

FDA TIOW Retailer Feedback Study

RECRUITMENT SCREENER

RETAILER SPECIFICATIONS

- ▶ Must sell tobacco products (e.g., cigarettes, e-cigarettes, vaping products, smokeless tobacco [dip, snuff, snus, and chewing tobacco], hookah, pipe, cigars, cigarillos)
- ▶ Mix of type of retailers: small business, large chain stores
- ▶ Mix of roles and responsibilities: proprietor, manager, staff

SECTION I: INTRODUCTION

PLEASE USE THE TERMINATION LANGUAGE BELOW FOR ANY RESPONSE THAT LEADS TO THE ANSWER OPTION “[TERMINATE IMMEDIATELY].”

TERMINATION LANGUAGE: Thank you for taking the time to answer these questions. Unfortunately, based on your answers, you are not eligible to participate in this interview project. I appreciate your time and have a good morning/afternoon/evening.

Hello, my name is _____, and I am calling on behalf of Fors Marsh Group, an independent research firm. I would like to ask you a few questions to determine if you are eligible to participate in an interview on tobacco sales communication materials [optional: specifically, to address the new federal Tobacco 21 law]. Trained researchers will be conducting interviews for the FDA Center for Tobacco Products Office of Health Communication and Education. Interviews will be held over the telephone in the next two weeks and last approximately 60 minutes. If you are eligible and complete the interview, you will receive a \$40 pre-paid gift card as a thank you for taking part in the study. (You will receive this token of appreciation after you complete the interview.)



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May I ask you a few questions to see if you are qualified to participate in the study? It should take about five minutes.

1= Yes [CONTINUE]

0= No [TERMINATE]

The time estimated to complete this screener is 5 minutes. We can provide the OMB control number and expiration date for this collection if you would like. If you have any comments about this burden estimate, please contact PRASStaff@fda.hhs.gov. [Note: OMB Control No. 0910-0697 Exp. Date 12/31/2023]

Thank you. Any questions before we begin?

SECTION II: SCREENER AND DEMOGRAPHIC QUESTIONS

Question Type: Single Select

Variable Name: S1

Variable Label: S1: tobacco

1. Do you sell tobacco products such as cigarettes, e-cigarettes, smokeless tobacco [dip, snuff, snus, and chewing tobacco], hookah, pipe, cigars, or cigarillos, to customers as part of your day-to-day work?

1= No

2= Yes

Question Type: Single Select

Variable Name: S2

Variable Label: S2: manage

2. Do you manage or are you related to tobacco sales?

1= No

2= Yes

3. Which of these options best describes the store or establishment where you work? (Select one.)

1= Small business

2= Large chain store

[TERMINATE if S1 NE (not equal to)

2 AND S2 NE (not equal to) 2]

Question Type: Single Select

Variable Name: S4

Variable Label: S4: online retail

4. Do you sell tobacco products online, in-person, or both?

1= Online

2= In-person

3= Both

Question Type: Numeric answer

Variable Name: S5

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Variable Label: S5: time

5. How long (in months) have you worked in tobacco retail?

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[TERMINATE if months <3]

Question Type: Numeric answer

Variable Name: S6

Variable Label: S6: zip_code

6. What is the 5-digit ZIP code in which your business is CURRENTLY located?

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-98= Prefer not to answer

Question Type: Single Select

Variable Name: S7

Variable Label: S7: role

7. Which of the following best describes your role at this business? (Select all that apply but respondent cannot select both owner and staff.)

1= I own the business

2= I am a staff member (e.g., cashier/clerk)

3= I am a manager/supervisor

-99= Prefer not to answer

Question Type: Single Select

Variable Name: S8

Variable Label: S8: language

8. What is your preferred language to speak at home?

1= English

2= Spanish

3= Other (specify) _____

-99= Prefer not to answer

Question Type: Numeric answer

Variable Name: S9

Variable Label: S9: age

9. What is your age?

— — —

[TERMINATE if Age <21]

Question Type: Single Select

Variable Name: S10

Variable Label: S10: gender

10. What is your gender?

1= Woman

2= Man

3= Another gender [Fill in]

-98= Prefer not to answer

-99= Refused

Question Type: Multi Select

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Variable Name: S11

Variable Label: S11: Hispanic

11. Are you Hispanic, Latino/a, or of Spanish origin? (Select all that apply.)
- 1= No, not of Hispanic, Latino/a, or Spanish origin
 - 2= Yes, Mexican, Mexican American, Chicano or Chicana
 - 3= Yes, Puerto Rican
 - 4= Yes, Cuban
 - 5= Yes, another Hispanic, Latino/a, or Spanish origin
 - 98= Prefer not to answer
 - 99= Refused

Question Type: Multi Select

-99= Refused

Variable Name: S12

Variable Label: S12: Race

12. What race or races do you consider yourself? (Select all that apply.)

- 01= American Indian or Alaska Native
- 02= Asian
- 03= Black or African American
- 04= Native Hawaiian or Other Pacific Islander
- 05= White
- 98= Prefer not to answer

-99= Refused

Question Type: Single Select

Variable Name: S13

Variable Label: S13: Education

13. What is the highest level of education that you have completed?

- 01= 9th grade or lower
- 02= 10th grade
- 03= 11th grade
- 04= 12th grade or GED
- 05= Some college or technical school but no degree
- 06= Technical school degree
- 07= College degree
- 08= Graduate school, medical school, or law school
- 98= Prefer not to answer

SECTION III: RECRUIT ELIGIBLE PARTICIPANTS

Thank you for taking the time to speak with me today. We have determined that you are eligible to participate in this study and would like to invite you to participate in an interview. Please note that while the interview will be audio recorded for data analysis purposes, this interview is strictly confidential. We will use first names only (no last names) in the interview, and your name will not be used in the final report.

Are you comfortable with this interview being audio recorded?

- 1= Yes [CONTINUE]
- 0= No [TERMINATE]

Your participation in this interview is voluntary—what this means is that you do not have to answer an interview question if you do not want to and you are free to leave the interview at any time without any penalty. While there are no direct risks or benefits to you for participating in the interview, you are helping us understand how to help youth and young people in your community remain as healthy as



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possible. Your opinions are very important to us, and as token of appreciation, you will be sent a \$40 pre-paid gift card (e-card or mailed card, per your preference) for participating in the study.

Government personnel will not have access to your name, address, or email address; they will only have access to your responses. After the interview, government personnel will not be able to trace your responses back to you. If you have any questions about participating in this interview at any time, please contact the study administrator by emailing pi@forsmarshgroup.com.

If you would like to participate, would you please provide me with the best telephone number to reach you or your email address so that we can provide you with additional details about the interview? Your contact information will be saved on a secure drive and only the research team will have access to it.

[Note: Write down the telephone number and/or email address and confirm that the information is correct with the interviewee.]

Thank you for agreeing to participate in this study. We will send you a confirmation email/text in about 24 hours.