE X**

PROGRAMMER: FOR S1B2a-c, DISPLAY A PICTURE OF EACH OF THE 3 PRODUCT TYPES, WITH A YES/NO ITEM 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.

S1B2. A picture of each type of cigar product is shown [IF WEB: on the following screens/IF MAIL: below/to the right], along with a brief description. Please select each product that you now smoke. If you smoke more than one of these cigar types, please select every product you currently use.

a. Do you now smoke regular cigars?

8

¹ ☐ Yes
² ☐ No

b. **Do you now smoke cigarillos?**
¹ ☐ Yes
² ☐ No

c. **Do you now smoke little filtered cigars?**
¹ ☐ Yes
² ☐ No

CHECK BOX 2: IF ONLY 1 PRODUCT SELECTED IN S1B2a-c → GO TO CHECK BOX 3. ELSE, ASK SIB2d.

S1B2d. Which of these cigar products do you use <u>most often</u>? (PLEASE SELECT ONE ANSWER)

¹ ☐ Regular Cigars   ² ☐ Cigarillos   ³ ☐ Little Filtered Cigars

---

CHECK BOX 3: FOR WEB MODE, IF ONLY 1 PRODUCT SELECTED IN S1B2a-c, 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 S1B2d.

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

For the questions in this section, please think about the type of cigar product you smoke <u>most often</u>, that is, [IF WEB, FILL CIGAR TYPE: regular cigars, cigarillos, or little filtered cigars/IF MAIL: the type of product you selected from the previous question, S1B2d).

S1B3. On the average, about how many [IF WEB, FILL CIGAR TYPE: regular cigars, cigarillos, little filtered cigars/IF MAIL: of this type of product] a day do you now smoke? Please enter the number below.

_____ Number of [IF WEB, FILL CIGAR TYPE: regular cigars, cigarillos, little filtered cigars/IF MAIL: regular cigars, cigarillos, or little filtered cigars] (RANGE 1-99)

S1B4. Thinking about the cigar product you smoke <u>most often</u>, do you smoke the product every day or some days? *Please select one answer.*

¹ ☐ Every day
² ☐ Some days

S1B5. What is your <u>usual brand</u> of [IF WEB, FILL CIGAR TYPE: regular cigars, cigarillos, little filtered cigars/IF MAIL: cigar products]? *Please select one answer* **(IF MAIL:** *from the list below***).**

9

[DISPLAY LIST OF BRANDS AND VARIETY OF BRAND FOR PARTICIPANTS TO SELECT. USE SCANNER DATA WITH BRAND BY MARKET SHARE TO DETERMINE CATEGORIES]:

888☐ Other (*Please specify*): _____
999☐ I do not have a usual brand→ **GO TO QUESTION S1B17 ON PAGE X**

The next questions are about your <u>usual brand</u> of [IF WEB, FILL CIGAR TYPE: regular cigars, cigarillos, little filtered cigars/IF MAIL: cigar products] reported in (IF WEB: the previous question/IF MAIL: the previous question, S1B5). Please think about this brand as you answer the following questions.

PROGRAMMER: ADD THE FOLLOWING BANNER TO WEB SCREENS FOR ITEMS S1B6 TO S1B9: USUAL BRAND OF CIGAR PRODUCTS: [FILL BRAND SELECTED IN S1B5]

S1B6. About how long have you been using your <u>usual brand</u>? *Please enter your answer in YEARS. If less than 1 year, enter the number of months. If less than 1 month, enter the number of days.*

I___I___I Or
Years   (RANGE 0-99)

I___I___I Or
Months (RANGE 0-12)

I___I___I

Days (RANGE 0-31)

S1B7. Is this brand the first brand you ever smoked regularly?

1 ☐ Yes
2 ☐ No

S1B8. Is your <u>usual brand</u> the first brand you tried when you started smoking?

