

ATTACHMENT 1B: FIELD SCREENER TOBACCO ADVERTISING STUDY

OMB No. 0910-####
Exp. Date XX/XX/XXXX
RIHSC No. 17-082CTP

Programming conventions and specifications notes

- Don't Know/Refused are not allowed in combination with other responses.
- Response options should not be labeled with numbers.
- Bolding conveys emphasis while capital letters convey instructions for interviewers or programmers (in brackets).
- Questionnaire will include a progress bar.
- All items are required.
- "Next" buttons will be displayed on every survey screen as appropriate.
- All images should be arranged in such a way that focus on usability and layout. Images should be aligned and of similar sizes as one another.

CASE SELECTION SCREEN

Items shown on the case selection screen

- CASEID
- STATUS CODE
- STREET ADDRESS(including apartment #)
- CITY, STATE ZIP
- ELIGIBLE MAIL SCREENER
- CONTACT LEVEL FLAG
- [DRILL DOWN FIELD]
 - o Case Details Screen
 - o Initiate Interview
 - o Record of Calls
 - o Edit Address
 - o View Address Changes
 - o Add Case Notes
 - o Show on Map

CASE DETAILS SCREEN

- CASEID
- STATUS CODE
- STREET ADDRESS (including apartment #)
- CITY, STATE ZIP
- NAME OF SELECTED SAMPLE HOUSEHOLD MEMBER [SCF2 IF DATA PRESENT; ELSE SCC4_n]
- AGE OF SELECTED SAMPLE HOUSEHOLD MEMBER
- PHONE [IF SCREENING COMPLETE, SCF9; ELSE SCEXIT3END_PHONE]
 - o [UPDATE FIELDS WITH INFORMATION OF ALTERNATE IF PRIMARY IS RENDERED INELIGIBLE]
- QUEXCODE

Timestamp Specs

- Overall time for respondents - INTRODUCTION through SCBEGIN OR SCEXIT3END

- Overall time by section
- SECTION A - INTRODUCTION
- SECTION B & C- SCB1 through SCB4
- SECTION C - SCBCONSENT
- SECTION C - SCB5 through SCB8 or SCB8A
- SECTION D & E - SCC1 through SCD2
- SECTION G - SCF1 through SCF9

A. INTRODUCTION

[SET STATUS CODE ON CASE TO 1037 - CASE ACCESSED]

CONFIRM YOU HAVE OPENED THE CORRECT CASE. IF YOU ARE NOT IN THE CORRECT CASE, BREAK OFF AND LOCATE THE CORRECT CASE.

[And the following statement at the very bottom of the screen in small font:]

OMB NO. 0910-####
EXP. DATE XX/XX/XXXX
RIHSC NO. 17-082CTP
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.

SCBLANG. INTERVIEWER: WHAT LANGUAGE IS BEING USED TO CONDUCT THIS INTERVIEW? IF OTHER, ASK TO SPEAK TO ENGLISH SPEAKER.

- 1 ENGLISH
- 2 OTHER (NO ENGLISH SPEAKER AVAILABLE)→ GO TO SCEXIT3.

ASK: All screeners

B. ADDRESS VERIFICATION

SCB1. Hello, my name is _____ from RTI International in North Carolina. We are conducting a nationwide study sponsored by the U.S. Food and Drug Administration (FDA). Your household was recently sent a survey with a letter attached to it.

[IF NEEDED] HAND R COPY OF LETTER EXPLAINING THE STUDY.

ASK: All screeners

SCB2. First, let me verify: Do you live here?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED

ASK: All screeners

SCB3. [IF SCB2=YES]

IF NECESSARY: Are you 18 or older?

- 1 YES
- 2 NO
- 1 DON'T KNOW
- 2 REFUSED

ASK: Screeners who report living at the sample address

SCB3a. [IF (SCB2=2 OR SCB2=DK/REF) OR (SCB3=2 OR SCB3=DK/REF)]

I need to speak with someone who is 18 or older and lives here. May I speak with someone who can help me?

