



22nd Century Group, Inc.  
VLN™ QUANTITATIVE FINAL EVALUATE PHASE ASSESSOR® RESEARCH  
Matter #: 5180080 10-30-v0

**QUOTAS**

TOTAL COMPS .....28,000

QUOTA PER CONCEPT.....7000

**CONCEPTS**

1. URGE .....7000
2. CONSUMPTION .....7000
3. LESS .....7000
4. CONTROL CELL A.....3500
5. CONTROL CELL B.....3500

**TOBACCO USE (PER CONCEPT)**

NEVER USERS (Q16/17).....1000

NEVER USERS OVERSAMPLE (Q16/17) 1000

FORMER SMOKER – LONG-TERM (Q16/17) 1000

FORMER SMOKER – RECENT (Q16/17) 1000

CURRENT SMOKER – INTEND TO QUIT (Q16/17) 1500

CURRENT SMOKER – NO INTENT (Q16/17) 1500

SEE CUSTOM QUOTA GRID FOR FULL BREAKOUT

| ALL QUOTAS PER CONCEPT<br>CELLS 1, 2, 3 |   | Never<br>Users | Never Users<br>Oversample<br>Age 21 to 25 | Long-Term<br>Quitter | Recent<br>Quitters | Current<br>Smokers With<br>Intent to Quit | Current Smokers<br>With No Intent to<br>Quit |
|---|---|----------------|---|----------------------|--------------------|---|--|
| Total Quotas                            |   | 1000           | 1000                                      | 1000                 | 1000               | 1500                                      | 1500   |
| Gender                                  | Male  | 410            | 410                                       | 520                  | 510                | 735                                       | 765  |
|   | Female  | 590            | 590                                       | 480                  | 490                | 765                                       | 735  |
| Oversample<br>Age                       | 21 to 25  |                | 1000                                      |                      |                    |   |  |
| Age                                     | 21-24   | 130            |   | 10                   | 115                | 150                                       | 120  |
|   | 25-44   | 320            |   | 270                  | 425                | 645                                       | 550  |
|   | 45-64   | 310            |   | 50                   | 310                | 675                                       | 595  |
|   | 65+   | 240            |   | 670                  | 150                | 30  | 235  |
| Race/<br>Ethnicity                      | White, Non-Hispanic                                 | 660            | 660                                       | 820                  | 710                | 1065                                      | 1140   |
|   | Black, Non-Hispanic                                 | 120            | 120                                       | 70                   | 110                | 225                                       | 180  |
|   | Asian, Non-Hispanic                                 | 60             | 60  | 30                   | 40                 | 45  | 30   |
|   | American Indian/<br>Alaska Native, Non-<br>Hispanic | 10             | 10  | 5                    | 5                  | 30  | 15   |
|   | Hispanic  | 140            | 140                                       | 70                   | 130                | 120                                       | 120  |
|   | Non-Hispanic<br>Multi-race                          | 10             | 10  | 5                    | 5                  | 15  | 15   |
| US Census<br>Regions                    | Northeast   | 165            | 165                                       | 200                  | 125                | 240                                       | 225  |
|   | Midwest   | 210            | 210                                       | 230                  | 280                | 390                                       | 420  |
|   | South   | 355            | 355                                       | 310                  | 360                | 555                                       | 525  |
|   | West  | 270            | 270                                       | 260                  | 235                | 315                                       | 330  |

| ALL QUOTAS PER CONCEPT<br>CELLS 4 & 5 |   | Never Users | Never Users<br>Oversample<br>Age 21 to 25 | Long-Term<br>Quitter | Recent<br>Quitters | Current<br>Smokers With<br>Intent to Quit | Current Smokers<br>With No Intent to<br>Quit |
|---------------------------------------|---|-------------|---|----------------------|--------------------|---|--|
| Total Quotas                          |   | 500         | 500                                       | 500                  | 500                | 750                                       | 750  |
| Gender                                | Male  | 205         | 205                                       | 260                  | 255                | 368                                       | 383  |
|                                       | Female  | 295         | 295                                       | 240                  | 245                | 383                                       | 368  |
| Oversample<br>Age                     | 21 to 25  |             | 500                                       |                      |                    |   |  |
| Age                                   | 21-24   | 65          |   | 5                    | 57                 | 75  | 60   |
|                                       | 25-44   | 160         |   | 135                  | 213                | 322                                       | 275  |
|                                       | 45-64   | 155         |   | 25                   | 155                | 338                                       | 298  |
|                                       | 65+   | 120         |   | 335                  | 75                 | 15  | 117  |
| Race/<br>Ethnicity                    | White, Non-Hispanic                                 | 330         | 330                                       | 410                  | 355                | 533                                       | 570  |
|                                       | Black, Non-Hispanic                                 | 60          | 60  | 35                   | 55                 | 112                                       | 90   |
|                                       | Asian, Non-Hispanic                                 | 30          | 30  | 15                   | 20                 | 23  | 15   |
|                                       | American Indian/<br>Alaska Native, Non-<br>Hispanic | 5           | 5   | 3                    | 3                  | 15  | 8  |
|                                       | Hispanic  | 70          | 70  | 35                   | 65                 | 60  | 60   |
|                                       | Non-Hispanic<br>Multi-race                          | 5           | 5   | 2                    | 2                  | 7   | 7  |
| US Census<br>Regions                  | Northeast   | 83          | 82  | 100                  | 62                 | 120                                       | 112  |
|                                       | Midwest   | 105         | 105                                       | 115                  | 140                | 195                                       | 210  |
|                                       | South   | 178         | 178                                       | 155                  | 180                | 278                                       | 263  |
|                                       | West  | 135         | 135                                       | 130                  | 118                | 157                                       | 165  |

#### [WELCOME SCREEN]

- # INT) Welcome. You're invited to participate in this research survey about [consumer products](#).  
This survey will take [approximately 15-17 minutes](#) to complete.
- Individual answers will be kept strictly confidential and used for marketing research purposes only.
  - Use the "forward arrow" button on the bottom of each page to move within the survey.
  - Answer every question to the best of your ability. There are no right or wrong answers; we are only interested in your opinions.

**To start your survey, click on the "forward arrow" button below.**

- # QS1) Thanks for taking the time to participate in our survey. Your responses provided in this survey will only be used in connection with this research project and will not be shared with any third parties. Thank you in advance for your thoughtful input.

- # QICF) **[INSERT INFORMED CONSENT SCREEN – TERMINATE IF RESPONDENT SELECTS 2 “No – do not voluntarily participate”]**

- # QS2) What is your 5-digit zip code?

- # CENSUSSTATE) State **[SET FROM ZIP CODE DB LOOKUP]**

- # CENSUSREG) Region **[SET FROM ZIP CODE DB LOOKUP]**
- Northeast..... 1
  - Midwest ..... 2
  - South ..... 3
  - West ..... 4

**[CHECK QUOTAS; IF FULL, TERM AND SKIP TO END; OTHERWISE CONTINUE]**

- # CENSUSDIV) Division **[SET FROM ZIP CODE DB LOOKUP]**
- New England ..... 1
  - Middle Atlantic ..... 2
  - East North Central ..... 3
  - West North Central ..... 4
  - South Atlantic ..... 5
  - East South Central ..... 6
  - West South Central ..... 7
  - Mountain..... 8
  - Pacific..... 9

- # QS6) Are you...?
- Male..... 1
  - Female ..... 2

[CHECK QUOTAS; IF FULL, TERM AND SKIP TO END; OTHERWISE CONTINUE]

# QS7) What is your age? [ ]  
[EDIT: 10 – 99]

[IF AGE 21+ CONTINUE; OTHERWISE TERMINATE AND SKIP TO END]

# QS8) To confirm, what is your date of birth? [MONTH] [DAY] [YEAR]  
MIN/MAX CHARS: [2] [2] [4]

[CALCULATE AGE AND VALIDATE BACK TO ENTRY AT QS7. IF AGE IS NOT EQUAL, ASK:  
“You mentioned that you were [INSERT AGE FROM QS7] but your date of birth indicates that you are  
[INSERT CALCULATED AGE IN YEARS FROM QS8]. Is the birthdate that you entered correct? Yes/No.  
IF YES, DATAWRITE QS7 WITH CORRECT AGE AND CONTINUE TO QS9. IF NO, TRIGGER ERROR  
MESSAGE TO RE-ENTER DOB. IF VALIDATION FAILS TWICE, TERMINATE.]

