

August 2017

# Point of Sale Intervention for Tobacco Evaluation (POSITeV)

## Waves 2, 3, and 4 Questionnaire

Prepared for  
**Food and Drug Administration**  
Janine Delahanty, PhD  
Health Scientist  
Health Communication and Education  
U.S. Food and Drug Administration  
Janine.Delahanty@fda.hhs.gov

Prepared by  
**RTI International**  
3040 E. Cornwallis Road  
Research Triangle Park, NC 27709  
RTI Project Number 0213772.003.001.005

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## SECTION AA: PROGRAMMING NOTES AND INSTRUCTIONS

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### PROGRAMMING NOTES

- *All questions should appear on separate pages.*
- *Participants may refuse to answer any question by clicking “next”. When participants refuse to answer a question, show “Prefer not to answer” as an additional response option and provide a prompt to check that option if they want to skip the question. “Prefer not to answer” will not be displayed unless a question is left unanswered.*
- *If response boxes are used, such as in Hatteras, use radio buttons for questions where only one answer is allowed.*
- *If response boxes are used, use check boxes for questions where more than one answer is allowed.*
- *Prefer Not To Answer/Don’t Know/Refused/None of these are not allowed in combination with other responses.*
- *If the questionnaire interface includes a banner across the top of the page, such as in Hatteras, include the variable name on the banner. In Hatteras, the banner also displays the name of the study, the progress bar, a Help button, and a Log out button. If not, do not include the variable name on the screen.*
- *Except where noted, response options should not be labeled with numbers.*
- *Do not display section headings.*
- *Abbreviations used include ‘R’ for ‘respondent’ and ‘PNTA’ for ‘prefer not to answer’*
- *A back button will not be offered to respondents.*
- *Images displayed should be of equal size to one another.*

### [IF CAPI INCLUDE NAVIGATION INSTRUCTIONS; ELSE GO TO SECTION C INTRODUCTION]

**INTERVIEWER, READ:** “Now I’d like you to read the questions and enter your answers into the laptop yourself. This will allow you to answer the questions in complete privacy. I will not be able to see the answers you type into the computer. You can also skip any question you don’t want to answer by clicking the next button. Let me explain how to use the laptop.”

**MOVE LAPTOP SO RESPONDENT CAN SEE THE SCREEN AND YOU CAN POINT OUT THE FOLLOWING:**

**POINT TO THE MOUSE AND SAY,** “Please use the mouse to select your answers to the questions.”

**POINT OUT NUMBER KEYS AND SAY:** “Please use these keys for questions that ask you to enter a specific number.”

**POINT TO NEXT BUTTON AND SAY:** “When you are ready to move to the next question or page, click here. This button will store your answers. Once you have entered your responses and clicked this button, you will not be able to go back and change your answers.”

**POINT TO THE “LOG OUT” BUTTON AND SAY:** “The Log Out button will take you out of the survey. Please do not click on it unless you need to stop the survey. This button will save your answers so that you can pick up where you left off when you go back to the survey.”

**SAY:** “If you have any questions or trouble with the laptop, please ask. If not, click here to begin.” **POINT TO NEXT BUTTON AND**

**SAY** “Please answer all of the questions to the best of your abilities.”

PROGRAMMER: PROGRAM A NEXT BUTTON AT THE END OF THIS SCREEN

PROGRAMMER: START CASI

## **SECTION A: Informed Consent**

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[INSERT INFORMED CONSENT HERE]

## SECTION C: TOBACCO USE

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**INTRODUCTION:** The next set of questions are about tobacco products and how often you use them.

**C1.** Do you now **smoke cigarettes** . . .

- 1 Every day
- 2 Some days
- 3 Rarely
- 4 Not at all
- 999 Prefer not to answer

**ASK:** All respondents

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**C2.** Do you consider yourself a smoker?

- 1 Yes
- 2 No
- 999 Prefer not to answer

**ASK:** All respondents

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**C3.** About how long has it been since you last smoked cigarettes? If you smoked a cigarette today please enter 0 days. Please enter days, weeks, or months.

PROGRAMMER: ALLOW PARTICIPANTS TO ENTER EITHER DAYS, WEEKS OR MONTHS

- 1 \_\_\_\_\_ Days (Range: 0 to 7)
- 2 \_\_\_\_\_ Weeks (Range: 0 to 4)
- 3 \_\_\_\_\_ Months (Range: 0 to 24)
- 4 \_\_\_\_\_ Years (Range: 0 to 2)
- 5
- 999 Prefer not to answer

PROGRAMMER: NUMERIC RESPONSE. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 7 FOR DAYS. ALLOW A MINIMUM OF 0 AND A MAXIMUM OF 4 FOR WEEKS. ALLOW A MINIMUM OF 0 AND A MAXIMUM OF 24 FOR MONTHS. ALLOW A MINIMUM OF 0 AND A MAXIMUM OF 2 FOR YEARS.

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE. PLEASE ENTER A NUMBER BETWEEN [0 AND 7/ 0 AND 4/ 0 AND 24/ 0 AND 2]." IN LOWERCASE LETTERS

ALLOW R TO ENTER DAYS OR WEEKS OR MONTHS OR YEARS.

**ASK:** All respondents

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**C4.** Not including today, how many **cigarettes** did you smoke on the most recent day you smoked? A pack usually has 20 cigarettes in it.

\_\_\_\_ Number of cigarettes (Range: 0-99)  
999 Prefer not to answer

PROGRAMMER: NUMERIC RESPONSE. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 99. PROVIDE A CHECKBOX FOR THE 'PREFER NOT TO ANSWER' OPTION. ADD VALIDATION CHECK TO PROHIBIT HAVING BOTH A NUMBER RESPONSE AND A CHECKED BOX.

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE. PLEASE ENTER A NUMBER BETWEEN [0 AND 99." IN LOWERCASE LETTERS

**ASK:** Respondents who report smoking every day, some days, or rarely in C1, and report having smoked within the past year C3.

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**C5.** [IF C1<4 OR (C3\_1>0 OR C3\_2>0)]

On the days that you smoke, how soon after you wake up do you typically smoke your first cigarette of the day? Please enter the number of minutes or hours.

1 \_\_\_\_ Minutes After Waking (Range: 0 to 60)  
2 \_\_\_\_ Hours After Waking (Range: 0 to 24)  
999 Prefer not to answer

PROGRAMMER: NUMERIC RESPONSE. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 60 FOR MINUTES. ALLOW A MINIMUM OF 0 AND A MAXIMUM OF 24 FOR HOURS.

PROVIDE A CHECKBOX FOR THE 'PREFER NOT TO ANSWER' OPTION. ADD VALIDATION CHECK TO PROHIBIT HAVING BOTH A NUMBER RESPONSE AND A CHECKED BOX

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE. PLEASE ENTER A NUMBER BETWEEN [0 AND 60/ 0 AND 24]." IN LOWERCASE LETTERS

**ASK:** Respondents who report smoking every day, some days, or rarely in C1, and report having smoked within the past 30 days or 4 weeks.

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## **TOBACCO PURCHASING BEHAVIOR**

**C6.** [IF C1<4 OR (C3\_1>0 OR C3\_2>0)]

Do you usually buy your own cigarettes?

