
SCREENER

Title of Information Collection: Point-of-Sale Campaign: Online Quantitative Study of Reactions to Rough-Cut Advertising Designed to Encourage Adult Smokers to Quit Smoking

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 2 minutes per response to complete the survey (the time estimated to read and complete). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to PRASstaff@fda.hhs.gov.

[Intro Language]

Thank you for your interest in participating in a study. We would like to ask you questions to determine your eligibility to participate in a survey about how you perceive different communication materials for a public health campaign. This eligibility survey should take about 5 minutes to complete.

Please select the next button to continue.

Question Type: Open End Text

Q1. How old are you?

Variable Label: Q1: Age

Lower Limit: 0

Upper Limit: 100

//PROGRAMMING NOTE: If Q1<25 or Q1>54, SKIP TO **TERMINATION PAGE; OTHERWISE CONTINUE //**

Question Type: Multi Punch

Q2: In the past five years (including now), have you, a member of your immediate family or a close friend worked for any of the following types of businesses? *Mark all that apply.*

Variable Label: Q2: Profession

//PROGRAMMING NOTE: RANDOMIZE Q2_1-Q2_6//

Variable Name	Variable Text	Variable Label
Q2_1	An advertising or public relations firm	Q2_1 Profession: Advertising
Q2_2	A marketing or market research firm or department?	Q2_2 Profession: Market Research
Q2_3	A marketing or market research consultant?	Q2_3 Profession: Consultant
Q2_4	Any kind of media company – like a TV or radio station or newspaper?	Q2_4 Profession: Media
Q2_5	The federal government or a federal government agency?	Q2_5 Profession: Government Agency
Q2_6	A manufacturer or representative of	Q2_6 Profession: Tobacco

	tobacco?	Company
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//PROGRAMMING NOTE: If Q2_1-Q2_6 =1, SKIP TO **TERMINATION PAGE**; OTHERWISE CONTINUE //

Q3: When, if ever, was the last time you participated in a marketing research study related to tobacco, such as a consumer interview or a group discussion on tobacco attitudes or behaviors?

Variable Name	Variable Text	Variable Label
Q3_1	Within the past six months	Q3_1 Study: Six Months
Q3_2	Over six months ago	Q3_2 Study: Over Six Months
Q3_3	Never	Q3_3 Study: Never

//PROGRAMMING NOTE: If Q3_1=1, SKIP TO **TERMINATION PAGE**; OTHERWISE CONTINUE //

Cigarette Smoking Behavior

Question Type: Single Punch

Q4: Have you smoked at least 100 cigarettes in your entire life? (NOTE: 5 Packs=100 cigarettes)

Variable Label: Q4: Ever Smoked

Value	Value Label
01	Yes
02	No
99	Refused

//PROGRAMMING NOTE: IF Q4 ≠01, SKIP TO **TERMINATION PAGE**; OTHERWISE CONTINUE //

Question Type: Single Punch

Q5: Do you now smoke cigarettes every day, some days, or not at all?

Variable Label: Q5: Smoke Frequency

Value	Value Label
01	Not at all
02	Some days
03	Every day
99	Refused

//PROGRAMMING NOTE: IF Q5=01 or Q5=99, SKIP TO **TERMINATION PAGE; OTHERWISE CONTINUE //**

Question Type: Single Punch

Q6: During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

Variable Label: Q6: Quit Attempt

Value	Value Label
01	Yes
02	No
99	Refused

//PROGRAMMING NOTE: IF Q6 ≠01, SKIP TO **TERMINATION PAGE; OTHERWISE CONTINUE //**

Cigarette Purchasing Behavior

Question Type: Multi Punch

Q7: Do you ever buy cigarettes at the following types of stores? *Mark all that apply.*

Variable Label: Q7: Purchase Location

//PROGRAMMING NOTE: RANDOMIZE Q7_1-Q7_6, but keep Q7_6 LAST//

Variable Name	Variable Text	Variable Label
Q7_1	Grocery Stores	Q7_1 Location: Grocery Stores
Q7_2	Drug Stores or Pharmacy	Q7_2 Location: Drug Stores
Q7_3	Convenience Stores or Gas Stations (like 7/11 of a local store)	Q7_3 Location: Convenience Stores
Q7_4	Tobacco Outlets	Q7_4 Location: Tobacco Outlets
Q7_5	Online	Q7_5 Location: Online
Q7_6	Other [open-end]	Q7_6 Location: Other [open-end]

Value	Value Label
01	Yes
02	No
99	Refused

//PROGRAMMING NOTE: IF Q7_3 ≠01 (is not selected), SKIP TO **TERMINATION PAGE; OTHERWISE CONTINUE //**

Question Type: Single Punch

Q8: How often would you say you visit convenience stores (like 7/11, or a local store)?