# AGEGRP) [PUNCH AGEGRP BASED ON EXACTAGE]  
[HIDDEN QUESTION. PUNCH BASED ON EXACT AGE CALCULATION FROM QS8]

[21-24 years .....1  
25-44 years .....2  
45-64 years .....3  
65+ years .....4

[CHECK QUOTAS; IF FULL, TERM AND SKIP TO END; OTHERWISE, CONTINUE]

# QS9) Are you of Hispanic or Latino origin?  
Yes .....1  
No .....2

# QS10) With which of the following do you most closely identify?  
Caucasian/White .....1  
Black/African American .....2  
Hispanic (e.g., Latin American, Mexican, Puerto Rican, Cuban) .....3  
Asian or Pacific Islander .....4  
Native American or Alaskan Native .....5  
Multi-racial background .....6  
Another ethnic background .....7

# S10a) [PUNCH ETHNICITY FROM QS9 AND QS10]

IF QS9 = 1 OR IF QS10 = 3, PUNCH 5  
IF QS9 = 2 AND QS10 = 1, PUNCH 1  
IF QS9 = 2 AND QS10 = 2, PUNCH 2  
IF QS9 = 2 AND QS10 = 4, PUNCH 3  
IF QS9 = 2 AND QS10 = 5, PUNCH 4  
IF QS9 = 2 AND QS10 = 6, PUNCH 6  
IF QS9 = 2 AND QS10 = 7, PUNCH 6

White, Non-Hispanic .....1  
Black, Non-Hispanic .....2  
Asian, Non-Hispanic .....3  
American Indian or Alaskan Native, Non-Hispanic .....4  
Hispanic .....5  
Non-Hispanic, Multi-race, Other .....6]

[CHECK ETHNICITY QUOTAS, IF FILLED, TERMINATE AND SKIP TO END; OTHERWISE, CONTINUE]

- # QS11) Do you, or does anyone in your household, work in or go to school for any of the following? Please select all that apply.
- [RANDOMIZE LIST]..... [M]**
- Advertising.....1
  - Market Research .....2
  - Health / Medical Industry .....3
  - Journalism .....4
  - Public Relations.....5
  - Manufacture, sale or distribution of tobacco products .....6
  - Marketing.....7
  - Political Lobbying / Legal Field .....8
  - Newsagent / Supermarket / Cash & Carry retailing .....9
  - None of these **[ANCHOR] [EXCLUSIVE]** .....10
- [IF QS11 = 1-8, TERMINATE AND SKIP TO END, OTHERWISE CONTINUE]**
- # QS12) Have you ever participated in a market research survey?
- Yes .....1
  - No .....2
- [ASK QS13 IF QS12= 1 (YES); OTHERWISE SKIP TO QS14]**
- # QS13) Approximately how long ago did you take a survey on each of these?
- [RANDOMIZE LIST]**
- Laundry Detergent.....1
  - Fast Food Restaurants .....2
  - Tobacco Products.....3
  - Bottled Water.....4
- [SCALE:]**
- Within the last 3 months .....1
  - 3 to 6 months ago.....2
  - 6 to 12 months ago.....3
  - Over 12 months ago.....4
  - Never.....6
  - Don't know / Not sure .....5
- [IF QS13 = 1 (P3MO FOR TOBACCO), TERMINATE AND SKIP TO END, OTHERWISE CONTINUE]**
- [ASK QS14 & QS15 IF QS6 = 2 (FEMALE); OTHERWISE, SKIP TO QS16]**
- # QS14) Are you currently pregnant?
- Yes .....1
  - No .....2
- [IF QS14 = 1 (YES), TERMINATE AND SKIP TO END, OTHERWISE CONTINUE]**
- # QS15) Are you currently breastfeeding?
- Yes .....1
  - No .....2
- [IF QS15 = 1 (YES), TERMINATE AND SKIP TO END, OTHERWISE CONTINUE]**
- # QS16) Do you currently smoke cigarettes...?
- Every day.....1
  - Some days.....2
  - Not at all .....3
- # QS17) Have you ever smoked 100 cigarettes or more in your life?
- Yes .....1
  - No .....2

**[TOBACCO USAGE QUOTA GROUP CLASSIFICATION:**

**IF QS16=1 OR 2 (EVERY DAY OR SOME DAYS) AND QS17=1 (YES), CLASSIFY AS "CURRENT SMOKERS."**

**IF QS16=3 (NOT AT ALL) AND QS17=1 (YES), CLASSIFY AS "FORMER SMOKERS"**

**IF QS16=1 OR 2 (EVERY/SOME DAYS) AND QS17=2 (NO), CLASSIFY AS "EXPERIMENTAL CURRENT SMOKERS"**

**IF QS16=3 (NOT AT ALL) AND QS17=2 (NO), CLASSIFY AS "NEVER SMOKERS."**

**IF "EXPERIMENTAL CURRENT SMOKERS," TERMINATE; OTHERWISE, CONTINUE.]**

# QS18) To confirm, please indicate which of these you have used in the past 30 days. Select **all** that apply.  
[RANDOMIZE LIST]

|   | Used in the<br>past 30 days |
|---|-----------------------------|
| Cigarettes (Marlboro, Camel, Newport, etc.)                                   | 1                           |
| Electronic cigarettes/E-cigarettes/Vapor products                             | 2                           |
| Loose tobacco to roll your own cigarettes                                     | 3                           |
| Loose leaf chewing tobacco (Red Man, Levi Garrett, etc.)                      | 4                           |
| Moist snuff or dip in a can (Skoal, Copenhagen, etc.)                         | 5                           |
| Large cigars, little cigars or cigarillos                                     | 6                           |
| Nicotine replacement therapies such as patches, gum,<br>lozenges, or inhalers | 7                           |
| Other tobacco or nicotine-based product(s)                                    | 98                          |
| None of these [ANCHOR] [EXCLUSIVE]  | 99                          |

[IF QG=NEVER USERS, SKIP TO QINT]

[IF QG=FORMER SMOKERS, ASK QS19; OTHERWISE, SKIP TO QS20.]

[IF QG= CURRENT SMOKERS AND QS18 DOES NOT EQUAL CODE 1 (CIGARETTES), ASK QS18a; OTHERWISE, SKIP TO QS20.]

# QS18a) Just to confirm, have you smoked cigarettes in the past 30 days?

Yes ..... 1  
No ..... 2

[IF QS18a=2 (NO) TERMINATE; OTHERWISE AUTOCODE QS18 = CODE 1 (CIGARETTES) AND CONTINUE.]