1 Yes

- 2 No -> GO TO C16
- 999 Prefer not to answer

**ASK:** Respondents who report smoking every day, some days, or rarely in C1, and report having smoked within the past 30 days or 4 weeks.

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**C7.** [IF C6=1 OR 999]

Do you usually buy your cigarettes by the carton, pack, or single cigarettes, or do you roll your own?

- 1 Carton
- 2 Pack
- 3 Single cigarettes
- 4 Roll your own
- 999 Prefer not to answer

**ASK:** Respondents who usually buy their own cigarettes or did not indicate whether they usually buy their own cigarettes.

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**C8.** [IF C6=1 OR 999]

Now think about cigarettes you purchased for your own personal use in the **past 7 days**. How many of the **past 7 days** did you purchase cigarettes?

- 1 \_\_\_\_ Number of days (Range: 0 to 7)
- 999 Prefer not to answer

PROGRAMMER: NUMERIC RESPONSE. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 7

PROVIDE A CHECKBOX FOR THE 'PREFER NOT TO ANSWER' OPTION. ADD VALIDATION CHECK TO PROHIBIT HAVING BOTH A NUMBER RESPONSE AND A CHECKED BOX

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 7" IN LOWERCASE LETTERS

**ASK:** Respondents who usually buy their own cigarettes or did not indicate whether they usually buy their own cigarettes.

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**C9.** [IF C8 NE 0]

In the **past 7 days**, how many cartons, packs, single cigarettes, and pouches of roll-your-own tobacco did you buy for **your own personal use**?

- C9\_1. \_\_\_\_ Cartons (Range: 0 to 99)
- C9\_2. \_\_\_\_ Packs (Range: 0 to 99)
- C9\_3. \_\_\_\_ Single cigarettes (Range: 0 to 99)
- C9\_4. \_\_\_\_ Pouches of roll your own tobacco (Range: 0 to 99)

999 Prefer not to answer

PROGRAMMER: NUMERIC RESPONSE. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 99 FOR C9\_1, C9\_2, C9\_3, C9\_4

PROVIDE A CHECKBOX FOR THE 'PREFER NOT TO ANSWER' OPTION. ADD VALIDATION CHECK TO PROHIBIT HAVING BOTH A NUMBER RESPONSE AND A CHECKED BOX

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 99." IN LOWERCASE LETTERS

**ASK:** Respondents who have bought cigarettes for their own personal use in the past 7 days.

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**C10.** [IF C9\_1>0]

When you last got a **carton** of cigarettes for your **own personal use**, what price did you pay?

\$\_\_\_.\_\_ per carton (Range \$0.00 to \$150.00)  
999 Prefer not to answer

PROGRAMMER: NUMERIC RESPONSE. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 150.00

PROVIDE A CHECKBOX FOR THE 'PREFER NOT TO ANSWER' OPTION. ADD VALIDATION CHECK TO PROHIBIT HAVING BOTH A NUMBER RESPONSE AND A CHECKED BOX

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 150.00." IN LOWERCASE LETTERS

**ASK:** Respondents that purchased at least one carton of cigarettes for their own personal use in the past 7 days.

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**C11.** [IF C9\_2>0]

When you last got a **pack** of cigarettes for **your own personal use**, what price did you pay?

\$\_\_\_.\_\_ per pack (Range \$0.00 to \$20.00)  
999 Prefer not to answer

PROGRAMMER: NUMERIC RESPONSE. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 20.00



PROVIDE A CHECKBOX FOR THE 'PREFER NOT TO ANSWER' OPTION. ADD VALIDATION CHECK TO PROHIBIT HAVING BOTH A NUMBER RESPONSE AND A CHECKED BOX

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 20.00." IN LOWERCASE LETTERS

**ASK:** Respondents that purchased at least one pack of cigarettes for their own personal use in the past 7 days.

**C12.** [IF C9\_3>0]

When you last got a **single cigarette** for **your own personal use**, what price did you pay?

\$\_\_\_.\_\_ per cigarette (Range \$0.00 to \$15.00)  
999 Prefer not to answer

PROGRAMMER: NUMERIC RESPONSE. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 15.00

PROVIDE A CHECKBOX FOR THE 'PREFER NOT TO ANSWER' OPTION. ADD VALIDATION CHECK TO PROHIBIT HAVING BOTH A NUMBER RESPONSE AND A CHECKED BOX

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 15.00." IN LOWERCASE LETTERS

**ASK:** Respondents that purchased at least one single cigarette for their own personal use in the past 7 days.

**C13.** [IF C9\_4>0]

When you last got a **pouch of roll-your-own-tobacco** for **your own personal use**, what price did you pay?

\$\_\_\_.\_\_ per pouch (Range \$0.00 to \$30.00)  
999 Prefer not to answer

PROGRAMMER: NUMERIC RESPONSE. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 30.00

PROVIDE A CHECKBOX FOR THE 'PREFER NOT TO ANSWER' OPTION. ADD VALIDATION CHECK TO PROHIBIT HAVING BOTH A NUMBER RESPONSE AND A CHECKED BOX

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 30.00." IN LOWERCASE LETTERS

**ASK:** Respondents that purchased at least one pouch of roll-your-own tobacco for their own personal use in the past 7 days.

**C14 INTRO** [IF C8 NE 0]

Next, we would like to ask two questions about where you got cigarettes in the **past 7 days**. Please think about purchases that you made for **your personal use**.

**C14.** [IF C8 NE 0]

In the **past 7 days**, have you purchased cigarettes or roll your own tobacco from any of the following locations?

		Yes	No	Prefer not to answer
C14_1	At a convenience store or gas station	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 999
C14_2	At a grocery store	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 999
C14_3	At a drugstore	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 999
C14_4	Mass merchandisers such as Wal-Mart, Costco, Sam's Club	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 999
C14_5	At a tobacco shop	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 999
C14_6	Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 999

**ASK:** Respondents that purchased cigarettes for their own personal use in the past 7 days.

[IF C14\_1=1 OR C14\_2=1 OR C14\_3=1 OR C14\_4=1 OR C14\_5=1 OR C14\_6=1, ASK C15; ELSE, GO TO C16]

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**C15.** [IF C14\_1=1 OR C14\_2=1 OR C14\_3=1 OR C14\_4=1 OR C14\_5=1 OR C14\_6=1]

Please write the name of the specific store where you usually bought cigarettes or roll-your-own-tobacco in the **past 7 days** for your own use.

\_\_\_\_\_. (ALLOW 25 ALPHA OR NUMERIC CHARACTERS).

999 Prefer not to answer

PROVIDE A CHECKBOX FOR THE 'PREFER NOT TO ANSWER' OPTION. ADD VALIDATION CHECK TO PROHIBIT HAVING BOTH A NUMBER RESPONSE AND A CHECKED BOX

**ASK:** Respondents who report buying a tobacco product at one of the types of stores listed in C14 in the past 7 days.

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## CURRENT ELECTRONIC VAPOR PRODUCT USE

This question focuses on electronic vapor products, which include e-cigarettes, e-cigars, e-hookahs, e-pipes, vape pens, tanks, mods, and hookah pens.



