

UNIQUE ID: \_\_\_\_\_

FG ID: \_\_\_\_\_

## **CHECK-IN SURVEY**

Please fill out this survey. Any information you share about your attitudes, beliefs, and behaviors will not be shared. No one outside the research team will know what you write. There are no right or wrong answers to these questions. Read the instructions for each question carefully and let us know if you have any questions.

Thank you for very much for your help!

UNIQUE ID: \_\_\_\_\_

**1. Do you now smoke cigarettes every day, some days, or not at all? (Circle one)**

a. Every day

b. Some days

c. Not at all

**2. How many cigarettes per day do you smoke? (Please give one answer. Your best estimate is fine.)**

a. \_\_\_\_\_ cigarettes

b. Don't know / Not sure

**3. How old were you when you had a cigarette for the first time, even one or two puffs? (Please give one answer. Your best estimate is fine.)**

a. \_\_\_\_\_ years old

b. Don't know / Not sure

**4. What was the first tobacco product that you tried? (Circle one)**

a. Cigarette

b. E-cigarette (Fin, NJOY, JUUL, Blu, e-Go, Suorin, or Vuse)

c. Smokeless tobacco (Chewing tobacco, snuff, dip, or snus)

d. Cigar, cigarillo, or little cigar (Black and Milds, Swisher Sweets, Dutch Masters, White Owl, or Phillies Blunts)

e. Pipe filled with tobacco (regular pipe, water pipe, or hookah)

f. Other: \_\_\_\_\_

g. Don't know / Not sure

**5. During the past 6 months, have you stopped smoking for 24 hours or more because you were trying to quit smoking? (Circle one)**

a. Yes

b. No

c. Don't know / Not sure

**6. In the past 6 months, how many times have you stopped smoking for 24 hours or more as part of an attempt to quit smoking? (Please give one answer. Your best estimate is fine.)**

a. \_\_\_\_\_ times

b. I haven't stopped smoking as part of an attempt to quit

c. Don't know / Not sure

**7. Are you thinking about quitting cigarettes for good? (Circle one)**

a. Yes

b. No

c. Don't know / Not sure

**8. How soon are you likely to quit smoking? (Circle one)**

a. Within the next 30 days

b. Within the next 6 months

c. Within the year

d. Longer than a year

e. Never

f. Don't know / Not sure

UNIQUE ID: \_\_\_\_\_

**9. Are you currently trying to reduce the amount you smoke?** (Circle one)

a. Yes

b. No

c. Don't know / Not sure

**10. Which, if any, of the following are you currently using to help you cut down on the amount you smoke?** (Select all that apply)

a. Nicotine patches

b. Nicotine gum

c. Nicotine lozenges / tablets

d. Nicotine inhaler

e. Nicotine nasal spray

f. A prescription pill called Chantix or Varenicline

g. A prescription pill called Zyban, Bupropion, or Wellbutrin

h. Telephone help or quitline

i. One-on-one counseling

j. A stop smoking clinic, class, or support group

k. None of these

l. Other: \_\_\_\_\_

m. I am not currently trying to reduce the amount I smoke

**11. Thinking about cigarettes, on average, how soon after you wake up do you usually smoke a cigarette?** (Please give one answer. Your best estimate is fine.)

\_\_\_\_\_ minutes

\_\_\_\_\_ hours

**12. Please select the answer choice that is true for you for each question below.** (Circle one answer per row)

|  |     |    |
|--|-----|----|
| a. Do you sometimes wake up at night in order to have a cigarette?   | YES | NO |
| b. During the past 30 days, have you had a strong craving to smoke a cigarette?  | YES | NO |
| c. During the past 30 days, did you ever feel like you really needed a cigarette?  | YES | NO |
| d. During the past 30 days, was there a time when you wanted to smoke a cigarette so much that you found it difficult to think of anything else? | YES | NO |

