

UNIQUE ID: _____

FG ID: _____

CHECK-IN SURVEY

Please fill out this survey. Any information you share about your attitudes, beliefs, and behaviors will not be shared.

No one outside the research team will know what you write. There are no right or wrong answers to these questions. Read the instructions for each question carefully and let us know if you have any questions.

Thank you for very much for your help!

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1. How old were you when you had a cigarette for the first time, even one or two puffs? (Please give one answer. Your best estimate is fine.)

a. _____ years old

b. Don't know / Not sure

2. What was the first tobacco product that you tried? (Circle one)

a. Cigarette

b. E-cigarette (Fin, NJOY, JUUL, Blu, e-Go, Suorin, or Vuse)

c. Smokeless tobacco (Chewing tobacco, snuff, dip, or snus)

d. Cigar, cigarillo, or little cigar (Black and Milds, Swisher Sweets, Dutch Masters, White Owl, or Phillies Blunts)

e. Pipe filled with tobacco (regular pipe, water pipe, or hookah)

f. Other: _____

g. Don't know / Not sure

3. Thinking about the tobacco products that you currently use (including the use of e-cigarettes), on average, how soon after you wake up do you usually first use this product / one of these products? (Please give one answer. Your best estimate is fine.)

_____ minutes

_____ hours

4. Please select the answer that is true for you for each question below. (Circle one answer per row)

| | | |
|--|-----|----|
| a. Do you sometimes wake up at night in order to use some type of tobacco product (including the use of e-cigarettes)? | YES | NO |
| b. During the past 30 days, have you had a strong craving to use tobacco products of any kind (including the use of e-cigarettes)? | YES | NO |
| c. During the past 30 days, did you ever feel like you really needed to use a tobacco product (including the use of e-cigarettes)? | YES | NO |
| d. During the past 30 days, was there a time when you wanted to use a tobacco product (including the use of e-cigarettes) so much that you found it difficult to think of anything else? | YES | NO |

5. How true is this statement for you? After not using tobacco (including the use of e-cigarettes) for a while, I feel restless and irritable. (Circle one)

a. Not at all true

b. Sometimes true

c. Often true

d. Always true

e. Don't know / Not sure

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6. How many times have you attempted to quit smoking before this most recent successful quit attempt? (Please give one answer. Your best estimate is fine.)

_____ (# of times)

7. Are you thinking about quitting the use of all nicotine products (e.g. e-cigarettes, NRT) for good? (Circle one)

a. Yes

b. No

c. Don't know / Not sure

8. How soon are you likely to quit using all nicotine products (e.g., e-cigarettes, NRT)? (Circle one)

a. Within the next 30 days

b. Within the next 6 months

c. Within the year

d. Longer than a year

9. At any time during the past 6 months, did you completely switch from smoking traditional cigarettes to using electronic or e-cigarettes, such as Fin, NJOY, JUUL, Blu, e-Go, Suorin, or Vuse? (Circle one)

a. Yes

b. No

c. Don't know / Not sure

10. At any time during the past 6 months, did you completely switch from smoking traditional cigarettes to using a smokeless tobacco product, such as chewing tobacco, dip, snuff, or snus? (Circle one)

a. Yes

b. No

c. Don't know / Not sure

11. Are you currently trying to reduce the amount of nicotine you use? (Circle one)

a. Yes

b. No

c. Don't know / Not sure

12. Overall, how addictive would you say each of the following is:

Please fill in one bubble for each row below.

| | Not at all Addictive | Moderately Addictive | Very Addictive |
|--|-----------------------|-----------------------|-----------------------|
| a. Cigarette smoking | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. E-cigarette use (e.g. Fin, NJOY, JUUL, Blu, e-Go, Suorin, or Vuse) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Smokeless tobacco use (e.g. chewing tobacco, snuff, dip, or snus) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Regular cigar, cigarillo, or little cigar smoking (e.g. Black and Milds, Swisher Sweets, Dutch Masters, White Owl, or Phillie Blunts) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Premium cigar smoking (i.e. cigars that are made entirely by hand and typically more expensive than regular cigars you can purchase from a convenience store) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Smoking tobacco from a hookah or water pipe | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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| 13. How harmful would you say each of the following is to a person's health? Please fill in one bubble for each row below. | Not at all Harmful | Moderately Harmful | Very Harmful |
|--|-----------------------|-----------------------|-----------------------|
| a. Cigarette smoking | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. E-cigarette use (e.g. Fin, NJOY, JUUL, Blu, e-Go, Suorin, or Vuse) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Smokeless tobacco use (e.g. chewing tobacco, snuff, dip, or snus) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Regular cigar, cigarillo, or little cigar smoking (e.g. Black and Milds, Swisher Sweets, Dutch Masters, White Owl, or Phillie Blunts) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Premium cigar smoking (i.e. cigars that are made entirely by hand and typically more expensive than regular cigars you can purchase from a convenience store) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Smoking tobacco from a hookah or water pipe | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

14. If you had to do it over again, would you have started using tobacco? (Circle one)

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes
- e. Don't know / Not sure

15. To what extent, if at all, do you believe nicotine to be the main substance in tobacco that makes people want to use tobacco products? (Circle one)

- a. Not at all
- b. A little
- c. Somewhat
- d. Very much
- e. Don't know / Not sure

16. To what extent, if at all, do you believe the nicotine in cigarettes to be the chemical that causes most of the cancer caused by smoking? (Circle one)

- a. Not at all
- b. A little
- c. Somewhat
- d. Very much
- e. Don't know / Not sure

17. Nicotine is the addictive component of tobacco products. (Circle one)

- a. True
- b. False

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18. How many other people in your household smoke? (Please give one answer. Your best estimate is fine.)

a. _____ people

b. I live alone

c. Don't know / Not sure

19. Which source(s) do you turn to for health advice? (Select all that apply)

a. Spouse / partner

b. Other family members

c. Friends

d. Doctor / physician

e. Pharmacy

f. Government website

g. Internet search

h. Telephone help line

i. None of these

j. Other: _____

20. _____ is the most important thing in my life. (Circle one)

a. Security

b. Variety

c. Being memorable

d. Learning

e. Helping others

f. Personal progress

Thank you for taking this check-in survey!

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