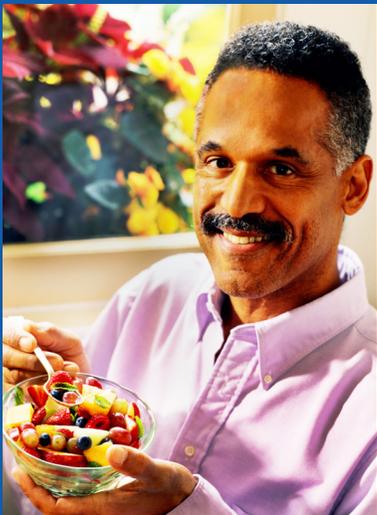


National Institutes of Health
U.S. Department of Health and Human Services

OMB # 0925-0538
Expiration Date: April 30, 2016



Health Information National Trends Survey



START HERE:

1. Is there more than one person age 18 or older living in this household?

AdultsInHH

1 Yes

2 No → **GO TO A1 on the next page**

2. Including yourself, how many people age 18 or older live in this household?

MailHHAdults

--	--

3. **The adult with the next birthday should complete this questionnaire.** This way, across all households, HINTS will include responses from adults of all ages.

4. Please write the first name, nickname, or initials of the adult with the next birthday. This is the person who should complete the questionnaire.

--

Si prefiere recibir la encuesta en español, por favor llame 1-888-738-6812

STATEMENT OF PRIVACY: Collection of this information is authorized by The Public Health Service Act, Sections 411 (42 USC 285 a) and 412 (42 USC 285a-1.a and 285a1.3). The purpose of this data collection is to evaluate whether the survey questions are easy to understand. The results of the data collection will be used to improve the survey instrument. Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private under the Privacy Act and will only be seen by people authorized to work on this project. The report summarizing the findings will not contain any names or identifying information. Identifying information will be destroyed when the project ends.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN: Public reporting burden for this collection of information is estimated to average 30 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. **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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0538). Do not return the completed form to this address.



A: Looking For Health Information

A1. Have you ever looked for information about health or medical topics from any source?

SeekHealthInfo

- 1 Yes
 2 No → GO TO A4 in the next column

A2. The most recent time you looked for information about health or medical topics, where did you go first?

Mark only one. WhereSeekHealthInfo

- 1 Books
 2 Brochures, pamphlets, etc.
 15 Public Health organization
 4 Family
 5 Friend/Co-worker
 6 Doctor or health care provider
 7 Internet
 8 Library
 9 Magazines
 10 Newspapers
 11 Telephone information number
 12 Complementary, alternative, or unconventional practitioner

A3. Based on the results of your most recent search for information about health or medical topics, how much do you agree or disagree with each of the following statements?

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

- | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. It took a lot of effort to get the information you needed..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| LotOfEffort | | | | |
| b. You felt frustrated during your search for the information..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Frustrated | | | | |
| c. You were concerned about the quality of the information..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| ConcernedQuality | | | | |
| d. The information you found was hard to understand..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| TooHardUnderstand | | | | |

A4. In general, how much would you trust information about health or medical topics from each of the following?

Not at all A little Some A lot

- | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. A doctor..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| TrustDoctor | | | | |
| b. Family or friends..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| TrustFamily | | | | |
| c. Government health agencies (e.g., the Food and Drug Administration (FDA), National Institutes of Health (NIH) or Centers for Disease Control and Prevention (CDC))..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| TrustGov | | | | |
| d. Health organizations or groups (e.g., the American Cancer Society, American Lung Association or others)..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| TrustHealthOrgs | | | | |
| e. Charitable organizations..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| TrustCharities | | | | |
| f. Religious organizations and leaders..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| TrustReligiousOrgs | | | | |

A5. On a typical weekday, about how many hours do you...

Hours

- | | | |
|---|----------------------|----------------------|
| a. watch television..... | <input type="text"/> | <input type="text"/> |
| WatchTV | | |
| b. listen to the radio..... | <input type="text"/> | <input type="text"/> |
| ListenRadio | | |
| c. use the internet for personal reasons..... | <input type="text"/> | <input type="text"/> |
| PersonalInternet | | |

A6. During a typical weekend, about how many hours do you...

Hours

- | | | |
|---|----------------------|----------------------|
| a. watch television..... | <input type="text"/> | <input type="text"/> |
| WeekendWatchTV | | |
| b. listen to the radio..... | <input type="text"/> | <input type="text"/> |
| WeekendRadio | | |
| c. use the internet for personal reasons..... | <input type="text"/> | <input type="text"/> |
| WeekendInternet | | |

A7. In the past seven days, how many days did you read a newspaper? ReadNewspaper

days





Electronic cigarettes

Questions A8-A11 are about electronic cigarettes or e-cigarettes such as those shown in the image above. You may also know them as vape-pens, hookah-pens, e-hookahs, or e-vaporizers. Some look like cigarettes and others look like pens or small pipes. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke.

A8. Have you ever looked for information on electronic cigarettes from any source?

LookedECig

- 1 Yes
- 2 No → GO TO A11 in the next column

A9. What kinds of information on electronic cigarettes have you ever looked for from any source?

Mark all that apply.

- 1 Health effects ECig_Health
- 1 Using electronic cigarettes to quit or reduce smoking ECig_Quit
- 1 List of chemicals in electronic cigarettes ECig_Chemicals
- 1 Cost/Coupons ECig_Cost
- 1 Instructions/Tutorials ECig_Instructions
- 1 Where to buy ECig_WhereBuy
- 1 Reviews/Ratings of brands ECig_Reviews
- 1 Something else - Specify ECig_Other

ECig_Other_OS

ECig_Cat

A10. What information did you look for the most recent time you looked for information about electronic cigarettes? ECigInfoSeek

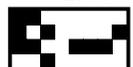
Mark only one.

