

**SMOKER WAVE A-I SURVEY, version 12/5/2018**

**Form Approved  
OMB No. 0920-1083  
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**Extended Evaluation of the National Tobacco Prevention and Control Public Education Campaign Smoker Questionnaire**

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1083).

**SUBJECTS FOR QUESTIONNAIRE**

SECTION A:           INTRODUCTORY QUESTIONS  
SECTION B:           TOBACCO USE QUESTIONS  
SECTION C:           SMOKING CESSATION  
SECTION D:           ATTITUDES AND BELIEFS RELATED TO CESSATION  
SECTION E:           SECONDHAND SMOKE  
SECTION F:           MEDIA USE AND AWARENESS  
SECTION G:           CLOSING QUESTIONS

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**SECTION A: INTRODUCTORY QUESTIONS**

**A5.** During the past 30 days, that is since [DATE FILL], on how many days did you smoke cigarettes?  
\_\_\_\_\_Number of Days

## SECTION B: TOBACCO USE QUESTIONS

The next few questions are about tobacco use and smoking cessation.

**B1.** On the average, about how many cigarettes a day do you now smoke?  
\_\_\_\_\_Number of cigarettes

**B2.** On the days that you smoke, how soon after you wake up do you usually have your first cigarette? Would you say...

1. Within 5 minutes
2. 6-30 minutes
3. From more than 30 minutes to 1 hour
4. After more than 1 hour

**B3.** Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?

1. Yes
2. No
3. Don't Know/Not Sure
4. Refused

**B4.** For each of the following, please indicate whether it's a reason you usually smoke menthol cigarettes. Please answer "yes" or "no" or "I don't know" for each.

- B4\_1. They are less harmful than non-menthol cigarettes.  
B4\_2. They have a better flavor than non-menthol cigarettes.  
B4\_3. They are less harsh on your THROAT than non-menthol cigarettes.  
B4\_4. They are less harsh on your CHEST than non-menthol cigarettes.  
B4\_5. They are easier to smoke than non-menthol cigarettes.

**C2.** During the **past 3 months**, how many times have you stopped smoking for one day or longer because you were trying to quit smoking cigarettes for good?  
\_\_\_\_\_Number of times

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**C2** During the **past 6 months**, that is since [FILL LAUNCH DATE], how many times  
**a.** have you stopped smoking for one day or longer because you were trying to quit  
smoking cigarettes for good?

\_\_\_\_\_ Number of times

**C1.** During the past **12 months**, that is, since [DATE FILL], how many times have you  
stopped smoking for one day or longer because you were trying to quit smoking  
cigarettes for good?

\_\_\_\_\_ Number of times

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**C3c.** In the past 12 months, have you used any of the following medications to help you quit smoking: nicotine skin patch, nicotine gum, nicotine lozenges, nicotine nasal spray, a nicotine inhaler, or pills such as Wellbutrin, Zyban, bupropion, Chantix, or varenicline?

1. Yes
2. No

**C4.** When you last tried to quit smoking, did you do any of the following?

1. Yes 2. No

- C4\_1.** Give up cigarettes all at once
- C4\_2.** Gradually cut back on cigarettes
- C4\_3.** Switch **completely** to vaping (using e-cigarettes, vape pens, JUULs, mods, or other personal vaporizers)
- C4\_4.** Substitute smoking some of your regular cigarettes with vaping (using e-cigarettes, vape pens, JUULs, mods, or other personal vaporizers)
- C4\_5.** Switch to mild or some other brand of cigarettes
- C4\_6.** Use nicotine replacements like the nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, or nicotine inhaler
- C4\_7.** Use medications like Wellbutrin, Zyban, bupropion, Chantix, or varenicline
- C4\_8.** Get help from a telephone quit line
- C4\_9.** Get help from a website such as Smokefree.gov or CDC.gov/Tips
- C4\_10.** Get help from a doctor or other health professional
- C4\_11.** Get help from a pharmacist
- C4\_12.** Use a mobile App to help you quit smoking
- C4\_13.** Use a texting program to help you quit smoking