**C16.** Do you now use an **electronic vapor product** . . .

- 1 Every day
  - 2 Some days
  - 3 Rarely
  - 4 Not at all
- 999 Prefer not to answer

**ASK:** All respondents

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## CURRENT SMOKELESS USE

Next, we ask a question about **smokeless tobacco** which you put in your mouth. You chew, suck or spit some types of smokeless tobacco but not other types. For example, snus is smokeless tobacco that comes in a small pouch that you put inside your lip.

There are many kinds of smokeless tobacco, such as snus pouches, loose snus, moist snuff, dip, spit, and chewing tobacco. Common brands include Redman, Levi Garrett, Beechnut, Skoal, Grizzly, Nordic Ice and Copenhagen.



**C16.** Do you now use **smokeless tobacco products** . . .

- 1 Every day
- 2 Some days
- 3 Rarely
- 4 Not at all
- 999 Prefer not to answer

**ASK:** All respondents

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## CURRENT CIGAR/CIGARILLO USE

The next question is about **traditional cigars, cigarillos, little cigars,** and **filtered cigars**. These products go by lots of different names, so please use these descriptions and photos to understand what they are.

**Traditional cigars** contain tightly rolled tobacco that is wrapped in a tobacco leaf. Some common brands of cigars include Macanudo, Romeo y Julieta, and Arturo Fuente, but there are many others.

**Cigarillos, little cigars,** and **filtered cigars** are smaller than traditional cigars. They are usually brown. Some are the same size as cigarettes, and some come with filters or with plastic or wooden tips. Some common brands are Black & Mild, Swisher Sweets, Dutch Masters, Phillies Blunts, Prime Time, and Winchester.



**C17.** Do you now use **traditional cigars, cigarillos, little cigars and/or filtered cigars**.

..

- 1 Every day
- 2 Some days
- 3 Rarely
- 4 Not at all
- 999 Prefer not to answer

**ASK:** All respondents

---

## CURRENT HOOKAH USE

We next ask about smoking tobacco in a **hookah**, which is a type of water pipe. It is sometimes also called shisha or a “narghile” pipe. From now on, we will use “hookah” to refer to a water pipe, shisha, or narghile pipe that is often used to smoke tobacco.

There are many types of hookahs. People often smoke tobacco in hookahs in groups at cafes or in hookah bars.



**C18.** Do you now smoke tobacco in a **hookah**, even one or two puffs . . .

- 1 Every day
- 2 Some days
- 3 Rarely
- 4 Not at all
- 999 Prefer not to answer

**ASK:** All respondents

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## SECTION D: TOBACCO USE INTENTIONS AND SELF-EFFICACY

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**INTRODUCTION:** In the next section, we ask you some questions about quitting smoking cigarettes.

### SMOKING EXPECTATIONS

**D1.** Three months from now, how much do you expect to be smoking cigarettes, compared to now?

- 1 Not smoking cigarettes at all
- 2 A lot less than now
- 3 A little less than now
- 4 The same amount as now
- 5 A little more than now
- 6 A lot more than now
- 999 Prefer not to answer

**ASK:** All respondents

---

### SELF-EFFICACY FOR QUITTING

**D2.** [IF C1<4 OR (C3\_3>0 OR C3\_3>0)]

If you did try to quit smoking cigarettes altogether in the next 3 months, how likely do you think you would be to succeed?

- 1 Not at all likely
- 2 A little likely
- 3 Somewhat likely
- 4 Very likely
- 999 Prefer not to answer

**ASK:** Respondents who report smoking every day, some days, or rarely in C1, and report having smoked in the past 30 days or 4 weeks in C3.

---

**D3.** [IF C1<4 OR (C3\_3>0 OR C3\_3>0)]

How much do you believe that quitting smoking completely is possible for you?

- 1 Not at all possible
- 2 Somewhat possible
- 3 Very possible
- 999 Prefer not to answer

**ASK:** Respondents who report smoking every day, some days, or rarely in C1, and report having smoked in the past 30 days or 4 weeks in C3.

---

**D4 INTRO:** [IF C1<4 AND (C3\_3>0 OR C3\_3>0)]

How much do you disagree or agree with the following statement?

**D4.** I feel ready to take a small step toward quitting.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither disagree nor agree
- 4 Agree
- 5 Strongly agree
- 999 Prefer not to answer

**ASK:** Respondents who report smoking every day, some days, or rarely in C1, and report having smoked in the past 30 days or 4 weeks in C3.

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## SECTION E: CESSATION

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### QUIT BEHAVIOR

[IF C1<4 AND (C3\_3>0 OR C3\_3>0)]

**E1.** Have you ever tried to quit smoking cigarettes?

- 1 Yes
- 2 No
- 999 Prefer not to answer

**ASK:** Respondents who report smoking every day, some days, or rarely in C1, and report having smoked in the past 30 days or 4 weeks in C3.

---

**E2.** [IF E1=1 OR E1=999]

Of **all the times** you tried to quit smoking cigarettes, what was the longest period you stayed off cigarettes completely? Enter either hours, days, weeks or months below.

- 1 \_\_\_ hours (Range: 0 to 23)
- 2 \_\_\_ days (Range: 0 to 6)
- 3 \_\_\_ weeks (Range: 0 to 4)
- 4 \_\_\_ months (Range: 0 to 11)
- 5 \_\_\_ years (Range: 0 to 99)
- 999 Prefer not to answer

PROGRAMMER: ALLOW RESPONDENT TO ENTER EITHER HOURS, DAYS, WEEKS, MONTHS, OR YEARS

IF HOURS SELECTED ALLOW A MINIMUM OF 0 AND MAXIMUM OF 23.

IF DAYS SELECTED ALLOW A MINIMUM OF 0 AND MAXIMUM OF 6.

IF WEEKS SELECTED ALLOW A MINIMUM OF 0 AND MAXIMUM OF 4.

IF MONTHS SELECTED ALLOW A MINIMUM OF 0 AND MAXIMUM OF 11.

IF YEARS SELECTED ALLOW A MINIMUM OF 0 AND MAXIMUM OF 99.

PROVIDE A CHECKBOX FOR THE 'PREFER NOT TO ANSWER' OPTION. ADD VALIDATION CHECK TO PROHIBIT HAVING BOTH A NUMBER RESPONSE AND A CHECKED BOX

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND (HOURS: 23; DAYS: 6; WEEKS: 4; MONTHS: 11; YEARS: 99)." IN LOWERCASE LETTERS

**ASK:** Respondents who have tried to quit smoking, or do not report whether they have or have not tried.

---

**E3 INTRO:** [IF C3\_1>0 OR C3\_2>0]

For most of the questions in this section, we ask you about the **past 3 months**. For the next question, please note that we are asking you about the **past 6 months**.

**E3.** In the past 6 months, did you intentionally quit smoking cigarettes for at least 24 hours?

- 1 Yes
- 2 No
- 999 Prefer not to answer

**ASK:** Respondents who have last smoked days or weeks ago, but not months

---

**E4 INTRO:**

[IF E1=1 OR E1=999]

Now, we are going to ask you about your behavior in the past **3 months** again.

**E4.** In the **past 3 months**, did you intentionally quit smoking cigarettes for at least 24 hours?

- 1 Yes
- 2 No
- 999 Prefer not to answer

**ASK:** Respondents who have tried to quit smoking, or do not report whether they have or have not tried.

---

**E5.** [IF E4=1 OR E4=999]

In the **past 3 months**, how many times have you intentionally quit smoking cigarettes for at least 24 hours?

