



Centers for Disease  
Control and Prevention

Form Approved  
OMB control No 0920-xxxx  
Exp date xx/xx/xxxx

## CDC Tobacco Survey

Thank you for your interest in taking this online survey. This questionnaire is being administered on behalf of the Centers for Disease Control and Prevention (CDC). This survey will ask about your tobacco-related knowledge, attitudes, and behaviors.

Your survey answers will help inform public health practice and improve commercial tobacco-related policies. "Commercial tobacco" means harmful products that are made and sold by tobacco companies. It does not include "traditional tobacco" used by Indigenous groups for religious or ceremonial purposes.

This survey is voluntary and is designed to protect your privacy. We do not collect your name or other identifying information on the survey and results will only be reported collectively to preserve anonymity. The entire survey will take approximately 15 minutes to complete.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including 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, GA 30333, ATTN:PRA (0920-xxxx).





## Certificate of Confidentiality Statement

This research project has a Certificate of Confidentiality from the Centers for Disease Control and Prevention (CDC). Unless you say it is okay, researchers cannot release information that may identify you for a legal action, a lawsuit, or as evidence. This protection applies to requests from federal, state, or local civil, criminal, administrative, legislative, or other proceedings. As an example, the Certificate would protect your information from a court subpoena.

There are some important things that you need to know. The Certificate DOES NOT protect your information if a federal, state, or local law says it must be reported. For example, some laws require reporting of abuse, communicable diseases, and threats of harm to yourself or others. The Certificate CANNOT BE USED to stop a federal or state government agency from checking records or evaluating programs. The Certificate DOES NOT stop reporting required by the U.S. Food and Drug Administration (FDA). The Certificate also DOES NOT stop your information from being used for other research if allowed by federal regulations. Researchers may release your information when you say it is okay. For example, you may give them permission to release information to insurers, your doctors, or any other person not connected with the research. The Certificate of Confidentiality does not stop you from releasing your own information. It also does not stop you from getting copies of your own information.

The Certificate of Confidentiality will not be used to stop sharing your information for any purpose you have consented to in this informed consent document, such as allowing project staff to store and share information collected from the focus group.



Centers for Disease  
Control and Prevention

Form Approved  
OMB control No 0920-xxxx  
Exp date xx/xx/xxxx

Are you 18 years of age or older?

---

☐ Yes

☐ No



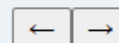


Centers for Disease  
Control and Prevention

Form Approved  
OMB control No 0920-xxxx  
Exp date xx/xx/xxxx

In which of the following cities do you currently live?

- ☐ Atlanta, GA
- ☐ Baltimore, MD
- ☐ Boston, MA
- ☐ Cleveland, OH
- ☐ Columbus, OH
- ☐ Detroit, MI
- ☐ Milwaukee, WI
- ☐ Oakland, CA
- ☐ Portland, OR
- ☐ San Diego, CA
- ☐ St. Paul or Minneapolis, MN
- ☐ Washington, DC
- ☐ I do not currently live in any of these cities.





Centers for Disease  
Control and Prevention

Form Approved  
OMB control No 0920-xxxx  
Exp date xx/xx/xxxx

Do you now, or have you ever, used any tobacco products "fairly regularly"?

*"Fairly regularly" is defined as using any tobacco products on a routine basis rather than trying a tobacco product only once or twice.*

*Some examples of tobacco products include: cigarettes; e-cigarettes or vapes; cigars; cigarillos; chewing tobacco; pipes; hookahs; or nicotine pouches.*

☐ Yes

☐ No



**Survey Consent**

We are asking 5,366 adults aged 18 years or older to complete an online survey about knowledge, beliefs, and behaviors about menthol and other tobacco products. You are being recruited because you live in a city selected for this study. This research is funded by and conducted on behalf of the Centers for Disease Control and Prevention (CDC).

Taking the survey will cause little or no risk to you, but there may be risks we cannot predict. There is a risk that the company managing the survey has a data breach. Also, you may feel discomfort since some questions are personal. To reduce both risks, this survey will not collect personal data. You can skip any survey questions that make you feel uncomfortable. Your answers cannot be traced back to you. Survey results will only be reported in summary form. Survey data will be stored on CDC's encrypted, password-protected network for at least three years. All responses will be combined when shared in final reports.

You will receive Qualtrics awards points for your time. The survey results may help others by supporting public health programs and services. Participation is voluntary. There is no penalty if you decide not to participate. There is no penalty if you choose not to answer questions. After you submit the survey, your data cannot be removed from the study. You can stop taking the survey at any time by closing your web browser window or tab. Upon doing so, you will be removed from the study and your data will not be saved.

If you select, "YES, I will take the survey" you are giving your consent to participate in the survey and the survey will begin. The survey is hosted on Qualtrics's survey platform. It will take about 15 minutes to complete. You will receive compensation in the form of awards points when you finish the survey.

If you do not wish to take the survey please select "NO, I will not take part in the survey."

If you have any questions about the survey, please contact Dr. Cathy Lesesne at 404-270-0513 or at [clesesne@deloitte.com](mailto:clesesne@deloitte.com). If you have questions about the study's funding, please reach out to Kelly McAleer at 404-498-4840 or at [kjj3@cdc.gov](mailto:kjj3@cdc.gov). If you have questions or concerns about the research, you may contact Solutions IRB at 855-226-4472 or at [participants@solutionsirb.com](mailto:participants@solutionsirb.com). Solutions IRB and other regulatory bodies may review the research materials.

Please read the section above and check one box.

- ☐ YES, I will take the survey.
- ☐ NO, I will not take part in the survey.



**This survey will begin with demographic questions before asking about knowledge, perceptions, and behaviors related to menthol and non-menthol tobacco.**

What is your age?

☐ Age in years

☐ Don't know

☐ Prefer not to say

What sex were you assigned at birth, on your original birth certificate?

☐ Female

☐ Male

☐ Prefer not to say

How do you currently describe yourself (mark all that apply)?

☐ Female

☐ Male

☐ Transgender

☐ I use a different term (please specify)

☐ Prefer not to say