| Type of Change | Current Question/Item | Requested Change |
| --- | --- | --- |
| M | **C5 [Grid, S Across]** When you last tried to quit smoking, did any of the following motivate you to try to quit? *Statements in row:*C5\_1. A family member or friend encouraged me to try to quitC5\_2. Anti-tobacco television commercials, online ads or videos, radio ads, or other types of advertisements that focus on the health consequences of smokingC5\_3. My doctor or other health professional advised me to quit smokingC5\_4. Workplace restrictions on smokingC5\_5. Cost of cigarettes is too highC5\_6. Other, please specify: [O] \_\_\_\_\_ | **C5** smoker survey); NB5 (nonsmoker survey)When you last tried to quit smoking, did any of the following motivate you to try to quit? *Statements in row:*C5\_1. A family member or friend encouraged me to try to quitC5\_2. Anti-tobacco television commercials, online ads or videos, radio ads, or other types of advertisements that focus on the health consequences of smokingC5\_3. My doctor or other health professional advised me to quit smokingC5\_4. Workplace restrictions on smokingC5\_5. Cost of cigarettes is too highC5\_6. Concern about COVID-19C5\_7. Other, please specify: [O] \_\_\_\_\_ |
| M | D21 Smoker Survey/ NC1 Nonsmoker Suvey [GRID, S ACROSS]Do you believe cigarette smoking is related to:*Statements in row (randomize and record response order):*D21\_1. Lung CancerD21\_2. Cancer of the mouth or throatD21\_3. Heart DiseaseD21\_4. DiabetesD21\_5. EmphysemaD21\_6. StrokeD21\_7. Hole in throat (stoma or tracheotomy)D21\_8. Buerger’s DiseaseD21\_9. Amputations (removal of limbs) D21\_10. AsthmaD21\_11. GallstonesD21\_12. COPD or Chronic bronchitisD21\_13. Periodontal or Gum DiseaseD21\_14. Premature birthD21\_15. Colorectal CancerD21\_16. Macular degeneration or blindness D21\_17. DepressionD21\_18. Anxiety DisorderD21\_19. Colon Cancer*Answers in columns:* 1. Yes2. No | **D21 (smoker survey); NC1 (nonsmoker survey**Do you believe cigarette smoking is related to:*Statements in row (randomize and record response order):*D21\_1. Lung CancerD21\_2. Cancer of the mouth or throatD21\_3. Heart DiseaseD21\_4. DiabetesD21\_5. EmphysemaD21\_6. StrokeD21\_7. Hole in throat (stoma or tracheotomy)D21\_8. Buerger’s DiseaseD21\_9. Amputations (removal of limbs) D21\_10. AsthmaD21\_11. GallstonesD21\_12. COPD or Chronic bronchitisD21\_13. Periodontal or Gum DiseaseD21\_14. Premature birthD21\_15. Colorectal CancerD21\_16. Macular degeneration or blindness D21\_17. DepressionD21\_18. Anxiety DisorderD21\_19. Colon CancerD21\_20. COVID-19*Answers in columns:* 1. Yes2. No |
| M | **G15. Have you been diagnosed by a physician or other qualified medical professional with any of the following medical conditions?**You may choose not to answer the question by simply clicking “Next”.*Statements in row (randomize and record response order, with G15\_24 always last):*G15\_1. Acid reflux diseaseG15\_2. ADHD or ADDG15\_3. Anxiety disorderG15\_4. Asthma, chronic bronchitis, or COPDG15\_5. Cancer (any type except skin cancer)G15\_6. Chronic pain (such as low back pain, neck pain, or Fibromyalgia)G15\_7. DepressionG15\_8. DiabetesG15\_9. Heart attackG15\_10. Heart diseaseG15\_11. High blood pressureG15\_12. High cholesterolG15\_13. HIV/AIDSG15\_14. Kidney diseaseG15\_15. Mental health conditionG15\_16. Multiple sclerosisG15\_17. Osteoarthritis, joint pain or inflammationG15\_18. Osteoporosis or osteopeniaG15\_19. Rheumatoid arthritisG15\_20. Seasonal allergiesG15\_21. Skin cancerG15\_22. Sleep disorders such as sleep apnea or insomnia  G15\_23. StrokeG15\_24. Something else [anchor]*Answers in columns:* 1. Yes2. No | **G15. Have you been diagnosed by a physician or other qualified medical professional with any of the following medical conditions?**You may choose not to answer the question by simply clicking “Next”.*Statements in row (randomize and record response order, with G15\_25 always last):*G15\_1. Acid reflux diseaseG15\_2. ADHD or ADDG15\_3. Anxiety disorderG15\_4. Asthma, chronic bronchitis, or COPDG15\_5. Cancer (any type except skin cancer)G15\_6. Chronic pain (such as low back pain, neck pain, or Fibromyalgia)G15\_7. DepressionG15\_8. DiabetesG15\_9. Heart attackG15\_10. Heart diseaseG15\_11. High blood pressureG15\_12. High cholesterolG15\_13. HIV/AIDSG15\_14. Kidney diseaseG15\_15. Mental health conditionG15\_16. Multiple sclerosisG15\_17. Osteoarthritis, joint pain or inflammationG15\_18. Osteoporosis or osteopeniaG15\_19. Rheumatoid arthritisG15\_20. Seasonal allergiesG15\_21. Skin cancerG15\_22. Sleep disorders such as sleep apnea or insomnia  G15\_23. StrokeG15\_24. COVID-19G15\_25. Something else [anchor]*Answers in columns:* 1. Yes2. No |