- 1 \_\_\_ times [allow 0 to 99]
- 999 Prefer not to answer

PROGRAMMER: NUMERIC RESPONSE. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 99

PROVIDE A CHECKBOX FOR THE 'PREFER NOT TO ANSWER' OPTION. ADD VALIDATION CHECK TO PROHIBIT HAVING BOTH A NUMBER RESPONSE AND A CHECKED BOX

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 99" IN LOWERCASE LETTERS

**ASK:** Respondents that intentionally quit smoking cigarettes in the past 3 months for at least 24 hours, or respondents that preferred not to indicate whether they had intentionally quit smoking cigarettes in the past 3 months for at least 24 hours.

---

**E6.** [IF E4=1 OR E4=999]

When you tried to quit smoking cigarettes in the **past 3 months**, did you avoid going to places where you used to buy cigarettes in case you might be tempted to buy them?

- 1 Never
- 2 Once
- 3 A few times
- 4 Lots of times
- 999 Prefer not to answer

**ASK:** Respondents that intentionally quit smoking cigarettes in the past 3 months for at least 24 hours, or respondents that preferred not to indicate whether they had intentionally quit smoking cigarettes in the past 3 months for at least 24 hours.

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**E7.** [IF E4=1 OR E4=999]

When you tried to quit smoking cigarettes in the **past 3 months**, was there a time when seeing the cigarette pack display in the store gave you an urge to buy cigarettes?

- 1 Never
- 2 Once
- 3 A few times
- 4 Lots of times
- 999 Prefer not to answer

**ASK:** Respondents that intentionally quit smoking cigarettes in the past 3 months for at least 24 hours, or respondents that preferred not to indicate whether they had intentionally quit smoking cigarettes in the past 3 months for at least 24 hours.

---

## **MOTIVATION TO QUIT**

**E8.** [IF C4\_1>0 OR C4\_2>0]

How much do you want to quit smoking cigarettes?

- 1 Not at all
- 2 A little
- 3 Somewhat
- 4 A lot
- (99) Prefer not to answer

**ASK:** Respondents who have last smoked days or weeks ago, but not months

---

**E9.** [IF C4\_1>0 OR C4\_2>0]

In the **past 3 months**, have you tried to quit smoking cigarettes by reducing or cutting back on the number of cigarettes you smoke?

- 1 Yes
- 2 No
- 999 Prefer not to answer

**ASK:** Respondents who have last smoked days or weeks ago, but not months

---

**E10.** [IF C4\_1>0 OR C4\_2>0]

On a scale of 1-5, where 1 is the lowest and 5 is the highest, how would you rate quitting smoking cigarettes as a priority in your life?

- 1 Lowest priority
- 2
- 3
- 4
- 5 Highest priority
- 999 Prefer not to answer

PROGRAMMER: DISPLAY AS A HORIZONTAL SCALE AND LABEL RESPONSE OPTIONS WITH NUMBERS

**ASK:** Respondents who have last smoked days or weeks ago, but not months

---

### **INTENTION TO QUIT**

**E11.** [IF C4\_1>0 OR C4\_2>0]

Do you plan to quit smoking cigarettes for good . . .

- 1 In the next 7 days,
- 2 In the next 30 days,
- 3 In the next 3 months,
- 4 In the next 6 months,
- 5 In the next year, or
- 6 More than one year from now?
- 7 I do not plan to quit smoking cigarettes for good
- 8 Not sure/uncertain
- 999 Prefer not to answer

**ASK:** Respondents who have last smoked days or weeks ago, but not months

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**E12.** [IF E11=1 OR 2 OR 3 OR 4 OR 5 OR 6]

Have you set a firm date to quit smoking cigarettes?

- 1 Yes
- 2 No
- 999 Prefer not to answer

**ASK:** Respondents who have last smoked days or weeks ago, but not months

---

**CESSATION COGNITION INDEX**

**E13 INTRO:** [IF C4\_1>0 OR C4\_2>0]

Please tell us how much you disagree or agree with the following statements.

PROGRAMMER: RANDOMIZE ORDER OF E13\_1-E13\_4]

		<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Prefer not to answer</b>
E13_1.	I have been thinking a lot about quitting smoking cigarettes recently.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
E13_2.	I am eager for a life without smoking cigarettes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
E13_3.	Lately, I have been thinking about which cigarettes during my day would be the hardest to give up.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
E13_4.	I am <b>not</b> prepared to make changes in my life to quit smoking cigarettes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999

**ASK:** Respondents who have last smoked days or weeks ago, but not months

---

**E14.** [IF C4\_1>0 OR C4\_2>0]

During the **past 3 months**, how often would you say you have thought about the changes you will have to make in your life to quit smoking cigarettes?

- 1 Never
- 2 Once
- 3 A few times
- 4 Lots of times
- 999 Prefer not to answer

**ASK:** Respondents who have last smoked days or weeks ago, but not months

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**MICROINDICATORS OF QUITTING**

**E15.** [IF C4\_1>0 OR C4\_2>0]

Compared to three months ago, are you more or less concerned about the price of cigarettes?

- 1 Less concerned
- 2 Just as concerned
- 3 More concerned
- 999 Prefer not to answer

**ASK:** Respondents who have last smoked days or weeks ago, but not months

---

**E16.** [IF C4\_1>0 OR C4\_2>0]

In the **past 3 months**, did you practice **not smoking** in some situations, or for periods of time?

- 1 Yes
- 2 No
- 3 Not applicable
- 999 Prefer not to answer

**ASK:** Respondents who have last smoked days or weeks ago, but not months

---

**E17.** [IF C4\_1>0 OR C4\_2>0]

In the **past 3 months**, have you stubbed out a cigarette before you finished it because you wanted to quit smoking?

- 1 Yes
- 2 No
- 999 Prefer not to answer

**ASK:** Respondents who have last smoked days or weeks ago, but not months

---

**E18.** [IF C4\_1>0 OR C4\_2>0]

In the **past 3 months**, how often did you put off purchasing cigarettes because you wanted to quit smoking?

- 1 Never
- 2 Once
- 3 A few times
- 4 Lots of times
- 999 Prefer not to answer

**ASK:** Respondents who have last smoked days or weeks ago, but not months

---

**E19.** [IF C4\_1>0 OR C4\_2>0]

In the **past 3 months**, how often have you stopped yourself from having a cigarette when you had the urge to smoke?

- 1 Never

- 2 Once
- 3 A few times
- 4 Lots of times
- 999 Prefer not to answer

**ASK:** Respondents who have last smoked days or weeks ago, but not months

---

**E20.** [IF C4\_1>0 OR C4\_2>0]

In the **past 3 months**, how often did you avoid social situations where people were smoking?

- 1 Never
- 2 Once
- 3 A few times
- 4 Lots of times
- 999 Prefer not to answer

**ASK:** Respondents who have last smoked days or weeks ago, but not months

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## **SECTION F: ATTITUDES, BELIEFS & RISK PERCEPTIONS, SOCIAL NORMS**

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**INTRODUCTION:** Now we would like to ask you some questions about your attitudes and beliefs.

