

**2019 Electronic Nicotine Delivery Systems Formative Data Collection to Inform
Experimenter and Established User Definitions - STUDY SCREENER**

[DISPLAY THE FOLLOWING TEXT IN SMALL GREY FONT IN UPPER OR LOWER CORNER (E.G., AS HEADER OR FOOTER) OF EACH PAGE IN THE STUDY SCREENER: "OMB #0910-0810, Expires 10/31/2021"]

INTRO_TEXT. Thank you for your interest in this survey. To get started, we first need to ask you a few questions to see if you are eligible to take the survey.

S1. How old are you?

_____ years old [NUMERIC TEXT FIELD, WHOLE NUMBERS ONLY]

[INCLUDE THE STATEMENT BELOW S1 IN SMALLER GREY FONT AT THE BOTTOM OF THE PAGE:

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 3 minutes per response to complete this survey screener (the time estimated to read and complete). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to PRAStaff@fda.hhs.gov.]

S2_INTRO. The next question is about vaping products or vapes. You may also know them as electronic cigarettes, e-cigarettes, vape pens, mods, or by brand names like Juul, Sourin, SMOK, Fin, NJOY, Blu, e-Go, or Vuse. Some look like cigarettes, and others look like small boxes, pens, or pipes. From now on, we will refer to these products as vaping products or vapes.

S2. Have you ever vaped, even one or two times?

1. Yes
2. No
99. Prefer not to answer

[IF S1 < 13 OR > 17, TERMINATE]

[IF S2 = 2 OR 99, TERMINATE]

IF S1 = 13-17 AND S2 = 1, GO TO SURVEY INSTRUMENT]

[TERMINATE SCRIPT: You do not qualify for this survey. Thank you for your time.]

[SCRIPT IF QUESTION IS SKIPPED (GLOBAL): It looks like you missed a question on this page. To participate in the survey, we need to know your answer to this question. Please select a response.]

END

Thank you for your time.