- 1 YES, PERSON IS AVAILABLE
- 2 YES, BUT NEED TO SCHEDULE
- 3 NO, NO ONE LIVING HERE 18 OR OLDER
- 1 DON'T KNOW
- 2 REFUSED

[PROGRAMMER: IF SCB3a=1 THEN SKIP BACK TO SCB1. IF SCB3a=2, GOTO SCEXIT2. IF SCB3a=3 THEN SKIP TO SCEXIT3. IF SCB3a=-1 OR -2, GO TOSCEXIT3END.]

ASK: Screeners who either report not living at the sample address or are less than 18 years of age

C. ADDRESS VERIFICATION

SCB4. HAND R COPY OF LETTER AND THE MAIL SCREENER. ALLOW TIME TO READ.

For survey purposes, I need to confirm that I have the correct address. Is this [FILL ADDRESS]?

- 1 YES, VERIFIED ADDRESS IS CORRECT
- 2 NO, EXIT AND FIND CORRECT ADDRESS → GO TO SCEXIT1
- 3 ADDRESS CORRECT, MINOR EDITS NEEDED. → GO TO SCEXIT1A

ASK: All screeners that report for adult status and confirm address

SCBCONSENT. SCREENER INFORMED CONSENT:

We are working with the FDA to conduct interviews for a research study. This address is one of approximately 12,000 households across the U.S. that we expect to screen. We are contacting this household to determine if anyone who lives here may qualify for a study on ads that people may have seen and what they think about these ads.

My questions will only take 5-10 minutes of your time. Your answers to the questions will be kept private as much as possible according to the law, and your participation is completely optional. If, after the 5 to 10 minute survey, we select someone from your household to take part in the study, that person will have the chance to complete a separate 30 minute interview today and receive \$25.

CONTINUE → GO TO CARICONSENT

ASK: All screeners that report for adult status and confirm address

CARICONSENT

We are using a special quality control system that will record what we say to each other to ensure I am following the correct procedures. The recording will be reviewed to monitor the quality of my work. The recordings will be deleted after my work has been reviewed and will be kept private. You can still participate even if you do not agree to this recording.

May we use this quality control recording system?

1=YES

2=NO

[IF NO, DEACTIVATE COMPUTER AUDIO RECORDED INTERVIEWING FOR THIS CASE]

ASK: All screeners that report for adult status and confirm address

SCB5. Are there any other living quarters within this structure or at this address, such as a **separate apartment with a separate entrance?**

- 1 YES
- 2 NO → GO TO SCC1

**[PROGRAMMER: PASSIVE CAPTURE GPS COORDINATES TO ALLOW VERIFICATION THAT SCREENER TOOK PLACE AT RECORDED ADDRESS]
[INITIATE CARI RECORDING IF CARICONSENT = 1]**

ASK: All screeners that report for adult status and confirm address

SCB6. Do the occupants of the other living quarters **live and eat separately** from the residents of this household? (PROBE IF NEEDED: In other words, do the occupants **live on their own** or do they share common space and food?)

- 1 YES, OCCUPANTS LIVE SEPARATELY
- 2 NO, OCCUPANTS SHARE COMMON FOOD/SPACE → GO TO SCC1

ASK: Screeners that report multiple living quarters at the sampled address

SCB7. Do the occupants of the additional living quarters have **direct access** to the residence from the outside or through a common hall?

- 1 YES
- 2 NO → go to SCC1

[END CARI RECORDING IF CARICONSENT = 1]

ASK: Screeners that report multiple living quarters at the sampled address that do not share a common food space

SCB7A. INTERVIEWER: DID YOU FIND 5 OR MORE NEW LIVING QUARTERS?

- 1 YES → GO TO SCB8A
- 2 NO

ASK: Screeners that report multiple living quarters at the sampled address that do not share a common food space and have direct access to the residence from the outside or a common hall

SCB8KNOWN

[PROGRAMMER: LOOP SCB8KNOWN TO SCB8MORE FOUR TIMES]

INTERVIEWER: IS THE ADDRESS OF THE LIVING QUARTERS KNOWN

- 1 YES
- 2 NO

ASK: Screeners that report multiple living quarters at the sampled address that do not share a common food space and have direct access to the residence from the outside or a common hall

SCB8NUM. [SCB8KNOWN = YES]

INTERVIEWER: OCCUPANTS OF ADDITIONAL LIVING QUARTERS LIVE ON OWN AND HAVE DIRECT ACCESS FROM OUTSIDE/COMMON HALL. ENTER ADDRESS OF SEPARATE LIVING QUARTERS.