- 1 Health effects
- 2 Using electronic cigarettes to quit or reduce smoking
- 3 List of chemicals in electronic cigarettes
- 4 Cost/Coupons
- 5 Instructions/Tutorials
- 6 Where to buy
- 7 Reviews/Ratings of brands
- 91 Something else - Specify

ECigInfoSeek_OS

A11. In general, how much would you trust information about the health effects of electronic cigarettes from each of the following?

	Not at all	A little	Some	A lot
a. A doctor/pharmacist/health care provider.....	4	3	2	1
ECigTrustDoctor				
b. Family or friends.....	4	3	2	1
ECigTrustFamily				
c. Government health agencies (e.g., the Food and Drug Administration (FDA), National Institutes of Health (NIH), or Centers for Disease Control and Prevention (CDC)).....	4	3	2	1
ECigTrustGovHealth				
d. Health organizations or groups (such as the American Cancer Society, American Lung Association or others).....	4	3	2	1
ECigTrustHealthOrgs				
e. Religious organizations and leaders.....	4	3	2	1
ECigTrustReligiousOrgs				
f. Tobacco companies.....	4	3	2	1
ECigTrustTobaccoCo				
g. Electronic cigarette companies..	4	3	2	1
ECigTrustECigCo				



A12. Have you ever looked for any of the following information about tobacco products (e.g. cigarettes, cigars, or chewing tobacco) from any source?

Mark **all that apply.**

- Health effects
Tobacco_Health
- Products that claim to reduce exposure to certain chemicals or present less risk of disease
Tobacco_ReduceExp
- Quitting help/information
Tobacco_Quitting
- List of chemicals in tobacco products
Tobacco_Chemicals
- Cost/Coupons
Tobacco_Cost
- Instructions/Tutorials
Tobacco_Instructions
- Where to buy
Tobacco_WhereBuy
- Information about new kinds of tobacco products
Tobacco_NewProd
- Never looked for any of this information → **GO TO A14 in the next column**
Tobacco_Never
- Something else - Specify →

Tobacco_Other_OS

Tobacco_Cat

A13. If you have looked for information about tobacco products, what information did you look for the most recent time you looked?

Mark **all that apply.**

- Health effects
RecentTobacco_Health
- Products that claim to reduce exposure to certain chemicals or present less risk of disease
RecentTobacco_ReduceExp
- Quitting help/information
RecentTobacco_Quitting
- List of chemicals in tobacco products
RecentTobacco_Chemicals
- Cost/Coupons
RecentTobacco_Cost
- Instructions/Tutorials
RecentTobacco_Instructions
- Where to buy
RecentTobacco_WhereBuy
- Information about new kinds of tobacco products
RecentTobacco_NewProd
- Something else - Specify →

RecentTobacco_Other_OS

RecentTobacco_Cat

A14. Overall, how confident are you that you could get health information about tobacco products if you needed it?

TobaccoConfidentGetHealthInf

- 1 Completely confident
- 2 Very confident
- 3 Somewhat confident
- 4 A little confident
- 5 Not confident at all

A15. In general, how much would you trust information about the health effects of using tobacco from each of the following?

	Not at all	A little	Some	A lot
a. A doctor/pharmacist/health care provider.....	4	3	2	1
<small>TobaccoTrustDoctor</small>				
b. Family or friends.....	4	3	2	1
<small>TobaccoTrustFamily</small>				
c. Government health agencies (e.g., the Food and Drug Administration (FDA), National Institutes of Health (NIH), or Centers for Disease Control and Prevention (CDC)).....	4	3	2	1
<small>TobaccoTrustGovHealth</small>				
d. Health organizations or groups (such as the American Cancer Society, American Lung Association or others).....	4	3	2	1
<small>TobaccoTrustHealthOrgs</small>				
e. Religious organizations and leaders.....	4	3	2	1
<small>TobaccoTrustReligiousOrgs</small>				
f. Tobacco companies.....	4	3	2	1
<small>TobaccoTrustTobaccoCo</small>				



A16. In the past 30 days, how often have you seen, heard, or read a message about the **health effects of tobacco use** from each of the following sources?

	Never	A couple of times	A lot of times
a. Television..... <i>TobaccoEffects_TV</i>	1	2	3
b. News websites (e.g. CNN.com)..... <i>TobaccoEffects_NewsWWW</i>	1	2	3
c. Health websites (e.g. WebMD.com).. <i>TobaccoEffects_HealthWWW</i>	1	2	3
d. Government websites (e.g. FDA.gov) <i>TobaccoEffects_GovWWW</i>	1	2	3
e. Social Media (such as Facebook or Twitter)..... <i>TobaccoEffects_SocialWWW</i>	1	2	3
f. Magazine..... <i>TobaccoEffects_Magazines</i>	1	2	3
g. Newspaper..... <i>TobaccoEffects_Newspaper</i>	1	2	3
h. Radio..... <i>TobaccoEffects_Radio</i>	1	2	3
i. Billboard..... <i>TobaccoEffects_Billboard</i>	1	2	3
j. Public transportation..... <i>TobaccoEffects_PublicTrans</i>	1	2	3
k. Mailings..... <i>TobaccoEffects_Mailings</i>	1	2	3
l. Community event..... <i>TobaccoEffects_CommunityEv</i>	1	2	3
m. Point of sale (such as at or inside convenience stores, drug stores or supermarkets)..... <i>TobaccoEffects_POS</i>	1	2	3

B: Using the Internet to Find Information

B1. Do you ever go on-line to access the Internet or World Wide Web, or to send and receive e-mail? *UseInternet*

- 1 Yes
2 No → GO TO C1 on the next page

B2. How often do you access the Internet through each of the following?