### **SMOKING BELIEFS**

**F1.** How harmful do you think smoking cigarettes is to people's health in general?

- 1 Not at all harmful
- 2 Slightly harmful
- 3 Somewhat harmful
- 4 Very harmful
- 5 Extremely harmful
- 999 Prefer not to answer

**ASK:** All Respondents

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**F2.** [IF C4\_1>0 OR C4\_2>0]

Please tell us how much do you disagree or agree with the following statements about smoking cigarettes.

PROGRAMMER: RANDOMIZE ORDER OF F2\_1 to F2\_7]



		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Prefer not to answer
<b>F2_1.</b>	I would be more energetic right now if I didn't smoke cigarettes.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>F2_2.</b>	I'm embarrassed that I smoke cigarettes.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>F2_3.</b>	Smoking cigarettes is hazardous to my health.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>F2_4.</b>	Smoking cigarettes is pleasurable.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>F2_5.</b>	Smoking cigarettes reduces stress.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>F2_6.</b>	Smoking cigarettes helps me concentrate.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>F2_7.</b>	Smoking cigarettes helps keep my weight down.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999

**ASK:** Respondents who have last smoked days or weeks ago, but not months

---

**F3.** [IF C4\_1>0 OR C4\_2>0]

In the **past 3 months**, how often did you think about the harm your cigarette smoking might be doing to you?

- 1 Never
- 2 Once
- 3 A few times
- 4 Lots of times
- 999 Prefer not to answer

**ASK:** Respondents who have last smoked days or weeks ago, but not months

---

**F4.** How likely do you think **you** are to develop a smoking-related disease as a result of smoking cigarettes?

- 1 Extremely unlikely
- 2 Very unlikely
- 3 Very likely
- 4 Extremely likely
- 999 Prefer not to answer

**ASK:** All Respondents

---

**F5.** Please tell us how much you disagree or agree that smoking cigarettes increases your risk of . . .

PROGRAMMER: RANDOMIZE ORDER OF F5\_1 to F5\_4

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer not to answer</b>
<b>F5_1.</b>	Lung cancer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>F5_2.</b>	Heart disease?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>F5_3.</b>	Emphysema?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>F5_4.</b>	Chronic obstructive pulmonary disorder (COPD) or chronic bronchitis?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999

**ASK:** All Respondents

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## **CESSATION BELIEFS**

**F6.** [IF C4\_1>0 OR C4\_2>0]

How much do you think your health would improve if you were to stop smoking cigarettes for good?

- 1 Not at all
- 2 A little
- 3 Somewhat
- 4 A lot
- 999 Prefer not to answer

**ASK:** Respondents who have last smoked days or weeks ago, but not months

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## SECTION G: MEDIA USE AND AWARENESS

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**INTRODUCTION:** Next, we'd like to ask you about your use of TV and other media.

### GENERAL MEDIA EXPOSURE

**G1.** How often do you...

PROGRAMMER: RANDOMIZE ORDER OF G1\_1 to G1\_4

	Never	Once a month or less	Every few weeks	1-3 days a week	4-6 days a week	About once a day	Several times a day	Prefer not to answer
<b>G1_1.</b> Watch television, including streaming TV (Hulu, Netflix, or Amazon Prime)?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _999
<b>G1_2.</b> Watch videos on YouTube?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _999
<b>G1_3.</b> Listen to streaming radio?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _999
<b>G1_4.</b> Listen to radio over the air?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _999

**ASK:** All respondents

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**G2.** Thinking about the social networking sites you use, about how often do you visit or use the following...

PROGRAMMER: RANDOMIZE ORDER OF G2\_1 to G2\_6

	Never	Once a month or less	Every few weeks	1-3 days a week	4-6 days a week	About once a day	Several times a day	Prefer not to answer
<b>G2_1.</b> Facebook	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>999</sub>
<b>G2_2.</b> Instagram	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>999</sub>
<b>G2_3.</b> Twitter	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>999</sub>
<b>G2_4.</b> Tumblr	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>999</sub>
<b>G2_5.</b> Snapchat	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>999</sub>
<b>G2_6.</b> Pinterest	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>999</sub>

**ASK:** All respondents

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### ANTI-SMOKING MEDIA EXPOSURE

**G3.** In the **past 3 months**, how frequently have you seen or heard the following slogan or theme on the TV, radio, or Internet?

Tips from Former Smokers (Tips) PROGRAMMER: INSERT EXAMPLE AD

- 1 Never
- 2 Once
- 3 A few times
- 4 Lots of times
- 999 Prefer not to answer

**ASK:** All respondents

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### EVERY TRY COUNTS EXPOSURE

**G4.** In the **past 3 months**, how frequently have you seen or heard the following slogan or theme?

Every Try Counts PROGRAMMER: INSERT EXAMPLE AD

- 1 Never
- 2 Once
- 3 A few times
- 4 Lots of times
- 999 Prefer not to answer

**ASK:** All respondents

**VERIFICATION.** To show us that you are paying attention, please select Never as your response to this item.

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very Often
- 999 Prefer not to answer

**ASK:** All respondents

**G5.** [IF G4>=2]

You said you have seen or heard Every Try Counts. Where have you seen or heard it? Please check “yes” or “no” for each item.

PROGRAMMER: RANDOMIZE ORDER OF G5\_1 to G5\_7]

		Yes	No	Prefer not to answer
G5_1	Inside of a store	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 999
G5_2	Outside of a store	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 999
G5_3	At the gas pump	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 999
G5_4	On a billboard	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 999
G5_5	On television	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 999
G5_6	On the internet and/or on social media	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 999
G5_7	On the radio	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 999

**ASK:** Respondents that indicated they saw or hear the ‘Every Try Counts’ slogan or theme once, a few times, or a lot of times in the past 3 months.

**IDENTIFICATION WITH CAMPAIGN MESSAGE**

**G6.** Please tell us how much you disagree or agree with the following statements about smoking cigarettes?

PROGRAMMER: RANDOMIZE ORDER OF G6\_1 to G6\_7 BUT KEEP PLACEMENT OF G6\_C CONSTANT

		Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Prefer not to answer
G6_1.	I feel like a failure when I start smoking again after quitting.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
G6_2.	Every quit attempt I make is a step	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999

	towards quitting smoking cigarettes for good.						
<b>G6_3.</b>	The more times I try to quit smoking cigarettes, the more likely I am to quit for good.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>G6_4.</b>	It may take me several quit attempts to quit smoking cigarettes for good.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>G6_5.</b>	I have a chance to learn something new with every quit attempt.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>G6_C.</b>	Please select the option labeled 'Disagree' as your answer.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>G6_6.</b>	It's important for me to learn not to smoke cigarettes in situations where I typically smoke.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>G6_7.</b>	With each quit attempt, I become better at quitting.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999

**ASK:** All respondents

---

**G7 INTRO:** [IF C4\_1>0 OR C4\_2]

Please tell us how much do you disagree or agree with the following statements.

PROGRAMMER: RANDOMIZE ORDER OF G7\_1-G7\_4

**G7.** When I think about **quitting smoking cigarettes**, I feel...

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer not to answer</b>
G7_1.	Confident	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
G7_2.	Hopeful	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
G7_3.	Discouraged	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
G7_4.	Stressed	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999

**ASK:** Respondents who have last smoked days or weeks ago, but not months

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**G8 INTRO:** [IF C4\_1>0 OR C4\_2]

How much do you disagree or agree with the following statements?