# QS19) For how long have you quit smoking cigarettes now?

Less than 2 weeks ..... 1  
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 ago to less than 5 years ago ..... 6  
5 years to less than 15 years ago ..... 7  
15 or more years ago ..... 8

[FORMER SMOKER SUBQUOTA CLASSIFICATION:

IF QS19=1 – 5 (WITHIN PAST YEAR), CLASSIFY AS “RECENT QUITTERS.”

IF QS19=6 – 8 (1+ YEAR AGO), CLASSIFY AS “LONG-TERM QUITTERS.”]

[IF QG=CURRENT SMOKERS, ASK QS20-QS29; OTHERWISE, SKIP TO QINT]

[DISPLAY QS20 AND QS22 ON ONE SCREEN]

# QS20) Which brand of cigarettes do you, yourself, buy and smoke most often?

[INSERT CIGARETTE BRAND LIST]

[OMIT QS21] [CHECK VALID FLAVOR BACK TO BRAND FAMILY LIST]

# QS22) And is this usual brand...?

Menthol ..... 1  
Non-menthol ..... 2

# QS23) Approximately, how many cigarettes do you smoke each day? Please enter the **total** number of cigarettes you smoke **each day** on average. Your closest estimate is fine. One pack equals 20 cigarettes.

[.....]  
[EDIT: 1 – 99]

# QS24) In the last year, how many times have you quit smoking cigarettes for at least 24 hours?

Zero ..... 1  
One to two times ..... 2  
Three to four times ..... 3  
Five times or more ..... 4

# QS25) Are you seriously considering quitting smoking within the next **6 months**?

Yes ..... 1  
No ..... 2

**[CURRENT SMOKER SUBQUOTA CLASSIFICATION:  
IF QS25=1 (YES), CLASSIFY AS "CURRENT SMOKER – INTEND TO QUIT"  
IF QS25=2 (NO), CLASSIFY AS "CURRENT SMOKER – NO INTENT TO QUIT"]**

[OMIT QS25b]

**[ASK QS26 IF QS25 = YES; OTHERWISE, SKIP TO QS27.]**

# QS26) Are you planning to quit smoking in the next **30 days**?

Yes .....1  
No .....2

# QS27) When was the last time you seriously tried to quit smoking?

Less than 6 months ago .....1  
More than 6 months ago .....2  
Never .....3

# QS28) How concerned are you, if at all, about the effects of smoking on **your health**?

|                            |   |   |   |   |   |   |   |   |                   |
|----------------------------|---|---|---|---|---|---|---|---|-------------------|
| Not<br>Concerned<br>At All |   |   |   |   |   |   |   |   | Very<br>Concerned |
| 1                          | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10                |

# QS29) How concerned are you, if at all, about the effects of smoking on the **health of others**?

|                            |   |   |   |   |   |   |   |   |                   |
|----------------------------|---|---|---|---|---|---|---|---|-------------------|
| Not<br>Concerned<br>At All |   |   |   |   |   |   |   |   | Very<br>Concerned |
| 1                          | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10                |

**[CHECK ALL QUOTAS. IF QUOTA FULL, TERMINATE & SKIP TO END. OTHERWISE, CONTINUE.]**  
**[RANDOMLY ASSIGN RESPONDENT TO ONE CONCEPT QUOTA CELLS BASED ON GREATEST TOBACCO USAGE / DEMOGRAPHIC NEED ACROSS ALL CONCEPT/DEMO QUOTA GROUPS.]**  
**[EXCEPTION: IF QG=CURRENT SMOKER & QS20 = MARLBORO, DO NOT ASSIGN TO CELL 5 – CONTROL CELL B.]**

1. URGE
  2. CONSUMPTION
  3. LESS
  4. CONTROL CELL A
  5. CONTROL CELL B
- EACH RESPONDENT WILL SEE ONLY ONE CONCEPT.]**

**[END OF SCREENER]**

# QINT) Thank you for agreeing to participate in this important public health study. This study is about tobacco products, both those currently on the market as well as potential new products in development.

**[IF QG=FORMER SMOKER / NEVER USER:** We understand that you do not currently use tobacco products. This research is not being conducted to help a manufacturer market or promote a new product. Rather, this research is to help understand how the release of a new product might affect **health risk and harm reduction**. Gathering perceptions of non-users of tobacco products is extremely important for this research and we appreciate the time that you are taking to participate.]

# Q1c) **[ASK Q1c-Q1g IF QG = CURRENT SMOKER; OTHERWISE, SKIP TO Q1.]** These first few questions ask about the cigarette brand(s) you typically purchase. First, if the brand you buy most often, **[INSERT BRAND FROM QS20]** was not available, what **one other** cigarette brand would you buy?  
**[DISPLAY BRAND FAMILY AND FLAVOR QUESTIONS]**

[.....]  
**[2<sup>nd</sup> CHOICE BRAND CODE]**

# Q1d) What other tobacco cigarette brands have you bought **for yourself** in the **last 30 days**? Please select **up to 3** brands or select "None" in the first row.  
**[DISPLAY BRAND FAMILY AND FLAVOR QUESTIONS.]**

[.....]  
**[3<sup>rd</sup> CHOICE BRAND CODE]**  
 [.....]  
**[4<sup>th</sup> CHOICE BRAND CODE]**  
 [.....]

[CREATE EVOKED SET USING BRAND AND FLAVOR FROM QS20, Q1c, Q1d\_1, Q1d\_2, Q1d\_3; SET WILL INCLUDE UP TO 5 OPTIONS (A-E); WRITE NUMBER OF BRANDS IN THE EVOKED SET TO DATA.]

[IF MORE THAN ONE BRAND IN EVOKED SET, CONTINUE; OTHERWISE, SKIP TO Q.1]

- # Q1e) Now, you will see some brands of cigarettes, two at a time. Please divide 11 points between each pair of brands, considering everything you know about each brand. You can divide the points any way you like; just keep in mind that the two numbers you assign to the brands in each pair must add to 11. Always give the brand you prefer, for whatever reason, the larger of the two numbers.

[ON EACH SCREEN ASK: Please allocate 11 points to the following two brands.]

The [FIRST/NEXT] pair of brands is [ ] and [ ].

How many points would you give [ ]? How many points would you give [ ]?

[REPEAT FOR ALL COMPARISONS]

|          | # OF<br>POINTS           |          | # OF<br>POINTS           | TOTAL<br>POINTS<br>PER PAIR |
|----------|--------------------------|----------|--------------------------|-----------------------------|
| A. _____ | <input type="checkbox"/> | B. _____ | <input type="checkbox"/> | =11                         |
| B. _____ | <input type="checkbox"/> | C. _____ | <input type="checkbox"/> | =11                         |
| C. _____ | <input type="checkbox"/> | A. _____ | <input type="checkbox"/> | =11                         |
| D. _____ | <input type="checkbox"/> | B. _____ | <input type="checkbox"/> | =11                         |
| A. _____ | <input type="checkbox"/> | D. _____ | <input type="checkbox"/> | =11                         |
| D. _____ | <input type="checkbox"/> | C. _____ | <input type="checkbox"/> | =11                         |
| E. _____ | <input type="checkbox"/> | A. _____ | <input type="checkbox"/> | =11                         |
| B. _____ | <input type="checkbox"/> | E. _____ | <input type="checkbox"/> | =11                         |
| E. _____ | <input type="checkbox"/> | D. _____ | <input type="checkbox"/> | =11                         |
| C. _____ | <input type="checkbox"/> | E. _____ | <input type="checkbox"/> | =11                         |

[Q1f-Q1g ARE IN A GRID FORMAT.]

