OMB# 0910-0796 Exp. 12/31/2024

## U.S. Food and Drug Administration Center for Tobacco Products

[Text within brackets will not show to participants]

# [Appendix C: Confirmation Script]

## **Menthol User Audience Research**

In-depth Interview (IDI) Eligibility and Scheduling Confirmation Script

Note: This script will be used only for individuals who complete the web screener.	
Hello, this is calling from L&E Research. I'm calling regarding the online interview study about menthol cigarettes you recently expressed interest in. As a reminder, this study is sponsored by the U.S. Food and Drug Administration and your participation is voluntary.	
I'm calling to confirm a few pieces of information you shared with us to ensure you are eligible. If you are, I would like to schedule you to participate in an online interview. As a reminder, this study will involve a one-on-one interview lasting on average 90 minutes. If you are eligible and participate in an interview, you will be emailed about your \$75 token of appreciation within one business day after the interview concludes. You will have the option to choose between a physical or electronic gift card.	
Can I ask you a few questions now to confirm your eligibility and schedule your participation?  Yes è CONTINUE  No è Would another time be better? [Schedule a time to call back]	
Audience Segmentation - Localities without a menthol ban AND Frequent use	
[Ask of all participants assigned to "Frequent Use" segment]	
<ul> <li>1. Can you confirm that you currently live in an area where you can purchase menthol cigarettes?</li> <li>Yes è CONTINUE</li> <li>No è UPDATE RESPONSE AND CONFIRM STILL ELIGIBLE</li> </ul>	
<ul> <li>2. Can you confirm that your usual cigarette brand is [menthol OR both (menthol and nonmenthol)]?</li> <li>Yes è CONTINUE</li> <li>No è TERMINATE</li> </ul>	
3. Can you confirm that you have smoked cigarettes on at least 20 days in the past 30 days?  Yes è CONTINUE  No è UPDATE RESPONSE AND CONFIRM STILL ELIGIBLE	

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#### Audience Segmentation - Localities without a menthol ban AND Occasional use

[Ask of all participants assigned to "Occasional Use" segment]

1.	Can you confirm that you currently live in an area where you can purchase menthol cigarettes?	
	☐ Yes è CONTINUE	
	□ No è UPDATE RESPONSE AND CONFIRM STILL ELIGIBLE	
2.	Can you confirm that your usual cigarette brand is [menthol OR both (menthol and non-menthol)]?	
	☐ Yes è CONTINUE	
	□ No è TERMINATE	
3.	Can you confirm that you've smoked cigarettes on less than 20 days in the past 30 days?	
	Yes è CONTINUE	
	■ No è UPDATE RESPONSE AND CONFIRM STILL ELIGIBLE	
	nce Segmentation – Localities with a menthol ban AND Used menthols when ban was	
nplen	nented	
Ask of	fall participants assigned to "Used menthols when ban was implemented" segment]	
	Can you confirm that you live in [Massachusetts OR San Francisco OR Minneapolis/St. Paul]?	
	☐ Yes è CONTINUE	
	□ No è UPDATE RESPONSE AND CONFIRM STILL ELIGIBLE	
2.	Can you confirm that, in the year before [IF MASSACHUSETTS: "June 2020"; IF SAN	
	FRANCISCO: "January 2019"; IF MINNEAPOLIS/ST. PAUL: "August 2018"] your usual cigarette	
	brand was [menthol OR both (menthol and non-menthol)]?	
	Yes è CONTINUE	
	□ No è TERMINATE	
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### <u>Ineligible - Closing Script</u>

I'm sorry, but you are not eligible for this study. There are many possible reasons why people are not eligible. These reasons were decided earlier by the researchers. However, thank you for your interest in this study and for taking the time to answer our questions today.

**Undetermined - Closing Script** (if "update response and confirm still eligible")

Thank you for taking the time to answer our questions. We will review your responses and get back to you if you are eligible.

## **Eligible - Scheduling Script**

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Thank you for confirming that information. You qualify for our study. Next, I'd like to schedule you for an online interview. The interview will last on average 90 minutes. You will be emailed about your \$75 token of appreciation after the interview concludes and have the option to choose between a physical or electronic gift card.

#### **Scheduling of Interview Participation**

Are you available at [TIME] on [DATE]? [CONTINUE READ NEXT AVAILABLE INTERVIEW TIME UNTIL

PARTICPANT IS SCHEDULED]

Yes è CONTINUE AND SCHEDULE PARTICIPANT

No è [If unavailable for all times] What time of day would make it easier for you to participate in the interview? RECORD RESPONSE, RETAIN PARTICIPANT AS AN ALTERNATE,

AND END CALL

The e-mail address I have on file for you is [E-MAIL ADDRESS] and phone number is [PHONE NUMBER]. Are those still correct? [UPDATE IF NEEDED]

We will reach out with a confirmation email with instructions to join the interview on [DATE/TIME]. We will also use this information to send you a reminder email and to call and remind you of the interview one day before the interview.

Thank you. We appreciate your participation in this study. If you have any questions, you can contact us at [PHONE NUMBER].

Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0910-0796. The time required to complete this information collection is estimated to average 5 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.

Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to <a href="mailto:PRASTAFF@fda.hhs.gov">PRASTAFF@fda.hhs.gov</a>.