

FG ID: _____

UNIQUE 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 very much for your help!

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1. 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)

2. 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

3. 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

4. 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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| 5. How harmful would you say each of the following is to a person's health? | Not at all Harmful | Moderately Harmful | Very Harmful |
|--|---------------------------|---------------------------|-----------------------|
| Please fill in one bubble for each row below. | | | |
| 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"/> |

6. 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

7. 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

8. 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

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

- a. True
- b. False

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| |
|---|
| 10. 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 |

| |
|--|
| 11. 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: _____ |

| |
|---|
| 12. _____ 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!

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 10 minutes per response to complete this Check-in Survey (the time estimated to read, review, and complete). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to PRASStaff@fda.hhs.gov.