**C5.** When you last tried to quit smoking, did any of the following motivate you to try to quit?

1. Yes 2. No

**C5\_1.** A family member or friend encouraged me to try to quit

**C5\_2.** Anti-tobacco television commercials, online ads, 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

**C6\_5.** Cost of cigarettes is too high.

**C5\_6.** Other, specify \_\_\_\_\_

**C6a.** Do you want to quit smoking cigarettes for good?

1. Yes

2. No

**C7b.** How much do you want to quit smoking? Would you say you want to quit...

1. Not at all

2. A little

3. Somewhat

4. A lot

- C9.** Do you plan to quit smoking for good...
1. In the next 7 days,
  2. In the next 30 days,
  3. In the next 6 months,
  4. In the next 1 year, or
  5. More than 1 year from now?
  6. I do not plan to quit smoking cigarettes for good
  7. Not sure/Uncertain

- C10.** If you decided to give up smoking altogether in the next 12 months, how likely do you think you would be to succeed? Would you say...
1. Extremely Likely
  2. Very Likely
  3. Somewhat Likely
  4. Very Unlikely
  5. Extremely Unlikely

- C11.** How much do you think your health would improve if you were to quit smoking?
1. Not at all
  2. A little
  3. Somewhat
  4. A lot

- C14.** Among close friends, do...
1. All of them smoke?
  2. Most of them smoke?
  3. Most of them not smoke?
  4. None of them smoke?
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## Electronic Vapor Product Questions

The next questions are about vaping (using e-cigarettes, vape pens, JUULs, mods, other personal vaporizers). Vaping products are battery-powered and produce vapor instead of smoke. They typically use a nicotine liquid, although the amount of nicotine can vary and some may not contain any nicotine at all. Some common brands are JUUL, Vuse, MarkTen, Logic, and Blu.

These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.



**B8.** Have you ever vaped, even one time?

1. Yes
2. No

**B8a.** During the past 30 days, on how many days did you vape?

1. 0 days
2. 1 or 2 days
3. 3 to 5 days
4. 6 to 9 days
5. 10 to 19 days
6. 20 to 29 days
7. All 30 days

**B9.** Do you now vape...

1. Every day
2. Some days
3. Not at all

**B9a.** On the days that you vape, how often do you vape?

1. Rarely
2. Sometimes
3. Often
4. Very Often

**B9a.** Do you usually vape with disposable devices, rechargeable devices that use pods or cartridges, or rechargeable devices that use large refillable tanks?

Please indicate the type of device that you **vape the most**.

1. Disposable devices that are not rechargeable or refillable
2. Rechargeable devices that use pods or cartridges, like JUULs
3. Rechargeable devices that have large refillable tanks
4. Unknown device type

**B9b\_1.** When you vape, does the liquid/contents usually contain nicotine?

1. Yes
  2. No
-



**B9b\_2.**

Which flavors of [EPRODFILL2] have you used in the past 30 days? Choose all that apply.

1. Unflavored
2. Tobacco-flavored
3. Menthol
4. Mint
5. Cooling, ice, or frosty
6. Clove or spice
7. Fruit
8. An alcoholic drink (such as wine, cognac, margarita, or other cocktails)
9. A non-alcoholic drink (such as coffee, soda, energy drinks, or other beverages)
10. Candy, chocolate, desserts, or other sweets
11. Some other flavor [specify]: \_\_\_\_\_

**B10.** Are any of the following a reason why you first tried vaping/currently vape?

1. Yes 2. No

**B10\_1.** I can vape when or where smoking cigarettes is not allowed

**B10\_2.** Vaping might be less harmful to me than smoking cigarettes

**B10\_3.** I like the flavors

**B10\_4.** Vaping can help me quit or cut back on smoking cigarettes

**B10\_5.** Vaping helps me deal with cravings to smoke

**B10\_6.** A friend or family member suggested I vape as a way to quit smoking

**B10\_7.** A friend or family member shared/shares their vaping device with me

**B10\_8.** Vaping is popular among people my age

**B13.** In your opinion, regularly vaping and smoking cigarettes is...

1. Much less harmful to one's health than only smoking cigarettes
2. Slightly less harmful to one's health than only smoking cigarettes
3. Equally harmful to one's health as only smoking cigarettes
4. Slightly more harmful to one's health than only smoking cigarettes
5. Much more harmful to one's health than only smoking cigarettes.

