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# POSTMARKET ADULT IQOS CONSUMER COHORT STUDY IN THE UNITED STATES (PMSS-COH-01-US)

## Appendix 2 – Follow-Up Surveys: Months 3, 6, 12, 18, & 24

**Study Title:** Postmarket Adult IQOS Consumer Cohort Study in the United States

**Protocol Number:** PMSS-COH-01-US

**Product Name:** *IQOS*

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## Postmarket Adult IQOS Consumer Cohort Study in the United States

### 1. Follow-up Survey Introduction (All Follow-ups)

<b><u>PROGRAMMER:</u></b> DISPLAY “ <b>HIGHLY CONFIDENTIAL</b> ” ON THE BOTTOM OF EACH PAGE.
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1. Thank you for participating in our two-year study about tobacco product use. You have already completed the first survey. This is the [INSERT: “2<sup>nd</sup>” for month 3; “3<sup>rd</sup>” for month 6; “4<sup>th</sup>” for month 12; “5<sup>th</sup>” for month 18; or “6<sup>th</sup>” for month 24.]

This survey will take you about 20 minutes to complete.

Your participation in this study is completely voluntary. You may choose to stop your participation at any time.

At times we will repeat questions that were asked in the last survey you completed for us. Please answer the questions as accurately as possible. If you don’t know the answer to a question or are unsure, please give use your best estimate.

### 2. IQOS Use (All Follow-Ups)

2. Please look at the image and read the brief description of the following tobacco product before you respond to the questions about it.

#### IQOS with [NAME]<sup>1</sup> heated tobacco sticks

- IQOS is a form of a heated tobacco product that heats the tobacco instead of burning it.
- A [NAME]<sup>1</sup> heated tobacco stick is put into an IQOS electronic holder. The holder heats tobacco in the [NAME]<sup>1</sup> heated tobacco stick to release a nicotine-containing aerosol without burning the tobacco.
- The holder can be recharged.
- This is **not** an electronic cigarette/e-vapor product.

[IMAGE PLACEHOLDER(s) for [NAME] heated tobacco stick types]

[IMAGE PLACEHOLDER(s) for IQOS HOLDER AND/OR CHARGER]

3. During the past [INSERT: “3” FOR MONTHS 3 AND “6” FOR MONTHS 12, 18, AND 24] months, have you used **IQOS** EVEN ONE TIME?

Yes.....    ☐ 1 [CONTINUE TO Q.4]

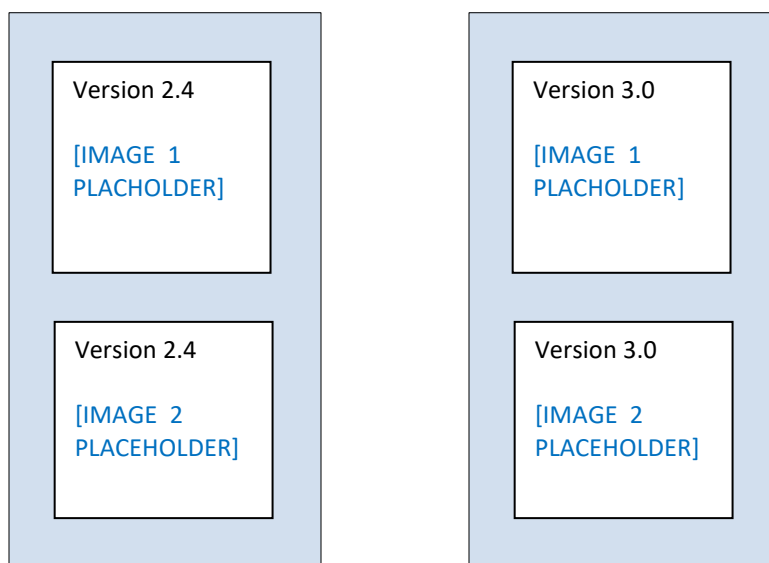
No.....     ☐ 2 [SKIP TO Q.11/CIGARETTE]

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4. Appearing below are images of the two types of IQOS devices and holders that have been available in the U.S. The original model, **Version 2.4**, appears on the **left**, and it has a switch that is **in line** with the length of the holder. The updated model, **Version 3.0**, appears on the **right**, and it has a switch that is **diagonal** to the length of the holder.

Which version of the holder have you EVER USED?

- Version 2.4 ..... ☐ 1  
Version 3.0 ..... ☐ 2  
Both..... ☐ 3



[ASK Q.5 IF AT BASELINE Q.19=2 AND 3/6 MONTHS FOLLOW UP Q.3=1 OR AT BASELINE Q.19=2 AND Q.5 LESS THAN “100 OR MORE” TO PREVIOUS SURVEY: OTHERWISE SKIP TO Q.6]\*

5. In your last survey you indicated having used [INSERT RANGE FROM LAST SURVEY] IQOOS [NAME]<sup>1</sup> in your ENTIRE LIFE. As of today, how many **IQOS** [NAME]<sup>1</sup> heated tobacco sticks have you used in your ENTIRE LIFE?  
[PROGRAMMING: DISPLAY RANGE OF ALL RESPONSES STARTING WITH THE RANGE THAT INCLUDES PARTICIPANT’S ANSWER IN PRIOR SURVEY.]

- Less than 1 or 1 ..... ☐ 1  
2 - 19 ..... ☐ 2  
20 - 49 ..... ☐ 3  
50 - 99 ..... ☐ 4  
100 or more ..... ☐ 5

**PROGRAMMING NOTE:**  
INSTRUCTION MUST BE IN COLOR  
AND READ: SELECT ONE ANSWER.  
IF YOU ARE UNSURE, GIVE US  
YOUR BEST ESTIMATE.

**\*\*“LESS THAN 100 OR MORE” ALSO INCLUDES THOSE RECEIVING THIS QUESTION FOR THE FIRST TIME WITHIN THIS CATEGORY (INSERT WOULD BE “0”). ONCE A PARTICIPANT REPORTS “100 OR MORE” TO THIS QUESTION, DO NOT NEED TO ASK IN ANY OTHER SUBSEQUENT WAVE.**

[ASK Q.6 IF “NO” TO PREVIOUS SURVEY: BASELINE, Q.21; FOLLOW UP, Q.6; OTHERWISE, SKIP TO Q.7]\*\*

6. Have you EVER used **IQOS** on a CONSISTENT BASIS? By consistent basis we mean using the product routinely or with some type of regularity. Examples might include using the product every day, a few times every week, only on the weekend, etc.

- Yes... ☐ 1 No... ☐ 2

**\*\*“NO” ALSO INCLUDES THOSE RECEIVING CONSISTENT BASIS QUESTION FOR THE FIRST TIME WITHIN THIS CATEGORY. ONCE A PARTICIPANT SAYS “YES” TO THIS QUESTION, DO NOT NEED TO ASK IN ANY OTHER SUBSEQUENT WAVE.**

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7. During the past 30 days, have you used **IQOS**, even once?

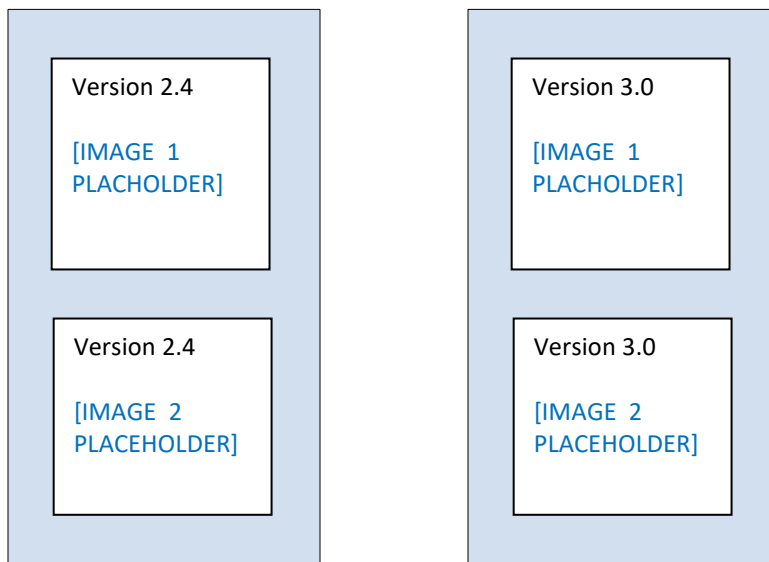
- Yes..... ☐ 1  
No..... ☐ 2

**CURRENT IQOS USE [Q.7 = “YES”]**

[CONTINUE WITH Q.8 IF Q.4 = 3; OTHERWISE, SKIP TO Q.9]

8. Which version of the holder do you **CURRENTLY USE**?

- Version 2.4 ..... ☐ 1  
Version 3.0 ..... ☐ 2  
Both..... ☐ 3



9. During the past 30 days, on how many days did you use IQOS?

[PROGRAMMER: USE DROP DOWN BOX: 1-30 Days; INSERT “DAY/DAYS” NEXT TO DROP DOWNBOX]

\_\_\_\_\_ Day/Days

10. During the past 30 days, on the days you used IQOS, how many IQOS **[NAME]<sup>1</sup>** heated tobacco sticks did you use per day, on average?