	Daily	Sometimes	Never	N/A
a. Computer at home..... <i>WhereUseInternet_Home</i>	1	2	3	4
b. Computer at work..... <i>WhereUseInternet_Work</i>	1	2	3	4
c. Computer at school..... <i>WhereUseInternet_School</i>	1	2	3	4
d. Computer in a public place (library, community center, other)..... <i>WhereUseInternet_PublicPlace</i>	1	2	3	4
e. On a mobile device (cell phone/smart phone/tablet)..... <i>WhereUseInternet_MobileDevice</i>	1	2	3	4
f. On a gaming device/ "Smart TV"..... <i>WhereUseInternet_GamingDevice</i>	1	2	3	4
g. Other..... <i>WhereUseInternet_Other</i>	1	2	3	4

B3. Some people notice information about health on the Internet, even when they are not trying to find out about a health concern they have or someone in their family has. Have you read such health information on the Internet in the past 12 months?

- NoticeHealthInfoInternet*
1 Yes
2 No → GO TO B5 on the next page

B4. About how often have you read this sort of information in the past 12 months?

- ReadHealthInfoInternet*
1 Once a month or more
2 Less than once a month



B5. Sometimes people use the Internet specifically for health-related reasons.

In the past 12 months, have you used the Internet for any of the following reasons?

	Yes ↓	No ↓
a. Looked for health or medical information for yourself..... <i>IntRsn_SelfHealthInfo</i>	1	2
b. Looked for health or medical information for someone else..... <i>IntRsn_HealthInfoSE</i>	1	2
c. Looked for information about quitting smoking..... <i>IntRsn_InfQuitSmoking</i>	1	2
d. Participated in an online forum or support group for people with a similar health or medical issue..... <i>IntRsn_SupportGroup</i>	1	2
e. Used a website to help you with your diet, weight, or physical activity..... <i>IntRsn_DietWebsite</i>	1	2
f. Looked for a health care provider..... <i>IntRsn_HCProviderSearch</i>	1	2
g. Downloaded health information to a mobile device, such as an MP3 player, cell phone, tablet computer, or electronic book device..... <i>IntRsn_PDADownload</i>	1	2
h. Shared health information on social media sites, such as Facebook or Twitter..... <i>IntRsn_SharedSocNet</i>	1	2
i. Exchanged support about health concerns with family or friends..... <i>IntRsn_ExchangedSupport</i>	1	2
j. Kept track of personal health information such as care received, test results, or upcoming medical appointments..... <i>IntRsn_TrackedPHR</i>	1	2
k. Watched a health-related video on YouTube..... <i>IntRsn_YouTube</i>	1	2

C: Tobacco Product Use

C1. Have you smoked at least 100 cigarettes in your entire life? *Smoke100*

- 1 Yes
- 2 No

C2. Do you now smoke cigarettes every day, some days or not at all? *SmokeNow*

- 1 Everyday
- 2 Some days
- 3 Not at all → GO TO C4 below

C3. Are you seriously considering quitting smoking cigarettes in the next six months? *ConsiderQuit*

- 1 Yes } GO TO C5 on the next page
- 2 No }

C4. About how long has it been since you completely quit smoking cigarettes? *WhenQuitSmoke*

- 9 Less than 2 weeks
- 10 2 weeks to less than 1 month ago
- 2 1 month to less than 3 months ago
- 3 3 months to less than 6 months ago
- 4 6 months to less than 1 year ago
- 5 1 year to less than 5 years ago
- 6 5 years to less than 15 years ago
- 7 15 years ago or more
- 8 I have never smoked cigarettes



C5. How much do you agree or disagree with this statement:

"Smoking behavior is something basic about a person that they can't change very much." *SmokingOpinion*

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

C6. There are a number of resources that people use to help them stop smoking such as telephone quitlines (e.g., 1-800-QUIT-NOW) or websites (e.g., www.smokefree.gov)

Before being contacted for this survey (and regardless of whether or not you smoke), had you ever heard of telephone quitlines or websites for help with quitting smoking?

AwareQuitlineSite

- 1 Yes
- 2 No → **GO TO C9 in the next column**

C7. Have you ever called a telephone quitline or visited a website for help with quitting smoking? *EverCalledQuitlineSite*

- 1 Yes
- 2 No

C8. How likely would you be to call a quitline or visit a website for help with quitting smoking in the future? *FutureCallQuitlineSite*

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely



Size of cigars, cigarillos, little filtered cigars and cigarettes.

C9. How many **cigars, cigarillos, or little filtered cigars** have you smoked in your entire life? Some popular brands include Macanudo, Romeo y Julieta, Black and Mild, Swisher Sweets, Prime Time, and Cheyenne. *NumberCigarsSmoked*

- 0 None
- 1 1-10
- 2 11-20
- 3 21-50
- 4 51-99
- 5 100 or more

C10. Do you now smoke cigars, cigarillos, or little filtered cigars every day, some days or not at all? *SmokeNowCigars*

- 1 Every day
- 2 Some days
- 3 Not at all → **GO TO C12 on the next page**

C11. Is the size of the cigars, cigarillos, or little filtered cigars that you usually smoke...

Mark only one. *SizeCigarsSmoked*

- 1 **Regular or large cigars** like Macanudo, Romeo y Julieta, Arturo Fuente, or others
- 2 **Medium cigars or cigarillos** like Black and Mild, Swisher Sweets, Dutch Masters, Phillies Blunts, or others
- 3 **Little filtered cigars** like Prime Time little filtered cigars, Winchester little filtered cigars, or others



Please refer to the images on the right side of this page to answer questions C12 - C15.