- # Q1f-g) These next two questions will sound very similar. However, the first question is asking how many times you purchase each brand of cigarettes in an average 30-day period. And, the second question is asking how many packs you purchase in an average 30-day period.

For each brand listed below, please indicate the number of times you buy this brand for yourself in an average 30-day period. If none, please enter "0".

Then, for each brand you buy, please indicate the number of packs you buy for yourself in an average 30-day period.

Remember, if you buy by the carton, please enter number of packs at this question - there are 10 packs in a carton.

[INSERT EACH BRAND IN EVOKED SET INTO THE GRID; IF 0 AT Q1f\_XX, DO NOT ACCEPT AN ANSWER ON Q1g\_XX FOR THAT BRAND; THE ANSWER AT Q1g\_XX MUST BE GREATER THAN OR EQUAL TO THE ANSWER AT Q1f\_XX; MIN = 0; MAX = 99]

|          | #<br>Q1f<br>Number of<br>times bought | #<br>Q1g<br>Number of<br>packs purchased |
|----------|---------------------------------------|--|
| A. _____ | _____                                 | _____                                    |
| B. _____ | _____                                 | _____                                    |
| C. _____ | _____                                 | _____                                    |
| D. _____ | _____                                 | _____                                    |
| E. _____ | _____                                 | _____]                                   |

**[PRODUCT CATEGORY REVIEW]**

# Q1) Please carefully read each of the following product descriptions.

**[DISPLAY ONE PRODUCT PER SCREEN WITH PRODUCT NAME AND DESCRIPTION. PLACE A MINIMUM 5-SECOND TIMER ON EACH PAGE. DISALLOW SELECTION OF THE 'NEXT' BUTTON FOR 5 SECONDS TO ALLOW PARTICIPANT TO THOROUGHLY REVIEW.] [DO NOT RANDOMIZE PRODUCT ORDER]**

|                                    |  |
|------------------------------------|--|
| Cigarettes                         | A cigarette is a narrow cylinder of finely cut tobacco leaves that are rolled into thin paper for smoking. The cigarette is ignited at one end, causing the cigarette to smolder and allowing smoke to be inhaled from the other end. Most modern manufactured cigarettes are filtered. Here are some examples of traditional cigarettes: <b>[DISPLAY PRODUCT IMAGE]</b> |
| E-Cigarettes                       | Electronic cigarettes, also known as e-cigarettes, e-vaporizers, or electronic nicotine delivery systems, are battery-operated devices that people use to inhale an aerosol, which typically contains nicotine (though not always), flavorings, and other chemicals. Here are some examples of e-cigarettes: <b>[DISPLAY PRODUCT IMAGE]</b>                              |
| Moist Snuff                        | Moist snuff is a smokeless tobacco product that is consumed by placing it into your mouth between the lip and the gum. You don't burn it, and users often spit when they use it. Here are some examples of moist snuff: <b>[DISPLAY PRODUCT IMAGE]</b>   |
| Nicotine Replacement Therapy (NRT) | Nicotine Replacement Therapy are products that contain nicotine but no tobacco and are used to help people quit cigarettes or other tobacco products. Nicotine Replacement Therapy products usually come in the form of gum, patches, inhalers, lozenges or tablets. Here are some examples of NRTs: <b>[DISPLAY PRODUCT IMAGE]</b>                                      |

# Q2) Considering everything you know or may have seen or heard, even if you have never used the product, please indicate how familiar you believe you are with each of these.

| <b>[DO NOT RANDOMIZE LIST]</b>   | Not At All Familiar | Not Very Familiar | Somewhat Familiar | Very Familiar | Extremely Familiar |
|--|---------------------|-------------------|-------------------|---------------|--------------------|
| Cigarettes (Marlboro, Camel, Newport, etc.)                                | 1                   | 2                 | 3                 | 4             | 5                  |
| Electronic cigarettes/E-cigarettes/Vapor products                          | 1                   | 2                 | 3                 | 4             | 5                  |
| Moist snuff or dip in a can (Skoal, Copenhagen, etc.)                      | 1                   | 2                 | 3                 | 4             | 5                  |
| Nicotine replacement therapies such as patches, gum, lozenges, or inhalers | 1                   | 2                 | 3                 | 4             | 5                  |



**[PRE-EXPOSURE HEALTH RISK PERCEPTION MEASUREMENT]**

**[ASK Q3a & Q3b FOR THESE FOUR PRODUCT CATEGORIES PER RESPONDENT. ENSURE REPRESENTATIVE DISTRIBUTION (ACROSS SMOKING STATUS) OF EACH PRODUCT CATEGORY USING LEAST FILL METHOD FOR A TOTAL OF 7000 EVALUATIONS PER PRODUCT CATEGORY.] [INSERT BRACKETED TEXT AS APPROPRIATE FOR EACH CATEGORY.]**

| CATEGORY # | CATEGORY  | TOTAL EVALUATIONS | EVALUATIONS PER CONCEPT CELL |
|------------|---|-------------------|------------------------------|
| 1          | Cigarettes (Marlboro, Camel, Newport, etc.)           | 7000              | 1400                         |
| 2          | Electronic cigarettes/E-cigarettes/Vapor products     | 7000              | 1400                         |
| 3          | Moist snuff or dip in a can (Skoal, Copenhagen, etc.) | 7000              | 1400                         |
| 4          | Nicotine Replacement Therapies                        | 7000              | 1400                         |

# Q3a) The next questions ask for your views about the health and addiction risks of [INSERT CATEGORY].

After reading each question, select the answer that best reflects how you feel, keeping in mind that there are no right or wrong answers. Please answer all questions. If you are unsure about how to answer a question, give the best answer that you can.

Taking into consideration everything you know about [INSERT CATEGORY], indicate what you believe is the risk of each of the following long-term or lifetime health-related issues because of [INSERT CATEGORY] [IF CATEGORY = 1-4: use].  
[RANDOMIZE LIST]

| Measurement: |  |               |           |                |        |
|--------------|--|---------------|-----------|----------------|--------|
| 1            | 2  | 3             | 4         | 5              | 99     |
| No Risk      | Low Risk   | Moderate Risk | High Risk | Very High Risk | Unsure |
| Scale:       |  |               |           |                |        |
| 1.           | Having a bad cough that lasts for days                                   |               |           |                |        |
| 2.           | Having poor gum health   |               |           |                |        |
| 3.           | Having lung cancer   |               |           |                |        |
| 4.           | Occasional wheezing (i.e., difficult breathing that produces a sound)    |               |           |                |        |
| 5.           | Having mouth or throat cancer  |               |           |                |        |
| 6.           | Aging faster (e.g., wrinkles on the face)                                |               |           |                |        |
| 7.           | Being sick with frequent minor illnesses (e.g., coughs and colds)        |               |           |                |        |
| 8.           | Having regular respiratory infections (e.g., bronchitis, pneumonia)      |               |           |                |        |
| 9.           | Having a serious illness (e.g., chest pain, vascular disorder, diabetes) |               |           |                |        |
| 10.          | Having reduced stamina   |               |           |                |        |
| 11.          | Having emphysema (i.e., serious lung disease)                            |               |           |                |        |
| 12.          | Having a cough early in the morning                                      |               |           |                |        |
| 13.          | Losing some sense of taste   |               |           |                |        |
| 14.          | Having heart disease   |               |           |                |        |
| 15.          | An earlier death   |               |           |                |        |
| 16.          | Having sores of the mouth or throat                                      |               |           |                |        |
| 17.          | Being physically unfit   |               |           |                |        |
| 18.          | Having other types of cancer (besides mouth, throat, or lung)            |               |           |                |        |

