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

Appendix 1 – Participant Screener, Informed Consent Statement, Baseline Survey

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

Protocol Number: PMSS-COH-01-US

Product Name: *IQOS*

Sponsor: Philip Morris Products S.A.
Avenue de Rhodanie 50
1007 Lausanne
Switzerland

Version Number: 1.0

Version Date: 08 May 2024

Authors: Jessica Seifert, Philip Morris Products S.A.
Emery Ngamasana, Philip Morris Products S.A.

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14b.

	<u>Yes</u>	<u>No</u>
Are you or do you have a first-degree relative (e.g., parent, spouse, sibling, child) or household member who is a current or former employee of the tobacco or e-cigarette industry? [IF “YES”, THEN TERMINATE]	1	2
Are you or do you have a first-degree relative (e.g., parent, spouse, sibling, child) or household member who is a current or former employee of [CRO] ¹ ?? [IF “YES”, THEN TERMINATE]	1	2

PROGRAMMER:
IF RECRUITED FROM US ADULT IQOS USER POSTMARKET CROSS-SECTIONAL STUDY (US ADULT PMX), THEN CONTINUE TO Q.16
IF RECRUITED FROM OTHER CHANNEL, THEN CONTINUE TO Q.15a

[PROGRAMMER: VERATAD VERIFICATION OF RESPONDENT REQUIRED AT THIS POINT FOR RESPONDENTS NOT RECRUITED FROM THE US ADULT IQOS USER POSTMARKET CROSS-SECTIONAL STUDY (US ADULT PMX).]

15a. To ensure the integrity of this study, we ask that you provide the information below. The only reason we ask for this information is to verify the identity of study participants. The information is verified by a third-party; however, **it is not shared with any outside parties.** Please use your RESIDENTIAL ADDRESS ONLY and DOUBLE CHECK YOUR ANSWERS before hitting the “next” button

Respondent’s Name:	
Street Address:	
Apt. #	
City:	
State:	
Zip Code:	
Telephone Number:	
Email:	

(PROGRAMMING: IF VALID, SKIP TO Q.17; OTHERWISE, CONTINUE WITH Q.15b.)

(PROGRAMMER: DISPLAY INFORMATION PROVIDED ABOVE; ALLOW RESPONDENTS TO MODIFY AS NEEDED.)

15b. Please double check the information you entered and make any necessary changes before hitting the “next” button.

(PROGRAMMING: IF VALID, SKIP TO Q.17; OTHERWISE, DISPLAY THIS MESSAGE AND TERMINATE: “We apologize. It appears that we are unable to verify your information. Thank you!”)

¹ Placeholder text.

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2. Participant Informed Consent – Current Established IQOS User from US Adult PMX

(INFORMED CONSENT FOR CURRENT ESTABLISHED IQOS USERS [SCREENING FOR US ADULT IQOS USER POSTMARKET CROSS-SECTIONAL STUDY]. THIS IS THE CROSS-SECTIONAL INFORMED CONSENT; OTHERWISE, SKIP TO Q.17, INFORMED CONSENT FOR ANY INITIAL COHORT PARTICIPANT RECRUITMENT)

16. Please read the following statement. The information in this statement will help you decide if you want to be in this research study.

INFORMED CONSENT STATEMENT

Purpose of this Statement. You are invited to take part in research sponsored by Philip Morris Products S.A and conducted by [CRO]¹, an independent research agency. The purpose of this study (Adult IQOS User Postmarket Cross-sectional Study in the United States) is to learn more about how adults use tobacco products. To participate in this research, you must first read and agree to the terms outlined in this Informed Consent Statement and **then respond to some additional questions to see if you qualify for the full study. Answering these questions does not guarantee that you will qualify for the full study.**

About the Study. This online survey asks about tobacco product use and includes some questions about you, such as your age, gender, race, ethnicity, education level, and family income. Your information will be kept confidential and will not be used to market, sell, or promote a tobacco product to you.

The online survey takes approximately 20 minutes to complete. Should you choose to participate, you will be one of 3,200 U.S. participants who take part in the research for this wave of the study.

Possible Risks, Discomforts and Inconveniences. There are no anticipated or expected physical risks associated with this study. There are non-physical risks associated with taking part in this study, such as the risk of accidental disclosure of your personally identifiable information or breach of confidentiality. See the **Confidentiality** section below for details on how the information you provide in this study will be protected.

Possible Benefits from the Study. There will be no direct benefit to you for participating in this study.

Taking Part in the Study of Your Own Free Will/Alternatives to Participation. Your participation in this study is entirely voluntary. You may choose not to participate or stop your participation at any time, for any reason, even after you begin the survey. If you choose not to be in the study or if you leave the study early, you will not lose any benefits to which you are otherwise entitled, nor will your legal rights be affected. You may also be removed from the study at any time for any reason. If you want to stop taking part in this study, contact the individual at the telephone number/email address listed in the last section of this statement. This study is for research purposes only. The only alternative is to not participate in this study.

Cost and Payment for Taking Part in the Study. If you agree to this Informed Consent Statement, you will be asked to respond to some additional questions to see if you qualify for the full study. If you qualify for this full study and complete the survey, you will receive compensation in the amount of \$[XX.XX]¹. You will not receive payment for the study if your survey is not complete. There is no cost to you for participating in the study.

Confidentiality. We will keep information about you and your participation in this study confidential according to U.S. privacy laws. Your original study records may contain personally identifiable information (PII). PII is information that directly identifies you. [CRO]² will keep electronic copies of these records as required by law or the Sponsor.

[CRO]² may keep the records indefinitely. This study may be audited and monitored to make sure it was done correctly. [CRO]² and/or the Sponsor may work with third parties for reasons related to the study. Certain third parties may be given direct access to the original records and may copy some of them. Your original records may contain your PII. These third parties include:

- Regulatory authorities, such as the Food and Drug Administration.
- The Sponsor and third parties working with the Sponsor.
- [CRO]¹ and third parties working with [CRO]¹.
- Institutional Review Board (IRB).

Thus, absolute confidentiality cannot be guaranteed. All of the parties listed above are required to maintain, use, disclose, transfer and

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access your PII confidentially in accord with applicable laws or regulations.

[CRO]² will identify your study results only by a unique study participant number. They will keep the list of study participant numbers separate from the study results. Third parties will not know your name unless it is necessary for purposes relevant to the study or as otherwise required by law. The results of the study may be shown in publications or at meetings. You will not be identified by name. If you decide to stop participation in the study, we will still keep the already gathered information on file. We would only use that information for the purposes described in this Informed Consent Statement.

By agreeing to these terms, you are allowing the use and disclosure of your personal data as described here.

Whom to Contact About This Study? If you have questions about this consent or other questions or concerns about your participation or your rights as a participant, please contact [NAME]¹ Institutional Review Board:

- By phone: 1-[XXX-XXX-XXXX]¹
 - By email: [IRB EMAIL ADDRESS]¹
- }

Please Reference Study: [REF #]¹

If you have questions about the survey, please call or email, [CRO]² / field work organization:

- By phone: 1-[XXX-XXX-XXXX]¹
 - By email: [IRB EMAIL ADDRESS]¹
- }

Please Reference Study: [REF #]¹

Your Consent. If you agree with the above statements and you want to participate in this survey, click “Agree” below. If you do not want to participate in this study, click “Decline” below.

- Agree

☐ 1 [CONTINUE TO Q.18]
- Decline

☐ 2 [TERMINATE]

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3. Participant Informed Consent Statement – Cohort Study

(INFORMED CONSENT FOR RECRUITMENT INTO COHORT STUDY [CURRENT ESTABLISHED SMOKERS AND CURRENT IQOS USERS NOT IDENTIFIED THROUGH US ADULT IQOS USER POSTMARKET CROSS-SECTIONAL STUDY].)

17. Please read the following statement. The information in this statement will help you decide if you want to be in this research study.

INFORMED CONSENT STATEMENT

Purpose of this Statement. You are invited to take part in research sponsored by Philip Morris Products S.A and conducted by [CRO]¹, an independent research agency. The purpose of this study (Postmarket Adult IQOS Consumer Cohort Study in the United States) is to learn more about how adults use tobacco products. To participate in this research, you must first read and agree to the terms outlined in this Informed Consent Statement and **then respond to some additional questions to see if you qualify for the full study. Answering these questions does not guarantee that you will qualify for the full study.**

About the Study. This online survey entails six surveys. You will take the first one today and then five other surveys over the next two years:

- Survey 2 – 3 months from today
- Survey 3 – 6 months from today
- Survey 4 – 12 months from today
- Survey 5 – 18 months from today
- Survey 6 – 24 months from today.

This survey takes approximately 20 minutes to complete. Some participants may complete the survey in a shorter period of time. Some participants may take a little longer. This survey asks about tobacco product use and includes some questions about you, such as your age, gender, race, ethnicity, education level, and family income. The other five surveys will be similar to this initial survey. Your information will be kept confidential and will not be used to market, sell, or promote a tobacco product to you.

Should you choose to participate, you will be one of 3,200 U.S. participants who take part in the research for this wave of the study.

Possible Risks, Discomforts and Inconveniences. There are no anticipated or expected physical risks associated with this study. There are non-physical risks associated with taking part in this study, such as the risk of accidental disclosure of your personally identifiable information or breach of confidentiality. See the **Confidentiality** section below for details on how the information you provide in this study will be protected.

Possible Benefits from the Study. There will be no direct benefit to you for participating in this study.

Taking Part in the Study of Your Own Free Will/Alternatives to Participation. Your participation in this study is entirely voluntary. You may choose not to participate or stop your participation at any time, for any reason, even after you begin the survey. If you choose not to be in the study or if you leave the study early, you will not lose any benefits to which you are otherwise entitled, nor will your legal rights be affected. You may also be removed from the study at any time for any reason. If you want to stop taking part in this study, contact the individual at the telephone number/email address listed in the last section of this statement. This study is for research purposes only. The only alternative is to not participate in this study.

Cost and Payment for Taking Part in the Study. There is no cost to you for participating in the study. If you agree to this Informed Consent Statement, you will be asked to respond to some additional questions to see if you qualify for the full study. If you qualify for this full study and complete today's survey, you will receive compensation in the amount of \$[XX.XX]¹.