**13. How true is this statement for you?** After not smoking cigarettes for a while, I feel restless and irritable. (Circle one)

a. Not at all true

b. Sometimes true

c. Often true

d. Always true

e. Don't know / Not sure

UNIQUE ID: \_\_\_\_\_

| 14. Overall, how addictive would you say each of the following is:   | Not at all Addictive  | Moderately Addictive  | Very Addictive        |
|--|-----------------------|-----------------------|-----------------------|
| Please fill in <b>one</b> bubble for each row below.   |                       |                       |                       |
| a. Cigarette smoking   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. E-cigarette use (e.g. Fin, NJOY, JUUL, Blu, e-Go, Suorin, or Vuse)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Smokeless tobacco use (e.g. chewing tobacco, snuff, dip, or snus)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Regular cigar, cigarillo, or little cigar smoking (e.g. Black and Milds, Swisher Sweets, Dutch Masters, White Owl, or Phillie Blunts)                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Premium cigar smoking (i.e. cigars that are made entirely by hand and typically more expensive than regular cigars you can purchase from a convenience store) smoking | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Smoking tobacco from a hookah or water pipe   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| 15. How harmful would you say each of the following is to a person's health?   | Not at all Harmful    | Moderately Harmful    | Very Harmful          |
|--|-----------------------|-----------------------|-----------------------|
| Please fill in <b>one</b> bubble for each row below.   |                       |                       |                       |
| a. Cigarette smoking   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. E-cigarette smoking use (e.g. Fin, NJOY, JUUL, Blu, e-Go, Suorin, or Vuse)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Smokeless tobacco use (e.g. chewing tobacco, snuff, dip, or snus)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Regular cigar, cigarillo, or little cigar smoking (e.g. Black and Milds, Swisher Sweets, Dutch Masters, White Owl, or Phillie Blunts)                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Premium cigar smoking (i.e. cigars that are made entirely by hand and typically more expensive than regular cigars you can purchase from a convenience store) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Smoking tobacco from a hookah or water pipe   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

UNIQUE ID: \_\_\_\_\_

|  |
|--|
| <b>16. If you had to do it over again, would you have started smoking cigarettes? (Circle one)</b> |
| a. Definitely not  |
| b. Probably not  |
| c. Probably yes  |
| d. Definitely yes  |
| e. Don't know / Not sure   |

|  |
|--|
| <b>17. To what extent, if at all, do you believe nicotine to be the main substance in tobacco that makes people want to use tobacco products? (Circle one)</b> |
| a. Not at all  |
| b. A little  |
| c. Somewhat  |
| d. Very much   |
| e. Don't know / Not sure   |

|   |
|---|
| <b>18. To what extent, if at all, do you believe the nicotine in cigarettes to be the chemical that causes most of the cancer caused by smoking? (Circle one)</b> |
| a. Not at all   |
| b. A little   |
| c. Somewhat   |
| d. Very much  |
| e. Don't know / Not sure  |

|  |
|--|
| <b>19. Nicotine is the addictive component of tobacco products. (Circle one)</b> |
| a. True  |
| b. False   |

|   |
|---|
| <b>20. How many other people in your household smoke? (Please give one answer. Your best estimate is fine.)</b> |
| a. _____ people   |
| b. I live alone   |
| c. Don't know / Not sure  |

|  |
|--|
| <b>21. Which source(s) do you turn to for health advice? (Select all that apply)</b> |
| a. Spouse / partner  |
| b. Other family members  |
| c. Friends   |
| d. Doctor / physician  |
| e. Pharmacy  |
| f. Government website  |
| g. Internet search   |
| h. Telephone help line   |
| i. None of these   |
| j. Other: _____  |

|   |
|---|
| <b>22. _____ is the most important thing in my life. (Circle one)</b> |
| a. Security   |
| b. Variety  |
| c. Being memorable  |
| d. Learning   |
| e. Helping others   |
| f. Personal progress  |

**Thank you for taking this check-in survey!**

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