| 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 quit  C5\_2. Anti-tobacco television commercials, online ads or videos, radio ads, or other types of advertisements that focus on the health consequences of smoking  C5\_3. My doctor or other health professional advised me to quit smoking  C5\_4. Workplace restrictions on smoking  C5\_5. Cost of cigarettes is too high  C5\_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 quit  C5\_2. Anti-tobacco television commercials, online ads or videos, radio ads, or other types of advertisements that focus on the health consequences of smoking  C5\_3. My doctor or other health professional advised me to quit smoking  C5\_4. Workplace restrictions on smoking  C5\_5. Cost of cigarettes is too high  C5\_6. Concern about COVID-19  C5\_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 Cancer  D21\_2. Cancer of the mouth or throat  D21\_3. Heart Disease  D21\_4. Diabetes  D21\_5. Emphysema  D21\_6. Stroke  D21\_7. Hole in throat (stoma or tracheotomy)  D21\_8. Buerger’s Disease  D21\_9. Amputations (removal of limbs)  D21\_10. Asthma  D21\_11. Gallstones  D21\_12. COPD or Chronic bronchitis  D21\_13. Periodontal or Gum Disease  D21\_14. Premature birth  D21\_15. Colorectal Cancer  D21\_16. Macular degeneration or blindness  D21\_17. Depression  D21\_18. Anxiety Disorder  D21\_19. Colon Cancer  *Answers in columns:*  1. Yes  2. 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 Cancer  D21\_2. Cancer of the mouth or throat  D21\_3. Heart Disease  D21\_4. Diabetes  D21\_5. Emphysema  D21\_6. Stroke  D21\_7. Hole in throat (stoma or tracheotomy)  D21\_8. Buerger’s Disease  D21\_9. Amputations (removal of limbs)  D21\_10. Asthma  D21\_11. Gallstones  D21\_12. COPD or Chronic bronchitis  D21\_13. Periodontal or Gum Disease  D21\_14. Premature birth  D21\_15. Colorectal Cancer  D21\_16. Macular degeneration or blindness  D21\_17. Depression  D21\_18. Anxiety Disorder  D21\_19. Colon Cancer  D21\_20. COVID-19  *Answers in columns:*  1. Yes  2. 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 disease  G15\_2. ADHD or ADD  G15\_3. Anxiety disorder  G15\_4. Asthma, chronic bronchitis, or COPD  G15\_5. Cancer (any type except skin cancer)  G15\_6. Chronic pain (such as low back pain, neck pain, or Fibromyalgia)  G15\_7. Depression  G15\_8. Diabetes  G15\_9. Heart attack  G15\_10. Heart disease  G15\_11. High blood pressure  G15\_12. High cholesterol  G15\_13. HIV/AIDS  G15\_14. Kidney disease  G15\_15. Mental health condition  G15\_16. Multiple sclerosis  G15\_17. Osteoarthritis, joint pain or inflammation  G15\_18. Osteoporosis or osteopenia  G15\_19. Rheumatoid arthritis  G15\_20. Seasonal allergies  G15\_21. Skin cancer  G15\_22. Sleep disorders such as sleep apnea or insomnia  G15\_23. Stroke  G15\_24. Something else [anchor]  *Answers in columns:*  1. Yes  2. 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 disease  G15\_2. ADHD or ADD  G15\_3. Anxiety disorder  G15\_4. Asthma, chronic bronchitis, or COPD  G15\_5. Cancer (any type except skin cancer)  G15\_6. Chronic pain (such as low back pain, neck pain, or Fibromyalgia)  G15\_7. Depression  G15\_8. Diabetes  G15\_9. Heart attack  G15\_10. Heart disease  G15\_11. High blood pressure  G15\_12. High cholesterol  G15\_13. HIV/AIDS  G15\_14. Kidney disease  G15\_15. Mental health condition  G15\_16. Multiple sclerosis  G15\_17. Osteoarthritis, joint pain or inflammation  G15\_18. Osteoporosis or osteopenia  G15\_19. Rheumatoid arthritis  G15\_20. Seasonal allergies  G15\_21. Skin cancer  G15\_22. Sleep disorders such as sleep apnea or insomnia  G15\_23. Stroke  G15\_24. COVID-19  G15\_25. Something else [anchor]  *Answers in columns:*  1. Yes  2. No |