- You will receive \$[XX.XX]¹ upon completion of Survey 2.
- You will receive \$[XX.XX]¹ upon completion of Survey 3.
- You will receive \$[XX.XX]¹ upon completion of Survey 4.
- You will receive \$[XX.XX]¹ upon completion of Survey 5.
- You will receive \$[XX.XX]¹ upon completion of Survey 6.
- You will receive an additional \$[XX.XX]¹ if you complete all 6 surveys.

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You will only receive payment for complete surveys.

Confidentiality. We will keep information about you and your participation in this study confidential according to U.S. privacy laws. Your original study records may contain personally identifiable information (PII). PII is information that directly identifies you.

[CRO]¹ will keep electronic copies of these records as required by law or the Sponsor.

[CRO]¹ may keep the records indefinitely. This study may be audited and monitored to make sure it was done correctly. [CRO]¹ and/or the Sponsor may work with third parties for reasons related to the study. Certain third parties may be given direct access to the original records and may copy some of them. Your original records may contain your PII. These third parties include:

- Regulatory authorities, such as the Food and Drug Administration.
- The Sponsor and third parties working with the Sponsor.
- [CRO]¹ and third parties working with [CRO]¹.
- Institutional Review Board (IRB).

Thus, absolute confidentiality cannot be guaranteed. All of the parties listed above are required to maintain, use, disclose, transfer and access your PII confidentially in accord with applicable laws or regulations.

[CRO]¹ will identify your study results only by a unique study participant number. They will keep the list of study participant numbers separate from the study results. Third parties will not know your name unless it is necessary for purposes relevant to the study or as otherwise required by law. The results of the study may be shown in publications or at meetings. You will not be identified by name. If you decide to stop participation in the study, we will still keep the already gathered information on file. We would only use that information for the purposes described in this Informed Consent Statement.

By agreeing to these terms, you are allowing the use and disclosure of your personal data as described here.

Whom to Contact About This Study? If you have questions about this consent or other questions or concerns about your participation or your rights as a participant, please contact [NAME]¹ Institutional Review Board:

- By phone: 1-[XXX-XXX-XXXX]¹
- By email: [IRB EMAIL ADDRESS]¹



Please Reference Study: [REF #]¹

If you have questions about the survey, please call or email, [CRO]¹/ field work organization:

- By phone: 1-[XXX-XXX-XXXX]¹
- By email: [IRB EMAIL ADDRESS]¹



Please Reference Study: [REF #]¹

Your Consent. If you agree with the above statements and you want to participate in this survey, click “Agree” below. If you do not want to participate in this study, click “Decline” below.

Agree ☐ 1
Decline ☐ 2

[IF Q.17 = 1 AND CURRENT ESTABLISHED SMOKER OR CURRENT ESTABLISHED IQOS USER NOT RECRUITED VIA UA ADULT PMX, THEN CONTINUE TO Q.18]

[IF Q.17 = 1 AND CURRENT ESTABLISHED IQOS USER RECRUITED VIA US ADULT PMX, THEN DISPLAY, “We have a few short questions that you must complete for today’s survey and for you to earn your \$XX.XX¹” AND CONTINUE TO Q.197]

[IF Q.17 = 2, THEN TERMINATE]

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4. Participant Screener – IQOS Use

18. We still have a couple of additional questions to ask to determine if you qualify for the full study.

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]¹ heated tobacco sticks

- IQOS is a form of a heated tobacco product that heats the tobacco instead of burning it.
- A [NAME]¹ heated tobacco stick is put into an IQOS electronic holder. The holder heats tobacco in the [NAME]¹ 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]

19. Have you EVER used **IQOS** EVEN ONE TIME?

Yes..... ☐ 1 [CONTINUE]

No..... ☐ 2 [IF US ADULT PMX PORTION OF THIS STUDY, THEN TERMINATE; OTHERWISE, SKIP TO Q.26/CIGARETTES]

20. How many **IQOS** [NAME]¹ heated tobacco sticks have you used in your ENTIRE LIFE?

- | | | |
|------------------------|-------------------------|---------------|
| Less than 1 or 1 | <input type="radio"/> 1 | } [TERMINATE] |
| 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 | |

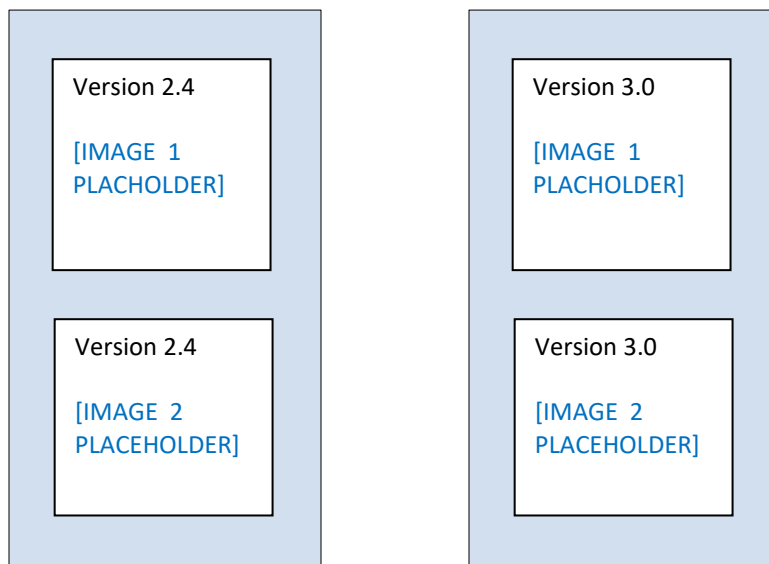
PROGRAMMING NOTE:
INSTRUCTION MUST BE IN COLOR
AND READ: SELECT ONE ANSWER.
 IF YOU ARE UNSURE, GIVE US
 YOUR BEST ESTIMATE.

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- 20a. 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



21. 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

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

Yes..... ☐ 1
No..... ☐ 2

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IQOS WITH IQOS HEATED TOBACCO STICKS USE

[CURRENT ESTABLISHED IQOS USER SELECTED FOR COHORT STUDY – CONTINUE WITH Q.23, Q.24, and Q.25]

23. 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

24. During the past 30 days, on the days you used IQOS, how many IQOS [NAME]¹ 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

LENGTH OF TIME USING IQOS WITH IQOS [NAME]¹ HEATED TOBACCO STICKS

25. For how long have you been using IQOS? Do not count times when you have stopped using IQOS for any reason (trying to stop, long illness, etc.).

[PROGRAMMER: USE DROP DOWN FOR YEARS AND MONTHS; BOTH “YEARS” AND “MONTHS” CANNOT BE “0”]

_____Years _____Months

[RANGE 0-5]

[RANGE 0-11]

[IF YEAR = GREATER THAN 0, PROMPT EDIT CHECK TO CONFIRM ENTRY.]

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5. Participant Screener – Cigarette Use

CIGARETTE USE

[ASK EVERYONE]

26. 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**.



27. Have you EVER smoked a **cigarette** EVEN ONE TIME?

- Yes..... ☐ 1 [CONTINUE]
 No..... ☐ 2 [SKIP TO STUDY PARTICIPANT REQUIREMENTS ON PAGE 14]

28. How many **cigarettes** have you smoked in your ENTIRE LIFE? A pack usually has 20 cigarettes in it.

- 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.

29. 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

30. During the past 30 days, have you smoked **cigarettes**, even once?

- Yes..... ☐ 1
 No..... ☐ 2

CURRENT SMOKER (Q.30 = "YES")
FORMER SMOKER (Q.30 = "NO")

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CURRENT SMOKER P30-DAY CIGARETTE USE

[ASK Q.31 AND Q.32 IF CURRENT SMOKER; OTHERWISE, SKIP TO STUDY PARTICIPANT REQUIREMENTS]

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

[DROP DOWN BOX: 1-30] _____ Days

32. 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

USE OF MENTHOL CIGARETTES (AMONG CURRENT AND FORMER SMOKERS)

[ASK Q.33a IF CURRENT SMOKER; OTHERWISE, SKIP TO INSTRUCTION BEFORE Q.33b]

33a. In the past 30 days, were the cigarettes you smoked flavored to taste like menthol or mint?

- Yes..... ☐ 1 [SKIP TO INSTRUCTION BEFORE Q.33c]
 No..... ☐ 2 [SKIP TO INSTRUCTION BEFORE Q.33c]
 Don't Know..... ☐ 3 [SKIP TO INSTRUCTION BEFORE Q.33c]

[ASK Q.33b IF FORMER SMOKER; OTHERWISE, SKIP TO INSTRUCTION BEFORE Q.33c]

33b. 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

LENGTH OF TIME SMOKING CIGARETTES AMONG CURRENT SMOKERS

[ASK Q.33c IF CURRENT SMOKER; OTHERWISE, SKIP TO STUDY PARTICIPANT REQUIREMENTS ON PAGE 14]

33c. For how long have you been smoking cigarettes? Do not count times when you have stopped smoking cigarettes for any reason (trying to stop, long illness, etc.).

[PROGRAMMER: USE DROP DOWN FOR YEARS AND MONTHS; BOTH "YEARS" AND "MONTHS" CANNOT BE "0"]

_____ Years _____ Months
 [YEARS RANGE 0-99; MONTHS RANGE 0-11]

PROGRAMMER: CHECK TOTAL DURATION AGAINST RESPONDENT'S CURRENT CALCULATED AGE. IF DURATION OF SMOKING IS GREATER THAN CURRENT CALCULATED AGE, DISPLAY EDIT CHECK:

"You have reported that you have smoked for more years than your current age. Please correct your entry to continue."

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STUDY PARTICIPANT REQUIREMENTS

COHORT STUDY GROUP REQUIREMENT – BASELINE SURVEY

- PARTICIPANT MUST MEET THE CRITERIA FOR ONE OF THE FOLLOWING TWO GROUPS:**

- **CURRENT ESTABLISHED IQOS USER [CEIU; CONTINUE TO Q34]:**

- USED “100 OR MORE” IQOS [NAME]¹ HEATED TOBACCO STICKS IN LIFETIME (Q20=5) AND
 - USED IQOS IN THE PAST 30 DAYS (Q22=1) AND
 - USED IQOS FOR SIX MONTHS OR LESS (Q25).

