

## Appendix B. 2020 Food and Drug Administration (FDA) Center for Tobacco Products (CTP) Emails Survey Instrument

Note: The survey respondent will not see any text in blue.

### [Screening Questions]

The purpose of the **2020 FDA CTP Emails Survey** is to see how satisfied you are with the Food and Drug Administration (FDA) Center for Tobacco Products' (CTP) emails (i.e., **CTP Connect**, **CTP News**, **Spotlight on Science**, and **Modified Risk Tobacco Product Application Updates**) and for us to learn about our email subscriber base. **Would you like to participate in this study?**

- a. Yes
- b. No [TERMINATE SURVEY; GO TO TERMINATION TEXT 1]
- c. Prefer not to answer [TERMINATE SURVEY; GO TO TERMINATION TEXT 1]

**What year were you born?**

[Drop-down menu]

[TERMINATE SURVEY AND GO TO TERMINATION TEXT 2 IF RESPONDENT WAS BORN IN 2002 OR LATER]

[TERMINATION TEXT 1:] You have indicated that you do not want to participate in the 2020 FDA CTP Emails Survey and will now exit the survey. If you decide later that you would like to participate, you can use the same email invitation to access the survey. Thank you for your time!

[TERMINATION TEXT 2:] Based on your answer, you do not qualify for this survey. Thank you very much for your time.

[Landing Page/Introduction]

[INSERT APPENDIX D, INFORMED CONSENT FORM HERE]

The first few questions ask about your professional role.

**1. Which of the following best describes you?**

- a. Public health professional (such as scientific researcher, research scientist, chemist, epidemiologist, public health advocate/activist/organizer, public health educator/trainer/evaluator, public health communicator, or public health administrator)**

Please check the role that best describes you: [These options will only appear if the respondent checks "Public health professional"]

- i. Scientific researcher/research scientist/chemist/epidemiologist
- ii. Public health advocate/activist/organizer
- iii. Public health educator/trainer/evaluator
- iv. Public health communicator
- v. Public health administrator
- vi. Other: Please specify: \_\_\_\_\_ [Open-ended text box]

- b. Healthcare professional (such as physician, nurse, Physician Assistant, Nurse Practitioner, clinical administrator, clinical researcher, pharmacologist, neuroscientist, dentist, pharmacist, or tobacco treatment specialist/advisor)**

Please check the role that best describes you: [These options will only appear if the respondent checks "Healthcare professional"]

- i. Physician
- ii. Nurse
- iii. Physician Assistant/Nurse Practitioner
- iv. Clinical Administrator
- v. Clinical Researcher/Pharmacologist/Neuroscientist
- vi. Dentist
- vii. Pharmacist
- viii. Tobacco Treatment Specialist/Certified Tobacco Treatment Specialist/Tobacco Cessation Advisor
- ix. Other: Please specify: \_\_\_\_\_ [Open-ended text box]

- c. Tobacco industry representative (such as manufacturer, wholesaler/distributor, importer, grower, or trade representative)**

Please check the role that best describes you: [These options will only appear if the respondent checks "Tobacco industry representative"]

- i. Manufacturer or employed by a manufacturer
- ii. Wholesaler or Distributor
- iii. Importer
- iv. Grower
- v. Trade Association Representative
- vi. Other: Please specify: \_\_\_\_\_ [Open-ended text box]

- d. Retail: Retailer/Work in a retail environment/Store owner or employee**

Please check the role that best describes you: [These options will only appear if the respondent checks "Retail: Retailer/Work in a retail environment/Store owner or employee"]

- i. Store/shop owner
  - i. a. Do you sell vape products? Yes/No
- ii. Store/shop employee
  - i. b. Do you sell vape products? Yes/No
- iii. Other: Please specify: \_\_\_\_\_ [Open-ended text box]

**e. Media professional (such as member of the press/reporter or other communications professional)**

Please check the role that best describes you: [These options will only appear if the respondent checks "Media professional"]

- i. Member of the press/reporter
- ii. Other communications professional
- iii. Other: Please specify: \_\_\_\_\_ [Open-ended text box]