**G8. I continue to smoke** cigarettes because...

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer not to answer</b>
G8_1.	I'm addicted to smoking.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
G8_2.	I enjoy smoking.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
G8_3.	I don't have enough willpower.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
G8_4.	I'm stressed out.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
G8_5.	I don't have the support I need from friends and family.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
G8_6.	I haven't tried to quit enough times.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999

**ASK:** Respondents who have last smoked days or weeks ago, but not months

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**G9 INTRO:**

Now we would like to show you some ads that you may have seen close to places that sell tobacco.

PROGRAMMER: RANDOMIZE PRESENTATION OF G9-G10

**G9\_1.** Apart from this survey, how frequently have you seen this ad in the **past 3 months?**

- 1 Never
- 2 Once
- 3 A few times
- 4 Lots of times
- 999 Prefer not to answer

PROGRAMMER: DISPLAY CAMPAIGN AD FOR "YOU DIDN'T FAIL AT QUITTING..."

**ASK:** All respondents

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**G9\_2.** Apart from this survey, how frequently have you seen this ad in the **past 3 months?**

- 1 Never
- 2 Once
- 3 A few times
- 4 Lots of times
- 999 Prefer not to answer



PROGRAMMER: DISPLAY CAMPAIGN AD FOR "IF AT FIRST YOU DON'T SUCCEED..."

**ASK:** All respondents

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**G9\_3.** Apart from this survey, how frequently have you seen this ad in the **past 3 months**?

- 1 Never
- 2 Once
- 3 A few times
- 4 Lots of times
- 999 Prefer not to answer

PROGRAMMER: DISPLAY CAMPAIGN AD FOR "EVERY TIME YOU PUT OUT A CIGARETTE"

**ASK:** All respondents

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### **PERCEIVED EFFICACY OF CAMPAIGNS**

**G10\_1.** Please tell us how much you disagree or agree with the following statements about **this ad**.

PROGRAMMER: RANDOMIZE PRESENTATION, DISPLAY CAMPAIGN AD FOR "YOU DIDN'T FAIL AT QUITTING..." AGAIN IF MATRIX IS ON SEPARATE PAGE FROM LAST PAGE

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer not to answer</b>
<b>G10_1_1.</b>	This ad is worth remembering.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>G10_2_1</b>	This ad grabbed my attention.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>G10_3_1.</b>	This ad is powerful.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>G10_4_1.</b>	This ad is informative.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>G10_5_1.</b>	This ad is meaningful to me.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>G10_6_1.</b>	This ad is convincing.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>G10_7_1.</b>	This ad made me want to quit smoking cigarettes.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>G10_8_1.</b>	This ad made me feel motivated to try to quit smoking cigarettes.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>G10_9_1.</b>	This ad made me feel hopeful about quitting smoking cigarettes.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
<b>G10_10_1.</b>	This ad made me feel understood.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999

PROGRAMMER: END LOOP

**ASK:** All respondents

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**G10\_2.** Please tell us how much you disagree or agree with the following statements about **this ad**.

PROGRAMMER: RANDOMIZE PRESENTATION. DISPLAY CAMPAIGN AD FOR "IF AT FIRST YOU DON'T SUCCEED..." AGAIN IF MATRIX IS ON SEPARATE PAGE FROM LAST PAGE.

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer Not to Answer</b>
<b>G10_1_2.</b>	This ad is worth remembering.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>G10_2_2.</b>	This ad grabbed my attention.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>G10_3_2.</b>	This ad is powerful.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>G10_4_2.</b>	This ad is informative.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>G10_5_2.</b>	This ad is meaningful to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>G10_6_2.</b>	This ad is convincing.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>G10_7_2.</b>	This ad made me want to quit smoking cigarettes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>G10_8_2.</b>	This ad made me feel motivated to try to quit smoking cigarettes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>G10_9_2.</b>	This ad made me feel hopeful about quitting smoking cigarettes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>G10_10_2.</b>	This ad made me feel understood.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999

**ASK:** All respondents

---

**G10\_3.** Please tell us how much you disagree or agree with the following statements about **this ad**.

PROGRAMMER: RANDOMIZE PRESENTATION. DISPLAY CAMPAIGN AD FOR “EVERY TIME YOU PUT OUT A CIGARETTE” AGAIN IF MATRIX IS ON SEPARATE PAGE FROM LAST PAGE.

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer Not to Answer</b>
<b>G10_1_3.</b>	This ad is worth remembering.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>G10_2_3.</b>	This ad grabbed my attention.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>G10_3_3.</b>	This ad is powerful.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>G10_4_3.</b>	This ad is informative.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>G10_5_3.</b>	This ad is meaningful to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>G10_6_3.</b>	This ad is convincing.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>G10_7_3.</b>	This ad made me want to quit smoking cigarettes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>G10_8_3.</b>	This ad made me feel motivated to try to quit smoking cigarettes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>G10_9_3.</b>	This ad made me feel hopeful about quitting smoking cigarettes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999
<b>G10_10_3.</b>	This ad made me feel understood.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 999

**ASK:** All respondents

---

**COMPREHENSION OF CAMPAIGN MESSAGE**

**G11.** Please pick the answer below that you think best fits the **main message** of all of the ads we showed you. There may be more than one right answer.

PROGRAMMER: RANDOMIZE ORDER OF RESPONSE OPTIONS

- 1 Quitting smoking takes practice.
  - 2 It may take several attempts to quit smoking for good.
  - 3 You learn something every time you try to quit smoking.
  - 4 It is important to talk to your doctor before quitting smoking.
  - 5 Using nicotine patches or gum helps you quit smoking.
- 999 Prefer not to answer

**ASK:** All respondents

---

### **BRAND IDENTIFICATION**

**G12.** In the **past 3 months**, did you talk to anyone, either in person or online, about the "Every Try Counts" ads?

- 1 Yes
  - 2 No
- 999 Prefer not to answer

**ASK:** All respondents

---

## SECTION H: ENVIRONMENT

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**INTRODUCTION:** This section asks some additional questions about you and your environment.

### BLUNT USE

**H1.** Do you now use a “blunt” (a **cigar, cigarillo, little cigar, or filtered cigar with marijuana** in it) . . .

- 1 Every day
- 2 Some days
- 3 Rarely
- 4 Not at all
- 999 Prefer not to answer

**ASK:** All respondents

---

### TOBACCO ENVIRONMENT IN HOME

**H2.** The next question asks about rules of using tobacco inside your home. Please think about everyone who might be in your home including children, adults, visitors, guests, or workers. For tobacco products that are burned, such as cigarettes, cigars, pipes or hookah, which statement best describes the rules about smoking a tobacco product inside your home?

- 1 It is not allowed anywhere or at any time inside my home
- 2 It is allowed in some places or at some times inside my home
- 3 It is allowed anywhere and at any time inside my home
- 999 Prefer not to answer

**ASK:** All respondents

---

**H3.** Other than you, has **anyone who lives with you** used any of the following during the **past 30 days**? Select all that apply.