C12. Before this survey, which of the following tobacco products have you ever heard of?

Mark **all that apply.**

- Hookah or water pipe filled with tobacco
TobaccoHeard_Hookah
- Electronic Cigarettes or e-cigarettes (such as blu, NJOY or Logic), also known as vape-pens, hookah pens, e-hookahs, or e-vaporizers
TobaccoHeard_ECig
- Pipe filled with tobacco
TobaccoHeard_Pipe
- "Roll your own" cigarettes
TobaccoHeard_RollOwn
- Snus (such as Camel snus, General snus, Marlboro snus, and Nordic Ice)
TobaccoHeard_Snus
- I have not heard of any of these tobacco products → **GO TO C14 below**
TobaccoHeard_NeverHeard
TobaccoHeard_Cat



Image 1. Hookah/water pipe

C13. Which of the following tobacco products have you ever tried even once?

Mark **all that apply.**

- Hookah or water pipe filled with tobacco
TobaccoTried_Hookah
- Electronic Cigarettes (such as blu, NJOY or Logic), also known as vape-pens, hookah pens, e-hookahs, or e-vaporizers
TobaccoTried_ECig
- Pipe filled with tobacco
TobaccoTried_Pipe
- "Roll your own" cigarettes
TobaccoTried_RollOwn
- Snus (such as Camel snus, General snus, Marlboro snus, and Nordic Ice)
TobaccoTried_Snus
- I have never tried any of these tobacco products
TobaccoTried_NeverTried
TobaccoTried_Cat



Image 2. Electronic cigarettes

C14. Have you used chewing tobacco, snus, snuff, or dip, at least 20 times in your entire life? Some popular brands include Red Man, Levi Garrett, BEECH-NUT, Skoal or Copenhagen. UsedTobacco20Times

- 1 Yes
- 2 No

C15. Do you now use chewing tobacco, snus, snuff, or dip every day, some days or not at all? UseTobaccoNow

- 1 Everyday
- 2 Some days
- 3 Not at all



Image 3. Snus



C16. Were any of the tobacco products you used in the past 30 days flavored to taste like menthol (mint), clove, spice, alcohol (wine, cognac), candy, fruit, chocolate, or other sweets? *UseFlavoredTobacco*

- 1 Yes
- 2 No
- 3 Don't know
- 4 I have not used any tobacco products in the past 30 days.

C17. Of the five closest friends or acquaintances that you spend time with on a regular basis, how many of them use any kind of tobacco? *FriendsUseTobacco*

- 0
- 1
- 2
- 3
- 4
- 5

C18. How soon after you wake up do you usually use any tobacco product? *UseTobaccoWakeUp*

- 1 I do not use tobacco products
- 2 Within 5 minutes
- 3 From 6 to 30 minutes
- 4 From 31 to 60 minutes
- 5 After 60 minutes
- 6 I rarely want to use a tobacco product

C19. How much do you agree or disagree with each of the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
a. Nicotine is the main substance in tobacco that makes people want to smoke.....	1	2	3	4	5
<i>NicotineWantSmoke</i>					
b. The nicotine in cigarettes is the substance that causes most of the cancer caused by smoking.....	1	2	3	4	5
<i>NicotineCauseCancer</i>					
c. Addiction to nicotine is something that I am concerned about.....	1	2	3	4	5
<i>NicotineAddictionConcern</i>					

C20. Overall, how addictive do you believe each of the following is?

	Not at all addictive	Moderately addictive	Very addictive	Don't know
a. Cigarette smoking.....	1	2	3	4
<i>Addictive_Cigarette</i>				
b. Cigar smoking.....	1	2	3	4
<i>Addictive_Cigar</i>				
c. Smokeless tobacco use.....	1	2	3	4
<i>Addictive_Smokeless</i>				
d. Using electronic cigarettes or e-cigarettes (also known as vape-pens, e-hookahs, or e-vaporizers).....	1	2	3	4
<i>Addictive_ECigs</i>				
e. Smoking tobacco in a hookah....	1	2	3	4
<i>Addictive_Hookah</i>				
f. Smoking "roll your own" cigarettes.....	1	2	3	4
<i>Addictive_RollOwn</i>				
g. Smoking a pipe filled with tobacco.....	1	2	3	4
<i>Addictive_Pipe</i>				



D: Beliefs about Tobacco Products

D1. In the past year, how often have you thought about the chemicals contained in tobacco products? *ThoughtChemicalsTobacco*

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often

D2. Where do you think the chemicals in cigarettes and cigarette smoke come from?

Mark only one. *WhereCigaretteChemicals*

- 1 All the chemicals come from the tobacco leaf
- 2 Most of the chemicals come from the tobacco leaf
- 3 The chemicals come equally from the tobacco leaf and things added to the tobacco
- 4 Most of the chemicals come from things added to the tobacco
- 5 All the chemicals come from things added to the tobacco
- 6 I do not believe there are any chemicals in cigarettes and cigarette smoke

D3. How long do you think someone has to smoke cigarettes before it harms their health? *CigarettesHarmHealth*

- 1 Less than 1 year
- 2 1 year
- 3 5 years
- 4 10 years
- 5 20 years or more

D4. How much do you think people harm themselves when they smoke a few cigarettes every day? *FewCigarettesHarmHealth*

- 1 No harm
- 2 Little harm
- 3 Some harm
- 4 A lot of harm

D5. How much do you think people harm themselves when they smoke 10 or more cigarettes every day? *Harm10Cigarettes*

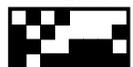
- 1 No harm
- 2 Little harm
- 3 Some harm
- 4 A lot of harm

D6. How harmful do you think each of the following is to a person's health?