- **CURRENT ESTABLISHED SMOKER [CES; CONTINUE TO Q46]:**

- NEVER TRIED IQOS (Q19=2) AND
 - USED “100 OR MORE” CIGARETTES IN LIFETIME (Q28=5) AND
 - SMOKED CIGARETTES IN THE PAST 30 DAYS (Q30=1).

CEIU:

IF Q.17 = 1 AND CEIU N = 2,100, THEN STOP RECRUITING CEIU FOR LONGITUDINAL STUDY.

CES:

IF Q.17 = 1 AND N = 1,100 FOR CES, THEN STOP RECRUITING CES FOR LONGITUDINAL STUDY

IF RESPONDENT DOES NOT QUALIFY FOR ANY OF THE ABOVE GROUPS, DISPLAY TERMINATION MESSAGE BELOW; OTHERWISE, SKIP TO BASELINE SURVEY.

TERMINATION MESSAGE:

“We apologize that you have not fully qualified for this study but very much appreciate the time you spent answering these qualifying questions for us. If you have any questions as to why you did not qualify, please contact [CRO]¹ at [CRO contact information]¹.”

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6. IQOS – Stick Type Used and Use Not As Intended (CEIU Only)

IQOS [NAME]¹ HEATED TOBACCO STICK USE

[ASK CURRENT ESTABLISHED IQOS USERS]

34. Which type(s) of IQOS [NAME]¹ heated tobacco sticks have you EVER tried? (SELECT ALL THAT APPLY)
[PROGRAMMING: RANDOMIZE RESPONSE OPTIONS AND SHOW TEXT UNDER IMAGES]

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

[ASK Q.35 IF MORE THAN ONE TYPE MENTIONED IN Q.34; PIPE IN PRODUCTS FROM Q.34; OTHERWISE, SKIP TO Q.36]

35. Which type of IQOS [NAME]¹ heated tobacco sticks was the FIRST one you EVER tried? (SELECT ONE ANSWER)
[PROGRAMMING: SHOW PRODUCTS IN SAME ORDER AS Q.34; SHOW TEXT UNDER IMAGES]

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

[ASK Q.36 IF MORE THAN ONE TYPE MENTIONED IN Q.34; PIPE IN PRODUCT(S) EVER TRIED IN Q.34]

36. Which type(s) of IQOS [NAME] heated tobacco sticks are you CURRENTLY using? (SELECT ALL THAT APPLY)
[PROGRAMMING: SHOW PRODUCTS IN SAME ORDER AS Q.34; SHOW TEXT UNDER IMAGES]

[IMAGE TYPE 1 PLACEHOLDER]	[STICK TYPE 1 TEXT] ¹ ○	.....1
[IMAGE TYPE 2 PLACEHOLDER]	[STICK TYPE 2 TEXT] ¹ ○	.....2
[IMAGE TYPE – MENTHOL – 1 PLACEHOLDER]	[STICK TYPE – MENTHOL – 1 TEXT] ¹ ○	.....3

[ASK Q.37 IF MORE THAN ONE TYPE SELECTED IN Q.36; PIPE IN PRODUCTS SELECTED IN Q.36; OTHERWISE, SKIP TO Q.38]

37. Which one type of IQOS heated tobacco sticks are you CURRENTLY using most often? (SELECT ONE ANSWER)
[PROGRAMMING: SHOW PRODUCTS IN SAME ORDER AS Q.36; SHOW TEXT UNDER IMAGES]

[IMAGE TYPE 1 PLACEHOLDER]	[STICK TYPE 1 TEXT] ¹ ○	.....1
[IMAGE TYPE 2 PLACEHOLDER]	[STICK TYPE 2 TEXT] ¹ ○2
[IMAGE TYPE – MENTHOL – 1 PLACEHOLDER]	[STICK TYPE – MENTHOL – 1 TEXT] ¹ ○3

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USE OF IQOS NOT AS INTENDED

[ASK CURRENT ESTABLISHED IQOS USERS]

38. Have you ever...?

	Yes	No
Lit up the IQOS [NAME] ¹ heated tobacco stick like a cigarette?	<input type="radio"/> 1	<input type="radio"/> 2
Used the IQOS [NAME] ¹ heated tobacco stick with another device?	<input type="radio"/> 1	<input type="radio"/> 2

[ASK Q.38b FOR EACH “YES” RESPONSE IN Q.38]

38b. How often have you [INSERT RESPONSE FROM Q.38]?

Only once	<input type="radio"/> 1
Sometimes	<input type="radio"/> 2
Most of the time	<input type="radio"/> 3
All the time	<input type="radio"/> 4

39a. Have you ever used the IQOS device with a product other than an IQOS [NAME]¹ heated tobacco stick?

Yes... ☐ 1

No... ☐ 2

[SKIP TO INSTRUCTIONS BEFORE Q.40]

39b. How often have you used the IQOS device with a product other than an IQOS [NAME]¹ heated tobacco stick?

Only once	<input type="radio"/> 1
Sometimes	<input type="radio"/> 2
Most of the time	<input type="radio"/> 3
All the time	<input type="radio"/> 4

[PROGRAMMER: DISPLAY THIS MESSAGE ON A SEPARATE SCREEN BEFORE CONTINUING WITH Q.40]

This next set of questions is about your experience with other tobacco products.

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7. Cigarette – Use Prior to First Trying IQOS (CEIU Only)

CIGARETTE EVER TRIERS [Q.27 = “YES”] LIFETIME USE & 30-DAYS USE BEFORE IQOS

(ASK IF CURRENT ESTABLISHED IQOS USER AND CIGARETTE EVER TRIER; OTHERWISE, SKIP TO Q.48/CIGAR)

The next series of questions focus on your use of both cigarettes and IQOS. This is different than the questions you just answered, those asked about your use of cigarettes and IQOS independent from one another.

40. Before you first tried IQOS, had you EVER smoked a cigarette EVEN ONCE?

Yes... ☐ 1

No... ☐ 2

[SKIP TO Q.46 / QUITTING]

41a. Before you first tried IQOS, how many cigarettes had you smoked in your ENTIRE LIFE?

[PROGRAMMING: IF “100+” TO Q.28 DISPLAY FULL RANGE OF RESPONSES; OTHERWISE, DISPLAY RANGE OF RESPONSES UP TO PARTICIPANTS ANSWER IN Q.28. IF “LESS THAN 1 or 1” IN Q.28, AUTO PUNCH “LESS THAN 1 or 1” IN Q.41a AND SKIP TO INSTRUCTION BEFORE Q.41b.]

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.

[ASK Q.41b IF “YES” TO Q.29; OTHERWISE, SKIP TO Q.42]

41b. Before you first tried IQOS, had 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 smoking cigarettes every day, a few times every week, only on the weekend, etc.

Yes... ☐ 1

No... ☐ 2

42. During the 30 days before you first tried IQOS, did you smoke cigarettes every day, some days or not at all?

Every day..... ☐ 1

Some days..... ☐ 2

Not at all..... ☐ 3

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CURRENT SMOKERS – RELATIVE USE

[CONTINUE WITH Q.43 IF CURRENT ESTABLISHED IQOS USER AND CURRENT SMOKER AND Q.42 = 1 OR 2; OTHERWISE, SKIP TO INSTRUCTIONS BEFORE Q.44.]

43. The next item asks you to compare how much you smoke cigarettes now compared to how much you smoked cigarettes before you first tried IQOS.

Please complete the following sentence:

Compared to the 30 days before I first tried IQOS...

- I now smoke fewer cigarettes per day ☐ 1
 I now smoke more cigarettes per day..... ☐ 2
*The number has **not** changed; I smoke the same number of*
 cigarettes per day now as I did then ☐ 3

CURRENT SMOKERS – RE-INITIATION OF SMOKING AFTER TRYING IQOS

[CONTINUE WITH Q.44 IF CURRENT ESTABLISHED IQOS USER AND CURRENT SMOKER AND Q.42 = 3; OTHERWISE, SKIP TO Q.46]

44. Before you first tried IQOS, had you completely stopped/quit smoking cigarettes?

Yes... ☐ 1 [CONTINUE TO Q.45] No... ☐ 2 [SKIP TO Q.46]

45. Before you first tried IQOS, how long had you not been smoking cigarettes?

- 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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8. Cigarette – Quitting Intentions and Behaviors

CURRENT SMOKERS (Q.30 = “YES” – QUITTING INTENTIONS AND BEHAVIORS

[ASK CURRENT ESTABLISHED SMOKERS AND CURRENT ESTABLISHED IQOS USERS WHO ARE ALSO CURRENT SMOKERS (Q.30 = 1); OTHERWISE, SKIP TO Q.48]

46. During the PAST 12 MONTHS, have you stopped smoking cigarettes for more than one day BECAUSE YOU WERE TRYING TO QUIT?

Yes... ☐ 1

No... ☐ 2

47. 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

(PROGRAMMER: DISPLAY THIS MESSAGE ON A SEPARATE SCREEN BEFORE CONTINUING WITH Q.48)

“This next set of questions is about your experience with other tobacco products.”

9. Cigar – Use at Time of Assessment

CIGAR USE

48. 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.



49. Have you EVER 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.60/REGULAR PIPE]

50. How many **regular cigars, cigarillos, or little filtered cigars** have you smoked in your ENTIRE LIFE?

- 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.

51. 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

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

Yes..... ☐ 1
No..... ☐ 2

[ASK Q.53 IF Q.52 = 1; OTHERWISE, SKIP TO Q.54]

53. 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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10. Cigar – Use Prior to First Trying IQOS (CEIU Only)

CURRENT ESTABLISHED IQOS USER CIGAR EVER TRIERS [Q.49 = “YES”] – LIFETIME USE AND USE 30 DAYS BEFORE TRYING IQOS

(ASK IF CURRENT ESTABLISHED IQOS USER AND CIGAR EVER TRIER; OTHERWISE, SKIP TO Q.60/REGULAR PIPE)

The next series of questions focus on your use of both cigars and IQOS. This is different than the questions you just answered, those asked about your use of cigars and IQOS independent from one another.

54. Before you first tried IQOS, had you EVER smoked a regular cigar, cigarillo, or little filtered cigar EVEN ONCE?

Yes... ☐ 1

No... ☐ 2

[SKIP TO Q.60/REGULAR PIPE]

55a. Before you first tried IQOS, how many regular cigars, cigarillos or little filtered cigars had you smoked in your ENTIRE LIFE?