10

1 ☐ Yes
2 ☐ No

S1B9. Why did you start using your <u>usual brand</u>? *Please select all that apply.*

1 ☐ People close to me smoked this brand
2 ☐ I liked the taste
3 ☐ It came in flavors I liked
4 ☐ It satisfied me
5 ☐ It was cheaper than cigarettes
6 ☐ It was the cheapest brand I could find
7 ☐ It felt smooth on my throat
8 ☐ It seemed to fit my style
9 ☐ It was less harmful than other cigar brands
10 ☐ I liked the look and feel of the packaging
11 ☐ I had coupons or special offers
12 ☐ Other (*Please specify*: _____)

11

S1B10. Are the [IF WEB, FILL: [FILL CIGAR TYPE: regular cigars, cigarillos, little filtered cigars]/IF MAIL, FILL: cigar products] you usually smoke... (*Please select one answer*):

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
7 ☐ I do not usually smoke flavored cigar products

S1B11. How often do you buy brands <u>other than</u> your <u>usual brand</u>?

1 ☐ Often
2 ☐ Sometimes
3 ☐ Rarely   → GO TO S1B13
4 ☐ Never   → GO TO S1B13

S1B12. Below are some reasons other cigar smokers have given for trying other brands. Please select all the reasons that apply to you.

1 ☐ My <u>usual brand</u> is too expensive   → GO TO S1B14
2 ☐ My <u>usual brand</u> is too harsh   → GO TO S1B14
3 ☐ My <u>usual brand</u> does not offer all the flavors I like → GO TO S1B14
4 ☐ My <u>usual brand</u> does not give coupons or
       special offers   → GO TO S1B14
5 ☐ My <u>usual brand</u> is more harmful than other brands → GO TO S1B14
6 ☐ The quality of my <u>usual brand</u> is not consistent   → GO TO S1B14
7 ☐ Other (*Please specify*): _____ → GO TO S1B14

S1B13. Below are some reasons other cigar smokers have given for being loyal to one brand. Please select all the reasons that apply to you.

1 ☐ People like me smoke this brand
2 ☐ I like the taste
3 ☐ It satisfies me
4 ☐ It is cheap
5 ☐ It feels smooth on my throat
6 ☐ It fits my style
7 ☐ It is less harmful than other brands
8 ☐ I get coupons or special offers for it
9 ☐ The quality is consistently high
10 ☐ Other (*Please specify*):_____

12

S1B14. How often do you use coupons for your <u>usual brand</u> of [IF WEB, FILL CIGAR TYPE: regular cigars, cigarillos, little filtered cigars/IF MAIL: cigar products]?
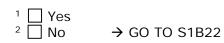
1 ☐ Always
2 ☐ Often
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never

S1B15. How often do you use coupons for a brand of regular cigars, cigarillos, or little filtered cigars that is <u>not your usual brand</u>?

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

S1B16a. How often do you take advantage of in-store special promotions on your <u>usual brand</u> of [IF WEB, FILL CIGAR TYPE: regular cigars, cigarillos, little filtered cigars/IF MAIL: cigar products] (i.e., buy one, get one free or reduced price)?

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

S1B16b. How often do you take advantage of in-store special promotions for a brand of regular 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. Do you <u>usually</u> buy your own [IF WEB, FILL CIGAR TYPE: regular cigars, cigarillos, little filtered cigars/IF MAIL: cigar products]?

1 ☐ Yes
2 ☐ No   → GO TO S1B22

13

S1B18. How do you <u>usually</u> buy [IF WEB, FILL CIGAR TYPE: regular cigars, cigarillos, little filtered cigars]/IF MAIL: cigar products for yourself? Is it...(*Please select one answer*):

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

S1B19. Where do you buy your [IF WEB FILL CIGAR TYPE: regular cigars, cigarillos, little filtered cigars/IF MAIL: cigar products] most of the time? *Please select one answer.*

¹ ☐ A cigar bar
² ☐ A convenience store or gas station
³ ☐ A supermarket, grocery store, or drug store
⁴ ☐ A warehouse club, such as Sam's or Costco
⁵ ☐ A smoke shop, tobacco specialty store or tobacco outlet store
⁶ ☐ A duty free shop or military commissary
⁷ ☐ A bar, pub, restaurant or casino
⁸ ☐ A friend or relative
⁹ ☐ A swap meet or flea market
¹⁰ ☐ A store on an Indian reservation
¹¹ ☐ A liquor store
¹² ☐ From somewhere else (*Please specify*): _____

S1B20. How many [IF WEB, FILL CIGAR TYPE: regular cigars, cigarillos, little filtered cigars/IF MAIL: regular cigars, cigarillos, or little filtered cigars] are in the package you <u>usually</u> buy?