	Not at all harmful	Moderately harmful	Very harmful
a. Cigarette smoking..... <i>Harmful_Cigarette</i>	1	2	3
b. Cigar smoking..... <i>Harmful_Cigar</i>	1	2	3
c. Smokeless tobacco use..... <i>Harmful_Smokeless</i>	1	2	3
d. Electronic cigarette use..... <i>Harmful_ECig</i>	1	2	3
e. Smoking tobacco in a hookah..... <i>Harmful_Hookah</i>	1	2	3
f. Smoking "roll your own" cigarettes.... <i>Harmful_RollOwn</i>	1	2	3
g. Smoking a pipe filled with tobacco..... <i>Harmful_Pipe</i>	1	2	3

D7. New types of cigarettes are now available called electronic cigarettes or e-cigarettes (also known as vape-pens, hookah pens, e-hookahs, or e-vaporizers). These products deliver nicotine through a vapor. Compared to smoking cigarettes, would you say that electronic cigarettes are ... *ElectCigLessHarm*

- 1 Much less harmful
- 2 Less harmful
- 3 Just as harmful
- 4 More harmful
- 5 Much more harmful
- 6 I've never heard of electronic cigarettes
- 7 I don't know enough about these products



D8. In your opinion, do you think that some smokeless tobacco products, such as chewing tobacco, snus and snuff, are less harmful to a person's health than cigarettes? *SmokelessLessHarm*

- 1 Yes
- 2 No
- 3 Don't know

D9. How much do you think people harm themselves when they use smokeless tobacco, such as chewing tobacco, snuff, dip, or snus, every day? *DailySmokelessHarm*

- 1 No harm
- 2 Little harm
- 3 Some harm
- 4 A lot of harm

D10. How much do you think people harm themselves when they use smokeless tobacco, such as chewing tobacco, snuff, dip, or snus, some days but not every day? *SomeDaysSmokelessHarm*

- 1 No harm
- 2 Little harm
- 3 Some harm
- 4 A lot of harm

D11. Please indicate how much you agree or disagree with the following statement:

"Tobacco is safer to use now than it was 5 years ago." *TobaccoSaferNow*

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree

D12. In your opinion, do you think that some types of cigarettes are less harmful to a person's health than other types? *CigLessHarm*

- 1 Yes
- 2 No
- 3 Don't know

D13. Do you believe that anyone regulates statements from tobacco companies about the contents or health effects of their tobacco products? *AnyoneRegulateTobacco*

- 1 Yes
 - 2 No
 - 3 Don't know
- } GO TO D15 below

D14. Who do you believe regulates statements that tobacco companies make about the contents or health effects of their tobacco products?

Mark all that apply.

- 1 Centers for Disease Control and Prevention (CDC) *RegulateTobacco_CDC*
- 1 Federal Trade Commission (FTC) *RegulateTobacco_FTC*
- 1 Food and Drug Administration (FDA) *RegulateTobacco_FDA*
- 1 National Institutes of Health (NIH) *RegulateTobacco_NIH*
- 1 Surgeon General *RegulateTobacco_SurgGen*
- 1 Tobacco industry/tobacco companies *RegulateTobacco_TobaccoInd*
- 1 None of the above *RegulateTobacco_None*
- 1 *RegulateTobacco_Cat*

D15. Do you believe that the United States Food and Drug Administration (FDA) regulates tobacco products in the U.S.? *FDARegulateTobacco*

- 1 Yes
- 2 No
- 3 Don't know

D16. In your opinion, how qualified is the United States Food and Drug Administration (FDA) to regulate tobacco products? *FDAQualifiedTobacco*

- 4 Not at all
- 3 A little
- 2 Somewhat
- 1 Very



E: Beliefs About Cigarette Claims

E1. Compared to a typical cigarette, would you think that a cigarette advertised as "low nicotine" would be... **LowNicotineHarmful**

- 1 Much more harmful to your health than a typical cigarette?
- 2 Slightly more harmful to your health than a typical cigarette?
- 3 Equally harmful to your health as a typical cigarette?
- 4 Slightly less harmful to your health than a typical cigarette?
- 5 Much less harmful to your health than a typical cigarette?

E2. Compared to a typical cigarette, would you think that a cigarette advertised as "low nicotine" would be... **LowNicotineAddictive**

- 1 Much more addictive than a typical cigarette?
- 2 Slightly more addictive than a typical cigarette?
- 3 Equally addictive as a typical cigarette?
- 4 Slightly less addictive than a typical cigarette?
- 5 Much less addictive than a typical cigarette?

E3. How believable is it that a cigarette could be "low nicotine"? **LowNicotineBelievable**

- 1 Not at all believable
- 2 A little believable
- 3 Somewhat believable
- 4 Very believable

E4. How likely do you think it is that tobacco products could be made without some of the chemicals that are harmful to health?

TobaccoWithoutChemicals

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely

E5. If a tobacco product made a claim that it was less addictive than other tobacco products, how likely would you be to use that product? **TobaccoLessAddictive**

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely

E6. If a tobacco product made a claim that it was less harmful to health than other tobacco products, how likely would you be to use that product? **TobaccoLessHarmful**

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely



F: Dietary Supplements

These next questions ask about dietary supplements such as vitamins, minerals, herbs, and other supplements that you may take in addition to your regular diet.