[PROGRAMMER: USE DROP DOWN BOX: “Less than 1” AS FIRST OPTION, THEN NUMERIC LIST OF 1-99; INSERT WORDS “STICKS PER DAY” NEXT TO DROP DOWN BOX]

\_\_\_\_\_ Sticks Per Day

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11. Which type(s) of IQOS [NAME]<sup>1</sup> heated tobacco sticks have you used in the past 30 days? (SELECT ALL THAT APPLY)  
[PROGRAMMING: RANDOMIZE RESPONSE OPTIONS AND SHOW TEXT UNDER IMAGES]

[IMAGE TYPE 1 PLACEHOLDER]	[STICK TYPE 1 TEXT] <sup>1</sup> ○	.....1
[IMAGE TYPE 2 PLACEHOLDER]	[STICK TYPE 2 TEXT] <sup>1</sup> ○	.....2
[IMAGE TYPE – MENTHOL – 1 PLACEHOLDER]	[STICK TYPE – MENTHOL – 1 TEXT] <sup>1</sup> ○	.....3
[NO IMAGE]	Not sure of type ○	.....4

[ASK Q.12 IF MORE THAN ONE TYPE MENTIONED IN Q.11; PIPE IN PRODUCTS FROM Q.11; OTHERWISE, SKIP TO Q.13]

12. Which one type of IQOS [NAME]<sup>1</sup> heated tobacco sticks did you use most often in the past 30 days? (SELECT ONE ANSWER)  
[PROGRAMMING: SHOW PRODUCTS IN SAME ORDER AS Q.11; SHOW TEXT UNDER IMAGES]

[IMAGE TYPE 1 PLACEHOLDER]	[STICK TYPE 1 TEXT] <sup>1</sup> ○	.....1
[IMAGE TYPE 2 PLACEHOLDER]	[STICK TYPE 2 TEXT] <sup>1</sup> ○	.....2
[IMAGE TYPE – MENTHOL – 1 PLACEHOLDER]	[STICK TYPE – MENTHOL – 1 TEXT] <sup>1</sup> ○	.....3
	Not sure of type ○	.....4

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### 3. Cigarette Use (All Follow Ups)

#### CIGARETTE USE

[ASK EVERYONE]

13. Please look at and read the description of cigarettes before answering questions about them.

- There are many different types of cigarettes, including plain and menthol, filtered and unfiltered.
- Roll-your-own cigarettes are a kind of cigarette.
- Some examples of cigarette brands are MARLBORO, NEWPORT and CAMEL.



14. During the past [INSERT: “3” FOR MONTHS 3 AND 6; “6” FOR MONTHS 12, 18, AND 24] months, have you smoked a **cigarette** EVEN ONE TIME?

Yes..... ☐ 1 [CONTINUE]  
 No..... ☐ 2 [SKIP TO Q.25 / CIGAR]

[ASK Q.15 IF LESS THAN “100 OR MORE” TO PREVIOUS SURVEY: BASELINE, Q.28; FOLLOW UP, Q.15; OTHERWISE SKIP TO Q.16]\*

15. In your last survey you indicated having smoked [INSERT RANGE FROM LAST SURVEY] cigarettes in your ENTIRE LIFE. As of today, how many cigarettes have you used in your ENTIRE LIFE?

[PROGRAMMING: DISPLAY RANGE OF ALL RESPONSES STARTING WITH THE RANGE THAT INCLUDES PARTICIPANT’S ANSWER IN PRIOR SURVEY.]

Less than 1 or 1 ..... ☐ 1  
 2 -19 ..... ☐ 2  
 20 - 49 ..... ☐ 3  
 50 - 99 ..... ☐ 4  
 100 or more ..... ☐ 5

**PROGRAMMING NOTE:**  
INSTRUCTION MUST BE IN COLOR  
AND READ: SELECT ONE ANSWER.  
 IF YOU ARE UNSURE, GIVE US  
 YOUR BEST ESTIMATE.

**\*\*“LESS THAN 100 OR MORE” ALSO INCLUDES THOSE RECEIVING THIS QUESTION FOR THE FIRST TIME WITHIN THIS CATEGORY (INSERT WOULD BE “0”). ONCE A PARTICIPANT REPORTS “100 OR MORE” TO THIS QUESTION, DO NOT NEED TO ASK IN ANY OTHER SUBSEQUENT WAVE.**

[ASK Q.16 IF “NO” TO PREVIOUS SURVEY: BASELINE, Q.29; FOLLOW UP, Q.6; OTHERWISE, SKIP TO Q.17]\*\*

16. Have you EVER smoked cigarettes on a CONSISTENT BASIS? By consistent basis we mean using the product routinely or with some type of regularity. Examples might include using the product every day, a few times every week, only on the weekend, etc.

Yes... ☐ 1 No... ☐ 2

**\*\*“NO” ALSO INCLUDES THOSE RECEIVING CONSISTENT BASIS QUESTION FOR THE FIRST TIME WITHIN THIS CATEGORY. ONCE A PARTICIPANT SAYS “YES” TO THIS QUESTION, DO NOT NEED TO ASK IN ANY OTHER SUBSEQUENT WAVE.**

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17. During the past 30 days, have you smoked **cigarettes**, even one or two puffs?

- Yes..... ☐ 1  
No..... ☐ 2

**CURRENT SMOKER (Q.17 = “YES”)**

**FORMER SMOKER (Q.17 = “NO”)**

[ASK Q.18 IF Q.17 = 1 AND “NO” IN PREVIOUS SURVEY: BASELINE, Q.30; FOLLOW UP, Q.17]

18. In your last survey, you indicated you were not smoking cigarettes at all. How long has it been since you started smoking cigarettes again?

- Less than 1 month..... ☐ 0  
1 month..... ☐ 1  
2 months..... ☐ 2  
3 months..... ☐ 3  
4 months..... ☐ 4  
5 months..... ☐ 5  
6 months..... ☐ 6  
7 months..... ☐ 7  
8 months..... ☐ 8  
9 months..... ☐ 9  
10 months..... ☐ 10  
11 months..... ☐ 11  
12 months..... ☐ 12  
More than 12 months..... ☐ 13

#### USE OF MENTHOL CIGARETTES (AMONG CURRENT AND FORMER SMOKERS)

[ASK Q.19 IF CURRENT SMOKER; OTHERWISE, SKIP TO INSTRUCTION BEFORE Q.20]

19. In the past 30 days, were the cigarettes you smoked flavored to taste like menthol or mint?

- Yes..... ☐ 1  
No..... ☐ 2  
Don't Know..... ☐ 3

[ASK Q.20 IF FORMER SMOKER; OTHERWISE, SKIP TO INSTRUCTION BEFORE Q.21]

20. When you last smoked cigarettes, were the cigarettes you smoked flavored to taste like menthol or mint?

- Yes..... ☐ 1  
No..... ☐ 2  
Don't Know..... ☐ 3



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### CURRENT SMOKER P30-DAY CIGARETTE USE

[ASK Q.21 AND Q.22 IF CURRENT SMOKER; OTHERWISE, SKIP TO Q.25 / CIGAR]

21. During the past 30 days, on how many days did you smoke cigarettes?

[DROP DOWN BOX: 1-30] \_\_\_\_\_ Days

22. During the past 30 days, on the days you smoked cigarettes, how many cigarettes did you smoke per day, on average? A pack usually has 20 cigarettes in it.

[DROP DOWN BOX: “LESS THAN 1” AS FIRST OPTION, THEN NUMERIC LIST 1-99. INSERT WORDS “CIGARETTES PER DAY” NEXT TO DROP DOWN BOX]

\_\_\_\_\_ Cigarettes Per Day

### CURRENT SMOKERS – QUITTING INTENTIONS AND BEHAVIORS

[ASK CURRENT SMOKERS; OTHERWISE, SKIP TO Q.25 / CIGAR]

23. During the PAST [INSERT: “3” FOR MONTHS 3 AND “6” FOR MONTHS 12, 18, AND 24] MONTHS, have you stopped smoking cigarettes for more than one day BECAUSE YOU WERE TRYING TO QUIT?

Yes... ☐ 1

No... ☐ 2

24. Which of the following best describes you? (SELECT ONE RESPONSE)

- I don't want to stop smoking..... ☐ 1
- I think I should stop smoking but don't really want to..... ☐ 2
- I want to stop smoking but haven't thought about when..... ☐ 3
- I REALLY want to stop smoking but I don't know when I will..... ☐ 4
- I want to stop smoking and hope to soon..... ☐ 5
- I REALLY want to stop smoking and intend to in the next 3 months..... ☐ 6
- I REALLY want to stop smoking and intend to in the next month..... ☐ 7

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#### 4. Cigar Use (All Follow Ups)

##### CIGAR USE

25. The next questions are about **traditional cigars**, **cigarillos**, and **filtered cigars**. These products go by lots of different names, so please use these descriptions and photos to understand what they are.

**Traditional cigars** contain tightly rolled tobacco that is wrapped in a tobacco leaf. Some common brands of cigars include Macanudo, Romeo y Julieta, Arturo Fuente, and Cohiba, but there are many others.

**Cigarillos** and **filtered cigars** are smaller than traditional cigars. They are usually brown. Some are the same size as cigarettes and some come with filters or with plastic or wooden tips. Some common brands are Black & Mild, Swisher Sweets, Dutch Masters, Phillies Blunts, Zig Zag, and Cheyenne.