**B14.** Do you want to quit vaping for good?

1. Yes
2. No

**QUITLINE USE AND AWARENESS**

Now, we are going to ask you some additional questions about regular cigarettes.

**C18.** A telephone quitline is a free telephone-based service that connects people who smoke cigarettes with someone who can help them quit. Are you aware of any telephone quitline services that are available to help you quit smoking?

1. Yes
2. No

**C20.** Have you heard of 1-800-QUIT-NOW?

1. Yes
2. No

**C20a.** Have you called 1-800-QUIT-NOW or any other telephone quit line in the past 3 months since **[FILL DATE]**?

1. Yes
2. No

**C22.** In the past 3 months, did you receive any of the following medications for free from the 1-800-QUIT-NOW smokers' quitline: nicotine patches, gum, lozenges, nasal spray, inhaler, or pills such as Wellbutrin, Zyban, bupropion, Chantix, or varenicline?

1. Yes
2. No

## SECTION D: ATTITUDES AND BELIEFS RELATED TO CESSATION

The next few questions will ask about your opinions related to smoking, tobacco use, and cessation.

**D8.** Please tell us if you strongly disagree, disagree, agree, or strongly agree with the following statements.

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree

I am eager for a life without smoking.

### Concerns About Health

Please tell us if you strongly disagree, disagree, agree, or strongly agree with the following statements.

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree

**D10.** I get upset when I think about my smoking.

**D11.** I am disappointed in myself because I smoke.

**D12.** I get upset when I hear or read about illnesses caused by smoking.

**D13.** Warnings about the health risks of smoking upset me.

## **Risk Perception**

Please tell us if you strongly disagree, disagree, agree, or strongly agree with the following statement.

**D18.** Smoking can cause immediate damage to your body.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree

**D19.** Smoking cigarettes can cause medical complications and diseases that require surgeries and medical procedures to treat.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree

**D21.**

Do you believe cigarette smoking is related to

1. Yes 2. No

- 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

## SECTION E: SECONDHAND SMOKE

- E1.** Other than yourself, does anyone who lives in your home smoke cigarettes now?
1. Yes
  2. No

- E8a.** In your opinion how likely is it that regularly breathing secondhand tobacco smoke would worsen asthma or cause infections or lung damage among nonsmokers?
1. Extremely likely
  2. Very likely
  3. Somewhat Likely
  4. Very unlikely
  5. Extremely unlikely

- E8b.** Not counting decks, porches, or garages, is smoking inside your home...
1. **Always** allowed
  2. Allowed only at **some** times or in **some** places
  3. Never allowed

- E9.** Are you seriously considering increasing restrictions on smoking in your household?
1. Definitely yes
  2. Probably yes
  3. Probably not
  4. Definitely not

## SECTION F: MEDIA USE AND AWARENESS

**F1.** On an average day, how much television do you watch?

1. None
2. Less than one hour
3. About 1 hour
4. About 2 hours
5. About 3 hours
6. About 4 hours
7. 5 hours or more

**F2.** On an average day, how many hours do you listen to the radio?

1. None
2. Less than one hour
3. About 1 hour
4. About 2 hours
5. About 3 hours
6. About 4 hours
7. 5 hours or more



**F3.** On an average day, how many hours do you use the Internet for personal reasons?

1. None
2. Less than one hour
3. About 1 hour
4. About 2 hours
5. About 3 hours
6. About 4 hours
7. 5 hours or more

**F13.** Have you heard of the Website [www.cdc.gov/Tips](http://www.cdc.gov/Tips)?

1. Yes
2. No

**F13a.** Have you visited [www.cdc.gov/Tips](http://www.cdc.gov/Tips) in the past 5 months, since **FILL DATE!**?

1. Yes
2. No

**F14.** In the past **5 months**, that is since [FILL DATE], have you seen or heard advertisements for medications or products to help people quit smoking such as Chantix, nicotine patches, or nicotine gums?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Always