[PROGRAMMING: ONLY DISPLAY RANGE OF RESPONSES UP TO THE RANGE THAT INCLUDES PARTICIPANTS ANSWER TO Q.50. IF “LESS THAN 1 OR 1” IN Q.50, AUTO PUNCH “LESS THAN 1 OR 1” IN Q.55a AND SKIP TO INSTRUCTION BEFORE Q.55b.]

- | | |
|------------------------|-------------------------|
| 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.

[ASK Q.55b IF Q.51 = 1; OTHERWISE, SKIP TO Q.56]

55b. Before you first tried IQOS, had 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 smoking a cigar every day, a few times every week, only on the weekend, etc.

Yes... ☐ 1

No... ☐ 2

56. During the 30 days before you first tried IQOS, did you smoke regular cigars, cigarillos, or little filtered cigars every day, some days or not at all?

- | | |
|------------------|-------------------------|
| Every day..... | <input type="radio"/> 1 |
| Some days..... | <input type="radio"/> 2 |
| Not at all | <input type="radio"/> 3 |

CURRENT CIGAR USERS [Q.52 = “YES”] – RELATIVE USE

[ASK Q.57 IF CURRENT ESTABLISHED IQOS USER AND CURRENT CIGAR USER AND Q.56 = 1 OR 2; OTHERWISE, SKIP TO INSTRUCTIONS BEFORE Q.60]

57. The next item asks you to compare how much you smoke cigars now compared to how much you smoked cigars before you first tried IQOS.

Please complete the following sentence:

Compared to the 30 days before I first tried IQOS...

- I now smoke fewer cigars per day..... ☐ 1
- I now smoke more cigars per day..... ☐ 2
- The number has **not** changed*; I smoke the same number of cigars per day now as I did then..... ☐ 3

CURRENT CIGAR USERS [Q.52 = “YES”] – RE-INITIATION OF SMOKING CIGARS AFTER TRYING IQOS

[CONTINUE WITH Q.58 IF CURRENT ESTABLISHED IQOS USER AND CURRENT CIGAR USER AND Q.56 = 3; OTHERWISE, SKIP TO Q.60/REGULAR PIPE]

58. Before you first tried IQOS, had you completely stopped/quit smoking cigars (including regular cigars, cigarillos, or little filtered cigars)?

Yes... ☐ 1 [CONTINUE TO Q.59]

No... ☐ 2 [SKIP TO Q.60/REGULAR PIPE]

59. Before you first tried IQOS, how long had you not been smoking cigars (including regular cigars, cigarillos, or little filtered cigars)?

- 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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11. Regular Pipe – Use At Time of Assessment

REGULAR PIPE USE

[ASK EVERYONE]

60. 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.



61. Have you EVER 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.72/HOOKAH]

62. How many bowls filled with **pipe tobacco** have you smoked in your ENTIRE LIFE?

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.

63. 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

64. During the past 30 days, have you smoked a pipe filled with **pipe tobacco**, even once?

Yes..... ☐ 1

No..... ☐ 2

[ASK Q.65 IF Q.64 = 1; OTHERWISE, SKIP TO Q.66]

65. 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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12. Regular Pipe – Use Prior to First Trying IQOS (CEIU Only)

CURRENT ESTABLISHED IQOS USER

REGULAR PIPE EVER TRIERS [Q.61 = “YES”] – LIFETIME USE AND USE 30 DAYS BEFORE IQOS

(ASK IF CURRENT ESTABLISHED IQOS USER AND REGULAR PIPE EVER TRIER; OTHERWISE, SKIP TO Q.72/HOOKAH)

The next series of questions focus on your use of both pipe tobacco and IQOS. This is different than the questions you just answered, those asked about your use of pipe tobacco and IQOS independent from one another.

66. Before you first tried IQOS, had you EVER smoked tobacco in a pipe EVENONCE?

Yes... ☐ 1

No... ☐ 2

[SKIP TO Q.72/HOOKAH]

67a. Before you first tried IQOS, how many bowls filled with pipe tobacco had you smoked in your ENTIRE LIFE?
[PROGRAMMING: ONLY DISPLAY RANGE OF RESPONSES UP TO RANGE THAT INCLUDES PARTICIPANTS ANSWER TO Q.62. IF “LESS THAN 1 OR 1” IN Q.62, AUTO PUNCH “LESS THAN 1 OR 1” IN Q.67a AND SKIP TO INSTRUCTION BEFORE Q.67b.]

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.

[ASK Q.67b IF Q.63 = 1; OTHERWISE, SKIP TO Q.68]

67b. Before you first tried IQOS, had 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

68. During the 30 days before you first tried IQOS, did you smoke tobacco in a pipe every day, some days or not at all?

Every day..... ☐ 1

Some days..... ☐ 2

Not at all ☐ 3

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CURRENT REGULAR PIPE USERS [Q.64 = “YES”] – RELATIVE USE

[ASK Q.69 IF CURRENT ESTABLISHED IQOS USER AND CURRENT PIPE USER AND Q.68 = 1 OR 2; OTHERWISE, SKIP TO INSTRUCTIONS BEFORE Q.70]

69. The next item asks you to compare how much you smoke tobacco in a pipe now compared to how much you smoked tobacco in a pipe before you first tried IQOS.

Please complete the following sentence:

Compared to the 30 days before I first tried IQOS...

- I now smoke fewer bowls of tobacco in a pipe per day..... ☐ 1
- I now smoke more bowls of tobacco in a pipe per day..... ☐ 2
- The number has **not** changed*; I smoke the same number of
bowls of tobacco in a pipe per day now as I did then..... ☐ 3

CURRENT REGULAR PIPE USERS [Q.64 = “YES”] – RE-INITIATION OF REGULAR PIPE AFTER TRYING IQOS

[CONTINUE WITH Q.70 IF CURRENT ESTABLISHED IQOS USER AND CURRENT PIPE USER AND Q.68 = 3; OTHERWISE, SKIP TO Q.72/HOOKAH]

70. Before you first tried IQOS, had you completely stopped/quit smoking tobacco in a pipe?

Yes... ☐ 1 [CONTINUE TO Q.71]

No... ☐ 2 [SKIP TO Q.72/HOOKAH]

71. Before you first tried IQOS, how long had you not been smoking tobacco in a pipe?

- 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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13. Hookah Pipe – Use At Time of Assessment

HOOKAH PIPE USE

[ASK EVERYONE]

72. 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.



73. Have you EVER 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.85/ELECTRONIC NICOTINE PRODUCTS]

74. On how many times have you smoked **tobacco** in a hookah in your life? Count each sitting or session where you smoked tobacco in a hookah, whether alone or with others.

- 1 to 10 ☐ 1
 11 to 20 ☐ 2
 21 to 50 ☐ 3
 51 to 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.

75. 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

76. During the past 30 days, have you smoked **tobacco** in a hookah, even once?

- Yes..... ☐ 1
 No..... ☐ 2

[ASK Q.77 IF Q.76 = 1; OTHERWISE, SKIP TO Q.78]

77. 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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14. Hookah Use – Prior to First Trying IQOS (CEIU Only)

HOOKAH EVER TRIERS [Q.73 = “YES”] – LIFETIME USE AND USE 30 DAYS BEFORE TRYING IQOS

(ASK IF CURRENT ESTABLISHED IQOS USER AND REGULAR PIPE EVER TRIER; OTHERWISE, SKIP TO Q.85/ELECTRONIC NICOTINE PRODUCTS [ENP])

The next series of questions focus on your use of both tobacco in a hookah and IQOS. This is different than the questions you just answered, those asked about your use of tobacco in a hookah and IQOS independent from one another.

78. Before you first tried IQOS, had you EVER smoked tobacco in a hookah EVENONCE?

Yes... ☐ 1

No... ☐ 2

[SKIP TO Q.85/ENP]

79. Before you first tried IQOS, on how many times did you smoke **tobacco** in a hookah in your life? Count each sitting or session where you smoked tobacco in a hookah, whether alone or with others.

[PROGRAMMING: ONLY DISPLAY RANGE OF RESPONSES UP TO RANGE THAT INCLUDES PARTICIPANTS ANSWER TO Q.75. IF “Less than 1 or 1” IN Q.75, AUTO PUNCH “Less than 1 or 1” IN Q.79 AND SKIP TO INSTRUCTION BEFORE Q.80.]

- 1 to 10..... ☐ 1
- 11-20..... ☐ 2
- 21-50..... ☐ 3
- 51 - 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.

[ASK Q.80 IF Q.75 = 1; OTHERWISE, SKIP TO Q.81]

80. Before you first tried IQOS, had 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 smoking tobacco in a hookah every day, a few times every week, only on the weekend, etc.

Yes... ☐ 1

No... ☐ 2

81. During the 30 days before you first tried IQOS, did you smoke tobacco in a hookah every day, some days or not at all?

- Every day..... ☐ 1
- Some days..... ☐ 2
- Not at all..... ☐ 3

CURRENT HOOKAH USE [Q.76 = “YES”] – RELATIVE USE

[ASK Q.82 IF CURRENT ESTABLISHED IQOS USER AND CURRENT HOOKAH PIPE USER AND Q.81 = 1 OR 2; OTHERWISE, SKIP TO INSTRUCTIONS BEFORE Q.85]

82. The next item asks you to compare how much you smoke tobacco in a hookah now compared to how much you smoked tobacco in a hookah before you first tried IQOS.

Please complete the following sentence:

Compared to the 30 days before I first tried IQOS...

I now smoke tobacco in a hookah fewer times per day ☐ 1

I now smoke tobacco in a hookah more times per day ☐ 2

*The number has **not** changed;* I smoke tobacco in a hookah the same number of times per day now as I did then..... ☐ 3

CURRENT HOOKAH USE [Q.76 = “YES”] – RE-INITIATION OF HOOKAH PIPE AFTER TRYING IQOS

[CONTINUE WITH Q.83 IF CURRENT ESTABLISHED IQOS USER AND CURRENT HOOKAH USER AND Q.81 = 3; OTHERWISE, SKIP TO Q.85/ENP]

83. Before you first tried IQOS, had you completely stopped/quit smoking tobacco in a hookah?

Yes... ☐ 1 [CONTINUE TO Q.84]

No... ☐ 2 [SKIP TO Q.85/ENP]

84. Before you first tried IQOS, how long had you not been smoking tobacco in a hookah?

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. Electronic Nicotine Product – Use At Time of Assessment

ELECTRONIC NICOTINE PRODUCT USE

[ASK EVERYONE]

85. 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.