INCLUDE STREET NUMBER, NAME, AND UNIT OR APARTMENT NUMBER.

STREET NUMBER:
[500 CHAR]

ASK: Screeners that report multiple living quarters at the sampled address that do not share a common food space and have direct access to the residence from the outside or a common hall when the address is known

SCB8NAME [SCB8KNOWN = YES]

INTERVIEWER: OCCUPANTS OF ADDITIONAL LIVING QUARTERS LIVE ON OWN AND HAVE DIRECT ACCESS FROM OUTSIDE/COMMON HALL. ENTER ADDRESS OF SEPARATE LIVING QUARTERS.

INCLUDE STREET NUMBER, NAME, AND UNIT OR APARTMENT NUMBER.

STREET NAME & UNIT/APARTMENT#:
[500 CHAR]

ASK: Screeners that report multiple living quarters at the sampled address that do not share a common food space and have direct access to the residence from the outside or a common hall when the address is known

SCB8DESC [SCB8KNOWN = NO]

INTERVIEWER: RECORD A DESCRIPTION OF THE LIVING QUARTERS]
[500 CHAR]

ASK: Screeners that report multiple living quarters at the sampled address that do not share a common food space and have direct access to the residence from the outside or a common hall when the address is not known

SCB8MORE

INTERVIEWER: ARE THERE ADDITIONAL LIVING QUARTERS TO RECORD

- 1 YES → GO TO SCBKNOWN
- 2 NO

ASK: Screeners that report multiple living quarters at the sampled address that do not share a common food space and have direct access to the residence from the outside or a common hall

SCB8A. [IF SCB7A = 1]

PLEASE COLLECT DETAILED INFO ABOUT ADDITIONAL LIVING QUARTERS (5+ LIVING QUARTERS) AND CONTACT YOUR FS UPON LEAVING THE HOME.

[500 CHAR]

CONTINUE → GO TO SCC1

ASK: Screeners that report **5 or more** living quarters at the sampled address that do not share a common food space and have direct access to the residence from the outside or a common hall

D. HOUSEHOLD ROSTER

SCC1. INTERVIEWER: RECORD THE BEST DESCRIPTION OF THE ADDRESS: (MARK ONLY

ONE, IF NUMBER OF UNITS UNKNOWN, PROMPT RESPONDENT).

- 1 A TRAILER OR MOBILE HOME
- 2 A ONE-FAMILY HOUSE DETACHED FROM ANY OTHER HOUSE
- 3 A ONE-FAMILY HOUSE ATTACHED TO ONE OR MORE HOUSES
- 4 APARTMENT IN A BUILDING WITH 2 UNITS
- 5 APARTMENT IN A BUILDING WITH 3 TO 9 UNITS
- 6 APARTMENT IN A BUILDING WITH 10 TO 49 UNITS
- 7 APARTMENT IN A BUILDING WITH 50 OR MORE UNITS
- 8 SOMETHING ELSE

[INITIATE CARI RECORDING IF CARICONSENT = 1]

ASK: All screeners that report for adult status and confirm address

SCC2. Next I would like to ask a few questions about you and your household. First, are there any children 17 years or younger living in this home?

- 1 YES
- 2 NO

ASK: All screeners that report for adult status and confirm address

SCC3. Including yourself, how many adults 18 years old or older are living at this address?

[IF SCB5 = 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.] Please do not include anyone who is away at school or away in the military or anyone who is visiting temporarily.

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

INTERVIEWER PROBE IF NEEDED:

- 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 SCB6 = 2]: INCLUDE adults who share common food or space but live in other living quarters at the address.