F1. Please indicate whether or not you have taken one or more of the following types of dietary supplement(s) in the past 12 months:

	Yes	No
a. Multi-vitamins or multi-mineral supplements, such as One A Day, Mega-Vitamin, or Centrum® SILVER..... <i>Supplements_MultiVites</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Specialized or single-ingredient vitamins or minerals, such as calcium, Vitamin B, or magnesium..... <i>Supplements_SingleVites</i>	<input type="checkbox"/>	<input type="checkbox"/>
c. Herbs, botanicals, or other supplements (not including vitamins or minerals), such as Echinacea, ginkgo, fish oil, garlic pills, or glucosamine..... <i>Supplements_Herbs</i>	<input type="checkbox"/>	<input type="checkbox"/>

F2. In the past 12 months, have you experienced any health problem that you thought might be related to any dietary supplements you took? *SupplementRelatedProblem*

- Yes
 No → GO TO F6 on the next page

F3. The last time you had such a problem, what were the major symptoms of the problem?

Mark **all that apply.**

- Heart problems/chest pain *SuppSymptom_Heart*
- Abdominal pain *SuppSymptom_Abdominal*
- Headache *SuppSymptom_Headache*
- Rashes *SuppSymptom_Rashes*
- Allergy/reaction *SuppSymptom_Allergy*
- Nausea *SuppSymptom_Nausea*
- Blood pressure problems *SuppSymptom_BP*
- Diarrhea *SuppSymptom_Diarrhea*
- Cramping/muscle aches *SuppSymptom_Cramping*
- Sleep problems *SuppSymptom_Sleep*
- Dizziness/fainting *SuppSymptom_Dizziness*
- Itching *SuppSymptom_Itching*
- Anxiety/nervousness *SuppSymptom_Anxiety*
- Drowsiness *SuppSymptom_Drowsiness*
- Vomiting *SuppSymptom_Vomiting*
- Other symptom - Specify → *SuppSymptom_Other_OS*
SuppSymptom_Other
SuppSymptom_Cat

F4. What supplement(s) did you think was(were) related to your problem?

Mark **all that apply.**

- Multi-vitamins *WhichSupp_MultiVite*
- "Xenadrine" *WhichSupp_Xenadrine*
- Unspecified vitamins/minerals *WhichSupp_UnspecifiedVi*
- Iron *WhichSupp_Iron*
- Ginkgo Biloba *WhichSupp_Ginkgo*
- Vitamin C *WhichSupp_VitC*
- Calcium *WhichSupp_Calcium*
- "Metabolife" *WhichSupp_Metabolife*
- Vitamin E *WhichSupp_VitE*
- Ginseng *WhichSupp_Ginseng*
- "Phen Phen" *WhichSupp_PhenPhen*
- St. John's wort *WhichSupp_StJohn*
- Vitamin B *WhichSupp_VitB*
- Other supplement(s) - Specify → *WhichSupp_Other*

WhichSupp_Other_OS

WhichSupp_Cat

F5. Did you report your problem to any of the following institutions or professionals?

	Yes	No
a. The Food and Drug Administration..... <i>ReportSupp_FDA</i>	1	2
b. The CDC, Centers for Disease Control and Prevention..... <i>ReportSupp_CDC</i>	1	2
c. A health department or poison control center..... <i>ReportSupp_HealthDep</i>	1	2
d. The manufacturer of the dietary supplement..... <i>ReportSupp_Manufacturer</i>	1	2
e. Your doctor..... <i>ReportSupp_Doctor</i>	1	2

F6. Have you given any dietary supplements to any infant(s), child(ren), or adolescent(s) in your family in the past 12 months?

GivenSuppToChildren

- 1 Yes
- 2 No → GO TO F9 below

F7. If yes, what was the reason for using the supplement? *SuppGivenReason*

F8. If yes, please provide the name(s) of the supplement(s): *SuppGivenName*

F9. If a dietary supplement product says on its package that it "may produce anticarcinogenic effects in the body," does this mean that the product may do any of the following things?

	Yes	No	Not sure
a. Reduce the risk of cancer..... <i>Anticarc_ReduceCancer</i>	1	2	3
b. Treat cancer..... <i>Anticarc_TreatCancer</i>	1	2	3
c. Completely prevent cancer..... <i>Anticarc_PreventCancer</i>	1	2	3
d. Cure cancer..... <i>Anticarc_CureCancer</i>	1	2	3

F10. In your opinion, if a dietary supplement product says on its package that it "may produce anticarcinogenic effects in the body," does this mean the product may reduce the risk of...*AnticarcSingleAllCancers*

- 1 A single type of cancer?
- 2 A few or some types of cancer?
- 3 All cancers?
- 4 Not sure

F11. In your opinion, if a dietary supplement product says on its package that it "may reduce the risk of certain cancers," does this mean the product may reduce the risk of: *ReduceRiskSingleAllCancers*

- 1 A single type of cancer?
- 2 A few or some types of cancer?
- 3 All cancers?
- 4 Not sure

G: Beliefs About Cancer

G1. How much do you agree or disagree with each of the following statements?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. Cancer is most often caused by a person's behavior or lifestyle..... <i>BehaviorCauseCancer</i>	1	2	3	4
b. It seems like everything causes cancer..... <i>EverythingCauseCancer</i>	1	2	3	4
c. There's not much you can do to lower your chances of getting cancer..... <i>PreventNotPossible</i>	1	2	3	4
d. There are so many different recommendations about preventing cancer, it's hard to know which ones to follow..... <i>TooManyRecommendations</i>	1	2	3	4



H: Medical Products and Food

G2. Which of the following is closest to your opinion about how cancers can be cured?

[OpinionCureCancers](#)

- 1 All types of cancers can be cured in the same way.
- 2 Some types of cancers, but not all can be cured in the same way.
- 3 Each type of cancer is cured in a different way.
- 4 There is no cure for cancer.