# Q3b) Now think about the **addiction risks** associated with [INSERT CATEGORY] [IF CATEGORY = 1-4: use].

Taking into consideration everything you know about [INSERT CATEGORY], indicate what you believe is the **risk** of each of the following long-term or lifetime **addiction-related** issues because of [INSERT CATEGORY] [IF CATEGORY = 1-4: use].  
[RANDOMIZE LIST]

| Measurement: |   |               |           |                |        |
|--------------|---|---------------|-----------|----------------|--------|
| 1            | 2   | 3             | 4         | 5              | 99     |
| No Risk      | Low Risk  | Moderate Risk | High Risk | Very High Risk | Unsure |
| 1.           | [ASK ALL EXCEPT CESSATION:] Being unable to quit [INSERT CATEGORY]  |               |           |                |        |
| 2.           | Being addicted to [INSERT CATEGORY]   |               |           |                |        |
| 3.           | Having to use [INSERT CATEGORY] to feel better  |               |           |                |        |
| 4.           | Feeling like you <b><u>have</u></b> to use [INSERT CATEGORY]  |               |           |                |        |
| 5.           | [ASK ALL EXCEPT CESSATION:] Feeling like you can't stop using [INSERT CATEGORY] even though you know it is not good for you |               |           |                |        |
| 6.           | [ASK ALL EXCEPT CESSATION:] Feeling unable to quit [INSERT CATEGORY]  |               |           |                |        |
| 7.           | [ASK FOR CESSATION ONLY:] Feeling anxiety when in a situation where people are using [INSERT CATEGORY]                      |               |           |                |        |

# Q7) Now think about **your personal intent to use** each of the following. By intent to use, we mean that you personally [IF NEVER / FORMER SMOKER: “, as a non-smoker,”] **now intend to use the product on a regular, ongoing basis**.

Overall, what is your current intent to use each of the following products **on a regular, ongoing basis**?

| [DO NOT RANDOMIZE]  | Definitely<br>Would<br>Not Use | Very<br>Unlikely | Somewhat<br>Unlikely | Somewhat<br>Likely | Very<br>Likely | Definitely<br>Would<br>Use |
|---|--------------------------------|------------------|----------------------|--------------------|----------------|----------------------------|
| 1. Cigarettes (Marlboro, Camel, Newport, etc.)                                | 1                              | 2                | 3                    | 4                  | 5              | 6                          |
| 2. Electronic cigarettes/E-cigarettes/Vapor products                          | 1                              | 2                | 3                    | 4                  | 5              | 6                          |
| 3. Moist snuff or dip in a can (Skoal, Copenhagen, etc.)                      | 1                              | 2                | 3                    | 4                  | 5              | 6                          |
| 4. Nicotine replacement therapies such as patches, gum, lozenges, or inhalers | 1                              | 2                | 3                    | 4                  | 5              | 6                          |

#### [CONCEPT EXPOSURE]

[SHOW Q8a IF CELL = 1, 2, OR 3]

[IF QG=CURRENT SMOKER AND S22=1 (MENTHOL) = SHOW MENTHOL IMAGES]

[IF QG=CURRENT SMOKER AND S22=2 (NON-MENTHOL) = SHOW NON-MENTHOL IMAGES]

[IF QG=FORMER SMOKER OR QG=NEVER USERS, SHOW HALF OF RESPONDENTS MENTHOL AND HALF OF RESPONDENTS NON-MENTHOL IMAGES AND SET QUOTAS BY FORMER SMOKERS OR NEVER SMOKERS (CONCEPT/CELL)]

# Q8a) A new tobacco product called VLN™ (Very Low Nicotine) is currently in development. Please read the entire description of VLN™ thoroughly, as the questions that follow will be related to this product concept.

**VLN™ and VLN™ menthol are 84-millimeter cigarettes (sometimes called “shorts,” “regulars” or “kings”) and are made with the same components found in commercial brands of cigarettes such as a filter, cigarette paper and tobacco. VLN™ and VLN™ menthol are manufactured in a manner similar to that of a typical cigarette.**

**The tobacco in VLN™ cigarettes is different than the tobacco used in most cigarette brands. VLN™ cigarettes are made from a tobacco plant that has been altered to contain much lower levels of nicotine than the tobacco used in traditional cigarettes.**

Click the “forward arrow” button [to continue](#).

# 8a1) Next you will see a 3D image of the product package. Once it loads, (please allow up to 1 minute) and don't close your browser), place your mouse pointer on the image and click and move it around to turn the package 360 degrees so you can view all sides. Once you have fully viewed the product press the “NEXT” button to continue back to the survey.

To proceed to the 3D image, press the “forward arrow” button.

# 8a2) [SEND RESPONDENT TO 3<sup>RD</sup> PARTY WEBSITE FOR VIEWING 3D AND RETURN BACK]

[SHOW Q8b IF CELL = CONTROL CELL A]

[IF QG=CURRENT SMOKER AND S22=1 (MENTHOL) = SHOW MENTHOL IMAGES]

[IF QG=CURRENT SMOKER AND S22=2 (NON-MENTHOL) = SHOW NON-MENTHOL IMAGES]

[IF QG=FORMER SMOKER OR QG=NEVER USERS, SHOW HALF OF RESPONDENTS MENTHOL AND HALF OF RESPONDENTS NON-MENTHOL IMAGES]

# Q8b) A new tobacco product called VLN™ is currently in development. Please read the entire description of VLN™ thoroughly, as the questions that follow will be related to this product concept.

**VLN™ and VLN™ menthol cigarettes are timeless originals. VLN™ combines Bright, Burley and Oriental tobaccos to create a rich, flavored blend legendary for its smoothness.**

Click the “forward arrow” button to continue.

# 8b1) Next you will see a 3D image of the product package. Once it loads, (please allow up to 1 minute) and don't close your browser), place your mouse pointer on the image and click and move it around to turn the package 360 degrees so you can view all sides. Once you have fully viewed the product press the “NEXT” button to continue back to the survey.

To proceed to the 3D image, press the “forward arrow” button.

# 8b2) [SEND RESPONDENT TO 3<sup>RD</sup> PARTY WEBSITE FOR VIEWING 3D AND RETURN BACK]

[SHOW Q8c IF CELL = CONTROL CELL B UNLESS QG=CURRENT SMOKER AND QS20=MARLBORO. DO NOT ASSIGN THESE RESPONDENTS TO CONTROL CELL B.]

[IF QG=CURRENT SMOKER AND Q20 ≠ MARLBORO OR QGFORMER SMOKER OR QG=NEVER USERS, SHOW HALF OF RESPONDENTS MENTHOL AND HALF OF RESPONDENTS NON-MENTHOL IMAGES]

# Q8c) Marlboro Gold is a conventional cigarette that is currently available to consumers. Please read the entire description of Marlboro Gold thoroughly, as the questions that follow will be related to this product concept.

**Marlboro Gold™ and Marlboro Gold™ menthol cigarettes are timeless originals. Marlboro Gold combines Bright, Burley and Oriental tobaccos to create a rich, flavored blend legendary for its smoothness.**

Click the “forward arrow” button to continue.

# Q9) On the next few screens you will see several additional images of the product package. Please review each image and click the “forward arrow” button to proceed to the next screen.