Variable Label: Q8: Convenience Store Frequency

Value	Value Label
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Point-of-Sale Copy Testing, Screener

01	More than daily
02	Daily
03	A few times a week
04	Once a week
05	Once a month
06	Less than once a month
99	Refused

//PROGRAMMING NOTE: IF Q8=06 or Q8=99, SKIP TO TERMINATION PAGE; OTHERWISE CONTINUE //

Other Forms of Tobacco Behavior (Poly-Users)

Question Type: Single Punch

Q9: Have you ever...

//PROGRAMMING NOTE: RANDOMIZE Q9_1-Q9_5//

Variable Name	Variable Text	Variable Label
Q9_1	Smoked a cigar, even one or two puffs?	Q 9_1: Ever Cigar
Q9_2	Smoked a cigarillo or little cigar (for example, Black & Mild or Swisher Sweets), even one or two puffs?	Q9_2: Ever Cigarillo
Q9_3	Used or tried any smokeless tobacco products such as chewing tobacco, snuff, or snus? Note: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches, that is placed under the lip against the gum.	Q9_3: Ever Chew
Q9_4	Tried an electronic cigarette, or e-cigarette, even just one time?	Q9_4: Ever Electronic Cigarette
Q9_5	Tried ever tried smoking tobacco from a hookah or a waterpipe, even just one time?	Q9_5: Ever Hookah

Value	Value Label
01	Yes
02	No
99	Refused

//PROGRAMMING NOTE: ASK Q10_1 if Q9_1=1, OTHERWISE CONTINUE //

Question Type: Single Punch

Q10_1: Do you now smoke cigars every day, some days, or not at all?

Variable Label: Q10_1: Cigar Frequency

Value	Value Label
01	Not at all
02	Some days
03	Every day
99	Refused

//PROGRAMMING NOTE: ASK Q10_2 if Q9_2=1, OTHERWISE CONTINUE //

Question Type: Single Punch

Q10_2: Do you now smoke cigarillos or little cigars (for example, Black & Mild or Swisher Sweets), every day, some days, or not at all?

Variable Label: Q10_2: Cigarillo Frequency

Value	Value Label
01	Not at all
02	Some days
03	Every day
99	Refused

//PROGRAMMING NOTE: ASK Q10_3 if Q9_3=1, OTHERWISE CONTINUE //

Question Type: Single Punch

Q10_3: Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Variable Label: Q10_3: Chew Frequency

Value	Value Label
01	Not at all
02	Some days
03	Every day
99	Refused

//PROGRAMMING NOTE: ASK Q10_4 if Q9_4=1, OTHERWISE CONTINUE //

Question Type: Single Punch

Q10_4: Do you currently use an electronic cigarette, or e-cigarette, every day, some days, or not at all?

Variable Label: Q10_4: Electronic Cigarette Frequency

Value	Value Label
01	Not at all
02	Some days
03	Every day
99	Refused

//PROGRAMMING NOTE: ASK Q10_5 if Q9_5=1, OTHERWISE CONTINUE //**Question Type: Single Punch****Q10_5:** Do you currently smoke tobacco from a hookah or a waterpipe every day, some days, or not at all?**Variable Label:** Q10_5: Electronic Cigarette Frequency

Value	Value Label
01	Not at all
02	Some days
03	Every day
99	Refused

Demographics

Question Type: Single Punch**Q11:** What is your gender?**Variable Label:** Q11: Gender

Value	Value Label
01	Male
02	Female
99	Refused

Question Type: Multi Punch**Q12:** Which of the following best describes your racial or ethnic background? *Mark all that apply.***Variable Label:** Q12: Race

Variable Name	Variable Text	Variable Label
Q12_1	White or Caucasian	Q12_1 Race: White or Caucasian
Q12_2	Black or African American	Q12_2 Race: Black or African Americans
Q12_3	Asian	Q12_3 Race: Asian
Q12_4	Hispanic or Latino	Q12_4 Race: Hispanic or Latino
Q12_5	Native American or Alaska Native	Q12_5 Race: Native American or Alaska Native
Q12_6	Native Hawaiian or Other Pacific Islander	Q12_6 Race: Native Hawaiian or Other Pacific Islander
Q12_7	Mixed or Other	Q12_7 Race: Mixed or Other

Question Type: Date**Q13:** What is your birthdate?**Variable Label:** Q13: Birthdate

//PROGRAMMER NOTE: DATE CAPTURE TOOL//

Question Type: Open End Numerical

Q14: What is your zip code?

Variable Label: Q14: Zip Code

//PROGRAMMER NOTE: ONLY ALLOW 5 DIGIT NUMBERS//

TERMINATION LANGUAGE

Thank you for completing this survey. Unfortunately, based on the responses you provided, you do not meet the specifications we are looking for in this study. We appreciate your time today in answering the questions.

Additional termination language shown to potential participants who have been asked questions about tobacco use but do not screen in for the study:

If you are thinking about quitting, you are advised to speak with your healthcare provider for more information on ways to quit tobacco that could work for you.

ELIGIBILITY LANGUAGE

Thank you for your time today. We would like to invite you to participate in a survey. Please select the next button to continue.