_____ Number in package (Range 1-99)

S1B21. How much do you <u>usually</u> pay for the package of [IF WEB, FILL CIGAR TYPE: regular cigars, cigarillos, little filtered cigars/IF MAIL: cigar products] you buy?

$|__|__|__|.|__|__| (RANGE $1 - $250)

S1B22. The next questions are also about the type of cigar product you use <u>most often</u>. Please think about the <u>past 30 days</u>.

In the <u>past 30 days</u>, on how many days did you buy [IF WEB, FILL CIGAR TYPE: regular cigars, cigarillos, little filtered cigars/IF MAIL: cigar products]?

|__|__| Days (RANGE 0-30) → IF 0, GO TO S1B24

14

S1B23. (IF MAIL: Please think about the type of cigar product you use most often.) About how many individual [IF WEB, FILL CIGAR TYPE: regular cigars, cigarillos, little filtered cigars/IF MAIL: regular cigars, cigarillos, or little filtered cigars] did you buy in the past 30 days?

_____ Number you bought (RANGE 1-180)

S1B24. Did anyone else buy [IF WEB, FILL CIGAR TYPE: regular cigars, cigarillos, little filtered cigars/IF MAIL: cigar products] for you in the past 30 days?

1 ☐ Yes
2 ☐ No → GO TO S1B26

S1B25. (IF MAIL: Please think about the type of cigar product you use most often.) About how many individual [IF WEB, FILL CIGAR TYPE: regular cigars, cigarillos, little filtered cigars/IF MAIL: regular cigars, cigarillos, or little filtered cigars] did someone else buy for you in the past 30 days?

_____ Number someone bought for you (RANGE 1-50)

S1B26. Did you give or sell any [IF WEB, FILL CIGAR TYPE: regular cigars, cigarillos, little filtered cigars/IF MAIL: cigar products] you bought or that were bought for you in the past 30 days to someone else?

1☐ Yes
2☐ No → GO TO SECTION C (SMOKELESS TOBACCO) ON PAGE X

S1B27. (IF MAIL: Please think about the type of cigar product you use most often.) About how many of the individual [IF WEB, FILL CIGAR TYPE: regular cigars, cigarillos, little filtered cigars/IF MAIL: regular cigars, cigarillos, or little filtered cigars] that you bought or that were bought for you in the past 30 days did you give or sell to someone else?

_____ Number of cigar products given or sold (RANGE 1-50)

CHECK BOX 4: GO TO SECTION C (SMOKELESS TOBACCO) ON PAGE X.

S1B28. In the past 12 months, have you smoked a regular cigar, cigarillo, or little filtered cigar, even one or two puffs?

1 ☐ Yes
2 ☐ No → **GO TO SECTION C (SMOKELESS TOBACCO) ON PAGE X**

S1B29. Thinking about the past 12 months, how long has it been since you last smoked regular cigars, cigarillos, or little filtered cigars, even one or two puffs? _Please enter your answer in MONTHS. If less than 1 month, enter the number of weeks. If less than 1 week, enter the number of days._
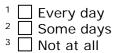
15

I___I___I   Or
Months   (RANGE 0-12)

I___I___I   Or
Weeks (RANGE 0-52)

I___I___I
Days (RANGE 0-31)

C. SMOKELESS TOBACCO MODULE

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

S1C1. Do you now use smokeless tobacco every day, some days, or not at all?

