

Thank you for participating in this research today!

Have you ever smoked a cigarette, even one or two puffs?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

How many cigarettes have you smoked in your entire life? A pack usually has 20 cigarettes in it.

- ☐ 1 or more puffs but never a whole cigarette
- ☐ 1 to 10 cigarettes (about 1/2 pack total)
- ☐ 11 to 20 cigarettes (about 1/2 pack to 1 pack)
- ☐ 21 to 50 cigarettes (more than 1 pack but less than 3 packs)
- ☐ 51 to 99 (more than 2 1/2 packs but less than 5 packs)
- ☐ 100 or more cigarettes (5 packs or more)
- ☐ Don't Know
- ☐ Refused
- ☐ None

Do you now smoke cigarettes?

- ☐ Every day
- ☐ Some days
- ☐ Not at all
- ☐ Don't Know
- ☐ Refused

When did you last smoke a cigarette?

- ☐ In the past hour
- ☐ Sometime today
- ☐ Yesterday
- ☐ Day before yesterday
- ☐ Three or more days ago
- ☐ Don't Know
- ☐ Refused

[SKIP IF **FORMER** OR **NEVER SMOKER**] On average, about how many cigarettes do you now smoke each day? A pack usually has 20 cigarettes in it.

- ☐ I ___|___| Cigarettes per day
- ☐ I ___|___| Packs per day
- ☐ Don't Know
- ☐ Refused

[SKIP IF **FORMER** OR **NEVER SMOKER**] On how many of the past 30 days did you smoke cigarettes?

- ☐ I ___|___|
- ☐ Don't Know
- ☐ Refused

[SKIP IF **NEVER SMOKER**] On average, on those [days that you smoked], how many cigarettes did you usually smoke each day? A pack usually has 20 cigarettes in it.

- ☐ I ___|___| Cigarettes per day
- ☐ I ___|___| Packs per day
- ☐ Don't Know
- ☐ Refused

[SKIP IF **FORMER** OR **NEVER SMOKER**] Do you have a regular brand of [cigarettes | roll-your-own cigarette tobacco] that you usually smoke?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

[SKIP IF **FORMER** OR **NEVER SMOKER**] What brand of [cigarettes | roll-your-own cigarette tobacco] do you usually smoke? Please select it from the choices below.

- ☐ Selected brand style list plus pictures
- ☐ Something else
- ☐ Don't Know
- ☐ Refused

[SKIP IF **FORMER** OR **NEVER SMOKER**] About how long have you been smoking your regular brand of [cigarettes | roll-your-own cigarette tobacco]?

- ☐ I ___ | ___ | DAYS
- ☐ I ___ | ___ | MONTHS
- ☐ I ___ | ___ | YEARS
- ☐ Don't Know
- ☐ Refused

Date of birth?

- ☐ _____ MM/DD/YYYY
- ☐ Don't Know
- ☐ Refuse

Age?

- ☐ Less than 18 years old,
- ☐ 18 to 24 years old,
- ☐ 25 to 29 years old, or
- ☐ 30 years old or older?
- ☐ Don't Know
- ☐ Refused

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Don't Know
- ☐ Refused

Are you Hispanic, Latino, or of Spanish origin? Choose all that apply

- ☐ No, not of Hispanic, Latino, or of Spanish origin
- ☐ Yes, Mexican, Mexican American
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban Yes,
- ☐ Another Hispanic, Latino, or Spanish origin
- ☐ Don't Know / Refused

What is your race? Choose all that apply.

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro Samoan
- ☐ Other Pacific Islander
- ☐ Don't Know
- ☐ Refused

What is your main job title or occupation? _____

Are you currently:

- ☐ Looking for paid work
- ☐ A student not looking for paid work
- ☐ A homemaker or caregiver not looking for paid work
- ☐ Retired
- ☐ Unable to work for physical or mental health reasons
- ☐ Unable to work due to other reasons
- ☐ None of the above
- ☐ Don't Know
- ☐ Refused

What is the highest grade or level of school you completed?

- ☐ Less than high school
- ☐ Some high school, no diploma
- ☐ GED
- ☐ High school graduate—diploma
- ☐ Some college but no degree
- ☐ Associate degree—occupational/vocational
- ☐ Associate degree—academic program
- ☐ Bachelor's degree (ex: BA, AB, BS)
- ☐ Master's degree (ex: MA, MS, MEng, Med, MSW)
- ☐ Professional school degree (ex: MD, DDS)
- ☐ Don't Know
- ☐ Refused

Are you currently enrolled in a degree program?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

Which type of degree program are you currently enrolled in?

- ☐ Technical/vocational program
- ☐ 2-year degree program
- ☐ 4-year degree program
- ☐ Graduate/professional program
- ☐ Other type of degree program
- ☐ Don't Know
- ☐ Refused

Which of the following categories best describes your total household income in the past 12 months?

This is the total income before taxes of all persons in your household combined. Please include money from jobs, relatives, pensions, dividends, interest, social security payments or retirement benefits, net income from business, farm or rent, and any other money received by household members.

- ☐ Less than \$10,000
- ☐ \$10,000 to \$14,999
- ☐ \$15,000 to \$24,999
- ☐ \$25,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 to \$199,999
- ☐ \$200,000 or more
- ☐ Don't Know
- ☐ Refused