____ NUMBER OF ADULTS [RANGE 01-10]

[PROGRAMMER: LOOP SCC4 AS MANY TIMES AS SCC3 (I.E., THE NUMBER OF ADULTS. FIRST LOOP IS IDENTIFIED AS LOOP 1, ALL OTHERS LOOP 2.)

[END CARI RECORDING IF CARICONSENT = 1]

ASK: All screeners that report for adult status and confirm address

SCC4. [IF LOOP 1]: What is your name?

[IF LOOP 2+]: Please give me the names of all the other adults ages 18 and older who live or stay at this address. Let's start with the oldest and work down to the youngest adult in this age range in the 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.

SCC4_n	[NAME_1]	[ALLOW 50 CHARACTERS]	
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ASK: All screeners that report for adult status and confirm address

SCC5. [IF SCC3 > 01]

Do any other adults 18 years old or older usually live here or stay here?

- 1 YES → GO TO SCC4a
- 2 NO → GO TO CHECK BOX 1

ASK: Screeners that report more than 1 adult living at the sample address

CHECK BOX 1: IF SCC3 = 01 → GO TO SCC7 IF SCC3 > 01 → CONTINUE
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SCC6. 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 "head of household."

INTERVIEWER: PICK "HEAD OF HOUSEHOLD" FROM DISPLAYED ROSTER. IF SCREENING RESPONDENT IS ONE OF THE "HEAD OF HOUSEHOLDS," SELECT HIM/HER FROM ROSTER.

[PROGRAMMER: IDENTIFY SELECTED "HEAD OF HOUSEHOLD" AS "HHNAME" FILL.]

ASK: Screeners that report more than 1 adult living at the sample address

SCC7. Is this home owned by you or someone in your household, rented, or occupied without payment of rent?

- 1 OWNED BY YOU OR SOMEONE ELSE IN THE HOUSEHOLD
- 2 RENTED
- 3 OCCUPIED WITHOUT PAYMENT OR RENT

[INITIATE CARI RECORDING IF CARICONSENT = 1]

ASK: Screeners that report more than 1 adult living at the sample address

SCC8. Which of the following languages are spoken in this home? [READ LIST]

- 1 English
- 2 Spanish
- 3 Other Languages

[END CARI RECORDING IF CARICONSENT = 1]

IF SCC3 = 01 → GO TO CHECKBOX2

ASK: Screeners that report more than 1 adult living at the sample address

SCC9INTRO. Now I have a few questions about the adults who live in this household. Let's start with you.

CONTINUE → GO TO CHECK BOX 2

ASK: Screeners that report more than 1 adult living at the sample address

CHECK BOX 2:

IF ROSTER CONTAINS ONLY 1 ADULT → CODE THE ADULT AS “HEAD OF HOUSEHOLD (0)” IN SCC9 AND GO TO SCC10.

IF ROSTER CONTAINS 2 OR MORE ADULTS → ASK SCC9-SCD1 FOR EACH ADULT ON LIST 1.

SCC9. [IF LOOP NE HEAD OF HOUSEHOLD]

[IF LOOP 1 (SCREENING R)]: How are you related to the head of household, [FILL HHNAME NAME]?

[IF LOOP 2+]: Now let's talk about the other adults in the household. How is [FILL NAME] related to [IF SCREENING R IS HEAD OF HOUSEHOLD IN SCC11, FILL: “you”/ELSE, FILL “[HHNAME]”?]

- 1 SPOUSE
- 2 SON (INCLUDES STEP, ADOPTED, OR FOSTER)
- 3 DAUGHTER (INCLUDES STEP, ADOPTED, OR FOSTER)
- 4 SON-IN-LAW/DAUGHTER-IN-LAW
- 5 BROTHER (INCLUDES STEP, ADOPTED, OR FOSTER)
- 6 SISTER (INCLUDES STEP, ADOPTED, OR FOSTER)
- 7 PARENT/GUARDIAN (INCLUDING STEP, ADOPTED, OR FOSTER)
- 8 GRANDPARENT
- 9 GRANDCHILD
- 10 LIVE-IN PARTNER
- 11 FRIEND/ROOMMATE
- 12 OTHER RELATIVE
- 13 OTHER NON-RELATIVE
- 14 RELATIONSHIP UNSPECIFIED
- 1 DON'T KNOW

ASK: All screeners that report for adult status and confirm address

SCC10. INTERVIEWER: ASK IF UNSURE: What is [IF LOOP 1]: your/[IF LOOP 2+] [FILL NAME]'s gender?