86. Have you EVER used any **electronic nicotine product** EVEN ONE TIME?

Yes... ☐ 1

No... ☐ 2

[SKIP TO Q.101/SMOKELESS]

87. 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. With that in mind, how many **electronic nicotine product** use occasions have you had in your ENTIRE LIFE?

- | | |
|-------------------|-------------------------|
| 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.

88. 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





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

Yes..... ☐ 1 [CONTINUE TO Q.90]

No..... ☐ 2 [SKIP TO Q.94]





CURRENT ENP [Q.89 = “YES”] USERS – TYPES OF ENP CURRENTLY USED

90. Which type(s) of electronic nicotine products do you currently use? (SELECT ALL THAT APPLY)
 [PROGRAMMING: RANDOMIZE RESPONSE OPTIONS EXCEPT “OTHER” AND “NOT SURE OF TYPE.”]

- | | | |
|---|--|--------------------------|
|  | Disposable electronic nicotine products that you use until it no longer works and then dispose of..... | <input type="radio"/> 01 |
|  | Electronic nicotine products with a rechargeable battery and pre-filled cartridges that are replaced | <input type="radio"/> 02 |
|  | Rechargeable electronic nicotine products with a pre-filled pod or pre-filled tank that are <u>not</u> intended to be refillable..... | <input type="radio"/> 03 |
|  | Electronic nicotine products that you refill with e-liquid | <input type="radio"/> 04 |
| [NO IMAGE] | Other type of electronic nicotine product | <input type="radio"/> 05 |
| [NO IMAGE] | Not sure of type..... | <input type="radio"/> 06 |

[ASK Q.91 AMONG CURRENT ELECTRONIC NICOTINE PRODUCT USERS THAT HAD MORE THAN ONE TYPE MENTIONED IN Q.90; OTHERWISE, SKIP TO Q.92]

91. Which type of electronic nicotine product are you currently using most often? (SELECT ONE ANSWER)
 [PROGRAMMING: PIPE IN ANSWERS FROM Q.92; PRESENT RESPONSE OPTIONS IN SAME ORDER AS IN Q.92]

- | | | |
|---|--|--------------------------|
|  | Disposable electronic nicotine products that you use until it no longer works and then dispose of..... | <input type="radio"/> 01 |
|  | Electronic nicotine products with a rechargeable battery and pre-filled cartridges that are replaced | <input type="radio"/> 02 |
|  | Rechargeable electronic nicotine products with a pre-filled pod or pre-filled tank that are <u>not</u> intended to be refillable..... | <input type="radio"/> 03 |
|  | Electronic nicotine products that you refill with e-liquid | <input type="radio"/> 04 |
| [NO IMAGE] | Other type of electronic nicotine product | <input type="radio"/> 05 |
| [NO IMAGE] | Not sure of type..... | <input type="radio"/> 06 |

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CURRENT ENP USERS [Q.89 = “YES”] – P30-DAY ENP USE

[CONTINUE WITH Q.92 IF Q.89 = 1; OTHERWISE, SKIP TO Q.94]

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

_____ Days [DROP DOWN BOX: 1-30]

93. 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

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16. Electronic Nicotine Product – Use Prior to First Trying IQOS (CEIU ONLY)

ENP EVER TRIERS [Q.86 = “YES”] – LIFETIME USE AND USE 30 DAYS BEFORE TRYING IQOS

(ASK IF CURRENT ESTABLISHED IQOS USER AND ENP EVER TRIER; OTHERWISE, SKIP TO Q.101/SMOKELESS)

The next series of questions focus on your use of both electronic nicotine products and IQOS. This is different than the questions you just answered, those asked about your use of electronic nicotine products and IQOS independent from one another.

94. Before you first tried IQOS, had you EVER used an electronic nicotine product EVEN ONCE?

Yes... ☐ 1

No... ☐ 2 [SKIP TO Q.101/SMOKELESS]

95. 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, before you first tried IQOS, how many electronic nicotine product use occasions have you had in your ENTIRE LIFE?

[PROGRAMMING: ONLY DISPLAY RANGE OF RESPONSES UP TO RANGE THAT INCLUDES PARTICIPANTS ANSWER TO Q.87. IF “1” IN Q.87, AUTO PUNCH “1” IN Q.95 AND SKIP TO INSTRUCTION BEFORE Q.96.]

- | | |
|-------------------|-------------------------|
| 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.

[ASK Q.96 IF Q.88 = 1; OTHERWISE, SKIP TO Q.97]

96. Before you first tried IQOS, had you ever used electronic nicotine products on a CONSISTENT BASIS? By consistent basis we mean using the product routinely or with some type of regularity. Examples might include using other electronic nicotine products every day, a few times every week, only on the weekend, etc.

Yes... ☐ 1

No... ☐ 2

97. During the 30 days before you first tried IQOS, did you use electronic nicotine products every day, some days or not at all?

- | | |
|-----------------|-------------------------|
| Every day..... | <input type="radio"/> 1 |
| Some days..... | <input type="radio"/> 2 |
| Not at all..... | <input type="radio"/> 3 |

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CURRENT ENP [Q.89 = “YES”] – RELATIVE USE

[ASK Q.98 IF CURRENT ESTABLISHED IQOS USER AND CURRENT ELECTRONIC NICOTINE PRODUCT USER AND Q.97 = 1 OR 2; OTHERWISE, SKIP TO INSTRUCTIONS BEFORE Q.99]

98. The next item asks you to compare how much you use electronic nicotine products now compared to how much you used electronic nicotine products before you first tried IQOS.

Please complete the following sentence:

Compared to **the 30 days before** I first tried IQOS...

- I now use electronic nicotine products fewer occasions per day..... ☐ 1
 I now use electronic nicotine products more occasions per day ☐ 2
*The number has **not** changed*; I use electronic nicotine products the
same number of occasions per day now as I did then ☐ 3

CURRENT ENP [Q.89 = “YES”] – RE-INITIATION OF ENP AFTER TRYING IQOS

[CONTINUE WITH Q.99 IF CURRENT ESTABLISHED IQOS USER AND CURRENT ELECTRONIC NICOTINE PRODUCT USER AND Q.97 = 3; OTHERWISE, SKIP TO Q.101/SMOKELESS]

99. Before you first tried IQOS, had you completely stopped/quit using electronic nicotine products?

Yes... ☐ 1 [CONTINUE TO Q.100] No... ☐ 2 [SKIP TO Q.101/SMOKELESS]

100. Before you first tried IQOS, how long had you not been using electronic nicotine products?

- 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. Smokeless Tobacco – Use At Time of Assessment

SMOKELESS TOBACCO USE

[ASK EVERYONE]

101. 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.



102. Have you EVER used **smokeless tobacco**, including chewing tobacco, dip, snuff, or a snus pouch, EVEN ONE TIME?

Yes... ☐ 1

No... ☐ 2

[SKIP TO Q.115/ORAL NICOTINE]

103. How many times have you used **smokeless tobacco** in your ENTIRE LIFE?

- | | |
|-------------------|-------------------------|
| 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.

104. 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

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

- Yes..... ☐ 1
No..... ☐ 2

[ASK Q.106 IF Q.105 = 1; OTHERWISE, SKIP TO Q.107]

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

[DROP DOWN BOX - 1-30] _____ Days

18. Smokeless Tobacco – Use Prior to First Trying IQOS (CEIU ONLY)

SMOKELESS EVER TRIERS [Q.102 = “YES”] – LIFETIME USE AND USE 30 DAYS BEFORE TRYING IQOS

(ASK IF CURRENT ESTABLISHED IQOS USER AND SMOKELESS EVER TRIER; OTHERWISE, SKIP TO Q.115/ORAL NICOTINE)

107. The next series of questions focus on your use of both smokeless tobacco and IQOS. This is different than the questions you just answered those asked about your use of smokeless tobacco and IQOS independent from one another.

108. Before you first tried IQOS, had you EVER used smokeless tobacco EVEN ONCE?

- Yes... ☐ 1 No... ☐ 2
[SKIP TO Q.115/ORAL NICOTINE]

109. Before you first tried IQOS, how many times had you used smokeless tobacco in your ENTIRE LIFE?

[PROGRAMMING: ONLY DISPLAY RANGE OF RESPONSES UP TO RANGE THAT INCLUDES PARTICIPANTS ANSWER TO Q.103. IF “1” IN Q.103, AUTO PUNCH “1” IN Q.109 AND SKIP TO INSTRUCTION BEFORE Q.110.]

- 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.

[ASK Q.110 IF Q.104 = 1; OTHERWISE, SKIP TO Q.111]

110. Before you first tried IQOS, had 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

111. During the **30 days before** you first tried IQOS, did you use smokeless tobacco every day, some days or not at all?

- Every day..... ☐ 1
Some days..... ☐ 2
Not at all ☐ 3

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CURRENT SMOKELESS USERS [Q.105 = “YES”] – RELATIVE USE

[ASK Q.112 IF CURRENT ESTABLISHED IQOS USER AND CURRENT SMOKELESS TOBACCO USER AND Q.111 = 1 OR 2; OTHERWISE, SKIP TO INSTRUCTIONS BEFORE Q.113]

112. The next item asks you to compare how much you use smokeless tobacco now compared to how much you used smokeless tobacco before you first tried IQOS.

Please complete the following sentence:

Compared to the 30 days before I first tried IQOS...