**f. Attorney/other legal professional**

**g. Inspector**

**h. Regulatory affairs professional**

**i. General public or other**

**j. Prefer not to answer**

**2. Are you a government employee?**

a. Yes

Please check the level of government that you work in: [These options will only appear if the respondent checks "Yes"]

i. Federal

Please check the role that best describes you: [These options will only appear if the respondent checks "Federal"]

i. FDA

1. CTP (Center for Tobacco Products)

2. Other: Please specify: \_\_\_\_\_ [open-ended text box]

ii. Other: Please specify: \_\_\_\_\_ [open-ended text box]

ii. State

iii. Local (County or City)

iv. Tribal

b. No

c. Prefer not to answer

**The next several questions ask about your opinions on and needs related to FDA CTP (Center for Tobacco Products) communications.**

**3. To which of our 4 email options are you subscribed?**

**[SELECT ALL THAT APPLY.]**

- **CTP Connect** e-newsletter, delivered quarterly  
(This newsletter serves as a digest on the latest announcements and stories out of CTP as they happen, including information about regulations, guidance, enforcement actions, and other compliance-related announcements.)
- **CTP News** eblast, delivered multiple times per month  
(This email is CTP's regulatory news roundup, featuring articles on current tobacco issues and educational resources.)
- **Spotlight on Science** e-newsletter, delivered quarterly  
(This newsletter offers updates on CTP's tobacco regulatory science and research efforts, tobacco scientific publications and study findings, and CTP grants.)
- **Modified Risk Tobacco Product Application Updates** eblast, delivered on an as needed basis  
(This email provides updates when materials from any MRTP applications under scientific review have been posted.)
- I Don't Know

**4. For what reason(s) are you primarily interested in subscribing to at least one CTP email? [SELECT ALL THAT APPLY.]**

- I am a past or current tobacco user (or a family member/friend is a past or current tobacco user) and I want more information on the health effects of tobacco and/or tobacco cessation information.
- I am a public health or medical professional seeking information for myself, the public, consumers, or patients.
- I work in the tobacco industry and want to stay current on regulatory actions.
- I am an educator or student seeking information on tobacco education or tobacco control.
- Other: Please specify: \_\_\_\_\_[open-ended text box]

**5. Please rate the following six topics in order of interest to you, 1 being of most interest and 5 being of least interest:**

- Youth tobacco education campaigns
- Adult tobacco consumer health and cessation information
- Tobacco product compliance and enforcement actions
- Tobacco product policy, rulemaking, and guidance information
- Tobacco science and research
- Novel tobacco products (e.g., vapes)

**5a. Are there any additional topics not listed above that are of interest to you?**

- Yes; Please specify: \_\_\_\_\_ [open-ended text box]
- No

**6. For which of the following topics would you like more plain language information and resources? (“Plain language” is easy-to-understand information that avoids wordy, complicated language and technical jargon. For example, “constitutes” is replaced with “forms” or “makes up.”)  
[SELECT ALL THAT APPLY.]**

		1 Yes, I would like more plain language information on	6 Don't know/Not Applicable	9 Prefer not to answer
6_1	How to talk with youth about the risks of using tobacco products	<input type="checkbox"/> _1	<input type="checkbox"/> _6	<input type="checkbox"/> _9
6_2	Tobacco product application pathways (such as Premarket Tobacco Product Applications or Modified Risk Tobacco Product Applications)	<input type="checkbox"/> _1	<input type="checkbox"/> _6	<input type="checkbox"/> _9
6_3	HPHCs (harmful and potentially harmful constituents)	<input type="checkbox"/> _1	<input type="checkbox"/> _6	<input type="checkbox"/> _9
6_4	Compliance information	<input type="checkbox"/> _1	<input type="checkbox"/> _6	<input type="checkbox"/> _9
6_5	Tobacco product research	<input type="checkbox"/> _1	<input type="checkbox"/> _6	<input type="checkbox"/> _9
6_6	Nicotine	<input type="checkbox"/> _1	<input type="checkbox"/> _6	<input type="checkbox"/> _9

**6a. Are there any additional topics not listed above that are of interest to you?**

- Yes; Please specify: \_\_\_\_\_ [open-ended text box]
- No

The next few questions ask about your satisfaction with the FDA CTP (Center for Tobacco Products) communications.