- 1 MALE
- 2 FEMALE
- 3 OTHER (PLEASE STATE) _____
- 1 DON'T KNOW

ASK: All screeners that report for adult status and confirm address

SCC11. [IF LOOP 1]:

What is your age?

[IF LOOP 2+]:

What is the age of [FILL NAME]?

INTERVIEWER: ENTER -1 FOR DON'T KNOW, ENTER -2 FOR REFUSED

____ AGE [RANGE: 18-110]
-1 DON'T KNOW
-2 REFUSED

ASK: All screeners that report for adult status and confirm address

SCC11A. [IF SCC11 = DK / REF]

Providing an age is important. This ensures we can accurately determine whether [IF LOOP 1]: you are/ [IF LOOP 2+]: [fill person name] is eligible to participate in the panel. Can you confirm which of the following age categories [IF LOOP 1]: you belong/[IF LOOP 2+]: [fill person's name] belongs] to?

- 1 18-24
- 2 25-34
- 3 35-44
- 4 45-54
- 5 55 or older
- 1 DON'T KNOW
- 2 REFUSED

ASK: Screeners who initially do not report an age for screener or individual being rostered

SCC12. [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 Iraq War.

- 1 YES
- 2 NO
- 1 DON'T KNOW

INTERVIEWER: IF ASKED, THE US ARMED FORCES ARE ARMY, NAVY, AIR FORCE, AND MARINE CORPS.

ASK: All screeners that report for adult status and confirm address

SCC14. 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 NO HIGH SCHOOL DIPLOMA OR EQUIVALENT (GED)
- 2 HIGH SCHOOL DIPLOMA OR GED BUT DID NOT ATTEND COLLEGE
- 3 ATTENDED COLLEGE BUT NO DEGREE
- 4 HAVE AN ASSOCIATES, BACHELOR'S, GRADUATE OR PROFESSIONAL DEGREE
- 1 DON'T KNOW

ASK: All screeners that report for adult status and confirm address

SCC15. [IF LOOP 1, FILL "Are you", ELSE FILL "Is [NAME]"] Hispanic, [IF SCC10 =1, FILL: Latino / IF SCC10 = 2, FILL: Latina / IF SCC10 = 3, FILL: Latino or Latina], or of Spanish origin?

- 1 YES
- 2 NO
- 1 DON'T KNOW

ASK: All screeners that report for adult status and confirm address

SCC16. What is [IF LOOP 1, FILL "your", ELSE IF SCC10 = 1, FILL: his/IF SCC10 = 2, FILL her /IF SCC10 = 2, FILL their] race? I'm going to read a list. Please select one or more.

- 1 WHITE
- 2 BLACK OR AFRICAN AMERICAN
- 3 ASIAN
- 4 OTHER
- 1 DON'T KNOW

ASK: All screeners that report for adult status and confirm address

SCC17. [IF LOOP 1, FILL "Do you", ELSE FILL "Does [NAME]"] live here full time or part time? By full time we mean [IF LOOP 1, FILL you spend, ELSE FILL [NAME] spends] half or more of [IF LOOP 1, FILL "your", ELSE IF SCC10=1, FILL "his", ELSE IF SCC10 = 2, FILL "her", ELSE IF SCC10 = 2, FILL their] 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

ASK: All screeners that report for adult status and confirm address

E. Tobacco use question

SCD1. The next question is 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) them.

[IF LOOP 1, FILL: Do you/ELSE FILL: Does [NAME]] smoke **cigarettes** every day, some days, or not at all?