26. During the past [INSERT: “3” FOR MONTHS 3 AND 6; “6” FOR MONTHS 12, 18, AND 24] months, have you smoked a **regular cigar, cigarillo, or a little filtered cigar** EVEN ONE TIME? (NOTE: DO NOT INCLUDE ELECTRONIC CIGARS OR E-CIGARS IN YOUR ANSWER)

Yes... ☐ 1

No... ☐ 2

[SKIP TO Q.31/REGULAR PIPE]

[ASK Q.27 IF LESS THAN “50 OR MORE” TO PREVIOUS SURVEY: BASELINE, Q.50; FOLLOW UP, Q.27; OTHERWISE SKIP TO Q.28]\*

27. In your last survey you indicated having smoked [INSERT RANGE FROM LAST SURVEY] regular cigars, cigarillos, or little filtered cigars in your ENTIRE LIFE. As of today, how many regular cigars, cigar, cigarillo, or little fil have you used in your ENTIRE LIFE? [PROGRAMMING: DISPLAY RANGE OF ALL RESPONSES STARTING WITH THE RANGE THAT INCLUDES PARTICIPANT’S ANSWER IN PRIOR SURVEY.]

- |                        |                         |
|------------------------|-------------------------|
| Less than 1 or 1 ..... | <input type="radio"/> 1 |
| 2 -19 .....            | <input type="radio"/> 2 |
| 20 - 49 .....          | <input type="radio"/> 3 |
| 50 - 99 .....          | <input type="radio"/> 4 |
| 100 or more .....      | <input type="radio"/> 5 |

**PROGRAMMING NOTE:**  
INSTRUCTION MUST BE IN COLOR  
AND READ: SELECT ONE ANSWER.  
IF YOU ARE UNSURE, GIVE US  
YOUR BEST ESTIMATE.

\*“LESS THAN 50 OR MORE” ALSO INCLUDES THOSE RECEIVING THIS QUESTION FOR THE FIRST TIME WITHIN THIS CATEGORY (INSERT WOULD BE “0”). ONCE A PARTICIPANT REPORTS “50 OR MORE” TO THIS QUESTION, DO NOT NEED TO ASK IN ANY OTHER SUBSEQUENT WAVE.

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[ASK Q.28 IF “NO” TO PREVIOUS SURVEY: BASELINE, Q.51; FOLLOW UP, Q.28; OTHERWISE, SKIP TO Q.29]\*\*

28. Have you EVER smoked regular cigars, cigarillos, or little filtered cigars on a CONSISTENT BASIS? By consistent basis we mean using the product routinely or with some type of regularity. Examples might include using the product every day, a few times every week, only on the weekend, etc.

Yes... ☐ 1

No... ☐ 2

**\*\*“NO” ALSO INCLUDES THOSE RECEIVING CONSISTENT BASIS QUESTION FOR THE FIRST TIME WITHIN THIS CATEGORY. ONCE A PARTICIPANT SAYS “YES” TO THIS QUESTION, DO NOT NEED TO ASK IN ANY OTHER SUBSEQUENT WAVE.**

29. During the past 30 days, have you smoked **regular cigars, cigarillos, or little filtered cigars**, even once?

Yes..... ☐ 1

No..... ☐ 2

[ASK Q.30 IF Q.29 = 1; OTHERWISE, SKIP TO Q.31 / REGULAR PIPE]

30. During the past 30 days, on how many days did you smoke **regular cigars, cigarillos, or little filtered cigars**?

[DROP DOWN BOX – 1-30]\_\_\_\_\_Days

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## 5. Regular Pipe Use (All Follow Ups)

### REGULAR PIPE USE

[ASK EVERYONE]

31. The next questions are about smoking tobacco in pipes.

Pipes come in many shapes and sizes. They all have a bowl that holds the tobacco and a stem. Pipe tobacco is often sold loose in packages or tins.

In the following section, we are only asking about smoking pipes filled with tobacco.



32. During the past [INSERT: “3” FOR MONTHS 3 AND 6; “6” FOR MONTHS 12, 18, AND 24] months, have you smoked a pipe filled with **pipe tobacco** EVEN ONE TIME? (NOTE: DO NOT INCLUDE ELECTRONIC PIPES [E- PIPES] OR PIPES FILLED WITH SUBSTANCES OTHER THAN TOBACCO IN YOUR ANSWER)

Yes... ☐ 1

No... ☐ 2

[SKIP TO Q.37/HOOKAH]

[ASK Q.33 IF LESS THAN “50 OR MORE” TO PREVIOUS SURVEY: BASELINE, Q.62; FOLLOW UP, Q.33; OTHERWISE SKIP TO Q.34]\*

33. In your last survey you indicated having smoked [INSERT RANGE FROM LAST SURVEY] bowls filled with **pipe tobacco** in your ENTIRE LIFE. As of today, how many bowls filled with **pipe tobacco** have you used in your ENTIRE LIFE?

[PROGRAMMING: DISPLAY RANGE OF ALL RESPONSES STARTING WITH THE RANGE THAT INCLUDES PARTICIPANT’S ANSWER IN PRIOR SURVEY.]

- |                        |                         |
|------------------------|-------------------------|
| Less than 1 or 1 ..... | <input type="radio"/> 1 |
| 2 -19 .....            | <input type="radio"/> 2 |
| 20 - 49 .....          | <input type="radio"/> 3 |
| 50 - 99 .....          | <input type="radio"/> 4 |
| 100 or more .....      | <input type="radio"/> 5 |

**PROGRAMMING NOTE:**

INSTRUCTION MUST BE IN COLOR AND READ: SELECT ONE ANSWER. IF YOU ARE UNSURE, GIVE US YOUR BEST ESTIMATE.

**\*\*“LESS THAN 50 OR MORE” ALSO INCLUDES THOSE RECEIVING THIS QUESTION FOR THE FIRST TIME WITHIN THIS CATEGORY (INSERT WOULD BE “0”). ONCE A PARTICIPANT REPORTS “50 OR MORE” TO THIS QUESTION, DO NOT NEED TO ASK IN ANY OTHER SUBSEQUENT WAVE.**

[ASK Q.34 IF “NO” TO PREVIOUS SURVEY: BASELINE, Q.63; FOLLOW UP, Q.34; OTHERWISE, SKIP TO Q.35]\*\*

34. Have you EVER smoked a pipe filled with **pipe tobacco** on a CONSISTENT BASIS? By consistent basis we mean using the product routinely or with some type of regularity. Examples might include using the product every day, a few times every week, only on the weekend, etc.

Yes... ☐ 1

No... ☐ 2

**\*\*“NO” ALSO INCLUDES THOSE RECEIVING CONSISTENT BASIS QUESTION FOR THE FIRST TIME WITHIN THIS CATEGORY. ONCE A PARTICIPANT SAYS “YES” TO THIS QUESTION, DO NOT NEED TO ASK IN ANY OTHER SUBSEQUENT WAVE.**

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35. During the past 30 days, have you smoked a pipe filled with **pipe tobacco**, even one or two times?

Yes..... ☐ 1

No..... ☐ 2

[ASK Q.36 IF Q.35 = 1; OTHERWISE, SKIP TO Q.37 / HOOKAH]

36. During the past 30 days, on how many days did you smoke a pipe filled with **pipe tobacco**?

[DROP DOWN BOX - 1-30] \_\_\_\_\_ Days

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## 6. Hookah Pipe Use (All Follow Ups)

### HOOKAH PIPE USE

[ASK EVERYONE]

37. The next questions are about smoking tobacco in a hookah, which is a type of water pipe. It is sometimes called a “narghile” pipe. From now on, we will use “hookah” to refer to a water pipe or a narghile pipe.

People smoke shisha or hookah tobacco in a hookah. Shisha comes in many different flavors. Some types of shisha contain tobacco and some do not.



38. During the past [INSERT: “3” FOR MONTHS 3 AND 6; “6” FOR MONTHS 12, 18, AND 24] months, have you smoked **tobacco** in a water pipe or hookah EVEN ONE TIME? (NOTE: DO NOT INCLUDE ELECTRONIC HOOKAHS [E-HOOKAH] OR WATER PIPES FILLED WITH SUBSTANCES OTHER THAN TOBACCO IN YOUR ANSWER)

Yes... ☐ 1

No... ☐ 2

[SKIP TO Q.43/ELECTRONIC NICOTINE PRODUCTS]

[ASK Q.39 IF LESS THAN “100 OR MORE” TO PREVIOUS SURVEY: BASELINE, Q.74; FOLLOW UP, Q.39; OTHERWISE SKIP TO Q.40]\*

39. In your last survey you indicated having smoked **tobacco** in a hookah [INSERT RANGE FROM LAST SURVEY] times in your ENTIRE LIFE. As of today, how many times have you smoked **tobacco** in a hookah in your ENTIRE LIFE?  
[PROGRAMMING: DISPLAY RANGE OF ALL RESPONSES STARTING WITH THE RANGE THAT INCLUDES PARTICIPANT’S ANSWER IN PRIOR SURVEY.]

Less than 1 or 1 ..... ☐ 1  
 2 -19 ..... ☐ 2  
 20 - 49 ..... ☐ 3  
 50 - 99 ..... ☐ 4  
 100 or more ..... ☐ 5

**PROGRAMMING NOTE:**  
INSTRUCTION MUST BE IN COLOR  
AND READ: SELECT ONE ANSWER.  
 IF YOU ARE UNSURE, GIVE US  
 YOUR BEST ESTIMATE.