[PROGRAM SO THAT RESPONDENTS CAN SELECT MORE THAN ONE RESPONSE ON 2-5]

- 1 Cigarettes
  - 2 Traditional cigars, cigarillos, little cigars, or filtered cigars, such as Macanudo, Romeo y Julieta, Arturo Fuente, Black & Mild, Swisher Sweets, Dutch Masters, Phillies Blunts, Prime Time, or Winchester
  - 3 Tobacco out of a water pipe (also called "hookah")
  - 4 Electronic vapor products, also called e-cigarettes, e-cigars, e-hookahs, e-pipes, vape pens, tanks, mods, and hookah pens
  - 5 Any other form of tobacco
  - 6 No, no one who lives with me has used any form of tobacco during the past 30 days
- 999 Prefer not to answer

**ASK:** All respondents

---

## **PHYSICAL HEALTH**

**H4.** In general, how would you rate your physical health?

- 1 Poor
  - 2 Fair
  - 3 Good
  - 4 Very good
  - 5 Excellent
- 999 Prefer not to answer

**ASK:** All respondents

---

## **MARITAL STATUS**

**H5.** What is your marital status?

- 1 Now married -> GO TO H7
  - 2 Widowed
  - 3 Divorced
  - 4 Separated
  - 5 Never married
- 999 Prefer not to answer

**ASK:** All respondents

---

**H6.** [IF H5 >1 OR H5 = 999] Do you share a household with a boyfriend, girlfriend, or partner?

- 1 Yes
  - 2 No
- 999 Prefer not to answer

**ASK:** All respondents that are not married

---

## MENTAL HEALTH

**H7.** Now thinking about your **mental** health, which includes stress, depression, and emotional problems, for how many days during the **past 30 days** was your mental health not good?

1 \_\_\_\_ Number of days (Range: 0 to 30)  
999 Prefer not to answer

PROGRAMMER: NUMERIC RESPONSE. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 30

PROVIDE A CHECKBOX FOR THE 'PREFER NOT TO ANSWER' OPTION. ADD VALIDATION CHECK TO PROHIBIT HAVING BOTH A NUMBER RESPONSE AND A CHECKED BOX

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 30" IN LOWERCASE LETTERS

**ASK:** All respondents

---

## H8.

[IF H7>0]

During the **past 30 days**, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

1 \_\_\_\_ Number of days (Range: 0 to 30)  
999 Prefer not to answer

PROGRAMMER: NUMERIC RESPONSE. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 30

PROVIDE A CHECKBOX FOR THE 'PREFER NOT TO ANSWER' OPTION. ADD VALIDATION CHECK TO PROHIBIT HAVING BOTH A NUMBER RESPONSE AND A CHECKED BOX

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 30" IN LOWERCASE LETTERS

**ASK:** Respondents who report 1 or more days of poor mental health in the past 30 days.

---

## SEX/GENDER

**H9.** What is your current gender identity?



- 1 Male
- 2 Female
- 3 Trans male/ Trans man
- 4 Trans female/ Trans woman
- 5 Genderqueer/Gender non-conforming/ Intersex
- 6 Different identity
- 999 Prefer not to answer

**ASK:** All respondents

---

**H9OT.** [IF H9=6]

Please specify your current gender identity.

\_\_\_\_\_ [ALLOW 20 ALPHA CHARACTERS]

999 Prefer not to answer

PROVIDE A CHECKBOX FOR THE 'PREFER NOT TO ANSWER' OPTION. ADD VALIDATION CHECK TO PROHIBIT HAVING BOTH A NUMBER RESPONSE AND A CHECKED BOX

**ASK:** Respondents who indicate a different gender identity than those listed in H13.

---

[IF CAPI]

**ENDCASI** Thank you for your answering these questions.  
When you leave this screen, the responses you entered into the laptop can no longer be seen by you, the interviewer, or anyone else who uses this computer. When you are ready, please press **NEXT** to complete this part of the interview.

PROGRAMMER: ONCE NEXT IS ENTERED FOR ENDCASI, NO ONE CAN RE-ENTER THE CASI PORTION OF THE INTERVIEW.

**ASK:** All respondents answering by ACASI

---

[IF CAPI]

**ENDCASI2** Please tell your interviewer that you are finished.

**INTERVIEWER:** ENTER THE CODE TO MOVE TO THE NEXT SECTION.

**ASK:** All respondents answering by ACASI

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## SECTION AL. LOCATOR MODULE

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CHECK BOX 1: IF WAVE = 04 → EXIT1; ELSE → CONTINUE

[IF CAPI FILL: Instructions to interviewer: read all text and questions in regular type.]

[IF CAPI FILL: Before we finish the interview, I would just like to confirm that we have your correct contact information.]

[IF CAWI FILL: Please confirm that we have your correct contact information]

**AL-FU1.** Is this correct?

[IF CAWI FILL: Please update any information that is not correct]

[IF CAPI FILL: INTERVIEWER, IF ANY INFORMATION IS NOT CORRECT, PROMPT RESPONDENT FOR UPDATED INFORMATION.]

PROGRAMMER: DISPLAY CONTACT INFORMATION FROM WAVE 1 QUESTIONNAIRE

- 1 Continue
- 999 Prefer not to answer

**ASK:** All respondents Wave 2 or 3

---

[IF CAWI]

We will send you a check for \$## as a token of appreciation for participating to the following address. Please review and update the information to ensure that you receive the check. Please allow 3 - 4 weeks for the check to arrive.

If you do **not** wish to receive a check, please check the box, "I DECLINE TO RECEIVE A CHECK"

PROGRAMMER: FILL EACH FIELD WITH INFORMATION FROM CASE CONTACT INFORMATION;  
ALLOW EDITS

- 1 FIRST NAME \_\_\_\_\_ (ALLOW 50 ALPHA CHARACTERS)
- 2 LAST NAME \_\_\_\_\_ (ALLOW 50 ALPHA OR NUMERIC CHARACTERS)
- 3 STREET NUMBER \_\_\_\_\_ (ALLOW 50 ALPHA OR NUMERIC CHARACTERS)
- 4 STREET NAME \_\_\_\_\_ (ALLOW 50 ALPHA OR NUMERIC CHARACTERS)
- 5 APARTMENT NUMBER \_\_\_\_\_ (ALLOW 10 ALPHA OR NUMERIC CHARACTERS)
- 6 CITY \_\_\_\_\_ (ALLOW 50 ALPHA OR NUMERIC CHARACTERS)
- 7 STATE \_\_\_\_ (PROGRAMMER: DROPDOWN FIELD OF 50 STATES)
- 8 ZIP \_\_\_\_ (ALLOW 5 NUMERIC CHARACTERS)
  
- 9  I DECLINE TO RECEIVE A CHECK

**ASK:** Web respondents

---



## SECTION J APP-BASED PORTION OF STUDY

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[IF [FILL: Current WAVE - 1] APP CONSENT = **YES** FILL: Previously, you agreed to participate in the smartphone application-based component of our study to determine how often you go to stores that sell tobacco products.] → GO TO J2.

[IF [FILL: Current WAVE - 1] APP CONSENT = **NO** FILL: Previously, we asked you to participate in the smartphone application-based component of our study to determine how often you go to stores that sell tobacco products, but you chose not to participate at that time.] → GO TO J1.