**[INSERT CONCEPT ASSIGNED TO RESPONDENT HERE: TEXT FOR REST OF THE SURVEY SHOULD BE THE SAME AS THE CONCEPT VIEWED PER CELL ASSIGNMENT AND MENTHOL/NON-MENTHOL SELECTION.] [KEEP FRONT & BACK IMAGE OPEN FOR MINIMUM OF 3 SECONDS BEFORE ALLOWING RESPONDENT TO CLOSE – DO NOT FORCE TIMER ON SIDE IMAGES.]**

[SHOW QCMP1 AND QCMP2 IF CELL = 1, 2, 3, or 4]

# QCMP1) If you were asked to describe [INSERT CONCEPT] to a friend or family member, what would you say? Please be specific.  
[OPEN TEXT. MAX CHARS=250.]

# QCMP2) What do you think are the benefits of [INSERT CONCEPT]? Please be specific.  
[OPEN TEXT. MAX CHARS=250.]

# QCMP3) What do you think are the health or addiction risks associated with [INSERT CONCEPT]? Please be specific.  
[OPEN TEXT. MAX CHARS=250.]

# QRE1\_1) Now that you have seen this product, the next section asks for your views about the long-term or lifetime **health or addiction risks** of smoking **[INSERT CONCEPT]**. These questions are the same as those you saw previously, but now we are asking about the **product you just reviewed**.

[INSERT REVIEW BUTTON "Click here to review the product"]

Taking into consideration everything you know about **[INSERT CONCEPT]**, indicate what you believe is the **risk** of each of the following long-term or lifetime **health-related** issues because of smoking **[INSERT CONCEPT]**.  
**[RANDOMIZE LIST SAME ORDER AS Q3A]**

| Measurement:  |          |               |           |                |        |
|---|----------|---------------|-----------|----------------|--------|
| 1   | 2        | 3             | 4         | 5              | 99     |
| No Risk   | Low Risk | Moderate Risk | High Risk | Very High Risk | Unsure |
| <b>Scale:</b>   |          |               |           |                |        |
| 1. Having a bad cough that lasts for days                                   |          |               |           |                |        |
| 2. Having poor gum health   |          |               |           |                |        |
| 3. Having lung cancer   |          |               |           |                |        |
| 4. Occasional wheezing (i.e., difficult breathing that produces a sound)    |          |               |           |                |        |
| 5. Having mouth or throat cancer  |          |               |           |                |        |
| 6. Aging faster (e.g., wrinkles on the face)                                |          |               |           |                |        |
| 7. Being sick with frequent minor illnesses (e.g., coughs and colds)        |          |               |           |                |        |
| 8. Having regular respiratory infections (e.g., bronchitis, pneumonia)      |          |               |           |                |        |
| 9. Having a serious illness (e.g., chest pain, vascular disorder, diabetes) |          |               |           |                |        |
| 10. Having reduced stamina  |          |               |           |                |        |
| 11. Having emphysema (i.e., serious lung disease)                           |          |               |           |                |        |
| 12. Having a cough early in the morning                                     |          |               |           |                |        |
| 13. Losing some sense of taste  |          |               |           |                |        |
| 14. Having heart disease  |          |               |           |                |        |
| 15. An earlier death  |          |               |           |                |        |
| 16. Having sores of the mouth or throat                                     |          |               |           |                |        |
| 17. Being physically unfit  |          |               |           |                |        |
| 18. Having other types of cancer (besides mouth, throat, or lung)           |          |               |           |                |        |

# QRE1\_2) Now think about the **addiction risks** associated with smoking **[INSERT CONCEPT]**.

Taking into consideration everything you know about **[INSERT CONCEPT]**, indicate what you believe is the **risk** of each of the following long-term or lifetime **addiction-related** issues because of smoking **[INSERT CONCEPT]**.  
**[RANDOMIZE LIST SAME ORDER AS Q3B]**

| Measurement:   |          |               |           |                |        |
|--|----------|---------------|-----------|----------------|--------|
| 1  | 2        | 3             | 4         | 5              | 99     |
| No Risk  | Low Risk | Moderate Risk | High Risk | Very High Risk | Unsure |
| <b>Scale:</b>  |          |               |           |                |        |
| 1. Being unable to quit smoking <b>[INSERT CONCEPT]</b>  |          |               |           |                |        |
| 2. Being addicted to <b>[INSERT CONCEPT]</b>   |          |               |           |                |        |
| 3. Having to smoke <b>[INSERT CONCEPT]</b> to feel better  |          |               |           |                |        |
| 4. Feeling like you <b>have</b> to smoke <b>[INSERT CONCEPT]</b>   |          |               |           |                |        |
| 5. Feeling like you can't stop smoking <b>[INSERT CONCEPT]</b> even though you know it is not good for you               |          |               |           |                |        |
| 6. Feeling unable to quit smoking <b>[INSERT CONCEPT]</b>  |          |               |           |                |        |
| 7. <b>[DO NOT ASK POST-EXPOSURE]</b> Feeling anxiety when in a situation where people are using <b>[INSERT CATEGORY]</b> |          |               |           |                |        |

# QRE1a) After reviewing this product and the possible **health or addiction risks** to you, personally, of using this product, how do you think **[INSERT CONCEPT]** compares to **[INSERT OTHER PRODUCT CATEGORY SELECTED FOR Q3]**?

|                         | No Risk Compared to <b>[INSERT CATEGORY FROM Q3]</b> | Low Risk Compared to <b>[INSERT CATEGORY FROM Q3]</b> | Moderate Risk Compared to <b>[INSERT CATEGORY FROM Q3]</b> | High Risk Compared to <b>[INSERT CATEGORY FROM Q3]</b> | Very High Risk Compared to <b>[INSERT CATEGORY FROM Q3]</b> | Don't Know |
|-------------------------|--|---|--|--|---|------------|
| <b>[INSERT CONCEPT]</b> | 1  | 2   | 3  | 4  | 5   | 99         |

# QIU1) Now think about your personal intent to use **[INSERT CONCEPT]**. By intent to use, we mean that you personally **[IF NEVER / FORMER SMOKER: “, as a non-smoker,”] *now intend to smoke [INSERT CONCEPT] on a regular, ongoing basis.***

Overall, what is your intent to smoke **[INSERT CONCEPT] *on a regular, ongoing basis?***

|                         | Definitely Would Not Use | Very Unlikely | Somewhat Unlikely | Somewhat Likely | Very Likely | Definitely Would Use |
|-------------------------|--------------------------|---------------|-------------------|-----------------|-------------|----------------------|
| <b>[INSERT CONCEPT]</b> | 1                        | 2             | 3                 | 4               | 5           | 6                    |

#### [KEY PURCHASE DRIVERS]

**[FORMAT Q11-Q14 WITH ANSWER BUTTONS HORIZONTALLY WITH NEGATIVE OPTIONS TO THE LEFT]  
[IF RESPONDENT SAW MENTHOL IMAGE IN Q8A, B, OR C, SHOW MENTHOL IMAGE IN Q10/Q11/Q12/Q13/Q14] [IF RESPONDENT SAW NON-MENTHOL IMAGE IN Q8A, B, OR C, SHOW NON-MENTHOL IMAGE IN Q10/Q11/Q12/Q13/Q14]**

# Q10) For the remainder of the survey please assume that **[INSERT CONCEPT]** is available where you shop.

[INSERT REVIEW BUTTON “Click here to review the product package.”]

#### [PREPI]

# Q11) How likely would you be to **buy [INSERT CONCEPT]**? Assume it's priced equivalently to a pack of cigarettes.

Definitely Would.....5  
Probably Would .....4  
Might or Might Not .....3  
Probably Would Not.....2  
Definitely Would Not.....1

|                      |                    |                    |                |                  |
|----------------------|--------------------|--------------------|----------------|------------------|
| Definitely Would Not | Probably Would Not | Might or Might Not | Probably Would | Definitely Would |
|----------------------|--------------------|--------------------|----------------|------------------|

#### [PRELIKE]

# Q12) How well do you think you might **like [INSERT CONCEPT]**?

[INSERT REVIEW BUTTON “Click here to review the product package.”]