1 ☐ Every day
2 ☐ Some days
3 ☐ Not at all   **→ GO TO QUESTION S1C28 ON PAGE X**

S1C2. On the average, about how many <u>times a day do you use </u>smokeless tobacco? Please enter the number of <u>times per day</u> below.

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

S1C3. On the average, about how many tins, pouches, or tubs of smokeless tobacco <u>do you use each week?</u> *Please enter the number of <u>tins, pouches, or tubs per week </u>below*.

_____ Number of tins, pouches, or tubs per week (RANGE 1-50)

S1C4. What is your <u>usual brand</u> of smokeless tobacco? *Please select one answer* (IF MAIL: *from the list below*).

[DISPLAY LIST OF BRANDS AND VARIETY OF BRAND FOR PARTICIPANTS TO SELECT. USE SCANNER DATA WITH BRAND BY MARKET SHARE TO DETERMINE CATEGORIES]:

888☐ Other (*Please specify*: _____)
999☐ I do not have a usual brand→ GO TO QUESTION S1C16

The next questions are about your <u>usual brand</u> of smokeless tobacco as reported in (IF WEB: the previous question/IF MAIL: the previous question, S1C4). Please think about this brand as you answer the following questions.

PROGRAMMER: ADD THE FOLLOWING BANNER TO WEB SCREENS FOR ITEMS S1C5 TO S1C8: USUAL BRAND OF SMOKELESS TOBACCO: [FILL BRAND SELECTED IN S1C4]

16

S1C5. About how long have you been using your <u>usual brand</u>? *Please enter your answer in YEARS. If less than 1 year, enter the number of months. If less than 1 month, enter the number of days.*

I___I___I   Or
Years   (RANGE 0-99)

I___I___I   Or
Months (RANGE 0-12)

I___I___I
Days (RANGE 0-31)

S1C6. Is this brand the first brand you ever used regularly?

1 ☐ Yes
2 ☐ No

S1C7. Is your <u>usual brand</u> the first brand you tried when you started using smokeless tobacco?

1 ☐ Yes
2 ☐ No

S1C8. Why did you start using your <u>usual brand</u>? *Please select all that apply.*

1 ☐ People close to me used this brand
2 ☐ I liked the taste
3 ☐ It came in flavors I liked
4 ☐ It satisfied me
5 ☐ It was cheaper than cigarettes
6 ☐ It was the cheapest brand I could find
7 ☐ It did not bother my mouth or throat
8 ☐ It seemed to fit my style
9 ☐ It was less harmful than other smokeless tobacco brands
10 ☐ I liked the look and feel of the packaging
11 ☐ I had coupons or special offers
12 ☐ Other (*Please specify*: _____)

S1C9. Is the smokeless tobacco you usually use... (*Please select one answer*):

17

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
7 ☐ I do not usually use flavored smokeless tobacco

S1C10. How often do you buy brands <u>other than</u> your <u>usual brand</u>?

1 ☐ Often
2 ☐ Sometimes
3 ☐ Rarely   → GO TO S1C12
4 ☐ Never   → GO TO S1C12

S1C11. Below are some reasons other smokeless users have given for trying other brands. Please select all the reasons that apply to you.

1 ☐ My <u>usual brand</u> is too expensive   → GO TO S1C13
2 ☐ My <u>usual brand</u> is too harsh   → GO TO S1C13
3 ☐ My <u>usual brand</u> does not offer all the flavors I like → GO TO S1C13
4 ☐ My <u>usual brand</u> does not give coupons or
     special offers   → GO TO S1C13
5 ☐ My <u>usual brand</u> is more harmful than other brands → GO TO S1C13
6 ☐ The quality of my <u>usual brand</u> is not consistent   → GO TO S1C13
7 ☐ Other (*Please specify*): _____ → GO TO S1C13

S1C12. Below are some reasons other smokeless users have given for being loyal to one brand. Please select all the reasons that apply to you.