**F17.** In the past **[FILL # MONTHS PLANNED CAMPAIGN DURATION]**, that is since **[FILL DATE]**, have you seen or heard of any ads on television or radio with the following themes or slogans?

1. Yes 2. No

**F17\_1.** TIPS FROM FORMER SMOKERS

**F17\_2.** TRUTH

**F17\_3.** BECOME AN EX

**F17\_4.** EVERY CIGARETTE IS DOING YOU DAMAGE

**F17\_5.** TOBACCO FREE LIVING

**F17\_6.** THE REAL COST

**F19\_1.** Have you seen any of the following Facebook pages or groups when you have been online in the past 5 months, since [FILL DATE]? Please select each page that you have seen

**F19\_1a.** Tips Facebook Page Image

**F19\_1b.** Unrelated Facebook Page Image

**F19\_1c.** Unrelated Facebook Page Image

**F19\_2.** Have you seen any of the following YouTube channels or pages when you have been online in the past 5 months, since [FILL DATE]? Please select each page that you have seen

**F19\_2a.** Tips YouTube Page Image

**F19\_2b.** Unrelated YouTube Page Image

**F19\_2c.** Unrelated YouTube Page Image

**F19\_3.** Have you seen any of the following Twitter pages when you have been online in the past 5 months, since [FILL DATE]? Please select each page that you have seen

**F19\_3a.** Tips Twitter Page Image

**F19\_3b.** Unrelated Twitter Page Image

**F19\_3c.** Unrelated Twitter Page Image

**F20.** Sometimes people use the Internet specifically for health-related reasons. In the past 30 days, have you used the Internet for any of the following reasons?

1. Yes 2. No

**F20\_1.** Looked for information about quitting smoking

**F20\_2.** Looked for information about vaping (using e-cigarettes or other vaping products)

**F20\_3.** Looked for information about nicotine replacement therapies (e.g., patches, gum, lozenges)

**F20\_4.** Downloaded a mobile App to help you quit smoking

**F20\_5.** Signed up for a texting program to help you quit smoking

**F20\_6.** Created an online plan to help you quit smoking

## **Exposure and Reaction to TV Ads**

Now, we would like you to view a series of advertisements that have been shown on television and online in the U.S. Please make sure your computer's volume is set to an appropriate level. You may be prompted by your computer to download a program enabling video playback. If the videos do not work, you'll still be able to see images and descriptions of the advertisements. When you are ready, please click on the link below to view the first advertisement. There is a total of [FILL # TOTAL ADS] ads to view. After you view each ad, there will be a few questions that ask about your opinions of the ad.

**F21\_x.** Were you able to view this video?

1. Yes
2. No

**F23\_x.** Now we would like to show you some screen shots from a television advertisement that has been shown in the U.S. Once you have viewed the images displayed below, please click on the forward arrow below to continue with the survey.

**F24\_x.** Have you seen this ad on television or online in the past **[FILL # MONTHS SINCE CAMPAIGN LAUNCH]** months, since **[CAMPAIGN LAUNCH DATE]**?

1. Yes
2. No

**F24a\_x\_TV.** In the past **[FILL # MONTHS SINCE CAMPAIGN LAUNCH]** months, how frequently have you seen this ad on television?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

**F24a\_x\_COMPUTER** . In the past **[FILL # MONTHS SINCE CAMPAIGN LAUNCH]** months, how frequently have you seen this ad on a laptop or desktop computer?