Extremely Well.....6  
Very Much .....5  
Quite Well .....4  
Somewhat.....3  
Slightly .....2  
Not At All .....1

#### [PREDIFF]

# Q13) How **different** is **[INSERT CONCEPT]** from other tobacco products you have seen?

[INSERT REVIEW BUTTON “Click here to review the product package.”]

Extremely Different.....5  
Very Different.....4  
Somewhat Different .....3  
Not Very Different.....2  
Not Different At All .....1

**[PREIMP]**

# Q14) How **important** are the **benefits** of **[INSERT CONCEPT]** to you?

[INSERT REVIEW BUTTON "Click here to review the product package."]

Extremely Important .....6  
 Very Important .....5  
 Quite Important .....4  
 Somewhat Important .....3  
 Slightly Important .....2  
 Not At All Important .....1

**[PURCHASE DYNAMICS]**

**[IF QG=FORMER OR NEVER SMOKER, SKIP TO RE2a.]**

**[IF QG=CURRENT SMOKERS AND Q11 = 5, 4 OR 3 (POSITIVE OR NEUTRAL PI), CONTINUE; OTHERWISE, SKIP TO Q30]**

**[INSERT VLN MENTHOL FOR TEST BRAND IF QS22=1 (MENTHOL); INSERT VLN NON-MENTHOL IF QS22=2 (NON-MENTHOL)]**

# Q16a) Again, you will see some brands of cigarettes two at a time. Please divide **11** points between each pair of brands, considering everything you know about each brand. You can divide the points any way you like, just keep in mind that the two numbers you assign to the brands in each pair must add to **11**. Always give the brand you prefer most, for whatever reason, the larger of the two numbers.

**[ON EACH SCREEN ASK: Please allocate 11 points to the following two brands.]**

The **[FIRST/NEXT]** pair of brands is **[\_\_\_\_\_]** and **[\_\_\_\_\_]**.

How many points would you give **[\_\_\_\_\_]**? How many points would you give **[\_\_\_\_\_]**?

**[DISPLAY BRANDS IN EVOKED SET PLUS CONCEPT] [REPEAT FOR ALL COMPARISONS]**

|                               | # OF<br>POINTS           |                              | # OF<br>POINTS           | TOTAL<br>POINTS<br>PER PAIR |
|-------------------------------|--------------------------|------------------------------|--------------------------|-----------------------------|
| H. <b>[TEST BRAND ]</b> _____ | <input type="checkbox"/> | B. _____                     | <input type="checkbox"/> | =11                         |
| C. _____                      | <input type="checkbox"/> | H. <b>[TEST BRAND]</b> _____ | <input type="checkbox"/> | =11                         |
| H. <b>[TEST BRAND]</b> _____  | <input type="checkbox"/> | E. _____                     | <input type="checkbox"/> | =11                         |
| H. <b>[TEST BRAND]</b> _____  | <input type="checkbox"/> | D. _____                     | <input type="checkbox"/> | =11                         |
| H. <b>[TEST BRAND]</b> _____  | <input type="checkbox"/> | A. _____                     | <input type="checkbox"/> | =11 ]                       |

**[NEXT 4 WEEK PURCHASES]**

# Q19) Please assume that **[INSERT CONCEPT]** is available where you normally purchase your tobacco and/or nicotine-replacement products.

Now, thinking about tobacco and nicotine-replacement products, over the **next 4 weeks** of purchases you make, how many would be for the following? If you're not sure, enter your best estimate.

**[INCLUDE PRODUCTS MENTIONED AT QS18; EDIT EACH 0-99; ALLOW BLANKS]**  
**[SHOW RUNNING TOTAL]**

| <b>[DO NOT RANDOMIZE LIST]</b>   | <b># Purchase in Next 4<br/>Weeks</b> |
|--|---------------------------------------|
| Cigarettes (Marlboro, Camel, Newport, etc.)                                | <input type="text"/>                  |
| Electronic cigarettes/E-cigarettes/Vapor products                          | <input type="text"/>                  |
| Loose tobacco to roll your own cigarettes                                  | <input type="text"/>                  |
| Loose leaf chewing tobacco (Red Man, Levi Garrett, etc.)                   | <input type="text"/>                  |
| Moist snuff or dip in a can (Skoal, Copenhagen, etc.)                      | <input type="text"/>                  |
| Large cigars, little cigars or cigarillos                                  | <input type="text"/>                  |
| Nicotine replacement therapies such as patches, gum, lozenges, or inhalers | <input type="text"/>                  |
| Other tobacco or nicotine-based product(s)                                 | <input type="text"/>                  |
| <b>[INSERT CONCEPT]</b>  | <input type="text"/>                  |
| None of these <b>[ANCHOR] [EXCLUSIVE]</b>                                  | 99                                    |

**[SUBSTITUTABILITY]**  
**[POSUB1-POSUBn]**

- # Q20) Would your purchase(s) of **[INSERT CONCEPT]** replace any tobacco or nicotine-replacement products that you currently use?
- [RANDOMIZE]**
- No, I would just buy **[INSERT CONCEPT]** in addition to my current products.....1
- Yes, buying **[INSERT CONCEPT]** would result in fewer purchases of other tobacco or nicotine-replacement products.....2

**[IF Q20=2 (YES, BUYING WOULD REDUCE TOBACCO PURCHASES), ASK Q21; OTHERWISE SKIP TO Q30]**

- # Q21) Which tobacco or nicotine-replacement products would you cut back on, as a result of buying **[INSERT CONCEPT]**? Select **all** that apply.

**[INCLUDE ANSWERS FROM QS18]** **[M]**

Cigarettes (Marlboro, Camel, Newport, etc.) .....1

Electronic cigarettes/E-cigarettes/Vapor products .....2

Loose tobacco to roll your own cigarettes.....3

Loose leaf chewing tobacco (Red Man, Levi Garrett, etc.) .....4

Moist snuff or dip in a can (Skoal, Copenhagen, etc.) .....5

Large cigars, little cigars or cigarillos .....7

Nicotine replacement therapies such as patches, gum, lozenges, or inhalers.....8

Other tobacco or nicotine-based product(s).....98

**[ASK Q30 IF QG=CURRENT SMOKERS; OTHERWISE SKIP TO QRE2a.]**  
**[FEELINGS ABOUT TOBACCO USE]**

- # Q30) How much do you **agree or disagree** with each of the following statements?