G3. Which of the following is closest to your opinion about people's ability to avoid cancers through what they eat or drink?

[AvoidCancerEatDrink](#)

- 1 All cancers can be avoided through what people eat or drink.
- 2 Some cancers, but not all can be avoided through what people eat or drink.
- 3 What people eat or drink does not affect their ability to avoid cancers.

G4. Which of the following is closest to your opinion about how dietary supplements affect people's ability to avoid cancer?

[AvoidCancerSupplements](#)

- 1 All cancers can be avoided through dietary supplements.
- 2 Some types of cancers, but not all can be avoided through dietary supplements.
- 3 Dietary supplements do not affect people's ability to avoid cancer.

G5. Which of the following is closest to your opinion about treating cancer with dietary supplements instead of drugs or surgery?

[TreatCancerSupplements](#)

- 1 All cancers can be treated with dietary supplements instead of drugs or surgery.
- 2 Some types of cancers, but not all can be treated with dietary supplements instead of drugs or surgery.
- 3 Cancers cannot be treated with dietary supplements.

In this section, please think about news reports you hear about medical products and foods, the Food and Drug Administration's (FDA) activities, and how these affect your choices.

H1. How much attention do you pay to reports of FDA investigations?

[AttentionFDAInvestigations](#)

- 1 None
- 2 A little
- 3 A lot

H2. If the FDA reports that it is investigating an approved drug, what does it mean to you?

[FDAInvestigateDrug](#)

- 1 The drug is safe to use
- 2 I am unsure whether the drug is safe to use
- 3 The drug is not safe to use

H3. Many people take medicine for pain.

How often do you use medicine for pain by prescription only? [HowOftenTakeRxPain](#)

- 1 More than four times daily
- 2 One to four times daily
- 3 Less than one time daily
- 4 Not applicable

H4. How often do you use non-prescription medicine for pain such as aspirin, acetaminophen, ibuprofen, or naproxen?

[HowOftenTakeOTCPain](#)

- 1 More than four times daily
- 2 One to four times daily
- 3 Less than one time daily
- 4 Not applicable

H5. If a prescription drug you take is recalled and you hear that some people who use the drug have been hospitalized, would you...

	Yes	No	Not sure
a. Check the number on your pill bottle to see if it matches the numbers in the recall notice?..... <i>RxDrugRecall_CheckNumber</i>	1	2	3
b. Stop taking the drug immediately?..... <i>RxDrugRecall_StopTaking</i>	1	2	3
c. Continue taking the drug but watch for symptoms reported in the recall notice?..... <i>RxDrugRecall_KeepUsing</i>	1	2	3
d. Ask your doctor what to do?..... <i>RxDrugRecall_ContactDoctor</i>	1	2	3

H6. If a brand of canned food that you have in your home was recalled because some people became seriously ill after eating it, how likely would you be to...

	Not at all likely	Somewhat likely	Very likely	Not sure
a. Switch brands..... <i>FoodRecall_SwitchBrand</i>	1	2	3	4
b. Ask your doctor what to do..... <i>FoodRecall_AskDoctor</i>	1	2	3	4
c. Check the number of the can to see if it matches any of the numbers in the recall notice..... <i>FoodRecall_CheckCodes</i>	1	2	3	4
d. No longer buy any brand of that food..... <i>FoodRecall_AvoidFood</i>	1	2	3	4
e. Pay no attention to the recall/keep buyi and eating that brand..... <i>FoodRecall_Ignore</i>	1	2	3	4
f. Other - specify <i>FoodRecall_Other</i>	1	2	3	4

FoodRecall_Other_OS

H7. Lasers are in common use in products such as CDs, DVDs and laser printers. Doctors use lasers to treat skin conditions. Lasers are also used in light shows at concerts. How much do you agree that direct exposure to lasers may damage your skin and eyes? *LasersDamageSkinEyes*

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 5 No opinion

H8. Would you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
a. The food I buy is safe to eat..... <i>SafetyTested_Food</i>	1	2	3	4	5
b. Cosmetics are tested for safety before they go on the market..... <i>SafetyTested_Cosmetics</i>	1	2	3	4	5
c. Pet foods are tested for safety before they go on the market..... <i>SafetyTested_PetFood</i>	1	2	3	4	5
d. The drugs I buy without a prescription are tested to see if they are safe before they go on the market..... <i>SafetyTested_OTCDrugs</i>	1	2	3	4	5
e. Vaccines that I get are tested to see if they are safe before they go on the market..... <i>SafetyTested_Vaccines</i>	1	2	3	4	5
f. Prescription drugs that I buy are tested to see if they are safe before they go on the market.... <i>SafetyTested_RxDrugs</i>	1	2	3	4	5



H9. Would you agree or disagree with the following statement? *MedicalEquipmentTested*

Medical equipment (including prescription eyeglasses, hearing aids, blood glucose kits, thermometers, pregnancy test kits, and contact lenses) is tested to see if it is effective before it goes on the market.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 5 No opinion

I: You and Your Household

11. What is your age? *Age*

			Years old
--	--	--	-----------

12. What is your current occupational status?

Mark **only one.** *OccupationStatus*

- 1 Employed *Employed*
- 2 Unemployed *Unemployed*
- 3 Homemaker *Homemaker*
- 4 Student *Student*
- 5 Retired *Retired*
- 6 Disabled *Disabled*
- 91 Other - Specify →
OtherOcc
MultiOcc

13. Have you ever served on active duty in the U.S. Armed Forces, military Reserves or National Guard? Active duty does not include training in the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