- I now use smokeless tobacco fewer times per day..... ☐ 1
- I now use smokeless tobacco more times per day..... ☐ 2
- The number has **not** changed;* I use smokeless tobacco the
same number of times per day now as I did then..... ☐ 3

CURRENT SMOKELESS USERS [Q.105 = “YES”] – RE-INITIATION OF USING SMOKELESS TOBACCO AFTER TRYING IQOS

[CONTINUE WITH Q.113 IF CURRENT ESTABLISHED IQOS USER AND CURRENT SMOKELESS TOBACCO USER AND Q.111 = 3; OTHERWISE, SKIP TO Q.115/ORAL NICOTINE]

113. Before you first tried IQOS, had you completely stopped/quit using smokeless tobacco?

Yes... ☐ 1 [CONTINUE TO Q.114] No... ☐ 2 [SKIP TO Q.115/ORAL NICOTINE]

114. Before you first tried IQOS, how long had you not been using smokeless tobacco?

- 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

19. Oral Nicotine – Use At Time of Assessment

ORAL TOBACCO-DERIVED NICOTINE PRODUCT USE

[ASK EVERYONE]

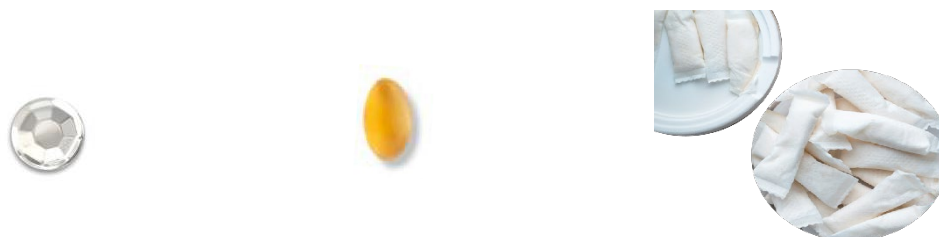
115. Please look at and read the description of these oral tobacco-derived nicotine products before answering questions about them.

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.



116. Have you EVER used an **oral tobacco-derived nicotine product**, EVEN ONE TIME?

Yes... ☐ 1

No... ☐ 2

[SKIP TO INSTRUCTIONS ABOVE Q.128/INITIATION]

117. How many times have you used an **oral tobacco-derived nicotine product** in your ENTIRE LIFE?

- | | |
|-------------------|-------------------------|
| 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.

118. 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

119. During the past 30 days, have you used an **oral tobacco-derived nicotine product**, even once?

Yes..... ☐ 1

No..... ☐ 2

[ASK Q.120 IF Q.119 = 1; OTHERWISE, SKIP TO Q.121]

120. 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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20. Oral Nicotine Use – Prior to First Trying IQOS (CEIU ONLY)

ORAL NICOTINE EVER TRIERS [Q.116 = “YES”] – LIFETIME USE AND USE 30 DAYS BEFORE TRYING IQOS

(ASK IF CURRENT ESTABLISHED IQOS USER AND ORAL NICOTINE EVER TRIER; OTHERWISE, SKIP TO Q.128/INITIATION)

The next series of questions focus on your use of both oral tobacco-derived nicotine products and IQOS. This is different than the questions you just answered, those asked about your use of oral tobacco-derived nicotine products and IQOS independent from one another.

121. Before you first tried IQOS, had you EVER used an oral tobacco-derived nicotine product EVENONCE?

Yes... ☐ 1

No... ☐ 2

[SKIP TO INSTRUCTIONS ABOVE Q.128/INITIATION]

122. Before you first tried IQOS, how many times had you used an oral tobacco-derived nicotine product in your ENTIRE LIFE?
[PROGRAMMING: ONLY DISPLAY RANGE OF RESPONSES UP TO RANGE THAT INCLUDES PARTICIPANTS ANSWER TO Q.117. IF “1” IN Q.117, AUTO PUNCH “1” IN Q.122 AND SKIP TO INSTRUCTION BEFORE Q.123.]

- | | |
|-------------------|-------------------------|
| 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.

[ASK Q.123 IF Q.118 = 1; OTHERWISE, SKIP TO Q.124]

123. Before you first tried IQOS, had 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 oral tobacco-derived nicotine products every day, a few times every week, only on the weekend, etc.

Yes... ☐ 1

No... ☐ 2

124. During the 30 days before you first tried IQOS, did you use oral tobacco-derived nicotine products every day, some days or not at all?

- | | |
|------------------|-------------------------|
| Every day..... | <input type="radio"/> 1 |
| Some days..... | <input type="radio"/> 2 |
| Not at all | <input type="radio"/> 3 |

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CURRENT ORAL NICOTINE USERS [Q.119 = “YES”] – RELATIVE USE

[ASK Q.125 IF CURRENT ESTABLISHED IQOS USER AND CURRENT ORAL TOBACCO-DERIVED NICOTINE PRODUCT USER AND Q.124 = 1 OR 2; OTHERWISE, SKIP TO INSTRUCTIONS BEFORE Q.126]

125. The next item asks you to compare how much you use oral tobacco-derived nicotine products now compared to how much you used oral tobacco-derived nicotine products before you first tried IQOS.

Please complete the following sentence:

Compared to **the 30 days before** I first tried IQOS...

- I now use oral tobacco-derived nicotine products fewer times per day..... ☐ 1
- I now use oral tobacco-derived nicotine products more times per day..... ☐ 2
- The number has **not** changed;* I use oral tobacco-derived nicotine products the same number of times per day now as I did then ☐ 3

CURRENT ORAL NICOTINE USERS [Q.119 = “YES”] – RE-INITIATION OF USING ORAL TOBACCO-DERIVED NICOTINE PRODUCT AFTER TRYING IQOS

[CONTINUE WITH Q.126 IF CURRENT ESTABLISHED IQOS USER AND CURRENT ORAL TOBACCO-DERIVED NICOTINE PRODUCT USER AND Q.124 = 3; OTHERWISE, SKIP TO INSTRUCTION BEFORE Q.128/INITIATION]

126. Had you completely stopped/quit using oral tobacco-derived nicotine products before you first tried IQOS?

Yes... ☐ 1 [CONTINUE TO Q.127]

No... ☐ 2 [SKIP TO INSTRUCTION BEFORE Q.128]

127. Before you first tried IQOS, how long had you not been using oral tobacco-derived nicotine products?

- 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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21. Tobacco and/or Nicotine Product Initiation

INITIATION

PROGRAMMER: FOR CURRENT ESTABLISHED IQOS USERS,

- 1) PIPE IN IQOS PLUS ALL OTHER PRODUCTS THAT WERE “YES” IN Q.48 (CIGAR), Q.60 (REGULAR PIPE), Q.72 (HOOKAH), Q.85 (ELECTRONIC NICOTINE PRODUCTS), Q.101 (SMOKELESS), AND Q.115 (ORAL NICOTINE PRODUCTS) **EXCEPT** IF “YES” SELECTED IN Q.54 (CIGAR), Q.66 (REGULAR PIPE), Q.78 (HOOKAH), Q.94 (ELECTRONIC NICOTINE PRODUCTS), Q.108 (SMOKELESS), AND Q.121 (ORAL NICOTINE PRODUCTS) [I.E., USED ANOTHER TOBACCO PRODUCT BEFORE TRYING IQOS], **THEN** DO NOT SHOW “IQOS” AS A RESPONSE OPTION.] AND
- 2) IF “NO” SELECTED IN ANY OF THE FOLLOWING QUESTIONS: Q.54 (CIGAR), Q.66 (REGULAR PIPE), Q.78 (HOOKAH), Q.94 (ELECTRONIC NICOTINE PRODUCTS), Q.108 (SMOKELESS), AND Q.121 (ORAL NICOTINE PRODUCTS) [I.E., USED ANOTHER TOBACCO PRODUCT BEFORE TRYING IQOS], DO NOT SHOW PRODUCT ASSOCIATED WITH THAT QUESTION.]


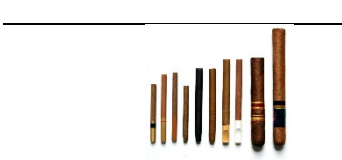
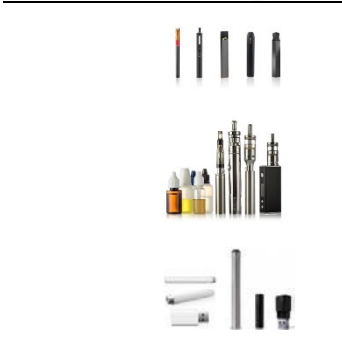

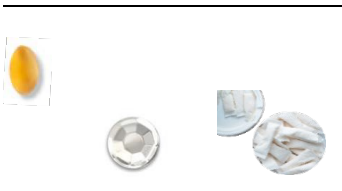
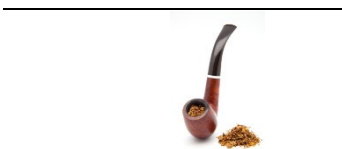



PROGRAMMER: CURRENT ESTABLISHED SMOKERS,

PIPE IN CIGARETTES PLUS ALL OTHER PRODUCTS THAT WERE “YES” IN Q.48 (CIGAR), Q.60 (REGULAR PIPE), Q.72 (HOOKAH), Q.85 (ELECTRONIC NICOTINE PRODUCTS), Q.101 (SMOKELESS), AND Q.115 (ORAL NICOTINE PRODUCTS).

[**PROGRAMMER:** IF ONLY ONE CATEGORY WILL BE PRESENTED, THEN AUTOFILL Q.128 WITH CATEGORY AND SKIP TO Q.129]

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128. What was the FIRST product that you EVER tried EVEN ONE TIME? (SELECT ONLY ONE ANSWER)
[PROGRAMMING: RANDOMIZE RESPONSE OPTIONS EXCEPT “OTHER”]

	Cigarettes.....	<input type="radio"/> 1
	Cigars (regular cigars, cigarillos, little filtered cigars.....	<input type="radio"/> 2
	Electronic nicotine products (e-cigarettes [e.g., vape, tank, pod, cartridge], e-hookah, e-cigar, or e-pipe).....	<input type="radio"/> 3
	IQOS.....	<input type="radio"/> 4
	Oral tobacco-derived nicotine products.....	<input type="radio"/> 5
	Regular pipe you fill with tobacco.....	<input type="radio"/> 6
	Water pipe or hookah that you fill with tobacco.....	<input type="radio"/> 7
	Smokeless tobacco (chewing tobacco, dip/snuff, snus pouches).....	<input type="radio"/> 8
	Other tobacco product not listed	<input type="radio"/> 9

FIRST PRODUCT USED ON CONSISTENT BASIS

PROGRAMMER: PIPE IN ALL PRODCUTS USED ON A CONSISTENT BASIS [I.E., “YES” IN Q.29 (CIGARETTE), Q.51 (CIGAR), Q.63 (REGULAR PIPE, Q.75 (HOOKAH), Q.88 (ELECTRONIC NICOTINE PRODUCTS), Q.104 (SMOKELESS), Q.118 (ORAL NICOTINE PRODUCTS).

