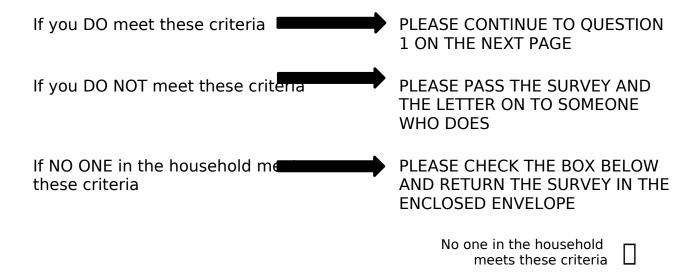
Form Approved OMB No. 0910-0753 Exp. Date 10/31/2016

## Who should complete this survey?

- An adult household member, 18 years or older, who lives at this address
- If there are multiple adults living at this address, the adult with the next birthday should complete the survey. Please do not include anyone who is away at school or away in the military or anyone who is visiting temporarily.



## **Survey Instructions**

Please use a blue or black pen to complete this survey.

There are 2 types of questions:

- For questions with a circle (O) please answer the question by selecting one answer and marking inside the circle like this □ or like this ■.
- For questions with a square (□) please select all that apply by marking inside the square like this □ or like this □.

## **Survey Questions**

1. What is your age? O 18-24 O 25-34 O 35-44 O 45-54 O 55-64 O 65 or older	6. Which of the following categories best describes the total income of your household for the past 12 months?  O Less than \$10,000 O \$10,000 to under \$30,000 O \$30,000 to under \$50,000
2. What is your sex? O Male O Female	O \$50,000 to under \$50,000 O \$50,000 to under \$70,000 O \$70,000 to under \$110,000 O \$110,000 or more
<ul><li>3. How many adults age 18 and older live in your household, including yourself?</li><li>O 1</li><li>O 2</li><li>O 3 or more</li></ul>	7. What is your current employment status? (Please select only one response, your main status now.) O Working full-time as a paid employee O Working full-time, self-employed
4. What is your current relationship status? O Married O Living with a partner O Divorced O Widowed O Separated O Single, that is, never married and	O Working part-time O Not working, on a temporary layoff from a job O Not working, looking for work O Not working, retired O Not working, disabled O Not working, other  8. At this house, apartment, or mobile
not now living with a partner  5. What is the highest grade or year of school you completed?  O Never attended school or only kindergarten  O Elementary school (grades 1 through 8)  O High school (grades 9-12, no diploma)  O High school graduate or equivalent  O Some college (1-4 years, no degree)  O Associate's degree (AA, AS)  O Bachelor's degree (BA, BS, AB)  O Graduate or professional degree	home – do you or any member of this household subscribe to the Internet using O Dial-up service O DSL service O Cable modem service O Fiber optic service O Mobile broadband plan for a computer or a cell phone O Satellite internet service O Some other service O No internet service

9.	What type of health care coverage do you use to pay for <b>most</b> of your medical care? O Private insurance coverage O Medicare O Medicaid or Medical Assistance	The next few questions ask about any children living in your home.  12. How many boys do you have living in your home?					
			in your ho	mer			
	O Military, CHAMPUS, TriCare, or the VA			0	1	2	3+
	O Indian Health Service O Other		Age 0-5	0	1	2	3
	O None		Age 6-10	0	1	2	3
			Age 11- 16	0		2	3
10.	Do any of the adults (18 and older) living in the home currently smoke cigarettes?		Age 17	0		2	3
	O Yes O No		13. How many <b>girls</b> do you have living in your home?				
	•			0	1	2	3+
	Do any of the adults (18 and older) living in the home currently use dip, chewing tobacco, snuff, or snus such as Copenhagen, Grizz Skoal, or Camel Snus, every day, some days, rare or not at all?  O Yes		Age 0-5	0		2	3
			Age 6-10	o		2	3
			Age 11- 16	О		2	3
			Age 17	0		2	3
	O No	14.	<ul> <li>14. What is your relationship to the children in your home?</li> <li>O Mother</li> <li>O Father</li> <li>O Grandmother</li> <li>O Grandfather</li> <li>O Legal Guardian</li> <li>O No relation</li> <li>O There are no children living in the home.</li> </ul>				

## You have reached the end of the survey. Thank you for your time.

Please return this survey to RTI in the postage-paid, addressed envelope we have provided. Or mail to:

**RTI International Research Operations Center** 5265 Capital Boulevard Raleigh, NC 27690-1653 Data Capture (0214131.000.002.007.002)

If you have questions, please call XXX

OMB No: 0910-0753

Expiration Date: 10/31/2016 Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 3 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRAStaff@fda.hhs.gov.