ActiveDutyArmedForces

- 1 Yes, now on active duty
- 2 Yes, on active duty in the last 12 months but not now
- 3 Yes, on active duty in the past, but not in the last 12 months
- 4 No, training for Reserves or National Guard only
- 5 No, never served in the military

14. What is your marital status? *MaritalStatus*

- 1 Married
- 2 Living as married
- 3 Divorced
- 4 Widowed
- 5 Separated
- 6 Single, never been married

15. What is the highest grade or level of schooling you completed? *Education*

- 1 Less than 8 years
- 2 8 through 11 years
- 3 12 years or completed high school
- 4 Post high school training other than college (vocational or technical)
- 5 Some college
- 6 College graduate
- 7 Postgraduate

16. Were you born in the United States?

BornInUSA

- 1 Yes → GO TO I8 below
- 2 No

17. In what year did you come to live in the United States? *YearCameToUSA*

				Year
--	--	--	--	------

18. How well do you speak English?

SpeakEnglish

- 1 Very well
- 2 Well
- 3 Not well
- 4 Not at all

19. Are you of Hispanic, Latino/a, or Spanish origin? One or more categories may be selected.

Mark **all that apply.**

- 1 No, not of Hispanic, Latino/a, or Spanish origin *NotHisp*
- 1 Yes, Mexican, Mexican American, Chicano/a *Mexican*
- 1 Yes, Puerto Rican *PuertoRican*
- 1 Yes, Cuban *Cuban*
- 1 Yes, another Hispanic, Latino/a, or Spanish origin *OthHisp*
Hisp_Cat



I10. What is your race? One or more categories may be selected.

Mark **all that apply.**

- 1 White *White*
- 1 Black or African American *Black*
- 1 American Indian or Alaska Native *AmerInd*
- 1 Asian Indian *AsInd*
- 1 Chinese *Chinese*
- 1 Filipino *Filipino*
- 1 Japanese *Japanese*
- 1 Korean *Korean*
- 1 Vietnamese *Vietnamese*
- 1 Other Asian *OthAsian*
- 1 Native Hawaiian *Hawaiian*
- 1 Guamanian or Chamorro *Guamanian*
- 1 Samoan *Samoan*
- 1 Other Pacific Islander *OthPacIsl*
Race_Cat2

I11. Including yourself, how many people live in your household? *TotalHousehold*

--	--

Number of people

I12. Starting with yourself, please mark the sex, and write in the age and month of birth for each adult 18 years of age or older living at this address.

	Sex	Age	Month Born (01-12)
SELF <i>SelfGender</i>	<input type="checkbox"/> 1 Male	<i>SelfAge</i>	<i>SelfMOB</i>
	<input type="checkbox"/> 2 Female		
Adult 2 <i>HHAdultGender2</i>	<input type="checkbox"/> 1 Male	<i>HHAdultAge2</i>	<i>HHAdultMOB2</i>
	<input type="checkbox"/> 2 Female		
Adult 3 <i>HHAdultGender3</i>	<input type="checkbox"/> 1 Male	<i>HHAdultAge3</i>	<i>HHAdultMOB3</i>
	<input type="checkbox"/> 2 Female		
Adult 4 <i>HHAdultGender4</i>	<input type="checkbox"/> 1 Male	<i>HHAdultAge4</i>	<i>HHAdultMOB4</i>
	<input type="checkbox"/> 2 Female		
Adult 5 <i>HHAdultGender5</i>	<input type="checkbox"/> 1 Male	<i>HHAdultAge5</i>	<i>HHAdultMOB5</i>
	<input type="checkbox"/> 2 Female		

I13. How many children under the age of 18 live in your household? *ChildrenInHH*

--	--

Number of children under 18

I14. Do you currently rent or own your home? *RentOrOwn*

- 1 Own
- 2 Rent
- 3 Occupied without paying monetary rent

I15. Does anyone in your family have a working cell phone? *CellPhone*

- 1 Yes
- 2 No

I16. Is there at least one telephone inside your home that is currently working and is not a cell phone? *PhoneInHome*

- 1 Yes
- 2 No

I17. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? *HealthInsurance*

- 1 Yes
- 2 No

I18. Thinking about members of your family living in this household, what is your combined annual income, meaning the total pre-tax income from all sources earned in the past year? *IncomeRanges*

- 1 \$0 to \$9,999
- 2 \$10,000 to \$14,999
- 3 \$15,000 to \$19,999
- 4 \$20,000 to \$34,999
- 5 \$35,000 to \$49,999
- 6 \$50,000 to \$74,999
- 7 \$75,000 to \$99,999
- 8 \$100,000 to \$199,999
- 9 \$200,000 or more



I19. Do you think of yourself as... *SexualOrientation*

- 1 Heterosexual, or straight
- 2 Homosexual, or gay or lesbian
- 3 Bisexual
- 91 Something else – Specify

↓

SexualOrientation_OS

I20. Do you live in the same household with someone who uses tobacco products? *TobaccoUserInHH*

- 1 Yes
- 2 No → **GO TO I22 below**

I21. How many people in your household use tobacco products? *NumberTobaccoUsers*

--	--

 Number of tobacco users

I22. About how long did it take you to complete the survey?

Write a number in one box below.

MailSurveyTime_Min

--	--

 Minutes

MailSurveyTime_Hrs

--	--

 Hours

I23. At which of the following types of addresses does your household currently receive residential mail?

Mark **all that apply.**

- 1 A street address with a house or building number *TypeOfAddressA*
- 1 An address with a rural route number *TypeOfAddressB*
- 1 A U.S. post office box (P.O. Box) *TypeOfAddressC*
- 1 A commercial mailbox establishment (such as Mailboxes R Us, and Mail Boxes Etc.®) *TypeOfAddressD*