1. Never
2. Rarely
3. Sometimes
4. Often

5. Very often

**F24a\_x\_**  
**MOBILE.**

In the past **[FILL # MONTHS SINCE CAMPAIGN LAUNCH] months**, how frequently have you seen this ad on a tablet or smartphone?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very Often

**F25\_x.**

Please tell us if you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree with the following statements.

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

**F25a\_x.** This ad is worth remembering.

**F25b\_x.** This ad grabbed my attention.

**F25c\_x.** This ad is powerful.

**F25d\_x.** This ad is informative.

**F25e\_x.** This ad is meaningful to me.

**F25f\_x.** This ad is convincing.



## Exposure to Radio Ads

Now, we would like you to listen to a radio advertisement that has aired in the U.S. Please make sure your computer's volume is set to an appropriate level. You may be prompted by your computer to download a program enabling audio playback. If you cannot hear the audio, you'll still be able to read a description of the advertisement. There is a total of **[FILL # TOTAL RADIO ADS]** radio ads to listen to. When you are ready, please click on the link below to listen to the ad. After you listen to the ad, there will be a few questions that ask about your recent recall of the ad.

**F32\_x.** Were you able to listen to this ad?

1. Yes
2. No

**F34\_x.** Now we would like to show you a script from a radio advertisement that has been shown in the U.S. Once you have read the script displayed below, please click on the forward arrow below to continue with the survey.

**F35\_x.** Have you heard this ad on the radio in the past **[FILL # MONTHS SINCE CAMPAIGN LAUNCH]** months, since **[CAMPAIGN LAUNCH DATE]**?

1. Yes
2. No

**Exposure to Display, Print, and Out-of-Home**

Next, you will see some advertisements that have recently appeared in magazines, on websites, and on signs in areas such as bus shelters, bus interiors, billboards and other public places. There are 3 sets of images to view, followed by a few questions about whether you have seen these ads before. When you are ready to view them, please click “Next.”

**F36.** In the past **[FILL # MONTHS SINCE CAMPAIGN LAUNCH]**, since **[CAMPAIGN LAUNCH DATE]**, have you seen any of these ads in magazines, on Websites, or in public places outside your home?

1. Yes
2. No

**F37.** Where did you see these advertisements?

1. Yes 2. No

**F37\_1.** Magazines or print publications  
**F37\_2.** Websites online

**F37a.** In the past XX Months, since [DATE], have you seen any of these ads in public places outside your home such as billboards, bus shelters, or bus interiors?

1. Yes
2. No



## **AWARENESS OF E-CIGARETTE ADS**

**F38.** When you go to a convenience store, supermarket, or gas station, how often do you see ads or promotions for vaping products?

1. I never go to a convenience store, supermarket, or gas station
2. Never
3. Rarely
4. Sometimes
5. Most of the time
6. Always

## **SECTION G: CLOSING QUESTIONS**

**G1.** How many people are 17 years of age or younger and currently live in your household at least 50% of the time? If none, enter "0." Include babies and small children. Your answer will help represent the entire U.S. population and will be kept confidential. Thank you!

\_\_\_\_\_ Number of Children

**G5.** What is the highest level of school you have completed?

1. No formal education
2. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> grade
3. 5<sup>th</sup> or 6<sup>th</sup> grade
4. 7<sup>th</sup> grade or 8<sup>th</sup> grade
5. 9<sup>th</sup> grade
6. 10<sup>th</sup> grade
7. 11<sup>th</sup> grade
8. 12<sup>th</sup> grade, no diploma
9. High school graduate – high school Diploma or the equivalent (GED)
10. Some college, no degree
11. Associate degree
12. Bachelor's degree
13. Master's degree
14. Professional or Doctorate degree

**G6.** How much is the combined income of all members of YOUR HOUSEHOLD for the PAST 12 MONTHS? Please include your income PLUS the income of all members living in your household (including cohabiting partners and armed forces members living at home). Please count income BEFORE TAXES and from all sources (such as wages, salaries, tips, net income from a business, interest, dividends, child support, alimony, and Social Security, public assistance, pensions, or retirement benefits).