[IF [FILL: Current WAVE - 1] APP CONSENT = **MISSING** (DIDN'T HAVE A SMARTPHONE) FILL: I would like to tell you about another part of our study that is completely optional and would involve downloading an app to your smartphone, if you have one.] → GO TO J1.

**J1.** Do you have a smartphone?

- 1 YES→GO TO APP\_CONSENT
- 2 NO→ EXIT1
- 999 Prefer not to answer

**ASK:** All respondents who did not consent to app-based portion of study in Wave 1.

---

**J2.** Have you changed phones since PROGRAMMER: FILL DATE OF LAST INTERVIEW?

- 1 YES
- 2 NO→ J5
- 999 Prefer not to answer

**ASK:** All respondents who do not report whether they have a smartphone or not.

---

**J3.** How long ago did you change phones? Please answer in days, weeks, or months.

- 1 \_\_\_ Days (Range: 0 to 7)
- 2 \_\_\_ Weeks (Range: 0 to 4)
- 3 \_\_\_ Months (Range: 0 to 12)
- 999 Prefer not to answer

**ASK:** Respondents who report they have changed phones since the last interview.

---

**J4.** Would you like to download the app onto your new phone so that you can continue to participate in this part of the study?

- 1 YES→ APP\_INSTRUCTIONS1
- 2 NO→ EXIT1
- 999 Prefer not to answer

**ASK:** Respondents who report they have changed phones since the last interview.

---

**J5.** Have you turned off, deleted the app, or changed the app settings since [FILL DATE OF LAST INTERVIEW]?

- 1 YES

- 2 NO → GO TO J13
- 999 Prefer not to answer

**ASK:** Respondents who report they have **not** changed phones since the last interview.

---

**J6.** Which of the following did you do? Please select all answers that apply.

- 1 Turned off the app → GO TO J8
- 2 Changed the settings
- 3 Deleted the app → GO TO J8

**ASK:** Respondents who report they deleted the app, or changed the app settings.

---

**J7.** Please describe how you changed the settings. (ALLOW 500 ALPHA OR NUMERIC CHARACTERS).

**ASK:** Respondents who report they changed the app settings

---

**J8.** Please tell us why you [IF J6 = 1 FILL “turned off the app” ; IF J6 = 3 FILL “deleted the app” ; IF J6 = 2 “changed the settings”]. (ALLOW 500 ALPHA OR NUMERIC CHARACTERS).

**ASK:** Respondents who report they have turned off the app, changed the settings of, or deleted the app.

---

**J9.** How long ago did you [IF J6 = 1 FILL “turn off the app”; IF J6 = 3 “delete the app” ; IF J6 = 2 “change the settings”]? Please answer in days, weeks, or months.

- 1 \_\_\_\_\_ Days (Range: 0 to 7)
- 2 \_\_\_\_\_ Weeks (Range: 0 to 4)
- 3 \_\_\_\_\_ Months (Range: 0 to 12)
- 999 Prefer not to answer

**ASK:** Respondents who report they have turned off the app, changed the settings of, or deleted the app.

---

**J10.** Have you [IF J6 = 1 FILL “turned the app back on” ; IF J6 = 3 “downloaded the app again” ; IF J6 = 2 “changed the settings back”] since then?

- 1 YES
- 2 NO → GO TO J12
- 999 Prefer not to answer

**ASK:** Respondents who report they have turned off the app, changed the settings of, or deleted the app.

---

**J11.** About how long ago did you [IF J6 = 1 FILL “turn the app back on” ; IF J6 = 3 FILL “download the app again” ; IF J6 = 2 FILL “change the settings back”]? Please tell me in days, weeks, or months.

- 1     \_\_\_ Days (Range: 0 to 7) → GO TO J13
- 2     \_\_\_ Weeks (Range: 0 to 4) → GO TO J13
- 3     \_\_\_ Months (Range: 0 to 12) → GO TO J13

**ASK:** Respondents who report they turned the app back on, downloaded the app again, or changed the settings back.

---

**J12.** If you are still interested in participating in the app-based part of the study, we recommend that you [If J6=1 or J6=2, FILL “delete the app and”] download it again. In the future, please don’t change the settings or turn off or delete the app. Would you like to keep participating in this part of the study?

- 1     YES → GO TO J13
- 2     NO → GO TO EXIT 1
- 999 Prefer not to answer

**ASK:** Respondents who report they have turned off the app, changed the settings of, or deleted the app.

---

**J13** Is the location service for your phone turned on?

- 1     YES [IF J5 = 2 OR J11 = 1, 2 OR 3 → GO TO EXIT3; ELSE CONTINUE]
- 2     NO [IF J5 = 2 OR J11 = 1, 2 OR 3 → GO TO EXIT3; ELSE CONTINUE]

**ASK:** All respondents who have downloaded the app.

---

**CHECK BOX 2: IF WAVE 1 APP CONSENT = YES AND J6 ≠ 3; GO TO EXIT 1 ; ELSE IF WAVE 1 APP CONSENT = YES AND J6 = 3; GO TO APP\_INSTRUCTIONS1 ; ELSE CONTINUE**

### **APP\_CONSENT**

[INSERT APP CONSENT SCRIPT]

- 1     Yes → GO TO APP\_INSTRUCTIONS
- 2     No → GO TO EXIT 1

**ASK:** Respondents who are being asked to install the App for the first time.

---

### **APP\_REFUSAL**     [IF APP\_CONSENT = 2]

INTERVIEWER: WHY DID THE PARTICIPANT REFUSE TO DOWNLOAD THE APP? SELECT ALL THAT APPLY

[PROGRAM SO THAT INTERVIEWERS CAN SELECT MORE THAN ONE RESPONSE]

- 1     DOES NOT HAVE A SMARTPHONE, AFTER ALL
- 2     CONCERNED ABOUT PRIVACY
- 3     CONCERNED ABOUT DATA USAGE

- 4 PARTICIPANT REFUSED AFTER DIFFICULTY IN DOWNLOADING AND INSTALLING THE APP
- 5 SAID THE INCENTIVE IS TOO SMALL
- 6 SOME OTHER REASON (SPECIFY)

**ASK:** Asked of interviewers when participant refuses to participate in the app-based portion of the study.

---

**APP\_REFOTR**[IF APP\_REFUSAL = 6]

INTERVIEWER: SPECIFY WHY PARTICIPANT REFUSED TO DOWNLOAD THE APP

SPECIFY: \_\_\_\_\_[ALLOW 25 ALPHA CHARACTERS]

**ASK:** Asked of interviewers that indicate there is another reason the participant refused to participate in the app-based portion of the study.

**APP INSTRUCTIONS1**  
[INSERT APP INSTRUCTIONS]

---

**EXIT 1:** Thank you for answering all of our questions.

**ASK:** Respondents reaching the end of the survey

---

**EXIT 3:** If you want to keep participating in this part of the study, we recommend that you don't change any of the settings, turn off, or delete the app in the future. Thank you for answering all of our questions.

**ASK:** Respondents reaching the end of the survey

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**OMB No: 0910-####**

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

**Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 40 minutes per response (time to read and agree to the assent/consent and respond to the questionnaire). Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRASstaff@fda.hhs.gov.**