1 ☐ People like me use this brand
2 ☐ I like the taste
3 ☐ It satisfies me
4 ☐ It is cheap
5 ☐ It does not bother my mouth or throat
6 ☐ It fits my style
7 ☐ It is less harmful than other brands
8 ☐ I get coupons or special offers for it
9 ☐ The quality is consistently high
10 ☐ Other (*Please specify*):_____

S1C13. How often do you use coupons for your <u>usual brand</u> of smokeless tobacco?

1 ☐ Always
2 ☐ Often

18

3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never

S1C14. How often do you use coupons for a brand of smokeless tobacco that is <u>not your usual brand</u>?

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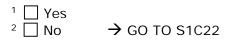3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never

S1C15a. How often do you take advantage of in-store special promotions on your <u>usual brand</u> of smokeless tobacco (i.e., buy one, get one free or reduced price)?

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

S1C15b. How often do you take advantage of in-store special promotions for a brand of smokeless tobacco 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. Do you <u>usually</u> buy your own smokeless tobacco?

1 ☐ Yes
2 ☐ No   → GO TO S1C22

S1C17. How do you <u>usually</u> buy smokeless tobacco for yourself? Is it…(*Please select one answer*):

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

S1C18. Where do you buy your smokeless tobacco most of the time? *Please select one answer.*

19

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. Do you <u>usually</u> buy your smokeless tobacco by the...(*Please select one answer*):

1 [ ] Single tin   → GO TO S1C21
2 [ ] Single pouch   → GO TO S1C21
3 [ ] Single tub   → GO TO S1C21
4 [ ] Multiple tin pack
5 [ ] Multiple pouch pack

S1C20. How many tins or pouches are in the multi pack you usually buy?

|__|__| Tins/pouches in multi pack (RANGE 1-25)

S1C21. How much do you <u>usually</u> pay for the tins, pouches, tubs, or multi packs of smokeless tobacco you buy?

$|__|__|__|·|__|__|

(RANGE $1 - $100)

S1C22. Please think about the <u>past 30 days</u>.

In the <u>past 30 days</u>, on how many days did you buy smokeless tobacco?

|__|__| Days → IF 0, GO TO S1C24
(RANGE 0-30)

S1C23. About how many tins, pouches, or tubs of smokeless tobacco did you buy in the <u>past 30 days</u>?

Please enter the number of tins, pouches, or tubs below.

_____ Number of tins, pouches, or tubs you bought (RANGE 1-99)

20

S1C24. Did anyone else buy smokeless tobacco for you in the past 30 days?

^{1} ☐ Yes
^{2} ☐ No   → GO TO S1C26

S1C25. About how many tins, pouches, or tubs of smokeless tobacco did someone else buy for you in the past 30 days?

Please enter the number of tins, pouches, or tubs below.

____ Number of tins, pouches, or tubs someone bought for you (RANGE 1-99)

S1C26. Did you give or sell smokeless tobacco you bought or that was bought for you in the past 30 days to someone else?

^{1} ☐ Yes
^{2} ☐ No → GO TO SECTION D (OTHER TOBACCO PRODUCTS) ON PAGE X

S1C27. About how many tins, pouches, or tubs of smokeless tobacco that you bought or that were bought for you in the past 30 days did you give or sell to someone else??

Please enter the number of tins, pouches, or tubs of smokeless tobacco below.

_____ Number of tins, pouches, or tubs given or sold (RANGE 1-99)

CHECK BOX 5: GO TO SECTION D (OTHER TOBACCO PRODUCTS) ON PAGE X.

S1C28 In the past 12 months, have you used smokeless tobacco, even one or two times?

^{1} ☐ Yes
^{2} ☐ No→ GO TO SECTION D (OTHER TOBACCO PRODUCTS) ON PAGE X

S1C29. Thinking about the past 12 months, how long has it been since you last used smokeless tobacco, even one or two times? *Please enter your answer in MONTHS. If less than 1 month, enter the number of weeks. If less than 1 week, enter the number of days.*

I____I____I Or
Months   (RANGE 0-12)

I____I____I   Or
Weeks (RANGE 0-52)

I____I____I
Days (RANGE 0-31)

21

D. OTHER TOBACCO PRODUCTS

The next questions are about other tobacco products.