**\*\*“LESS THAN 100 OR MORE” ALSO INCLUDES THOSE RECEIVING THIS QUESTION FOR THE FIRST TIME WITHIN THIS CATEGORY (INSERT WOULD BE “0”). ONCE A PARTICIPANT REPORTS “100 OR MORE” TO THIS QUESTION, DO NOT NEED TO ASK IN ANY OTHER SUBSEQUENT WAVE.**

[ASK Q.40 IF “NO” TO PREVIOUS SURVEY: BASELINE, Q.74; FOLLOW UP, Q.34; OTHERWISE, SKIP TO Q.41]\*\*

40. Have you EVER smoked **tobacco** in a hookah on a CONSISTENT BASIS? By consistent basis we mean using the product routinely or with some type of regularity. Examples might include using the product every day, a few times every week, only on the weekend, etc.

Yes... ☐ 1

No... ☐ 2

**\*\*“NO” ALSO INCLUDES THOSE RECEIVING CONSISTENT BASIS QUESTION FOR THE FIRST TIME WITHIN THIS CATEGORY. ONCE A PARTICIPANT SAYS “YES” TO THIS QUESTION, DO NOT NEED TO ASK IN ANY OTHER SUBSEQUENT WAVE.**

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41. During the past 30 days, have you smoked **tobacco** in a hookah, even one or two times?

- Yes..... ☐ 1  
No..... ☐ 2

[ASK Q.42 IF Q.41 = 1; OTHERWISE, SKIP TO Q.43 / ELECTRONIC NICOTINE PRODUCTS]

42. During the past 30 days, on how many days did you smoke **tobacco** in a hookah?

[DROP DOWN BOX - 1-30]\_\_\_\_\_ Days

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## 7. Electronic Nicotine Product Use (All Follow Ups)

### ELECTRONIC NICOTINE PRODUCT USE

[ASK EVERYONE]

43. The next questions are about electronic nicotine products.

Some electronic nicotine products can be bought as one-time, disposable products, while others can be bought as re-usable kits with a pod, cartridge, or tank system. Some people refill their own electronic nicotine products with nicotine fluid, sometimes called “e-liquid” or “e-juice.”



Disposable products, pods, cartridges, and e-liquid come in many different flavors and nicotine concentrations. Some common brands include JUUL, Vuse, Blu, NJOY, eGo, Suorin, Bo, Smok, Phix, and Puff, but there are many others.

Please do not include marijuana or cannabis when answering the following questions about electronic nicotine products.

44. During the past [INSERT: “3” FOR MONTHS 3 AND 6; “6” FOR MONTHS 12, 18, AND 24] months, have you used any **electronic nicotine product** EVEN ONE TIME?

Yes... ☐ 1

No... ☐ 2  
[SKIP TO Q.52/SMOKELESS]

[ASK Q.45 IF LESS THAN “100 OR MORE” TO PREVIOUS SURVEY: BASELINE, Q.87; FOLLOW UP, Q.45; OTHERWISE SKIP TO Q.46]\*

45. An electronic nicotine product use occasion is defined as from the time you pick it up to use it until you put it down because you are done and stop using it. In your last survey you indicated having [INSERT RANGE FROM LAST SURVEY] electronic nicotine product use occasions in your ENTIRE LIFE. As of today, how many **electronic nicotine product** use occasions have you had in your ENTIRE LIFE?

[PROGRAMMING: DISPLAY RANGE OF ALL RESPONSES STARTING WITH THE RANGE THAT INCLUDES PARTICIPANT’S ANSWER IN PRIOR SURVEY.]

- |                        |                         |
|------------------------|-------------------------|
| Less than 1 or 1 ..... | <input type="radio"/> 1 |
| 2 -19 .....            | <input type="radio"/> 2 |
| 20 - 49 .....          | <input type="radio"/> 3 |
| 50 - 99 .....          | <input type="radio"/> 4 |
| 100 or more .....      | <input type="radio"/> 5 |

**PROGRAMMING NOTE:**  
INSTRUCTION MUST BE IN COLOR  
AND READ: SELECT ONE ANSWER.  
IF YOU ARE UNSURE, GIVE US  
YOUR BEST ESTIMATE.

\*\*\*“LESS THAN 100 OR MORE” ALSO INCLUDES THOSE RECEIVING THIS QUESTION FOR THE FIRST TIME WITHIN THIS CATEGORY (INSERT WOULD BE “0”). ONCE A PARTICIPANT REPORTS “100 OR MORE” TO THIS QUESTION, DO NOT NEED TO ASK IN ANY OTHER SUBSEQUENT WAVE.

[ASK Q.46 IF “NO” TO PREVIOUS SURVEY: BASELINE, Q.88; FOLLOW UP, Q.46; OTHERWISE, SKIP TO Q.47]\*\*

46. Have you EVER used any electronic nicotine product on a CONSISTENT BASIS? By consistent basis we mean using the product routinely or with some type of regularity. Examples might include using the product every day, a few times every week, only on the weekend, etc.

Yes... ☐ 1

No... ☐ 2

\*\*\*“NO” ALSO INCLUDES THOSE RECEIVING CONSISTENT BASIS QUESTION FOR THE FIRST TIME WITHIN THIS CATEGORY. ONCE A PARTICIPANT SAYS “YES” TO THIS QUESTION, DO NOT NEED TO ASK IN ANY OTHER SUBSEQUENT WAVE.



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47. During the past 30 days, have you used any electronic nicotine products, even once?

- Yes..... ☐ 1 [CONTINUE TO Q.48]  
No..... ☐ 2 [SKIP TO Q.52 / SMOKELESS]

[CONTINUE WITH Q.48 IF Q.47 = 1; OTHERWISE, SKIP TO Q.52 / SMOKELESS]

48. During the past 30 days, on how many days did you use any type of electronic nicotine product?





\_\_\_\_\_ Days [DROP DOWN BOX: 1-30]

49. An electronic nicotine product use occasion is defined as from the time you pick it up to use it until the time you put it down because you are done and you stop using it.

With that in mind, during the past 30 days, how many electronic nicotine product use occasions did you have per day on the days that you used it, whether you took one puff or several, during those occasions? PLEASE ENTER A NUMBER BETWEEN 1 AND 99.

# Of Use Occasions per day \_\_\_\_\_  
Don't know ..... ☐ 0





50. Which type(s) of electronic nicotine products did you use in the past 30 days? (SELECT ALL THAT APPLY)  
[PROGRAMMING: RANDOMIZE RESPONSE OPTIONS EXCEPT "OTHER" AND "NOT SURE OF TYPE."]

- |   |  |                         |
|---|--|-------------------------|
|   | <b>Disposable</b> electronic nicotine products that you use until it no longer works and then dispose of.....                                | <input type="radio"/> 1 |
|  | Electronic nicotine products with a rechargeable battery and <b>pre-filled cartridges that are replaced</b> .....                            | <input type="radio"/> 2 |
|  | Rechargeable electronic nicotine products with a <b>pre-filled pod or pre-filled tank</b> that are <u>not</u> intended to be refillable..... | <input type="radio"/> 3 |
|  | Electronic nicotine products that you <b>refill with e-liquid</b> .....  | <input type="radio"/> 4 |
| [NO IMAGE]  | Other type of <b>electronic nicotine product</b> .....   | <input type="radio"/> 5 |
| [NO IMAGE]  | Not sure of type.....  | <input type="radio"/> 6 |

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[ASK Q.51 AMONG CURRENT ELECTRONIC NICOTINE PRODUCT USERS THAT HAD MORE THAN ONE TYPE MENTIONED IN Q.50; OTHERWISE, SKIP TO Q.52 / SMOKELESS]

51. Which type of electronic nicotine product did you use most often in the past 30 days? (SELECT ONE ANSWER)  
[PROGRAMMING: PIPE IN ANSWERS FROM Q.51; PRESENT RESPONSE OPTIONS IN SAME ORDER AS IN Q.51]

	<b>Disposable</b> electronic nicotine products that you use until it no longer works and then dispose of.....	<input type="radio"/> 1
	Electronic nicotine products with a rechargeable battery and <b>pre-filled cartridges that are replaced</b> .....	<input type="radio"/> 2
	Rechargeable electronic nicotine products with a <b>pre-filled pod or pre-filled tank</b> that are <u>not</u> intended to be refillable.....	<input type="radio"/> 3
	Electronic nicotine products that you <b>refill with e-liquid</b> .....	<input type="radio"/> 4
[NO IMAGE]	Other type of <b>electronic nicotine product</b> .....	<input type="radio"/> 5
[NO IMAGE]	Not sure of type.....	<input type="radio"/> 6

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## 8. Smokeless Tobacco Use (All Follow Ups)

### SMOKELESS TOBACCO USE

[ASK EVERYONE]

52. Please look at and read the description of these smokeless tobacco products below before answering questions about them.

The next questions ask about **snus**, a type of smokeless tobacco that comes loose or in a small pouch that you put under your lip. You do not have to spit when using snus. Common brands of snus include Camel Snus, Marlboro Snus, and General Snus.

The next questions also ask about **smokeless tobacco** which you put in your mouth and chew, suck, or spit.

There are many types of smokeless tobacco products such as dip, spit, moist snuff, pouches, and chewing tobacco. Common brands include Skoal, Copenhagen, Grizzly, Redman, and Levi Garrett, but there are many others.



53. During the past [INSERT: “3” FOR MONTHS 3 AND 6; “6” FOR MONTHS 12, 18, AND 24] months, have you used **smokeless tobacco**, including chewing tobacco, dip, snuff, or a snus pouch, EVEN ONE TIME?