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL
- 1 DON'T KNOW
- 2 REFUSED

ASK: All screeners that report for adult status and confirm address

CHECK BOX 3:
IF SCC3 = 01: CLASSIFY AS TOBACCO USER (SMOKER) IF SCD1= 1 OR 2) AND GO TO SCD2. ELSE, CLASSIFY AS NON-SMOKER.--> NOT ELIGIBLE, AND GO TO SCEXIT3

IF SCC3 > 01: CLASSIFY AS TOBACCO USER (SMOKER) IF SCD1 = 1 OR 2. ELSE, CLASSIFY AS NON-SMOKER. RETURN LOOP TO SCC9 UNTIL ALL ADULTS SCREENED, THEN GO TO SCD2.

SCD2. Do you or any member of your household subscribe to the internet?

INTERVIEWER: IF ASKED, SOME COMMON WAYS OF SUBSCRIBING TO THE INTERNET INCLUDE DIAL-UP SERVICE, DSL SERVICE, CABLE MODEM SERVICE, FIBER OPTIC SERVICE,

MOBILE BROADBAND PLAN FOR A COMPUTER OR A CELL PHONE, SATELLITE INTERNET SERVICE, OR SOME OTHER SERVICE.

- 1 Yes
- 2 No
- 1 DON'T KNOW
- 2 REFUSED

ASK: All screeners that report for adult status and confirm address

F. PANEL MEMBER SELECTION

CHECK BOX 4:

PROMPT COMPUTER TO RANDOMLY SELECT SAMPLED ADULT AT THIS POINT. 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 SCEXIT3.

ANY PERSON

- ⊕ 25 to 54 years old
- AND
- ⊕ NOT ON ACTIVE DUTY (SCC8 = 2)
- AND
- ⊕ LIVES IN HH FULL TIME (SCC17=1)
- AND
- ⊕ CURRENT CIGARETTE SMOKER (SCD1=1 OR 2)

END OF SELECTION.

CREATE FILLS FOR SAMPLED ADULT'S NAME. IF PRIMARY IS LATER DETERMINED INELIGIBLE, REPLACE FILLS WITH NAME FOR ALTERNATE.

IF ALL ADULTS ARE INELIGIBLE, GO TO SCEXIT3.

G. ENROLLMENT

SCF1. The computer has selected [IF SCREENER SELECTED, FILL you, ELSE FILL DISPLAYED SAMPLED ADULT] 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.

- 1 NAME CORRECT AS IS → [SCREENER GO TO SCF9; ELSE GO TO SCF2A]
- 2 UPDATE NAME

ASK: Randomly selected sample member or screener reporting on sample member

SCF2. INTERVIEWER: PLEASE OBTAIN/VERIFY [SAMPLED ADULT]'s FULL NAME.

NAME: _____ → [SCREENER GO TO SCF9; ELSE SCF2A]

ASK: Randomly selected sample member or screener reporting on sample member

SCF2A. [SELECTED ADULT IS NOT SCREENER] INTERVIEWER: OBTAIN A GOOD PHONE NUMBER FOR THE SCREENER IF NOT SAMPLED ADULT.

So that my supervisor may check the quality of my work, can I have a telephone number they may call you back at?

PHONE NUMBER: _____

ASK: Screener that is not the selected sample member

SCF2B. INTERVIEWER: ASK TO SPEAK WITH SAMPLED ADULT IF DIFFERENT FROM SCREENING RESPONDENT.

- 1 SELECTED ADULT IS UNAVAILABLE → GO TO SCEXIT3C.
- 2 SELECTED ADULT IS AVAILABLE

ASK: All screeners

SCF4. We are working with the FDA to conduct interviews for a research study. This address is one of approximately 12,000 households across the U.S. that we expect to screen. We are contacting this household to determine if anyone who lives here may qualify for a study on ads that people may have seen and what they think about these ads. Based on [SCREENER'S NAME] answers to my earlier questions, you were selected to take part in the study. If you qualify for our study, you will have the chance to complete a 30 minute interview today and receive \$25.

But first, I just need to ask you a few questions to make sure you are eligible for the study. What is your age?