**7. With respect to how often you receive FDA CTP emails, do you prefer: [SELECT ONLY ONE.]**

Longer, quarterly e-newsletters

OR

- Shorter, monthly emails

**8. How helpful are the emails you receive from the FDA CTP in keeping you informed about the work of the Center?**

- Very helpful
- Somewhat helpful
- Neutral (neither helpful nor unhelpful)
- Somewhat unhelpful
- Very unhelpful
- Prefer not to answer

**9. Overall, how satisfied or dissatisfied are you with the emails you receive from the FDA CTP?**

- Very satisfied
- Somewhat satisfied
- Neutral (neither satisfied nor dissatisfied)
- Somewhat dissatisfied
- Very dissatisfied
- Prefer not to answer

The next few questions ask about information sources.

**10. Select your TOP 3 TOBACCO NEWS sources from the following list:**

- Emails from CTP
- Non-CTP emails: **10a. Please specify:** \_\_\_\_\_ [Open-ended text box]
- Official FDA/CTP social media channels (such as Twitter, Facebook)
- Non-FDA/non-CTP social media channels: **10b. Please specify:** \_\_\_\_\_ [Open-ended text box]
- Television: **10c. Please specify:** \_\_\_\_\_ [Open-ended text box]
- Podcasts **10d. Please specify:** \_\_\_\_\_ [Open-ended text box]
- Radio: **10e. Please specify:** \_\_\_\_\_ [Open-ended text box]
- Print (e.g., newspapers, magazines): **10f. Please specify:** \_\_\_\_\_ [Open-ended text box]
- Government websites: **10g. Please specify:** \_\_\_\_\_ [Open-ended text box]
- Non-government websites: **10h. Please specify:** \_\_\_\_\_ [Open-ended text box]
- Google or another search engine: **10i. Please specify:** \_\_\_\_\_ [Open-ended text box]
- Prefer not to answer

**11. Through which of the following channels/platforms would you like to receive more tobacco education and regulatory information from the FDA CTP? [SELECT ALL THAT APPLY.]**

- Facebook
- Forums (e.g., Reddit)
- Instagram
- LinkedIn
- Podcasts
- Twitter
- YouTube
- CTP website
- Other: Please specify: \_\_\_\_\_ [Open-ended text box]
- Prefer not to answer

**12. Aside from the FDA, to what sources do you turn for trusted information on the topic of tobacco? Please spell out any acronyms.** \_\_\_\_\_  
[Open-ended text box]

The next few questions tell us more about you.

**13. Have you used a nicotine product (e.g., cigarettes, e-cigarettes, etc.) in the last 30 days?**

- Yes
  - 13a. Which nicotine product(s) did you use? [SELECT ALL THAT APPLY.]**
  - o Cigarette
  - o Heat-not-burn cigarette
  - o Cigar
  - o Chew
  - o Snus
  - o Hookah

- o Pipe
  - o E-cigarette or vape;
- No
- Prefer not to answer

**14. How do you identify? [SELECT ONLY ONE.]**

- Male
- Female
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to answer

**15. Which of these best describe your ethnicity (choose one)?**

- Hispanic or Latino
- Not Hispanic or Non-Latino
- Prefer not to answer

**16. Which of these best describe your race (choose one or more)?**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer

**17. In what country do you live? [Drop down menu of countries]**

- Prefer not to answer

**17a. [For those who responded "United States"] In what state do you work? [Drop down menu of states]**

- Prefer not to answer

**18. Which of the following categories best describes your level of education?**

- Some high school
- High school diploma or GED
- Trade or technical school
- Some college
- Associate degree
- Bachelor's degree
- Graduate or professional degree (e.g., M.A., Ph.D., Psy.D., J.D., M.D.)
- Prefer not to answer

**19. Did you take this survey last year, in 2019?**

- No
- Yes
- I don't remember
- Prefer not to answer

**20. Please feel free here to make suggestions for how the FDA CTP can improve our emails:**

[\[Open-ended text box\]](#)

**Thank you very much for taking the time to complete our Emails Survey!**

**The FDA CTP Team**

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[\[End of survey\]](#)