IF “NO” TO ALL, SKIP TO Q.130.

IF ONLY ONE CATEGORY WILL BE PRESENTED, THEN AUTOFILL Q.129 WITH CATEGORY AND SKIP TO INSTRUCTIONS BEFORE Q.130.

PRESENT PRODUCTS IN THE SAME ORDER AS IN Q.128

129. What was the FIRST product that you EVER used on a CONSISTENT BASIS? (SELECT ONLY ONE ANSWER)



Cigarettes..... ☐ 1



Cigars (regular cigars, cigarillos, little filtered cigars..... ☐ 2



Electronic nicotine products (e-cigarettes [e.g., vape, tank, pod, cartridge], e-hookah, e-cigar, or e-pipe)..... ☐ 3

[IMAGE PLACEHOLDER]

IQOS..... ☐ 4



Oral tobacco-derived nicotine products..... ☐ 5



Regular pipe you fill with tobacco..... ☐ 6



Water pipe or hookah that you fill with tobacco..... ☐ 7



Smokeless tobacco (chewing tobacco, dip/snuff, snus pouches)..... ☐ 8

[NO IMAGE]

Other tobacco product not listed ☐ 9

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22. Former Cigarette Smokers

FORMER CIGARETTE SMOKERS

[CONTINUE USE Q.130 IF “NO” TO CIGARETTES IN Q.30; OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.135/NEXT TOBACCO PRODUCT.]

130. Earlier you indicated that you had smoked cigarettes in the past, but do not smoke cigarettes at all now. For how long did you smoke cigarettes? Do not count times when you stopped smoking cigarettes for any reason (trying to quit, long illness, etc.).

[PROGRAMMER: USE DROP DOWN FOR YEARS AND MONTHS]

_____ Years _____ Months

[YEARS RANGE=USE RESPONDENT AGE FOR MAX YEARS; MONTHS RANGE=0-11]

131. Have you completely stopped/quit smoking cigarettes?
Yes... ☐ 1 No... ☐ 2

132. How long has it been since you last smoked cigarettes?

- 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

[CONTINUE WITH Q.133 IF CURRENT ESTABLISHED IQOS USER AND Q.40 = 1; OTHERWISE, SKIP TO Q.135]

133. Was the last time you smoked cigarettes...?
Before trying IQOS for the first time..... ☐ 1 → [CONTINUE]
After trying IQOS for the first time ☐ 2 → [SKIP TO Q.135]

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134. Before you tried IQOS for the first time, how long had you not smoked cigarettes?

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

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23. Former Cigar Smokers

FORMER CIGAR SMOKERS

[CONTINUE WITH Q.135 IF “NO” TO CIGARS IN Q.52; OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.139/NEXT TOBACCO PRODUCT.]

135. Earlier 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

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

- 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

[CONTINUE WITH Q.137 IF CURRENT ESTABLISHED IQOS USER AND Q.54 = 1; OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.139]

137. Was the last time you smoked cigars...?

Before trying IQOS for the first time..... ☐ 1 → [CONTINUE]

After trying IQOS for the first time ☐ 2 → [SKIP TO INSTRUCTIONS
ABOVE Q.139]

138. Before you tried IQOS for the first time, how long had you not smoked cigars?

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

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24. Former Regular Pipe Users

FORMER REGULAR PIPE USERS

[CONTINUE WITH Q.139 IF “NO” TO REGULAR PIPE IN Q.64; OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.143/NEXT TOBACCO PRODUCT.]

139. Earlier 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

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

- 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

[CONTINUE WITH Q.141 IF CURRENT ESTABLISHED IQOS USER AND Q.66 = 1; OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.143]

141. Was the last time you smoked tobacco in a pipe...?

Before trying IQOS for the first time.....

☐ 1 → [CONTINUE]

After trying IQOS for the first time

☐ 2 → [SKIP TO INSTRUCTIONS
ABOVE Q.143]

142. Before you tried IQOS for the first time, how long had you not smoked tobacco in a pipe?

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

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25. Former Hookah Users

FORMER HOOKAH USERS

[CONTINUE WITH Q.143 IF “NO” TO HOOKAH IN Q.76; OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.147/NEXT TOBACCO PRODUCT.]

143. Earlier 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

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

- 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

[CONTINUE WITH Q.145 IF CURRENT ESTABLISHED IQOS USER AND Q.78 = 1; OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.147]

145. Was the last time you smoked tobacco in a hookah...?

Before trying IQOS for the first time.....

☐ 1 → [CONTINUE]

After trying IQOS for the first time

☐ 2 → [SKIP TO INSTRUCTIONS
ABOVE Q.147]

146. Before you tried IQOS for the first time, how long had you not smoked tobacco in a hookah?

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

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26. Former Electronic Nicotine Product User

FORMER ELECTRONIC NICOTINE PRODUCT USERS

[CONTINUE WITH Q.147 IF “NO” TO ELECTRONIC NICOTINE PRODUCT USE IN Q.89; OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.151/NEXT TOBACCO PRODUCT.]

147. Earlier 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

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

- 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

[CONTINUE WITH Q.149 IF CURRENT ESTABLISHED IQOS USER AND Q.94 = 1; OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.147]

149. Was the last time you used all electronic nicotine products...?

Before trying IQOS for the first time.....

☐ 1 → [CONTINUE]

After trying IQOS for the first time

☐ 2 → [SKIP TO INSTRUCTIONS
ABOVE Q.141]

150. Before you tried IQOS for the first time, how long had you not used all electronic nicotine products?

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

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27. Former Smokeless Tobacco User

FORMER SMOKELESS TOBACCO USERS

[CONTINUE WITH Q.151 IF “NO” TO SMOKELESS TOBACCO IN Q.105; OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.155/NEXT TOBACCO PRODUCT.]

151. Earlier 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

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

- 1 month..... ☐ 2
2 months..... ☐ 3
3 months..... ☐ 4
4 months..... ☐ 5
5 months..... ☐ 6
6 months..... ☐ 7
7 months..... ☐ 8
8 months..... ☐ 9
9 months..... ☐ 10
10 months..... ☐ 11
11 months..... ☐ 12
12 months..... ☐ 13
More than 12 months..... ☐ 14

[CONTINUE WITH Q.153 IF CURRENT ESTABLISHED IQOS USER AND Q.108 = 1; OTHERWISE, SKIP TO INSTRUCTIONS ABOVE Q.155]

153. Was the last time you used smokeless tobacco...?

Before trying IQOS for the first time.....

☐ 1 → [CONTINUE]

After trying IQOS for the first time

☐ 2 → [SKIP TO INSTRUCTIONS ABOVE Q.155]

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154. Before you tried IQOS for the first time, how long had you not used smokelesstobacco?

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

28. Former Oral Nicotine User

FORMER ORAL TOBACCO-DERIVED NICOTINE PRODUCT USERS

[CONTINUE WITH Q.155 IF “NO” TO ORAL TOBACCO-DERIVED NICOTINE PRODUCTS IN Q.119; OTHERWISE, SKIP TO Q.159.]

155. Earlier 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

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

- | | |
|---------------------------|--------------------------|
| 1 month..... | <input type="radio"/> 1 |
| 2 months | <input type="radio"/> 2 |
| 3 months | <input type="radio"/> 3 |
| 4 months | <input type="radio"/> 4 |
| 5 months | <input type="radio"/> 5 |
| 6 months | <input type="radio"/> 6 |
| 7 months | <input type="radio"/> 7 |
| 8 months | <input type="radio"/> 8 |
| 9 months | <input type="radio"/> 9 |
| 10 months | <input type="radio"/> 10 |
| 11 months | <input type="radio"/> 11 |
| 12 months | <input type="radio"/> 12 |
| More than 12 months | <input type="radio"/> 13 |

[CONTINUE WITH Q.157 IF CURRENT ESTABLISHED IQOS USER AND Q.121 = 1; OTHERWISE, SKIP TO Q.159]

157. Was the last time you used oral tobacco-derived nicotine products...?

Before trying IQOS for the first time..... ☐ 1 → [CONTINUE]

After trying IQOS for the first time ☐ 2 → [SKIP TO Q.159]

158. Before you tried IQOS for the first time, how long had you not used oral tobacco-derived nicotine products?

- | | |
|----------------------------------|--------------------------|
| Less than 1 month before | <input type="radio"/> 0 |
| 1 month before | <input type="radio"/> 1 |
| 2 months before | <input type="radio"/> 2 |
| 3 months before | <input type="radio"/> 3 |
| 4 months before | <input type="radio"/> 4 |
| 5 months before | <input type="radio"/> 5 |
| 6 months before | <input type="radio"/> 6 |
| 7 months before | <input type="radio"/> 7 |
| 8 months before | <input type="radio"/> 8 |
| 9 months before | <input type="radio"/> 9 |
| 10 months before | <input type="radio"/> 10 |
| 11 months before | <input type="radio"/> 11 |
| 12 months before | <input type="radio"/> 12 |
| More than 12 months before | <input type="radio"/> 13 |

29. Use of Tobacco Cessation Treatments

USE OF TOBACCO CESSATION TREATMENTS

[ASK EVERYONE]

159. When was the last time 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).

- Within the past 30 days ☐ 1
- More than 30 days ago but within 12 months..... ☐ 2
- More than 12 months ago..... ☐ 3
- Never ☐ 4
- Don’t Know ☐ 5
- Prefer not to answer ☐ 6

30. Risk perceptions: Risk of Smoking Cigarettes

RISK PERCEPTIONS

[ASK EVERYONE]

160. 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.

[CONTINUE TO Q.161]

161. 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"/>

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an earlier death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Risk Perceptions: Risks of Using IQOS

[ASK EVERYONE]

162. 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.

[CONTINUE TO Q.163]

163. 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"/>

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an earlier death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Risk Perceptions: Remaining Risk After Complete Smoking Cessation

[ASK EVERYONE]

164. This section asks about the ***risks that remain after SMOKERS completely quit smoking cigarettes***. After reading each question, select the answer that best reflects your opinion, 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.