1. Below \$50,000
  2. \$50,000 or more
  3. Don't Know
- 

**G6a.** We would like to get a better estimate of your total HOUSEHOLD income in the past 12 months before taxes. Was it...

1. Less than \$5,000
  2. \$5,000 to \$7,499
  3. \$7,500 to \$9,999
  4. \$10,000 to \$12,499
  5. \$12,500 to \$14,999
  6. \$15,000 to \$19,999
  7. \$20,000 to \$24,999
  8. \$25,000 to \$29,999
  9. \$30,000 to \$34,999
  10. \$35,000 to \$39,999
  11. 40,000 to \$49,999
-

**G6b.** We would like to get a better estimate of your total HOUSEHOLD income in the past 12 months before taxes. Was it...

1. \$50,000 to \$59,999
2. \$60,000 to \$74,999
3. \$75,000 to \$84,999
6. \$85,000 to \$99,999
4. \$100,000 to \$124,999
5. \$125,000 to \$149,999
6. \$150,000 to \$174,999
10. \$175,000 to \$199,999
11. \$200,000 to \$249,999
12. \$250,000 or more

**G7.** Are you now...

1. Married
2. Widowed
3. Divorced
4. Separated
5. Never married

**G7a.** Are you currently living with a partner to whom you are not married?

1. Yes
2. No

**G8.** Which statement best describes your current employment status?

1. Working – as a paid employee
2. Working – self-employed
3. Not working – on temporary layoff from a job
4. Not working – looking for work
5. Not working – retired
6. Not working – disabled
7. Not working – other

**G8a.** In your MAIN job, what kind of work do you do? Select one answer only.

1. Medical Doctor (such as physician, surgeon, dentist, veterinarian)
2. Other Health Care Practitioner (such as nurse, pharmacist, chiropractor, dietician)
3. Health Technologist or Technician (such as paramedic, lab technician)
4. Health Care Support (such as nursing aide, orderly, dental assistant)
5. Protective Service ( police, firefighters)
6. Food Preparation and Serving
7. Building and Grounds Cleaning and Maintenance
8. Personal Care and Service(hair stylists, gaming workers, entertainment)
9. Sales Representative
10. Retail Sales
11. Other Sales
12. Office and Administrative Support
13. Farming, Forestry, and Fishing
14. Construction and Extraction
15. Installation, Maintenance, and Repair
16. Precision Production (such as machinist, welder, baker, printer, tailor)
17. Transportation and Material Moving
18. Armed Forces
19. Management
20. Business and Financial Operations Professional
21. Computer and Mathematical
22. Architecture and Engineering
23. Life, Physical, and Social Sciences
24. Community and Social Services
25. Lawyer or Judge
26. Teacher, except college and university
27. Teacher, college and university
28. Other, please specify \_\_\_\_\_.

**G9.** How many smoking or tobacco related web surveys like this have you completed during the past year?

1. None
2. 1 survey
3. 2 surveys
4. 3 surveys
5. 4 surveys
6. 5 or more surveys

**G10.** Please indicate your current military service status (select one).

1. Active duty
2. Reserves
3. National Guard
4. Veteran or Armed Services Retiree
5. Veteran or Retiree with a service connected disability
6. Civilian: NO military service record

**G11.** Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark “yes” or “no” for each type of coverage.

1. Yes      2. No

- G11\_1.** Insurance through a current or former employer or union
- G11\_2.** Insurance purchased directly from an insurance company
- G11\_3.** Medicare, for people age 65 and over, or people with certain disabilities
- G11\_4.** Medicaid, or any kind of government assistance plan for those with low incomes or disability
- G11\_5.** TRICARE or other military health care
- G11\_6.** VA (including those who have ever enrolled for or used VA health care)
- G11\_7.** Indian Health Service
- G11\_8.** Any other type of health insurance or health coverage plan

**G15.** Have you been diagnosed by a physician or other qualified medical professional with any of the following medical conditions?