____ AGE [RANGE: 18-110]

- 1 DON'T KNOW
- 2 REFUSED

ASK: Selected sample member

SCF5. [IF SCF4 = DK / REF] Providing an 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 18-24
- 2 25-34
- 3 35-44
- 4 45-54
- 5 55 or older

- 1 DON'T KNOW → GO TO scexit3d
- 2 REFUSED → GO TO scexit3d

ASK: Selected sample member who does not initially report an age

SCF3. INTERVIEWER: PLEASE VERIFY [primary sampled adult]'s GENDER.

- 1 MALE
- 2 FEMALE
- 3 OTHER (PLEASE STATE) _____

ASK: Selected sample member meeting age eligibility

SCF6. 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 Iraq War.

- 1 YES → GO TO SCEXIT3D
- 2 NO

INTERVIEWER: IF ASKED, THE US ARMED FORCES ARE ARMY, NAVY, AIR FORCE, AND MARINE CORPS.

[INITIATE CARI RECORDING IF CARICONSENT = 1]

ASK: Selected sample member meeting age eligibility

SCF7. Do you live here full time or part time? By full time we mean you spend half or more of your 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) → GO TO SCEXIT3D

ASK: Selected sample member meeting age and military status eligibility

SCF8. Do you smoke **cigarettes** every day, some days, or not at all?

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL → GO TO SCEXIT3D
- 1 DON'T KNOW → GO TO SCEXIT3D
- 2 REFUSED → GO TO SCEXIT3D

[END CARI RECORDING IF CARICONSENT = 1]

ASK: Selected sample member meeting age, percent of time living in household, and military status eligibility

SCF9. INTERVIEWER: OBTAIN A GOOD PHONE NUMBER FOR THE SAMPLED ADULT.

So that my supervisor may check the quality of my work, can I have a telephone number they may call you back at?

PHONE NUMBER: _____

[GO TO SCBEGIN]

ASK: Selected sample member meeting all eligibility requirements

SCEXIT1. 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.]

ASK: Screener reporting incorrect address.

SCEXIT1A. INTERVIEWER: TAP EXIT. THEN TAP MENU. EDIT ADDRESS AND MODIFY ADDRESS.
TAP MENU AGAIN TO UPDATE. RETURN TO SCREENING INSTRUMENT.
CHANGE ANSWER TO 'YES, VERIFIED ADDRESS IS CORRECT' AND PROCEED.
[DO NOT ASSIGN EVENT. KEEP AT MOST CURRENT STATUS/EVENT CODE.]

ASK: Screener reporting minor problems with address requiring edits

SCEXIT2. [EXIT/BREAKOFF] OBTAIN NAME, DATE, TIME TO RETURN

ASK: Screener reporting no adults are available at the time of screening

SCEXIT3. Thank you for answering our survey.

[IF NO ONE ELIGIBLE, FILL "IF ASKED, EXPLAIN THAT NO ONE WAS ELIGIBLE FOR THE STUDY."]

[If SCBLANG=2, FILL "IF ASKED, EXPLAIN THAT we are only interviewing adults who speak English for the study."]

[IF NO ONE age 18+, FILL "IF ASKED, EXPLAIN THAT we are only interviewing adults ages 18 and older for this study."]

[IF NO ONE age 25-54 FILL, "IF ASKED, EXPLAIN THAT we are only interviewing adults between the ages of 25 and 54 for this study."]

[If SCC8 = 2 (active military) FILL "IF ASKED EXPLAIN THAT we are only interviewing non-active service members for this study."]

[If SCC17 = 2 (part-time HH), FILL "IF ASKED, EXPLAIN THAT we are only interviewing household members who are full-time residents for this study".]

[If NO SMOKERS, FILL "IF ASKED, EXPLAIN THAT we are only interviewing current cigarette smokers for this study."]

[CONTINUE → GO TO SCEXIT3END]

ASK: Respondents screened as ineligible

SCEXIT3C. May I please have [DISPLAYED NAME]'S phone number to schedule a time to return and complete the interview?

PHONE NUMBER: _____

INTERVIEWER: LEAVE A "SORRY I MISSED YOU CARD" WITH YOUR PHONE NUMBER.