Yes... ☐ 1

No... ☐ 2  
[SKIP TO Q.58/ORAL NICOTINE]

[ASK Q.54 IF LESS THAN “20 OR MORE” TO PREVIOUS SURVEY: BASELINE, Q.103; FOLLOW UP, Q.54; OTHERWISE SKIP TO Q.54]\*

54. In your last survey you indicated having used smokeless tobacco [INSERT RANGE FROM LAST SURVEY] times in your ENTIRE LIFE. As of today, how many times have you used smokeless tobacco in your ENTIRE LIFE?  
[PROGRAMMING: DISPLAY RANGE OF ALL RESPONSES STARTING WITH THE RANGE THAT INCLUDES PARTICIPANT’S ANSWER IN PRIOR SURVEY.]

Less than 1 or 1 ..... ☐ 1  
2 -19 ..... ☐ 2  
20 - 49 ..... ☐ 3  
50 - 99 ..... ☐ 4  
100 or more ..... ☐ 5

**PROGRAMMING NOTE:**  
INSTRUCTION MUST BE IN COLOR  
AND READ: SELECT ONE ANSWER.  
IF YOU ARE UNSURE, GIVE US  
YOUR BEST ESTIMATE.

\*“LESS THAN 20 OR MORE” ALSO INCLUDES THOSE RECEIVING THIS QUESTION FOR THE FIRST TIME WITHIN THIS CATEGORY (INSERT WOULD BE “0”).  
ONCE A PARTICIPANT REPORTS “20 OR MORE” TO THIS QUESTION, DO NOT NEED TO ASK IN ANY OTHER SUBSEQUENT WAVE.

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[ASK Q.55 IF “NO” TO PREVIOUS SURVEY: BASELINE, Q.104; FOLLOW UP, Q.55; OTHERWISE, SKIP TO Q.56]\*\*

55. Have you EVER used any smokeless tobacco on a CONSISTENT BASIS? By consistent basis we mean using the product routinely or with some type of regularity. Examples might include using the product every day, a few times every week, only on the weekend, etc.

Yes... ☐ 1

No... ☐ 2

\*\*\*“NO” ALSO INCLUDES THOSE RECEIVING CONSISTENT BASIS QUESTION FOR THE FIRST TIME WITHIN THIS CATEGORY. ONCE A PARTICIPANT SAYS “YES” TO THIS QUESTION, DO NOT NEED TO ASK IN ANY OTHER SUBSEQUENT WAVE.

56. During the past 30 days, have you used any **smokeless tobacco**, even once?

Yes..... ☐ 1

No..... ☐ 2

[ASK Q.57 IF Q.56 = 1; OTHERWISE, SKIP TO Q.58 / ORAL NICOTINE]

57. During the past 30 days, on how many days did you used any **smokeless tobacco**?

[DROP DOWN BOX - 1-30] \_\_\_\_\_ Days

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## 9. Oral Nicotine Use (All Follow Ups)

### ORAL TOBACCO-DERIVED NICOTINE PRODUCT USE

[ASK EVERYONE]

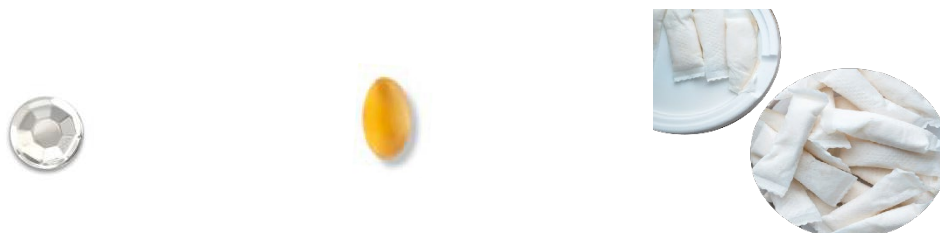
58. Please look at and read the description of these oral tobacco-derived nicotine products before answering questions about them.

Oral tobacco-derived nicotine products include products that are meant to be dissolved in the mouth.

They also include nicotine pouch products such as the brands ZYN, on!, Velo, and Rogue (this is not a snus pouch). Nicotine pouches are small, white, spit-free, tobacco leaf-free pouches and come in a variety of flavors and nicotine strengths. The pouches are placed under the upper lip and discarded when you are done.

This does not include gum (such as NICORETTE) or lozenges, or other nicotine replacement therapy products, which are considered products for quitting smoking.

This also does not include other smokeless tobacco products, such as chewing tobacco, “dip”/snuff, or snus pouches.



59. During the past [INSERT: “3” FOR MONTHS 3 AND 6; “6” FOR MONTHS 12, 18, AND 24] months, have you used an **oral tobacco-derived nicotine product**, EVEN ONE TIME?

Yes... ☐ 1

No... ☐ 2

[SKIP TO INSTRUCTIONS ABOVE Q.64/FORMER IQOS USER]

[ASK Q.60 IF LESS THAN “100 OR MORE” TO PREVIOUS SURVEY: BASELINE, Q.117; FOLLOW UP, Q.60; OTHERWISE SKIP TO Q.61]\*

60. In your last survey you indicated having used **oral tobacco-derived nicotine products** [INSERT RANGE FROM LAST SURVEY] times in your ENTIRE LIFE. As of today, how many times have you used oral tobacco-derived nicotine products in your ENTIRE LIFE?

[PROGRAMMING: DISPLAY RANGE OF ALL RESPONSES STARTING WITH THE RANGE THAT INCLUDES PARTICIPANT’S ANSWER IN PRIOR SURVEY.]

- Less than 1 or 1 ..... ☐ 1  
 2 -19 ..... ☐ 2  
 20 - 49 ..... ☐ 3  
 50 - 99 ..... ☐ 4  
 100 or more ..... ☐ 5

**PROGRAMMING NOTE:**  
INSTRUCTION MUST BE IN COLOR  
AND READ: SELECT ONE ANSWER.  
 IF YOU ARE UNSURE, GIVE US  
 YOUR BEST ESTIMATE.

\*“LESS THAN 100 OR MORE” ALSO INCLUDES THOSE RECEIVING THIS QUESTION FOR THE FIRST TIME WITHIN THIS CATEGORY (INSERT WOULD BE “0”). ONCE A PARTICIPANT REPORTS “100 OR MORE” TO THIS QUESTION, DO NOT NEED TO ASK IN ANY OTHER SUBSEQUENT WAVE.

[ASK Q.61 IF “NO” TO PREVIOUS SURVEY: BASELINE, Q.118; FOLLOW UP, Q.61; OTHERWISE, SKIP TO Q.119]\*\*

61. Have you EVER used an **oral tobacco-derived nicotine product** on a CONSISTENT BASIS? By consistent basis we mean using the product routinely or with some type of regularity. Examples might include using the product every day, a few times every week, only on the weekend, etc.

Yes... ☐ 1

No... ☐ 2

\*\*\*“NO” ALSO INCLUDES THOSE RECEIVING CONSISTENT BASIS QUESTION FOR THE FIRST TIME WITHIN THIS CATEGORY. ONCE A PARTICIPANT SAYS

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“YES” TO THIS QUESTION, DO NOT NEED TO ASK IN ANY OTHER SUBSEQUENT WAVE.

62. During the past 30 days, have you used an **oral tobacco-derived nicotine product**, even one or two times?

Yes..... ☐ 1

No..... ☐ 2

[ASK Q.63 IF Q.62 = 1; OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.64 / FORMER IQOS USER]

63. During the past 30 days, on how many days did you used an **oral tobacco-derived nicotine product**?

[DROP DOWN BOX - 1-30] \_\_\_\_\_ Days

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## 10. Former IQOS User (All Follow Ups)

CONTINUE WITH Q.64 IF PARTICIPANT MEETS EITHER OF THESE “FORMER IQOS USER” DEFINITIONS:

- WAS A CURRENT IQOS USER IN A PREVIOUS STUDY (“YES” WAVE 1 [Q.22- CURRENT IQOS USER GROUP ONLY]; WAVES 2-6 [Q.7]) AND DID NOT USE (“NO”) IN PAST 3/6 MONTHS DURING CURRENT STUDY (Q.3), **OR**
- USED IN PAST 3/6 MONTHS (“YES”) IN CURRENT STUDY (Q.3) AND “NO” IN CURRENT STUDY (Q.7)

OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.66 [NEXT TOBACCO PRODUCT].

64. You indicated you have used IQOS in the past, but do not use IQOS now. Have you completely stopped / quit using IQOS?

Yes... ☐ 1 No... ☐ 2

[SKIP TO INSTRUCTIONS ABOVE Q.66/CIGARETTES]

65. How long has it been since you last used IQOS?

[PROGRAMMER: USE DROP DOWN]

- Less than 1 month..... ☐ 0
- 1 month..... ☐ 1
- 2 months..... ☐ 2
- 3 months..... ☐ 3
- 4 months..... ☐ 4
- 5 months..... ☐ 5
- 6 months..... ☐ 6
- 7 months..... ☐ 7
- 8 months..... ☐ 8
- 9 months..... ☐ 9
- 10 months..... ☐ 10
- 11 months..... ☐ 11
- 12 months..... ☐ 12
- More than 12 months..... ☐ 13

## 11. Former Cigarette Smokers (All Follow Ups)

### FORMER CIGARETTE SMOKERS

CONTINUE WITH Q.66 IF PARTICIPANT MEETS EITHER OF THESE “FORMER CIGARETTE SMOKER” DEFINITIONS:

- WAS A CURRENT CIGARETTE SMOKER IN A PREVIOUS STUDY (“YES” WAVE 1 [Q.30 OR WAS IN REFERENCE GROUP]; WAVES 2-6 [Q.17]) AND DID NOT SMOKE (“NO”) IN PAST 3/6 MONTHS DURING CURRENT STUDY (Q.14), **OR**
- SMOKED IN PAST 3/6 MONTHS (“YES”) IN CURRENT STUDY (Q.14) AND “NO” IN CURRENT STUDY (Q.17)

OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.68 [NEXT TOBACCO PRODUCT].