[CONTINUE TO Q.165]

165. For each of the following, what do you think is **the lifetime remaining health risk** to **SMOKERS** who completely quit 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"/>

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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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33. Risk Perceptions: Exposure to HPHCs

[ASK EVERYONE]

166. 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.167 IF “HAVE LESS EXPOSURE...” SELECTED IN Q.166; OTHERWISE, SKIP TO INSTRUCTION BEFORE Q.162]

167. 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

34. Risk Perceptions: Nicotine Harmfulness

[ASK EVERYONE]

168. 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

169. 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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35. Cigarette Dependence

PROGRAMMER:

ASK Q.170-175 FOR CURRENT CIGARETTE SMOKERS AND ASK Q.176-181 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 35 AND SECTION 36).

OTHERWISE SKIP TO INTRODUCTION BEFORE Q.182/ADDITIONAL SOCIODEMOGRAPHIC CHARACTERISTICS.

170. 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

171. 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

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

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

[DO NOT DISPLAY Q.173. AUTO-CODE TO CATEGORY BASED ON RESPONSE TO Q.32.]

173. How many cigarettes per day do you smoke?

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

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

- Yes... ☐ 1 No... ☐ 2

175. 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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36. IQOS Dependence

176. How soon after you wake up do you use your first IQOS [NAME]¹ heated tobacco stick?

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

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

- Yes... ☐ 1 No... ☐ 2

178. Which IQOS [NAME]¹ heated tobacco stick would you hate most to give up?

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

[DO NOT DISPLAY Q.179. AUTO-CODE TO CATEGORY BASED ON RESPONSE TO Q.24.]

179. How many IQOS [NAME]¹ heated tobacco sticks per day do you use?

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

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

- Yes... ☐ 1 No... ☐ 2

181. Do you use IQOS [NAME]¹ 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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37. Additional Sociodemographic Characteristics

ADDITIONAL SOCIODEMOGRAPHIC CHARACTERISTICS

[ASK EVERYONE]

Tobacco use and non-use is related to many types of social and individual characteristics. Other characteristics we ask about include race, physical activity, and health. The following questions about you, your income, employment, insurance, and sexual orientation are being asked for the same reason – to learn how tobacco use may be related to these characteristics.

Remember all information you give to the study will be kept private.

182. Are you Hispanic, Latino/a, or Spanish origin?

- Yes..... ☐ 1
No..... ☐ 2
Prefer not to answer.... ☐ 3

183. What race or races do you consider yourself to be? *Select all that apply.*

- White..... ☐ 1
Black/African American ☐ 2
Asian ☐ 3
Native Hawaiian or other Pacific Islander... ☐ 4
American Indian or Alaska Native ☐ 5
Other (SPECIFY:)_____ ☐ 6
Prefer not to answer..... ☐ 7

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

- Under \$20,000 ☐ 1
\$20,000 - \$29,999 ☐ 2
\$30,000 - \$39,999 ☐ 3
\$40,000 - \$49,999 ☐ 4
\$50,000 - \$59,999 ☐ 5
\$60,000 - \$74,999 ☐ 6
\$75,000 - \$99,999 ☐ 7
\$100,000 - \$149,999 ☐ 8
\$150,000 and over ☐ 9
Prefer not to answer ☐ 10

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185. What is the highest grade or year of school you completed? (SELECT ONE ANSWER)

- Never attended school or only attended kindergarten ☐ 1
- Grades 1 through 8 (elementary)..... ☐ 2
- Grades 9 through 12 (no diploma) ☐ 3
- High School Graduate (or equivalent/GED) ☐ 4
- Some college (1-4 years, no degree) ☐ 5
- Associates degree (including occupational or academic degrees)..... ☐ 6
- Bachelor's degree (BA, BS, AB, etc.)..... ☐ 7
- Master's degree (MA, MS, MENG, MSW, etc.) ☐ 8
- Professional school degree (MD, DDC, JD, etc.) ☐ 9
- Doctorate degree (PhD, EdD, etc.) ☐ 10
- Other ☐ 11

186. Are you currently...? (SELECT ONE ANSWER)

- Employed for wages ☐ 1
- Self-employed ☐ 2
- Out of work for more than 1 year ☐ 3
- Out of work for less than 1 year..... ☐ 4
- A homemaker..... ☐ 5
- A student..... ☐ 6
- Retired..... ☐ 7
- Unable to work..... ☐ 8

187. Have you EVER served on active duty in the U.S. Armed Forces, Military Reserves, or National Guard? Active duty does not include the regular training for the Reserves or Guard. It does include being activated for deployment, such as for the Iraq War. (SELECT ONE ANSWER)

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

188. What is your marital status? (SELECT ONE ANSWER)

- Married ☐ 1
- Widowed..... ☐ 2
- Divorced ☐ 3
- Separated ☐ 4
- Never married ☐ 5
- Living with partner ☐ 6
- I do not wish to answer..... ☐ 7

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189. What sex were you assigned at birth?

- Female..... ☐ 1
- Male..... ☐ 2
- Don't know ☐ 3
- Prefer not to answer ☐ 4

190. How would you describe your gender identity?

- Woman ☐ 1
- Man ☐ 2
- Non-binary ☐ 3
- Transgender ☐ 4
- Another term ☐ 5

191. Do you think of yourself as...? (SELECT ONE ANSWER)

- Heterosexual or straight ☐ 1
- Lesbian or gay ☐ 2
- Bisexual ☐ 3
- Something else..... ☐ 5
- Don't know/not sure..... ☐ 6
- I do not wish to answer..... ☐ 7

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38. Health-related Characteristics

HEALTH RELATED

[ASK Q.192 IF Q.189 = "FEMALE" AND AGE IS BETWEEN 21 TO 49 YEARS [HIDDEN/CALCULATED AGE VARIABLE = 21-49]]

192. Are you currently pregnant or nursing?

Yes... ☐ 1

No... ☐ 2

193. 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

194. 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

195. 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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39. Study Invitation – US Adult PMX Current Established IQOS User

[US ADULT PMX CURRENT ESTABLISHED IQOS USERS ONLY]

Thank you for participating in today's survey thus far. We would like to invite you to participate in a two-year, online study about your experiences with IQOS and any other tobacco products that you may use. The study entails completing five surveys over the next two years as follows: today's survey is Survey 1; Survey 2 (3 months from today); Survey 3 (6 months from today); Survey 4 (12 months from today); Survey 5 (18 months from today) and Survey 6 (24 months from today). Each survey varies in length and will ask about your use of tobacco products during the previous time period as well as other questions about you.

On the next screen is an informed consent statement which you will need to read. It provides more specifics about the study including compensation for your participation. If after reading this informed consent statement you agree to the terms of the study, you will then be asked some additional questions to complete today's survey, and then you will be enrolled in the two-year study.

196. Would you be willing to read the informed consent statement and participate in this study?

- Yes..... ☐ 1 [CONTINUE TO Q.17 COHORT INFORMED CONSENT]
No..... ☐ 2 [SKIP TO US ADULT PMX PARTICIPANT DEBRIEF, SECTION 40]

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40. US Adult PMX Participant Debrief

PARTICIPANT DEBRIEF

[CURRENT ESTABLISHED IQOS USER FROM US ADULT PMX AND Q.196 = 2]

Thank you for your time to complete this survey.

We would like to emphasize that, in conducting this research study, we were not trying to market, sell, or promote any tobacco or nicotine-containing product to you.

Nicotine is addictive. No amount of tobacco or nicotine-containing product use is safe.

For more information on the harms and risks associated with tobacco and nicotine-containing product use, visit <https://therealcost.betobaccofree.hhs.gov>.

It can be very difficult to quit using tobacco or nicotine-containing products altogether, but this fact should not deter those who smoke or use tobacco or nicotine-containing products from trying to quit.

For information on quitting tobacco or nicotine-containing products visit <https://smokefree.gov>"

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41. Health-related Quality of Life, Physical Functioning, & Mental Functioning (COHORT ONLY)

[ASK EVERYONE IN COHORT]

197. 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>
197a. 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
197b. 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
197c. 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
197d. 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
197e. 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
197f. 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

198. 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

199. 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

200. 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

201. 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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42. Signs & Symptoms (COHORT ONLY)

[ASK EVERYONE IN COHORT]

202. 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

203. 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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43. Additional Measures For Propensity Score (COHORT ONLY)

[ASK EVERYONE IN COHORT]

204. In the past 12 months, did any medical doctor, dentist or other health professional advise you to stop using tobacco products (or e-cigarettes)?

Yes... ☐ 1

No... ☐ 2

205. Considering all types of alcoholic beverages, how many times during the past 30 days did you have (IF 189 = 1, THEN INSERT "4". IF 189 = 2, THEN INSERT "5") or more drinks on an occasion? (PROGRAMMER: USE DROP DOWN FROM "0" TO "30 OR MORE")

_____Number of times

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44. End of Baseline / Participant Thank You (COHORT ONLY)

THANK YOU

[EVERYONE IN COHORT]

206. That concludes our interview for today. You will receive your next survey on or around (PROGRAMMER: INSERT DATE 3 MONTHS FROM TODAY). 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 surveys. To do so, please contact:

[CRO]²/ field work organization:

- By phone: 1-[XXX-XXX-XXXX]¹
- By email: [IRB EMAIL ADDRESS]¹

Please Reference Study: [REF #]¹

We will be sending reminder emails periodically with the subject line [ACTUAL TBD]² – 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.

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45. APPENDIX: U.S. State Codes

1. Alabama
2. Alaska
3. Arizona
4. Arkansas
5. California
6. Colorado
7. Connecticut
8. Delaware
9. District of Columbia
10. Florida
11. Georgia
12. Hawaii
13. Idaho
14. Illinois
15. Indiana
16. Iowa
17. Kansas
18. Kentucky
19. Louisiana
20. Maine
21. Maryland
22. Massachusetts
23. Michigan
24. Minnesota
25. Mississippi
26. Missouri
27. Montana
28. Nebraska
29. Nevada
30. New Hampshire
31. New Jersey
32. New Mexico
33. New York
34. North Carolina
35. North Dakota
36. Ohio
37. Oklahoma
38. Oregon
39. Pennsylvania
40. Rhode Island
41. South Carolina
42. South Dakota
43. Tennessee
44. Texas
45. Utah
46. Vermont
47. Virginia
48. Washington
49. West Virginia
50. Wisconsin
51. Wyoming