**[RANDOMIZE LIST]**

|  | Disagree Strongly | Disagree Somewhat | Neither Agree Nor Disagree | Agree Somewhat | Agree Strongly |
|--|-------------------|-------------------|----------------------------|----------------|----------------|
| 1. Sometimes I worry if my tobacco / nicotine product use could hinder my professional success | 1                 | 2                 | 3                          | 4              | 5              |
| 2. I enjoy using tobacco / nicotine products with my friends                                   | 1                 | 2                 | 3                          | 4              | 5              |
| 3. I hide my tobacco / nicotine use from non-users   | 1                 | 2                 | 3                          | 4              | 5              |
| 4. My tobacco / nicotine use causes tension in my family life                                  | 1                 | 2                 | 3                          | 4              | 5              |
| 5. I do not feel ashamed about my tobacco / nicotine product use                               | 1                 | 2                 | 3                          | 4              | 5              |
| 6. My tobacco / nicotine product use is no one's business but my own                           | 1                 | 2                 | 3                          | 4              | 5              |
| 7. Nicotine without tobacco has no appeal to me  | 1                 | 2                 | 3                          | 4              | 5              |

**[ASK ALL QRE2a AND QIU2]**

- # QRE2a) After reviewing this potential new product and the related risks of use, how do you think **[INSERT CONCEPT]** compares to **[INSERT OTHER PRODUCT CATEGORY SELECTED FOR Q3]**?

|                         | No Risk Compared to <b>[INSERT Q3]</b> | Low Risk Compared to <b>[INSERT Q3]</b> | Moderate Risk Compared to <b>[INSERT Q3]</b> | High Risk Compared to <b>[INSERT Q3]</b> | Very High Risk Compared to <b>[INSERT Q3]</b> | Don't Know |
|-------------------------|--|---|--|--|---|------------|
| <b>[INSERT CONCEPT]</b> | 1                                      | 2                                       | 3  | 4  | 5   | 99         |

# QIU2) By intent to use, we mean that you personally **[IF NEVER / FORMER SMOKER: “, as a non-smoker,”] now intend to use the product on a regular, ongoing basis.**

Overall, what is your current intent to use each of the following **on a regular, ongoing basis?**

| <b>[DO NOT RANDOMIZE LIST]</b>   | Definitely<br>Would<br><u>Not</u> Use | Very<br>Unlikely | Somewhat<br>Unlikely | Somewhat<br>Likely | Very<br>Likely | Definitely<br>Would<br>Use |
|--|---------------------------------------|------------------|----------------------|--------------------|----------------|----------------------------|
| Cigarettes (Marlboro, Camel, Newport, etc.)                                | 1                                     | 2                | 3                    | 4                  | 5              | 6                          |
| Electronic cigarettes/E-cigarettes/Vapor products                          | 1                                     | 2                | 3                    | 4                  | 5              | 6                          |
| Moist snuff or dip in a can (Skoal, Copenhagen, etc.)                      | 1                                     | 2                | 3                    | 4                  | 5              | 6                          |
| Nicotine replacement therapies such as patches, gum, lozenges, or inhalers | 1                                     | 2                | 3                    | 4                  | 5              | 6                          |
| <b>[INSERT CONCEPT]</b>  | 1                                     | 2                | 3                    | 4                  | 5              | 6                          |

## **[DEMOGRAPHICS]**

### **[MARITAL]**

# QD1) Which of the following best describes your marital status?

- Married or living with partner .....1  
 Single, never married .....2  
 Separated or divorced .....3  
 Widowed.....4  
 Prefer not to answer .....5

### **[HHSIZE]**

# QD2) Including yourself and any children of all ages, how many people currently live in your household?

- One.....1  
 Two.....2  
 Three .....3  
 Four .....4  
 Five or more .....5  
 Prefer not to answer .....6

**[IF QD2=2-5 ASK QD3; OTHERWISE SKIP TO QD4]**

### **[CHILD1-N] [ALLOW BLANK ANSWERS; IF ANY BLANKS THEN 0 FILL]**

# QD3) How many children younger than 18, if any, are there in your household? Please enter a number in **each** box. If none, enter 0.

- Younger than 6 years old ..... [ ]  
 Between 6 and 12 years old ..... [ ]  
 Between 13 and 17 years old ..... [ ]

### **[SCHOOL]**

# QD4) Which best represents the highest level of education that you completed?

- Some high school or less .....1  
 High school graduate.....2  
 Some college/Technical trade school.....3  
 College graduate .....4  
 Post-graduate school.....5  
 Prefer not to answer .....6

### **[EMPLOY]**

# QD5) Which of the following best describes your employment status?

- Employed full-time .....1  
 Employed part-time .....2  
 Homemaker .....3  
 Student .....4  
 Retired .....5  
 Unemployed .....6  
 Prefer not to answer .....7



[INCOME]

|   |      |   |   |
|---|------|---|---|
| # | QD6) | Which of the following groups represents your total annual household income before taxes? |   |
|   |      | Less than \$25,000 .....  | 1 |
|   |      | \$25,000 but less than \$35,000 .....   | 2 |
|   |      | \$35,000 but less than \$50,000 .....   | 3 |
|   |      | \$50,000 but less than \$75,000 .....   | 4 |
|   |      | \$75,000 but less than \$100,000 .....  | 5 |
|   |      | \$100,000 but less than \$150,000 .....   | 6 |
|   |      | \$150,000 or more .....   | 7 |
|   |      | Prefer not to answer .....  | 8 |

- # QDB) Thank you again for your time and participation. Before you close your browser or app, please review these reminders regarding the dangers of tobacco use.
- Smoking causes serious and fatal diseases such as lung cancer, heart disease and emphysema in smokers. Smokers are far more likely to develop serious diseases like lung cancer than non-smokers.
  - Cigarette smoking during pregnancy is associated with increased risk of pregnancy complications, spontaneous abortion, low birth weight infants, and stillbirth.
  - Cigarette smoking is addictive. It can be very difficult to quit smoking, but this should not deter adult smokers who want to quit from trying to do so.
  - There is no such thing as a safe cigarette.
  - **[IF VIEWING MRTP (CELLS 1, 2, 3):** Modified Risk Tobacco Products or MRTPs like what you have reviewed today have not been shown to be safer than smoking conventional cigarettes and MRTPs should not be viewed as an alternative to quitting smoking.
  - Anything communicated during this research is not in any way intended to promote smoking, to promote a particular MRTP or to promote MRTPs in general.]

## INFORMED CONSENT TO TAKE PART IN A QUANTITATIVE STUDY

### to Develop VLN Cigarettes Consumer Messaging

Please review this screen carefully before continuing. When you believe you understand the purpose of this study and you agree to take part, select “Yes – I agree to participate in this research” and click the “forward arrow” button to continue.

**M/A/R/C® Research** is conducting a public health research study with current smokers, former smokers and people who have never smoked cigarettes to help understand how the release of a new product might affect the *greater public health*. Also, to develop product messages for modified risk tobacco products (MRTPs). MRTPs are new tobacco products for existing smokers. This research is about various tobacco products including a new MRTP product.

If you participate in this survey, you will read and respond to questions about various tobacco products. You will not be asked to smoke or otherwise try any tobacco products, the new MRTP product, and no promotion of any tobacco brand or product will occur. You will be compensated **the amount you were offered prior to entering the survey** for participating in this survey.

Some sensitive information (Confidential Information) about the product may be shared. Any confidential information **may not be disclosed** to anyone outside of this research. Your input will be analyzed as part of a broader study where your specific opinions will be anonymous relative to thousands of other participants.

Using tobacco products is known to cause disease and early death. Talking about tobacco products could cause you to crave tobacco. There is no direct benefit to you for taking part in this study, outside of the incentive paid for your time. It is your decision to take part in this research study. Participation is voluntary and you may change your mind and stop at any time.

By signing selecting “Yes – I agree to participate in this research” you:

- Are providing electronic confirmation that you have read and understand this Informed Consent Form & Confidentiality Declaration
- Have read and understand the purposes of this research
- Understand what will happen in this survey
- Understand the risks associated with the research
- Will be compensated for your participation

You should contact **(b) (6)** at **1-800-884-6272 (1425 Greenway Drive, Suite 300, Irving, TX 75038)** if you have questions or concerns after taking this survey.

Do you agree to participate in this study?

1. Yes – I voluntarily agree to participate in this study
2. No – I do not agree to participate in this study