66. You indicated you have smoked cigarettes in the past, but do not smoke cigarettes now. Have you completely stopped/quit smoking cigarettes?

Yes... ☐ 1 No... ☐ 2

[SKIP TO INSTRUCTIONS ABOVE Q.68/CIGAR]

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67. How long has it been since you last smoked cigarettes?  
[PROGRAMMER: USE DROP DOWN]

- Less than 1 month..... ☐ 0  
1 month..... ☐ 1  
2 months..... ☐ 2  
3 months..... ☐ 3  
4 months..... ☐ 4  
5 months..... ☐ 5  
6 months..... ☐ 6  
7 months..... ☐ 7  
8 months..... ☐ 8  
9 months..... ☐ 9  
10 months..... ☐ 10  
11 months..... ☐ 11  
12 months..... ☐ 12  
More than 12 months..... ☐ 13

## 12. Former Cigar Smokers (All Follow Ups)

### FORMER CIGAR SMOKERS

CONTINUE WITH Q.68 IF PARTICIPANT MEETS EITHER OF THESE “FORMER CIGAR SMOKER” DEFINITIONS:

- WAS A CURRENT CIGAR SMOKER IN A PREVIOUS STUDY (“YES” WAVE 1 [Q.52/Q.135]; WAVES 2-6 [Q.26]) AND DID NOT SMOKE CIGARS (“NO”) IN PAST 3/6 MONTHS DURING CURRENT STUDY (Q.26), **OR**
- SMOKED CIGARS IN PAST 3/6 MONTHS (“YES”) IN CURRENT STUDY (Q.26) AND “NO” IN CURRENT STUDY (Q.29) OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.70 [NEXT TOBACCO PRODUCT].

68. You indicated that you had smoked cigars in the past, but do not smoke cigars at all now. Have you completely stopped/quit smoking cigars?

Yes... ☐ 1

No... ☐ 2

[SKIP TO INSTRUCTIONS ABOVE Q.70/REGULAR PIPE]



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69. How long has it been since you last smoked cigars?

- Less than 1 month..... ☐ 0  
 1 month..... ☐ 1  
 2 months..... ☐ 2  
 3 months..... ☐ 3  
 4 months..... ☐ 4  
 5 months..... ☐ 5  
 6 months..... ☐ 6  
 7 months..... ☐ 7  
 8 months..... ☐ 8  
 9 months..... ☐ 9  
 10 months..... ☐ 10  
 11 months..... ☐ 11  
 12 months..... ☐ 12  
 More than 12 months..... ☐ 13

### 13. Former Regular Pipe Users (All Follow Ups)

#### FORMER REGULAR PIPE USERS

CONTINUE WITH Q.70 IF PARTICIPANT MEETS EITHER OF THESE “FORMER REGULAR PIPE USER” DEFINITIONS:

- WAS A CURRENT PIPE USER IN A PREVIOUS STUDY (“YES” WAVE 1 [Q.64/Q.139]; WAVES 2-6 [Q.35]) AND DID NOT USE (“NO”) IN PAST 3/6 MONTHS DURING CURRENT STUDY (Q.32), OR
- USED IN PAST 3/6 MONTHS (“YES”) IN CURRENT STUDY (Q.32) AND “NO” IN CURRENT STUDY (Q.35) OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.72 [NEXT TOBACCO PRODUCT].

70. You indicated that you had smoked tobacco in a regular pipe in the past, but do not smoke tobacco in a pipe at all now. Have you completely stopped/quit smoking tobacco in a pipe?

Yes... ☐ 1

No... ☐ 2

[SKIP TO INSTRUCTIONS ABOVE Q.72/HOOKAH]

71. How long has it been since you last smoked tobacco in a pipe?

- Less than 1 month..... ☐ 0  
 1 month..... ☐ 1  
 2 months..... ☐ 2  
 3 months..... ☐ 3  
 4 months..... ☐ 4  
 5 months..... ☐ 5  
 6 months..... ☐ 6  
 7 months..... ☐ 7  
 8 months..... ☐ 8  
 9 months..... ☐ 9  
 10 months..... ☐ 10  
 11 months..... ☐ 11  
 12 months..... ☐ 12  
 More than 12 months..... ☐ 13

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## 14. Former Hookah Users (All Follow Ups)

### FORMER HOOKAH USERS

CONTINUE WITH Q.53 IF PARTICIPANT MEETS EITHER OF THESE “FORMER HOOKAH USER” DEFINITIONS:

- WAS A CURRENT HOOKAH USER IN A PREVIOUS STUDY (“YES” WAVE 1 [Q.76/Q.143]; WAVES 2-6 [Q.41]) AND DID NOT USE (“NO”) IN PAST 3/6 MONTHS DURING CURRENT STUDY (Q.38), **OR**
- USED IN PAST 3/6 MONTHS (“YES”) IN CURRENT STUDY (Q.38) AND “NO” IN CURRENT STUDY (Q.41) OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.74 [NEXT TOBACCO PRODUCT].

72. You indicated that you had smoked tobacco in a hookah in the past, but do not smoke tobacco in a hookah at all now. Have you completely stopped/quit smoking tobacco in a hookah?

Yes... ☐ 1

No... ☐ 2

[SKIP TO INSTRUCTIONS ABOVE Q.74/ENP]

73. How long has it been since you last smoked tobacco in a hookah?

- Less than 1 month..... ☐ 0
- 1 month..... ☐ 1
- 2 months..... ☐ 2
- 3 months..... ☐ 3
- 4 months..... ☐ 4
- 5 months..... ☐ 5
- 6 months..... ☐ 6
- 7 months..... ☐ 7
- 8 months..... ☐ 8
- 9 months..... ☐ 9
- 10 months..... ☐ 10
- 11 months..... ☐ 11
- 12 months..... ☐ 12
- More than 12 months..... ☐ 13

## 15. Former Electronic Nicotine Product User (All Follow Ups)

### FORMER ELECTRONIC NICOTINE PRODUCT USERS

CONTINUE WITH Q.54 IF PARTICIPANT MEETS EITHER OF THESE “FORMER E-VAPOR USER” DEFINITIONS:

- WAS A CURRENT E-VAPOR USER IN A PREVIOUS STUDY (“YES” WAVE 1 [Q.89/Q.147]; WAVES 2-6 [Q.41]) AND DID NOT USE (“NO”) IN PAST 3/6 MONTHS DURING CURRENT STUDY (Q.38), **OR**
- USED IN PAST 3/6 MONTHS (“YES”) IN CURRENT STUDY (Q.38) AND “NO” IN CURRENT STUDY (Q.41) OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.76 [NEXT TOBACCO PRODUCT].

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74. You indicated that you had used an electronic nicotine product, such as an e-cigarette (e.g., vape, tank, pod, or cartridge), e-cigar, e-hookah or e-pipe, in the past, but do not use any of these e-vapor products at all now. Have you completely stopped/quit using all electronic nicotine products?

Yes... ☐ 1

No... ☐ 2

[SKIP TO INSTRUCTIONS ABOVE Q.76/SMOKELESS]

75. How long has it been since you last used all electronic nicotine products?

- Less than 1 month..... ☐ 0
- 1 month..... ☐ 1
- 2 months..... ☐ 2
- 3 months..... ☐ 3
- 4 months..... ☐ 4
- 5 months..... ☐ 5
- 6 months..... ☐ 6
- 7 months..... ☐ 7
- 8 months..... ☐ 8
- 9 months..... ☐ 9
- 10 months..... ☐ 10
- 11 months..... ☐ 11
- 12 months..... ☐ 12
- More than 12 months..... ☐ 13

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## 16. Former Smokeless Tobacco User (All Follow Ups)

### FORMER SMOKELESS TOBACCO USERS

CONTINUE WITH Q.55 IF PARTICIPANT MEETS EITHER OF THESE “FORMER SMOKELESS TOBACCO USER” DEFINITIONS:

- WAS A CURRENT SMOKELESS TOBACCO USER IN A PREVIOUS STUDY (“YES” WAVE 1 [Q.105/Q.151]; WAVES 2-6 [Q.56]) AND DID NOT USE (“NO”) IN PAST 3/6 MONTHS DURING CURRENT STUDY (Q.53), **OR**
- USED IN PAST 3/6 MONTHS (“YES”) IN CURRENT STUDY (Q.53) AND “NO” IN CURRENT STUDY (Q.56) OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.78 [NEXT TOBACCO PRODUCT].

76. You indicated that you had used smokeless tobacco in the past, but do not use smokeless tobacco at all now. Have you completely stopped/quit using smokeless tobacco?

Yes... ☐ 1

No... ☐ 2

[SKIP TO INSTRUCTIONS ABOVE Q.78/ORAL NICOTINE]

77. How long has it been since you last used smokeless tobacco?

- Less than 1 month..... ☐ 0
- 1 month..... ☐ 1
- 2 months..... ☐ 2
- 3 months..... ☐ 3
- 4 months..... ☐ 4
- 5 months..... ☐ 5
- 6 months..... ☐ 6
- 7 months..... ☐ 7
- 8 months..... ☐ 8
- 9 months..... ☐ 9
- 10 months..... ☐ 10
- 11 months..... ☐ 11
- 12 months..... ☐ 12
- More than 12 months..... ☐ 13

## 17. Former Oral Nicotine User (All Follow Ups)

### FORMER ORAL TOBACCO-DERIVED NICOTINE PRODUCT USERS

CONTINUE WITH Q.56 IF PARTICIPANT MEETS EITHER OF THESE “FORMER ORAL TOBACCO-DERIVED NICOTINE USER” DEFINITIONS:

- WAS A CURRENT ORAL TOBACCO-DERIVED NICOTINE USER IN A PREVIOUS STUDY (“YES” WAVE 1 [Q.119/Q.155]; WAVES 2-6 [Q.62]) AND DID NOT USE (“NO”) IN PAST 3/6 MONTHS DURING CURRENT STUDY (Q.59), **OR**
- USED IN PAST 3/6 MONTHS (“YES”) IN CURRENT STUDY (Q.59) AND “NO” IN CURRENT STUDY (Q.62) OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.80/CESSATION].

78. You indicated that you had used an oral tobacco-derived nicotine product in the past, but do not use oral tobacco-derived nicotine products at all now. Have you completely stopped/quit using oral tobacco-derived nicotine products?

Yes... ☐ 1

No... ☐ 2

[SKIP TO INSTRUCTIONS ABOVE Q.80/CESSATION]

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79. How long has it been since you last used oral tobacco-derived nicotine products?

- Less than 1 month..... ☐ 0
- 1 month..... ☐ 1
- 2 months..... ☐ 2
- 3 months..... ☐ 3
- 4 months..... ☐ 4
- 5 months..... ☐ 5
- 6 months..... ☐ 6
- 7 months..... ☐ 7
- 8 months..... ☐ 8
- 9 months..... ☐ 9
- 10 months..... ☐ 10
- 11 months..... ☐ 11
- 12 months..... ☐ 12
- More than 12 months..... ☐ 13

## 18. Use of Tobacco Cessation Treatments (All Follow Ups)

### USE OF TOBACCO CESSATION TREATMENTS

[ASK EVERYONE]

80. During the past [INSERT: “3” FOR MONTHS 3 AND 6; “6” FOR MONTHS 12, 18, AND 24] months, have you used any tobacco cessation treatments to help quit tobacco? Common types of tobacco cessation treatments include nicotine replacement therapy (such as nicotine patch, gum, inhaler, nasal spray, lozenge) and prescription drugs (such as Chantix, varenicline, Zyban, or bupropion).

- Yes, in the past 30 days..... ☐ 1
- Yes, more than 30 days ago to [INSERT: “3” or “6” DEPENDING ON WAVE]..... ☐ 2
- No..... ☐ 3

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## 19. Risk perceptions: Risk of Smoking Cigarettes (Follow up months: 12 and 24)

### RISK PERCEPTIONS

[ASK EVERYONE]

81. This section asks for your views about the **risks of smoking cigarettes**. After reading each question, select the answer that best reflects how you feel, keeping in mind that there are no right or wrong answers. If you are unsure about how to answer a question, give the best answer that you can.
82. In general, what do you think is the risk, if any, to smokers of getting the following (sometime during their lifetime) because of smoking cigarettes? (SELECT ONE RESPONSE FOR EACH STATEMENT)

**PROGRAMMING:** DISPLAY ON THE FIRST SCREEN THE FIRST 5 ITEMS AND ON THE SECOND SCREEN THE REMAINING 4 ITEMS. **THE LIST SHOULD BE PRESENTED IN A FIXED ORDER.**

SCREEN 1

	No risk (1)	Low risk (2)	Moderate risk (3)	High risk (4)	Very high risk (5)	Don't know (6)
having sores of the mouth or throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
losing some sense of taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
being physically unfit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
having mouth or throat cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
having a cough early in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCREEN 2

	No risk (1)	Low risk (2)	Moderate risk (3)	High risk (4)	Very high risk (5)	Don't know (6)
having lung cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aging faster (for example, wrinkles on the face)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
having other types of cancer (besides mouth, throat, or lung)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
an earlier death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## 20. Risk Perceptions: Risks of Using IQOS (Follow up months: 12 and 24)

[ASK EVERYONE]

83. This section asks for your views about the **risks of using IQOS**. After reading each question, select the answer that best reflects how you feel, keeping in mind that there are no right or wrong answers. If you are unsure about how to answer a question, give the best answer that you can.

**[PROGRAMMER: SHOW THE FOLLOWING INSTRUCTION, IQOS DESCRIPTION, AND VISUAL ONLY TO THE CURRENT ESTABLISHED SMOKER STUDY GROUP WHO HAVE NEVER USED IQOS]**

First, please look at and read this description of IQOS before answering questions about it.

### IQOS with [NAME]<sup>1</sup> heated tobacco sticks

- IQOS is a form of a heated tobacco product that heats the tobacco instead of burning it.
- A [NAME]<sup>1</sup> heated tobacco stick is put into an IQOS electronic holder. The holder heats tobacco in the [NAME]<sup>1</sup> heated tobacco stick to release a nicotine-containing aerosol without burning the tobacco.
- The holder can be recharged.
- This is **not** an electronic cigarette/e-vapor product.

[IMAGE PLACEHOLDER(s) for [NAME] heated tobacco stick types]

[IMAGE PLACEHOLDER(s) for IQOS HOLDER AND/OR CHARGER]

84. In general, what do you think would be the risk, if any, to users of IQOS of getting the following (sometime during their lifetime) because of using IQOS? (SELECT ONE RESPONSE FOR EACH STATEMENT)

**PROGRAMMING: DISPLAY ON THE FIRST SCREEN THE FIRST 5 ITEMS AND ON THE SECOND SCREEN THE REMAINING 4 ITEMS. THE LIST SHOULD BE PRESENTED IN A FIXED ORDER.**

SCREEN 1

	No risk (1)	Low risk (2)	Moderate risk (3)	High risk (4)	Very high risk (5)	Don't know (6)
having sores of the mouth or throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
losing some sense of taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
being physically unfit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
having mouth or throat cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
having a cough early in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCREEN 2

	No risk (1)	Low risk (2)	Moderate risk (3)	High risk (4)	Very high risk (5)	Don't know (6)
having lung cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aging faster (for example, wrinkles on the face)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
having other types of cancer (besides mouth, throat, or lung)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
an earlier death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 21. Risk Perceptions: Exposure to HPHCs (All Follow Ups)

[ASK EVERYONE]

85. Based on what you know or believe, please complete the following:  
 “Smokers who switch completely from cigarettes to IQOS...”

(SHOW IN REVERSE ORDER FOR HALF OF THE SAMPLE. ANCHOR “DON’T KNOW” TO END OF LIST.)

- Have more exposure to harmful or potentially harmful chemicals..... ☐ 1  
Have the same exposure to harmful or potentially harmful chemicals ..... ☐ 2  
Have less exposure to harmful or potentially harmful chemicals ..... ☐ 3  
Have no exposure to harmful or potentially harmful chemicals ..... ☐ 4  
 Don't know..... ☐ 5

[CONTINUE WITH Q.86 IF “HAVE LESS EXPOSURE...” SELECTED IN Q.85; OTHERWISE, SKIP TO INSTRUCTION BEFORE Q.87]

86. Based on what you know or believe, what do smokers need to do in order to reduce their body’s exposure to harmful or potentially harmful chemicals?

(SHOW IN REVERSE ORDER FOR HALF OF THE SAMPLE. ANCHOR “DON’T KNOW” TO END OF LIST.)

- Stop smoking cigarettes completely and only use IQOS ..... ☐ 1  
 Smoke fewer cigarettes and also use IQOS ..... ☐ 2  
 Keep smoking the same amount of cigarettes and also use IQOS ..... ☐ 3  
 Don't know..... ☐ 4



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## 22. Risk Perceptions: Nicotine Harmfulness (Follow up months: 12 and 24)

[ASK EVERYONE]

87. How harmful do you think the nicotine in cigarettes is to health?

- Not at all harmful..... ☐ 1
- Slightly harmful..... ☐ 2
- Somewhat harmful..... ☐ 3
- Very harmful..... ☐ 4
- Extremely harmful..... ☐ 5

88. How harmful do you think the nicotine in IQOS is to health?

- Not at all harmful..... ☐ 1
- Slightly harmful..... ☐ 2
- Somewhat harmful..... ☐ 3
- Very harmful..... ☐ 4
- Extremely harmful..... ☐ 5

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## 23. Cigarette Dependence (All Follow Ups)

### **PROGRAMMER:**

ASK Q.89-94 FOR CURRENT CIGARETTE SMOKERS AND ASK Q.95-100 for CURRENT IQOS USERS

CURRENT CIGARETTE SMOKERS: (Q.30 = 1)

CURRENT IQOS USERS: (ALL CURRENT ESTABLISHED IQOS USERS)

FOR DUAL USERS OF IQOS AND CIGARETTES, RANDOMIZE PRODUCT DEPENDENCE ORDER (SECTION 23 AND SECTION 24).

OTHERWISE SKIP TO INTRODUCTION BEFORE [Q.101/CONDITIONS AND DIAGNOSES (MONTHS 12 & 24 ONLY)] OR [Q.105/QUALITY OF LIFE (MONTHS 3, 6, AND 18)].

89. How soon after you wake up do you smoke your first cigarette?

- Within 5 minutes ..... ☐ 1  
6 – 30 minutes ..... ☐ 2  
31 – 60 minutes ..... ☐ 3  
After 60 minutes ..... ☐ 4

90. Do you find it difficult to refrain from smoking in places where it is forbidden, e.g., in church, at the library, in a cinema, etc.?

- Yes... ☐ 1                      No... ☐ 2

91. Which cigarette would you hate most to give up?

- The first one in the morning... ☐ 1                      All others... ☐ 2

[DO NOT DISPLAY Q.92. AUTO-CODE TO CATEGORY BASED ON RESPONSE TO Q.22.]

92. How many cigarettes per day do you smoke?

- 10 or less ..... ☐ 1  
11-20 ..... ☐ 2  
21-30 ..... ☐ 3  
31 or more ..... ☐ 4

93. Do you smoke more frequently during the first hours after waking than during the rest of the day?

- Yes... ☐ 1                      No... ☐ 2

94. Do you smoke if you are so ill that you are in bed most of the day?

- Yes... ☐ 1                      No... ☐ 2

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## 24. IQOS Dependence (All Follow Ups)

95. How soon after you wake up do you use your first IQOS [NAME]<sup>1</sup> heated tobacco stick?

- Within 5 minutes ..... ☐ 1  
6 – 30 minutes ..... ☐ 2  
31 – 60 minutes ..... ☐ 3  
After 60 minutes ..... ☐ 4

96. Do you find it difficult to refrain from using IQOS [NAME]<sup>1</sup> heated tobacco sticks in places where it is forbidden, e.g., in church, at the library, in a cinema, etc.?

- Yes... ☐ 1                      No... ☐ 2

97. Which IQOS [NAME]<sup>1</sup> heated tobacco stick would you hate most to give up?

- The first one in the morning... ☐ 1                      All others... ☐ 2

[DO NOT DISPLAY Q.98. AUTO-CODE TO CATEGORY BASED ON RESPONSE TO Q.10.]

98. How many IQOS [NAME]<sup>1</sup> heated tobacco sticks per day do you use?

- 10 or less ..... ☐ 1  
11-20 ..... ☐ 2  
21-30 ..... ☐ 3  
31 or more ..... ☐ 4

99. Do you use IQOS [NAME]<sup>1</sup> heated tobacco sticks more frequently during the first hours after waking than during the rest of the day?

- Yes... ☐ 1                      No... ☐ 2

100. Do you use IQOS [NAME]<sup>1</sup> heated tobacco sticks if you are so ill that you are in bed most of the day?

- Yes... ☐ 1                      No... ☐ 2

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## 25. Conditions and Diagnoses (Follow up months: 12 and 24)

[ASK Q.101 IF BASELINE Q.189 = "FEMALE" AND AGE IS BETWEEN 21 TO 49 YEARS [HIDDEN/CALCULATED AGE VARIABLE = 21-49]]

101. Are you currently pregnant or nursing?

Yes... ☐ 1

No... ☐ 2

102. Have you EVER been told by a doctor, nurse, or other health professional that you had...? (CHECK ALL THAT APPLY)

- A heart attack (also called myocardial infarction)..... ☐ 1
- Angina, also called angina pectoris (chest pain or discomfort)..... ☐ 2
- Congestive heart disease..... ☐ 3
- Coronary heart disease..... ☐ 4
- High blood pressure (hypertension)..... ☐ 5
- High cholesterol (hyperlipidemia)..... ☐ 6
- Stroke..... ☐ 7
- Any other heart condition or disease (SPECIFY: )..... ☐ 8
- Chronic obstructive pulmonary disease (COPD)..... ☐ 9
- Chronic bronchitis..... ☐ 10
- Emphysema..... ☐ 11
- Asthma..... ☐ 12
- Apnea (pauses in breathing during sleep)..... ☐ 13
- Any other respiratory or lung condition (SPECIFY: )..... ☐ 14
- Cancer..... ☐ 15
- Diabetes..... ☐ 16
- None of the above..... ☐ 17

103. A mental illness or disorder refers to a wide range of mental health conditions or disorders that affect your mood, thinking and/or behavior. Has a doctor, nurse or other health professional EVER told you had a mental health condition such as depression, stress, or problems with emotions? (SELECT ONE ANSWER)

Yes..... ☐ 1

No ..... ☐ 2

Don't know ..... ☐ 3

104. Are you now taking medicine or receiving treatment from a doctor, nurse, or other health professional for a mental health condition or emotional problem? (SELECT ONE ANSWER)

Yes..... ☐ 1

No ..... ☐ 2

Don't know ..... ☐ 3

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## 26. Health-related Quality of Life, Physical Functioning, & Mental Functioning (All Follow Ups)

[ASK EVERYONE]

105. Please respond to each question or statement by marking one box per row.

	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
105a In general, would you say your health is.....	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
105b In general, would you say your quality of life is.....	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
105c In general, how would you rate your physical health?.....	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
105d In general, how would you rate your mental health, Including your mood and your ability to think?.....	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
105e In general, how would you rate your satisfaction with your social activities and relationships?.....	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
105f In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work, and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.).....	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

106. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

<u>Completely</u>	<u>Mostly</u>	<u>Moderately</u>	<u>A Little</u>	<u>Not At All</u>
<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

107. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable?

<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>
<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

108. How would you rate your fatigue on average?

<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>	<u>Very Severe</u>
<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

109. How would you rate your pain on average?

<u>No pain</u>											<u>Worst pain imaginable</u>
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	

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## 27. Signs & Symptoms (All Follow Ups)

[ASK EVERYONE]

110. In the last 4 weeks, have you experienced any of the following cardiovascular symptoms or problems? (Choose all that apply to you)

- Chest pain or pressure in your chest ..... ☐ 1
- Cold fingers or toes..... ☐ 2
- Dizziness or light headedness (not related to an infection) ..... ☐ 3
- Fainting ..... ☐ 4
- Feeling that your heart rate is irregular ..... ☐ 5
- Feeling that your heart is beating too hard or too fast ..... ☐ 6
- General tiredness ..... ☐ 7
- Numbness anywhere in the body..... ☐ 8
- Pain in the neck, jaw, throat, upper abdomen, or back ..... ☐ 9
- Pale grey or blue skin color ..... ☐ 10
- Pounding in the chest..... ☐ 11
- Puffiness around the eyes ..... ☐ 12
- Sudden weakness in the face or body ..... ☐ 13
- Pain or tenderness in the leg..... ☐ 14
- Swelling of the abdomen..... ☐ 15
- Swelling of the legs, ankles, or feet ..... ☐ 16
- Other (SPECIFY:) ..... ☐ 17
- None of the above ..... ☐ 18

111. In the last 4 weeks, have you experienced any of the following respiratory symptoms or problems? (Choose all that apply to you)

- Breathlessness on exertion or at rest..... ☐ 1
- A cough that produced mucus or phlegm (without a cold or respiratory infection)..... ☐ 2
- Coughing up blood..... ☐ 3
- Dry cough (without a cold or respiratory infection)..... ☐ 4
- Persistent cough (without a cold or respiratory infection) ..... ☐ 5
- Persistent hoarseness (croak) of your voice..... ☐ 6
- Sore throat (without a cold or respiratory infection) ..... ☐ 7
- Mouth irritation..... ☐ 8
- Pauses in breathing during sleep..... ☐ 9
- Tiredness after sleeping ..... ☐ 10
- Restrictions with your breathing ..... ☐ 11
- Shortness of breath ..... ☐ 12
- Tightness in your chest related to breathing difficulties ..... ☐ 13
- Wheezing at rest..... ☐ 14
- Worsening of existing asthma symptoms ..... ☐ 15
- Other (SPECIFY:) ..... ☐ 17
- None of the above ..... ☐ 18

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## 28. End of Follow Up / Participant Thank You (All Follow Ups)

THANK YOU

[EVERYONE]

112. That concludes the survey for today. You will receive your next survey on or around (PROGRAMMER: INSERT DATE 3 MONTHS FROM TODAY FOR FOLLOW UP MONTH 3. INSERT DATE 6 MONTHS FROM TODAY FOR FOLLOW UP MONTHS 6, 12, AND 18). Between then and now if you experience a change in your email address, please let us know immediately so that we can keep your information up to date and you do not miss any future surveys.

To do so, please contact:

[CRO]<sup>2</sup>/ field work organization:

- By phone: 1-[XXX-XXX-XXXX]<sup>1</sup>
- By email: [IRB EMAIL ADDRESS]<sup>1</sup>

Please Reference Study: [REF #]<sup>1</sup>

We will be sending reminder emails periodically with the subject line [ACTUAL TBD]<sup>2</sup> – so please keep an eye out for them. We can also send you reminder text messages if you wish. To receive text messages from us, please provide a valid mobile phone number in the space below.

(AREA CODE REQUIRED) \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

I do not wish to receive text messages ☐

Thank you very much for your participation.