Thank you. Have a nice day/evening.

[EXIT SURVEY. SET SOFT CALLBACK - CODE 1293]

ASK: Screeners reporting selected adult is not available

SCEXIT3D. Thank you for answering our survey.

[IF SCF5<25 OR SCF5>54 OR SCF5A = -1 OR SCF5A = -2 OR SCF5A >4, FILL "IF ASKED, EXPLAIN THAT WE ARE ONLY INTERVIEWING ADULTS BETWEEN THE AGES OF 25 AND 54 FOR THIS STUDY."]

[If SCF6 = 2 (active military) FILL "IF ASKED EXPLAIN THAT we are only interviewing non-active service members for this study."]

[If SCF7=2 (part-time HH), FILL "IF ASKED, EXPLAIN THAT we are only interviewing household members who are full-time residents for this study."]

[If NO SMOKERS, FILL "IF ASKED, EXPLAIN THAT we are only interviewing current cigarette smokers for this study."]

[if routed by checkbox 4, fill "IF ASKED, EXPLAIN THAT For this study, we are only interviewing current cigarette smokers between 25 and 54 who are full-time residents and not currently active service members."]

[If there is a secondary sampled adult, FILL "Unfortunately, you aren't eligible for our study, so we will select another adult from your household," return to SCF1 and FILL secondary sampled adult's name. If no secondary household member, GO TO SCEXIT3END.]

ASK: Respondents screened as ineligible

SCEXIT3END

So that my supervisor may check the quality of my work, please [IF NO ONE 25-54, FILL "give me", IF NO ONE SELECTED, FILL "confirm"] your first and last name and telephone number.

FIRST AND LAST NAME: _____ [SCEXIT3END_NAME]

PHONE NUMBER: _____ [SCEXIT3END_PHONE]

Have a nice day/evening.

Have a nice day/evening. [EXIT SURVEY. ASSIGN PENDING REFUSAL CODE 1441 IF REFUSED TO SCREEN; ASSIGN FINAL SCREENING INELIGIBLE CODE 2601 IF INELIGIBLE - NO ONE 18+; ASSIGN FINAL SCREENING CODE 2605 IF INELIGIBLE - NO ELIGIBLE TOBACCO USERS SAMPLED]

ASK: Households screened as ineligible or refusing to provide information needed to determine eligibility

SCBEGIN At this time, I'd like to begin the survey by going over the types of questions you'll be asked, as well as explaining any risks and benefits. But first, I will need a place to set up a laptop computer.

QUEXID: [QUEXID]

Name: [NAME OF SELECTED SAMPLE MEMBER]

Age: [AGE OF SELECTED SAMPLE MEMBER]

Phone: [PHONE OF SELECTED SAMPLE MEMBER]

[GO TO CHECK BOX 5]

ASK: Selected sample member meeting all eligibility requirements

CHECK BOX 5:

→CONTINUE WITH ENROLLMENT SURVEY MODULE TO EXTEND PANEL INVITATION, OBTAIN CONSENT, AND COLLECT DATA FOR SELECTED PANELIST.

→ASSIGN COMPLETED SCREENING CODE 2610 (Screening Complete - ELIGIBLE), or 2607 (Screening Complete - unknown eligibility - DK/REF on age for all HH)

→OUTPUT VARIABLES

- SAMPLE MEMBER NAME PROVIDED IN SCF2 IF DATA PRESENT; ELSE PROVIDED IN SCC4_n
- SAMPLE MEMBER PHONE NUMBER PROVIDED IN SCF9 IF DATA PRESENT; ELSE PROVIDED IN SCEXIT3C
- [SCREENER INFORMATION ONLY IF DISTINCT FROM SAMPLE MEMBER]
 - o SCREENER NAME PROVIDED IN SCC4_1
 - o SCREENER PHONE NUMBER PROVIDED IN SCF2A IF DATA PRESENT; ELSE PROVIDED IN SCF9

OMB No. 0910-####

Expiration Date: ##/##/20##

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 PRASStaff@fda.hhs.gov.