S1D1. Do you now use <u>e-cigarettes</u> every day, some days, or not at all?

1 ☐ Every day
2 ☐ Some days
3 ☐ Not at all   → GO TO QUESTION S1D4

S1D2. Do you have a <u>usual brand</u> of e-cigarettes?

1 ☐ Yes
2 ☐ No

S1D3. Are the e-cigarettes you usually smoke... (*Please select one answer*):

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
7 ☐ I do not usually smoke flavored e-cigarettes

S1D4. Do you now smoke <u>a pipe filled with tobacco</u> every day, some days, or not at all?

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

S1D5. Do you now smoke <u>tobacco in a water pipe or hookah</u> every day, some days, or not at all?

1 ☐ Every day
2 ☐ Some days
3 ☐ Not at all   → GO TO QUESTION S1D8

S1D6. Do you have a <u>usual brand</u> of shisha or hookah tobacco?

1 ☐ Yes
2 ☐ No

S1D7. Is the shisha or hookah tobacco you usually smoke... (*Please select one answer*):

1 ☐ Menthol or mint flavored
2 ☐ Clove, spice, or herb flavored
3 ☐ Fruit flavored
4 ☐ Alcohol flavored

22

5 ☐ Candy, chocolate, or other sweet flavored
6 ☐ Some other flavor
7 ☐ I do not usually smoke flavored shisha or hookah tobacco

S1D8. In the past 6 months, have you seen messages in newspapers or on television that say that a Federal Court has ordered tobacco companies to make statements about the dangers of smoking cigarettes?

1 ☐ Yes
2 ☐ No

The next questions are about your experience in completing this survey.

S1D9. How easy or difficult was it for you to understand the questions in this study?

1 ☐ Very easy
2 ☐ Somewhat easy
3 ☐ Neither easy nor difficult
4 ☐ Somewhat difficult
5 ☐ Very difficult

S1D10. How interesting or uninteresting was it for you to answer the questions in this study?
1 ☐ Very interesting
2 ☐ Somewhat interesting
3 ☐ Neither interesting nor uninteresting
4 ☐ Somewhat uninteresting
5 ☐ Very uninteresting

END: Thank you for answering this TCS survey. Your $15 cash payment will be mailed to you in the next 1-2 weeks. If you have any questions or comments about this survey, please contact us toll-free at 1-800-613-0326 or via email at tcs@rti.org.

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

[IF WEB]: Please allow 24 hours for your completion of this survey to register in our system.

[IF MAIL MODE]:

23

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:
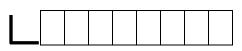
RTI International – [0214634.016.000.003]
5265 Capital Boulevard
Raleigh, NC 27616-2925

24

TCS
National Panel of
Tobacco Consumer Studies

Attachment 1-13: Contact Information Update: Mail

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

TCS

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

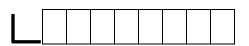_____
Telephone Number

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**

2

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.

2

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]?

<div align="center">3</div>

¹ ☐ YES
² ☐ NO

CHECK BOX 2: IF ((CONTACT7CD NE BLANK and NE -9) and contact1 eq 1 [pm]), ASK CONTACT7E ELSE, IF CONTACT1 = 1 [pm] GO TO CONTACT 8, ELSE (contact1 =2 [informant]) GO TO CONTACT9.

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

4

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], PENDING CODE AS 1150 – TRACING COMPLETED WITH KNOWLEDGEABLE INFORMANT. ELSE, CONTINUE.

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?

5

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.

6

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.

7

Attachment 1-17: Verification Interview Scripts (Screener, Enrollment, Ineligible)

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]

General Information:

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]

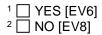**EV3A. Can you please repeat that?**

ENTER ADDITIONAL COMMENTS UP TO 150 CHARACTERS.

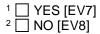ENTER RESPONDENT'S ADDRESS VERBATIM.

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*) _age 18 or older_ 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.