1. Yes 2. No

- 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

- G20.** Do you or anyone in this household connect to the Internet from home?
1. Yes
  2. No

- G21.** Do you live in a metro or non-metro area?
1. Non-metro (rural)
  2. Suburban
  3. Urban

- G22.** Using the scale below, please tell us how much you agree or disagree with the following statements.
1. Strongly agree
  2. Somewhat agree
  3. Neither agree nor disagree
  4. Somewhat disagree
  5. Strongly disagree
- G20a.** I usually try new products before other people do.
- G20b.** I often try new brands because I like variety and get bored with the same old thing.
- G20c.** When I shop I look for what is new.
- G20d.** I like to be the first among my friends and family to try something new.
- G20e.** I like to tell others about new brands or technology.

- G23.** Do you consider yourself to be...
1. Heterosexual or straight
  2. Gay
  3. Lesbian
  4. Bisexual
  5. Other, please specify \_\_\_\_\_

Thank you for completing today's survey. Your input will greatly help researchers assess the impact of television ads about quitting smoking.

You will be awarded [AMOUNT] bonus points credited to your KnowledgePanel account for completing the survey. A follow-up survey will be sent to you in about **[FILL # MONTHS PLANNED CAMPAIGN DURATION]** and you will be awarded [AMOUNT] bonus points for completing that survey.



**ADD1.**

Those are all of our questions. Thanks so much for your participation in our survey. As a token of our appreciation, we would like to send you \$[IF SAMPLE = KP WITHDRAWN, \$15; IF SAMPLE=ABS, INSERT INCENTIVE VALUE FROM LOOKUP TABLE based on MNO; IF SAMPLE=ABS and incentive value is missing from lookup table, insert: \$20].

Please verify your name and mailing address so that we can put the check in the mail. To ensure that you will be able to deposit or cash the check, please be sure to provide us with your full first AND last name; if you provide incomplete or inaccurate information, you may not be able to deposit the check. This information will not be connected with your survey responses in any way.

Please select the field(s) that you'd like to update. If all of the information is correct, please select "All of the above are correct".

- 1.Name (First/Last):
- 2.Mailing Address:
- 3.All of the above are correct

**ADD1\_1.**

Please type in the name to whom you'd like us to send the incentive check:

Name \_\_\_\_\_

**ADD1\_2.** Please type in the address to where we should send the incentive check:

Street Address:  
City:  
State:  
Zip Code:

**ADD2.** Is the contact information below now up-to-date?

1. Yes
2. No

**CONTACT\_A.** Thank you for your participation in this important study! If you entered your address information on the previous question, your check for participation will arrive in the next 4 – 6 weeks.

The CDC will also have the opportunity to do at least one more survey in the future, with additional rewards and prizes for participation. Would you be willing to participate in another survey for the CDC?

1. Yes
2. No

**CONTACT\_A1.** Is this the address where you would like us to send your next CDC survey invitation?

1. Yes
2. No

**CONTACT\_A2.** Please provide us with the address that you would like us to use to send you your next CDC survey invitation

Street Address:  
City:  
State:  
Zip Code:

**CONTA  
CT\_B.**

So that you can participate in the future if you choose to do so, please provide your e-mail address and best phone number to reach you below. Remember, you can decline to do any survey at that time if you do not want to do it.

My email address is:

The best phone number to reach me:

**CONTA  
CT2\_A.**

In case we are unable to reach you through the email address or phone number you provided in the previous question, is there an alternate email address or a phone number to be able to reach?

It is very important for us to hear back from you for future surveys that we will be sending out so we can ensure that the researchers have complete data for this new and important study.

Alternate Email:

Alternate phone number to reach you: