

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

UNITED STATES OF AMERICA,	(
	(
Plaintiff,	(
	(Civil Action No. 99-2496 (GK)
v.	(
	(
PHILIP MORRIS USA INC., et al.,	(
	(
Defendants.	(

EXPERT REPORT OF KELLY BLAKE, Sc.D.

February 3, 2011

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I. EXECUTIVE SUMMARY

I.1. Overview of Corrective Statements Remedy in *United States v. Philip Morris USA, Inc.*

- (1) As part of the Court's Final Order in *United States v. Philip Morris USA, Inc.*, 449 F. Supp. 2d 1 (D.D.C. 2006), *aff'd in part & vacated in part*, 566 F.3d 1095 (D.C. Cir. 2009) (*per curiam*), *cert. denied*, 561 U.S. ___, 130 S. Ct. 3501 (2010), issued on August 17, 2006, the Court ordered the Defendants to publish and disseminate court-approved corrective statements on five specific topics. The Court found that ordering the Defendants to make such corrective statements was "appropriate and necessary to prevent and restrain them from making fraudulent public statements on smoking and health matters in the future" (page 926).
- (2) Court-approved corrective statements were ordered to be published by the Defendants in newspapers and be disseminated through other channels such as television, cigarette package onserts, retail displays, advertisements, and on the Defendants' corporate Web sites. The corrective statements were ordered to address:
 - a. the adverse health effects of smoking;
 - b. the addictiveness of smoking and nicotine;
 - c. the lack of any significant health benefit from smoking "low tar," "light," "ultra light," "mild," and "natural" cigarettes;
 - d. the Defendants' manipulation of cigarette design and composition to ensure optimum nicotine delivery; and
 - e. the adverse health effects of exposure to secondhand smoke (also known as environmental tobacco smoke or ETS).

I.2. Background

- (3) I have been charged by the Department of Justice, as a Federal employee with the National Cancer Institute (NCI), under the National Institutes of Health (NIH) and U.S. Department of Health and Human Services (HHS). As part of this task, I have been

asked to provide a foundation of evidence to aid the Court's decision on what corrective statements to impose. I have been asked to evaluate the proposed corrective statements submitted to the Court in 2006 by the cigarette manufacturers and the Public Health Intervenors, and to develop and test a set of potential new corrective statements.

- (4) Any corrective statements would be made in the context of what the Court determined was the Defendants' 50-year history of misrepresenting the health consequences of smoking cigarettes. It is my intention that this report provide a scientific foundation of evidence to aid the Court in issuing the most effective corrective statements, and those with the least potential to have negative unintended consequences.
- (5) While working on this matter, I was assisted by a staff of tobacco control and communication scientists and statisticians from NCI, in addition to staff and researchers from the social marketing firm Salter>Mitchell and the survey research firm Knowledge Networks. I was also assisted by administrative and scientific staff from Information Management Systems and BLH Technologies, Inc. Additionally, over the course of my research, I consulted occasionally with staff members at the Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC).

I.3. Summary of NCI Corrective Statements Study

I.3.i. Overview

- (6) Media exposure is associated with health attitudes, knowledge, and behavior, and accurate knowledge has been a central component of effective health promotion in several areas.
- (7) Knowledge of the risks associated with tobacco use is not evenly distributed in the population. In particular, individuals with low socioeconomic status (SES) (using income, education, and occupation as markers of SES) are significantly more likely to believe myths about smoking and hold inaccurate beliefs about the risks of smoking.

- (8) Despite the success of several large-scale public health campaigns, there is evidence that some public health campaigns, including those with mass media components, have had ambiguous or no effects (e.g., the Stanford Five City Program and the COMMIT project). Moreover, there is evidence that some public health campaigns have resulted in unintended consequences such as boomerang effects and knowledge gaps.
- i. Boomerang Effects describe a phenomenon wherein significant portions of a mass media campaign's target audience are influenced in the opposite direction from what's intended.
 - ii. The Knowledge Gap Hypothesis documents a long-held observation that absent some conditions, the flow of information on a given topic can lead to differential learning among members of certain population groups, delineated by SES, race and ethnicity, and geographic area. A related concept, communication inequality, posits that differences in the way health information is created and distributed among and across groups can create knowledge gaps among those that do and do not receive adequate exposure to health information.
- (9) These unintended consequences underscore the need to carefully pre-test messages, plan for their dissemination, and conduct process evaluation. Message testing is the single best method to guard against counterproductive features of health communication endeavors that may produce undesired responses.
- (10) The study described in this report aimed to evaluate the proposed corrective statements submitted to the Court in 2006 by the cigarette manufacturers and the Public Health Intervenors, and to develop and evaluate potential new corrective statements.
- (11) Under my direction, qualitative and quantitative techniques were utilized to evaluate the proposed corrective statements on (a) cognitive outcomes such as knowledge, beliefs, confusion, trust, and future beliefs; (b) statement attributes such as attention and clarity of message; and (c) behavioral intentions around quitting smoking and staying quit in current and former smokers.

- (12) I also assessed how the proposed corrective statements may be differentially received and understood by several segments of the U.S. population, including youth (aged 14–17) and adults (aged 18+); English- and Spanish- dominant speakers; current, former, and never smokers; people of different races and ethnicities; and individuals of low socioeconomic status.
- (13) I assessed to what extent, if any, the proposed statements may have unintended consequences such as boomerang effects (e.g., causing smoking urges or negatively affecting behavioral intentions to quit or stay quit in current and former smokers) and to what extent the proposed statements may affect how people would respond to future misrepresentations about the health consequences of smoking.
- (14) Recommendations are based on data from adults and teens who participated in eight focus groups (N=62) and a nationally representative survey (N=3,617). To my knowledge, this is the most comprehensive research effort to date to evaluate the corrective statements remedy issued as part of *United States v. Philip Morris USA, Inc.*

I.3.ii. Phase I: Qualitative Evaluation

- (15) In Phase I of the study (qualitative phase), NCI contracted with the social marketing firm Salter>Mitchell (S>M) to conduct focus groups to test a series of potential corrective statements for use in *United States v. Philip Morris USA, Inc.* The objectives of this research were: to evaluate message comprehension; assess the potential for negative, unintended consequences such as boomerang effects, smoking urges, and knowledge gaps; compare potential corrective statements to determine which were the most effective; and winnow and enhance statements prior to the quantitative research phase.
- (16) Eight 90-minute focus groups were conducted from November 18 through December 2, 2010, to test the corrective statements with current, never, and former smokers of low SES and average/high SES, Spanish-dominant Hispanic adults, and teens aged 14–17 (smokers and nonsmokers).

- (17) The corrective statements tested were those proposed to the Court in 2006 by Defendants BATCo, Philip Morris, RJ Reynolds, and Lorillard; modified versions of those proposed in 2006 by the Public Health Intervenors; and a new set of statements prepared by the NCI in conjunction with S>M for this research. Corrective statements were tested in all five topic areas ordered by the Court. Thirty corrective statements were evaluated, covering the five topic areas ordered by the Court, with six statements tested for each topic area. Focus group participants were unaware of the sources of the corrective statements they were asked to evaluate.
- (18) Participants were asked to give feedback on corrective statements from the six different sources in all five topic areas. They were asked to read and identify the main idea of each potential corrective statement, and then to rank the statements within each topic area according to how clearly each communicated the corrective area topic, how well it caught their attention, and how much it would impact them personally. After participants described the reasons for their rankings, the focus groups then discussed the highest-ranked statements' likely impact on smoking perceptions and behaviors; any confusing language; believability; any new information; and potential impact on believing future "opposite claims." Finally, participants were asked to discuss the impact of the introductory text in some of the statements, expressly saying they were being issued as a result of a court order; and the impact of text in some of the statements, saying they were being sponsored by a particular cigarette manufacturer.
- (19) It is important to note that qualitative research is exploratory in nature and not intended to provide data that are quantifiable or "projectable" to a stated population. Rather, it is typically used to elicit reactions and ideas from participants about a particular topic in order to generate insights that can inform strategic decisions.
- (20) A summary of the Phase I focus group results is provided below:

- Participants felt the Intervenors' statements communicated messages more clearly than others and attracted their attention the most. They preferred statements that were direct and concise over statements that were long or wordy.
- While teens and Hispanics responded similarly to the general population groups, there was more variability within the teen and Hispanic groups than within the other focus groups.
- Participants used words like "scare tactics" to describe some of the cigarette-manufacturers' proposed statements that included long lists of diseases and conditions.
- Participants generally made a distinction between lists of health hazards (diseases) and statistics about deaths. They viewed lists of diseases as messages they are already used to seeing, while statistics about deaths seemed to strike participants more as facts rather than possibilities. Many participants felt that statements that avoided excessive medical language were easier to understand.
- Most participants commented on the "shocking" nature of some of the information in the statements, particularly of those citing the adverse health effects of smoking on the individual and adverse effects of secondhand smoke on the health of the fetus and on children.
- Having a corrective statement say that it was "court ordered" was widely considered a positive attribute, and gave the statement more credibility. However, virtually all respondents reacted negatively to excessive use of legal language.
- Participants in all eight focus groups generally trusted the Surgeon General as a source of information. Providing the name of a cigarette manufacturer neither added nor reduced credibility. The inclusion of such sponsor information, however, did spark some dialogue about the negative perception of cigarette manufacturers as uncaring businesses centered on sales.
- While current smokers reported that they learned new information from the corrective statements in general, they rarely said that any of the statements would make them think about quitting smoking. Nonsmokers, however, did believe the statements would have an impact on nonsmokers, perhaps to prevent individuals from starting to smoke.

- Participants generally reported that after reading the highest-ranking statements they would be unlikely to believe opposite future claims.
- Participants in the teen focus groups generally understood all the terms in the statements. Some admitted they would ignore these statements because they were long and detailed.

(21) The focus group research in Phase I was used to reduce the number of statements tested in Phase II, the Quantitative Phase, from six down to four proposed statements for each topic, based on the focus groups' rankings and feedback on the proposed corrective statements.

(22) All ten of the statements that were dropped based on the focus-group research were proposed by the Defendants, and included all five statements proposed by BATCo. All five statements proposed by the Intervenors, by NCI, and by Philip Morris were carried forward to the Phase II quantitative testing. RJ Reynolds and Lorillard each had some proposed statements dropped and some carried forward.

(23) These are the 10 proposed statements that were dropped based on the Phase I focus-group testing:

- Topic A: Negative Health Effects of Smoking: BATCo and Lorillard statements
- Topic B: Addictiveness of Smoking and Nicotine: BATCo and RJ Reynolds statements
- Topic C: Lack of Any Significant Health Benefit From Smoking "Light" and "Low Tar" Cigarettes: BATCo and RJ Reynolds statements
- Topic D: Manipulation of Cigarette Design and Composition to Ensure Optimum Nicotine Delivery: BATCo and Lorillard statements
- Topic E: Adverse Health Effects of Secondhand Smoke: BATCo and Lorillard statements

I.3.iii. Phase II: Quantitative Evaluation

- (24) The primary aim of Phase II was to use an experimental design to evaluate the proposed corrective statements with a nationally representative sample of adults and teens on (a) cognitive outcomes such as knowledge, beliefs, confusion, trust, and future beliefs; (b) statement attributes such as attention and clarity of message; and (c) smoking urges and behavioral intentions around quitting smoking and staying quit in current and former smokers.
- (25) The secondary aim of the quantitative phase of the study was to explore any observed, broad patterns of effect modification in order to evaluate the potential for the corrective statements to be received differentially in the population based on smoking status, income, age, or race/ethnicity given the disproportionate levels of tobacco advertising and smoking prevalence within and across populations.
- (26) The survey research firm Knowledge Networks was used to field a nationally representative survey of 3,617 adults and teens from December 31, 2010 to January 10, 2011. Throughout the survey, participants were unaware of the source of the corrective statements they were asked to evaluate.
- (27) The target population for the survey consisted of:
- Current smokers above the 200% Federal poverty level, aged 18 and over
 - Current smokers at or below the 200% Federal poverty level, aged 18 and over
 - Former smokers and never smokers above the 200% Federal poverty level, aged 18 and over
 - Former smokers and never smokers at or below the 200% Federal poverty level, aged 18 and over
 - African Americans, aged 18 and over
 - Predominantly Spanish speaking Hispanics, aged 18 and over
 - Teenagers aged 14 to 17 years

(28) I first calculated weighted percentages for statement rankings within five topic areas under study: Topic A: The adverse health effects of smoking; Topic B: The addictiveness of smoking and nicotine; Topic C: The lack of any significant health benefit from smoking “low tar,” “light,” “ultra light,” “mild,” and “natural” cigarettes; Topic D: The manipulation of cigarette design and composition to ensure optimum nicotine delivery; and Topic E: The adverse health effects of exposure to secondhand smoke (also known as environmental tobacco smoke or ETS).

(29) I then calculated bivariate estimates (cross-tabulation with Chi Square) to evaluate associations between exposure to corrective statements and all outcome variables under study, and multivariable logistic regression models to estimate the probability that exposure to specific corrective statements was associated with items assessing constructs of interest (e.g., knowledge, attention, confusion, trust, smoking urges, etc.), compared to control. All multivariable models controlled for income, education, gender, age, race/ethnicity, and baseline assessments of knowledge, behavioral intentions, last cigarette smoked (i.e., when the survey participant last smoked a cigarette [where appropriate]), and smoking status. To assess smoking urges and behavioral intentions, multivariable logistic regression models were stratified by smoking status and adjusted for the other covariates listed above.

(30) To explore potential broad patterns of effect modification in the areas of knowledge, attention, and credibility, I added interaction terms to three of the main effects models, and modeled separately the interaction between statement and smoking status, statement and income, statement and age, and statement and race/ethnicity.

(31) To assess the impact of the corrective statements on future beliefs, I calculated weighted percentages by statement for respondents reporting that, after being shown a particular proposed statement, they would believe it if they later heard the opposite claim. Similarly, I asked respondents, after showing them a particular proposed statement, whether they would believe it if they later heard that the corrective statement topic had not been proven.

- (32) To evaluate the impact that source attribution and sponsorship information might have on attention and trust, independent of the corrective statements, I calculated weighted percentages of respondents reporting that they agreed or strongly agreed that the proposed introductory source attribution statements or sponsorship notices would affect their trust or attention. To evaluate predictors of attention and trust, I used multivariable logistic regression to model the probability that attention and trust were associated with smoking status and sociodemographic characteristics of respondents.
- (33) Across nearly all topic areas and key outcome variables, the statements proposed by the Intervenors and the National Cancer Institute generally performed better than those proposed by the tobacco industry when compared to the control condition and when ranked against all statements under study. This pattern was particularly evident on outcome variables seen as highly relevant to this evaluation—accurate knowledge, attention, and potential for public impact.
- (34) In my exploratory analysis for potential differential effects on knowledge, attention, and credibility by target populations, I saw no broad patterns of effect modification by smoking status, income, age, or race/ethnicity.
- (35) On the measures of triggering smoking urges in current and former smokers, I saw two significant results across all topic areas and statements. In the topic of secondhand smoke, the statements by the Intervenors and NCI were positively associated with smoking urges in current and former smokers.
- (36) On the measures of behavioral intentions, the statements by both Philip Morris and Lorillard related to the topic of addictiveness of smoking and nicotine were significantly associated with decreased intentions to quit among current smokers. In the topic area of negative health effects, the NCI statement was positively associated with intention to stay quit among former smokers.

I.3.iv. Summary of Recommendations to the Court, by Topic Area

(37) Accurate knowledge, attention, and perceived public impact are important markers of comprehension and should be used in considering the statements' potential to inoculate against future misinformation. On measures of these constructs, several of the proposed statements performed significantly better than the control condition in my experimental study. I used the odds ratios on these constructs, as well as the overall statement rankings and observed potential for unintended consequences, as the primary considerations in making my recommendations. Consistency with impressions offered by focus group participants also was considered.

(38) For Topic A: Negative Health Effects of Smoking, the statement proposed by the National Cancer Institute is recommended. The statement is provided below:

“A Federal Court is requiring tobacco companies to tell the truth about cigarette smoking.

Here's the truth:

- Smoking reduces circulation, triggers asthma, and can cause infertility and erectile dysfunction.
- Smoking during pregnancy can cause stillbirth, low birth weight, and sudden infant death syndrome.
- Smoking causes heart disease, emphysema, chronic bronchitis, acute myeloid leukemia, and cancers of the mouth, esophagus, throat, voice box, lung, stomach, kidney, bladder, pancreas, cervix and uterus.
- Smoking kills 1,200 Americans. Every day.”

(39) For Topic B: Addictiveness of Smoking and Nicotine, the statement proposed by the Intervenors is recommended. The statement is provided below:

“We told Congress under oath that we believed nicotine is not addictive. We told you that smoking is not an addiction and all it takes to quit is willpower. Here’s the truth:

- Smoking is very addictive. And it’s not easy to quit.
- We manipulated cigarettes to make them more addictive.
- When you smoke, the nicotine actually changes the brain—that’s why quitting is so hard.

Paid for by [Cigarette Manufacturer Name] under order of a Federal District Court.”

(40) For Topic C: Lack of Health Benefit from Smoking “Low Tar,” “Light,” “Ultra Light,” “Mild,” and “Natural” Cigarettes, the statement proposed by the Intervenors is recommended. The statement is provided below:

“We falsely marketed low tar and light cigarettes as less harmful than regular cigarettes to keep people smoking and sustain our profits.

- We knew that many smokers switch to low tar and light cigarettes rather than quitting because they believe low tar and lights are less harmful. They are NOT.
- Here’s the truth:
 - Just because lights and low tar cigarettes feel smoother, that doesn’t mean they are any better for you.
 - Light cigarettes can deliver the same amounts of tar and nicotine as regular cigarettes.
 - ALL cigarettes cause cancer, lung disease, heart attacks and premature death—lights, low tar, ultra lights, and naturals.

Paid for by [Cigarette Manufacturer Name] under order of a Federal District Court.”

(41) For Topic D: Defendants' Manipulation of Cigarette Design and Composition to Ensure Optimum Nicotine Delivery, the statement proposed by the Intervenors is recommended. The statement is provided below:

"For decades, we denied that we controlled the level of nicotine delivered in cigarettes.

Here's the truth:

- Cigarettes are a finely-tuned nicotine delivery device designed to addict people.
- We control nicotine delivery to create and sustain smokers' addiction, because that's how we keep customers coming back.
- We also add chemicals, such as ammonia, to enhance the impact of nicotine and make cigarettes taste less harsh.
- When you smoke, the nicotine actually changes the brain—that's why quitting is so hard.

Paid for by [Cigarette Manufacturer Name] under order of a Federal District Court."

(42) For Topic E: Secondhand Smoke, the statement proposed by RJ Reynolds is recommended. The statement is provided below:

"The Surgeon General has concluded:

- Exposure to environmental tobacco smoke has been proven to cause premature death and disease in children and in adults who do not smoke. Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children. Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer. The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke.

This message is furnished by [Cigarette Manufacturer Name] pursuant to a Court Order and is taken from the 2006 Surgeon General's Report. You should rely upon your medical provider and the Surgeon General in making decisions regarding smoking."

(43) Based upon the research described in this report, the Court can be confident that the recommended corrective statements are likely to capture attention, enhance accurate knowledge, have positive public impact, and reduce the likelihood that consumers will believe potential future misrepresentations about the topics the Court identified. In addition, this study showed that the recommended corrective statements are not likely to cause negative unintended consequences in the population.

II. QUALIFICATIONS

- (44) I am a Health Scientist in the Health Communication and Informatics Research Branch within the Behavioral Research Program, Division of Cancer Control and Population Sciences, National Cancer Institute, National Institutes of Health. See Appendix A for my curriculum vitae.
- (45) My educational background includes a doctoral degree in social epidemiology from the Harvard School of Public Health's Department of Society, Human Development, and Health; a master's degree in health education from the West Virginia University School of Medicine; and a bachelor's degree in journalism and mass communication from the Marshall University School of Journalism and Mass Communication.
- (46) My primary research focus is on evaluating how media exposure affects health behavior and attitudes toward public health policy. I also examine social determinants of health, primarily focusing on how communication inequalities and knowledge gaps may exacerbate health disparities among disadvantaged populations.
- (47) Many of my investigations have used nationally representative surveys for data collection and analysis. I was trained under renowned experts in survey research methodology at the Harvard Opinion Research Center and with health communication scientists in Dr. K. Viswanath's communication research lab at the Dana-Farber Cancer Institute and Harvard School of Public Health. Further, I am a member of the management team for NCI's Health Information National Trends Survey (HINTS), which collects nationally representative data about the American public's use of health information.
- (48) In addition to my facility with survey research, my professional experience over the past 15 years has included working with research teams to conduct focus groups and in-depth interviews to formulate and evaluate a variety of public health messages and intervention strategies with various audience segments (e.g., blue-collar workers, low socioeconomic status individuals, community health workers, targeted racial/ethnic groups, and smokers). In addition, I have led several usability testing studies for a variety of organizations and health intervention-oriented Web sites.

- (49) Particularly relevant to this case is my research examining the effects of tobacco-specific media exposure (such as pro-tobacco advertising, anti-tobacco public service announcements, and news coverage of tobacco issues) on adult attitudes toward tobacco control (Blake 2010a), and on efforts to regulate the portrayal of smoking in movies (Blake 2010b). In addition, I recently co-authored a book chapter titled “Media and Population Health” in the Sage Handbook of Media Processes and Effects (2009).
- (50) My teaching experience includes serving as a teaching fellow for graduate-level courses at the Harvard School of Public Health and the Harvard John F. Kennedy School of Government, including “Health Promotion through Mass Media,” “Public Opinion, Polling, and Public Policy,” and “Society and Health.”
- (51) I am the recipient of several awards and honors related to my scholarship and applied work in health communication. These include four Awards of Merit from the National Institutes of Health; four “Plain Language” awards from the National Institutes of Health; and numerous academic fellowships and scholarships.
- (52) I serve as an ad-hoc peer reviewer for the *Journal of Health Communication*; for *Social Science & Medicine*, and for the *American Journal of Health Promotion*.

III. SCOPE OF CHARGE

- (53) As noted in the Executive Summary, the Court’s Final Order in *United States v. Philip Morris USA, Inc.*, 449 F. Supp. 2d 1 (D.D.C. 2006), *aff’d in part & vacated in part*, 566 F.3d 1095 (D.C. Cir. 2009) (*per curiam*), *cert. denied*, 561 U.S. ___, 130 S. Ct. 3501 (2010), issued on August 17, 2006, ordered the Defendants to publish and disseminate court-approved corrective statements on five specific topics. The Court found that requiring the Defendants to make such corrective statements was “appropriate and necessary to prevent and restrain them from making fraudulent public statements on smoking and health matters in the future” (page 926).
- (54) The Court ordered the Defendants to publish corrective statements in newspapers and disseminate them through other channels such as television, cigarette package inserts,

retail displays, advertisements, and on the Defendants' corporate Web sites. It ordered the corrective statements to address:

- the adverse health effects of smoking;
- the addictiveness of smoking and nicotine;
- the lack of any significant health benefit from smoking “low tar,” “light,” “ultra light,” “mild,” and “natural” cigarettes;
- the Defendants' manipulation of cigarette design and composition to ensure optimum nicotine delivery; and
- the adverse health effects of exposure to secondhand smoke (also known as environmental tobacco smoke or ETS) (pages 938–39).

(55) In its 2006 order, the Court directed the parties to submit proposed corrective statements within 60 days, and the parties did so.

(56) After several years on appeal, the case was returned to the District Court in 2010 for further consideration—including the corrective statements it ordered, but did not specify—in its 2006 Final Order. My understanding is that the Court has given all parties the opportunity to conduct research to support their 2006 proposed corrective statements, or to support any new corrective statements they wish to propose.

(57) In August 2010, the U.S. Department of Justice (DOJ) asked the U.S. Department of Health and Human Services (HHS or DHHS) for guidance on how best to proceed on the corrective statement remedy. In response to DOJ's request, HHS assembled health communication and tobacco control scientists from several components. I have been a part of this effort since it originated.

(58) I am a Federal employee with the National Cancer Institute. I have been charged with providing a foundation of evidence to aid the Court's decision on the corrective statements to impose. I have been asked to evaluate the proposed corrective statements submitted to the Court in 2006 by the cigarette manufacturers and the Public Health Intervenor, and to develop and test a set of potential new corrective statements.

- (59) Under my direction, both qualitative and quantitative techniques were utilized to evaluate the proposed corrective statements on (a) cognitive outcomes such as knowledge, beliefs, confusion, trust, and future beliefs; (b) statement attributes such as attention and clarity of message; and (c) behavioral intentions around quitting smoking and staying quit in current and former smokers.
- (60) I also assessed how the proposed corrective statements may be differentially received and understood by several segments of the U.S. population, including youth (aged 14–17) and adults (aged 18+); English- and Spanish- dominant speakers; current, former, and never smokers; people of different races and ethnicities; and individuals of low socioeconomic status.
- (61) I assessed to what extent, if any, the proposed statements may have unintended consequences such as boomerang effects (e.g., causing smoking urges or negatively affecting behavioral intentions to quit or stay quit in current and former smokers) and to what extent the proposed statements may affect how people would respond to future misrepresentations about the health consequences of smoking.
- (62) While working on this matter, I was assisted by a staff of tobacco control and communication scientists and statisticians from NCI, in addition to staff and researchers from the social marketing firm Salter>Mitchell and the survey research firm Knowledge Networks. I was also assisted by administrative and scientific staff from Information Management Systems and BLH Technologies, Inc. Additionally, over the course of my research, I consulted occasionally with staff members at FDA and CDC.
- (63) I directed the activities of the research staff, made all final decisions concerning the analytic methodologies and their implementation, and prepared this report. My analysis is ongoing and I reserve the right to consider additional data and review additional information, and to amend and supplement this report, all research contained herein, and my opinions and testimony.

(64) I am not being compensated for my time and efforts beyond my regular salary. I have not previously testified as an expert at trial or by deposition.

IV. MATERIALS CONSIDERED

(65) In forming my opinion, I relied on materials provided to me by counsel or gathered by me or at my direction, including existing published research in my field of study and studies involving corrective statement evaluations. Documents that I have considered in forming my expert opinion and preparing this report are listed in Appendix B.

V. CORRECTIVE STATEMENTS STUDY

V.1. Introduction

V.1.i. Formative Research

(66) Focus group and survey research endeavors are standard mechanisms for understanding audience behaviors, intentions, attitudes, and knowledge about various topics; these techniques are routinely used to devise health communication campaigns and health education messages and to provide researchers with an assessment of the campaign or message. Formative research is research conducted during the development of messages to better understand the target audiences, the factors that shape their behavior, and the best ways to reach them. Formative research involves the pre-testing of potential media communications to assess whether these communications are conveying their intended messages and to gauge target audiences response.

V.1.ii. Background

(67) Media exposure is associated with health attitudes, knowledge, and behavior, and accurate knowledge has been a central component of effective health promotion in several areas.

- (68) Knowledge of the risks associated with tobacco use is not evenly distributed in the population. In particular, individuals with low SES (using income, education, and occupation as markers of SES) are significantly more likely to believe myths about smoking and hold inaccurate beliefs about the risks of smoking.
- (69) Despite the success of several large-scale public health campaigns, there is evidence that some public health campaigns, including those with mass media components, have had ambiguous or no effects (e.g., the Stanford Five City Program and the COMMIT project). Moreover, there is evidence that some public health campaigns have resulted in unintended consequences such as boomerang effects and knowledge gaps.
- (70) Boomerang Effects are a phenomenon wherein significant portions of a mass media campaign's target audience are influenced in the opposite direction from what is intended.
- (71) The Knowledge Gap Hypothesis documents a long-held observation that absent some conditions, the flow of information on a given topic can lead to differential learning among members of certain population groups, delineated by SES, race and ethnicity, and geographic area. A related concept, communication inequality, posits that differences in the way health information is created and distributed among and across groups can create knowledge gaps among those that do and do not receive adequate exposure to health information.
- (72) These unintended consequences underscore the need to carefully pre-test messages, plan for their dissemination, and conduct process evaluation. Message testing is the single best method to guard against counterproductive features of health communication endeavors that may produce undesired responses.

V.1.iii. Approach

(73) Under my direction, my colleagues and I utilized both qualitative and quantitative techniques to evaluate the proposed corrective statements on (a) cognitive outcomes such as knowledge, beliefs, confusion, trust, and future beliefs; (b) statement attributes such as attention and clarity of message; and (c) behavioral intentions around quitting smoking and staying quit in current and former smokers.

(74) I also assessed how the proposed corrective statements may be differentially received and understood by several segments of the U.S. population, including youth smokers and nonsmokers (aged 14–17) and adults (aged 18+); English- and Spanish-dominant speakers; current, former, and never smokers; people of different races and ethnicities; and individuals of low socioeconomic status.

(75) I assessed to what extent, if any, the proposed statements may have unintended consequences such as boomerang effects (e.g., causing smoking urges or negatively affecting behavioral intentions to quit or stay quit in current and former smokers) and to what extent the proposed statements may affect how people would respond to future misrepresentations about the health consequences of smoking.

V.1.iv. Institutional Review Board (IRB)

(76) The research described herein was deemed exempt for adult participants by the NIH Office of Human Subjects Research Protections (#5486). Research with youth underwent full IRB review and approval by NCI's Special Studies Institutional Review Board (Protocol #11-C-N067).

V.2. Phase I: Qualitative Evaluation

V.2.i. Aims

(77) In Phase I, NCI contracted with the social marketing firm Salter>Mitchell (S>M) to conduct focus groups to test a series of potential corrective statements for use in *United States v. Philip Morris USA, Inc.*

(78) Focus groups are a form of qualitative research that utilizes group interactions to assess how and why people think a certain way about a given topic or issue. A focus group study typically involves convening several small, homogeneous groups of people of similar backgrounds and experiences to discuss a particular topic or issue of interest to the researchers. Most focus group studies involve conducting several focus groups consisting of approximately 4 to 8 people with each lasting approximately 1–2 hours. Focus group studies are usually accompanied by another research method, such as surveys or in-depth interviews, and are especially useful when researchers wish to facilitate discussion of open-ended questions. This study utilized both focus group and survey research methods to evaluate the proposed corrective statements related to this case.

(79) The objective of this phase of research was to assess potential statements with intended target audiences to evaluate message comprehension and the potential for negative, unintended consequences such as boomerang effects, smoking urges, and knowledge gaps. The overarching goal of this phase of the research was to get in-depth feedback from people representing key target populations, in order to:

- Assess potential statements with intended target audiences to evaluate message comprehension.
- Gauge the possibility of negative, unintended consequences such as boomerang effects, smoking urges, and knowledge gaps.
- Compare different potential corrective statements to determine which were the most effective at communicating desired areas of information.
- Winnow and enhance statements prior to a subsequent quantitative research phase.

V.2.ii. Methodology*Participant Recruitment*

(80) Focus group participants were recruited in English and Spanish using a customized screener (see Appendix D2 and Appendix D6). Adult participants consented to participation, and youth participants provided assent after parental consent was obtained (see Appendix D3). All study participants were paid a monetary incentive of \$75.

Focus Group Structure

(81) A total of eight focus groups were conducted to test the corrective statements with current, never, and former smokers of low socioeconomic status (SES) and average/high SES, Spanish-language dominant Hispanic adults, and teens aged 14–17 (smokers and nonsmokers). The focus groups were conducted between November 18 and December 2, 2010, in Baltimore, Maryland, and Orlando, Florida. Sample characteristics of the eight groups are provided below.

Table V1. Focus Groups Sample Characteristics				
	No. of participants	Median Age	Gender	Race/Ethnicity
Current Smokers	8	39	4 men; 4 women	6 Caucasian; 2 African American
Current Smokers, Low Socio-economic status	8	47	5 men; 3 women	5 Caucasian; 3 African American
Never/Formers Smokers	8	37	4 men; 4 women	6 Caucasian; 2 African American
Never/Formers Smokers, Low Socio-economic status	8	39	3 men; 5 women	6 Caucasian; 2 African American
Nonsmoker Teens, aged 14-17	8	15	4 men; 4 women	6 Caucasian; 1 African American; 1 Hispanic
Current Smoker Teens, aged 14-17	6	16	4 men; 2 women	4 Caucasian; 2 African American
Hispanic, Current Smokers	8	43	4 men; 4 women	8 Hispanic
Hispanic, Never/Formers Smokers	8	39	4 men; 4 women	8 Hispanic

(82) For the purpose of recruiting for this study, low socio-economic status was defined as a combination of having an education level of high school graduate or less, and a household income of under \$35,000.

(83) Adult focus groups were conducted among never/former smokers and among current smokers, as defined below:

- Adult never smokers were defined as individuals who reported they had not smoked 100 cigarettes in their lifetime.
- Adult former smokers were defined as individuals who reported they had ever smoked 100 cigarettes in their lifetime and that they now do not smoke.
- Adult current smokers were defined as individuals who reported they had ever smoked 100 cigarettes in their lifetime and that they now smoke either daily or on some days.

(84) Teen focus groups were conducted among nonsmokers and smokers, as defined below:

- Teen nonsmokers were defined as individuals who reported they had never tried cigarette smoking, and individuals who reported they had tried cigarette smoking but had not smoked on any of the last 30 days.
- Teen smokers were defined as individuals who reported they had ever tried cigarette smoking and had smoked on at least 1 day of the last 30.

(85) Focus group participants' identifying data were kept confidential. Audio recordings were made of the focus group discussions and were later transcribed.

(86) Thirty corrective statements were evaluated, covering the five topic areas ordered by the Court, with six statements tested for each topic area. Focus group participants were unaware of the sources of the corrective statements they were asked to evaluate. The qualitative effort also was used to winnow the field of proposed corrective statements and potentially enhance the newly developed statements prior to a quantitative research phase.

(87) For purposes of ranking the corrective statements, the first two focus groups (current smokers, low SES focus group and never/former smokers focus group) did the exercise collectively and arrived at a group consensus, whereas subsequent groups did the ranking individually. This change in procedure was made to shorten the exercise length and ensure all discussion topics could be covered in the allotted time for the focus groups.

(88) The sources of the corrective statements tested in Phase I are as shown below. The first five sets were submitted to the Court in 2006. The sixth was prepared by the National Cancer Institute in conjunction with S>M for this project, and is referred to as the “NCI statement” or “NCI.”

- British American Tobacco (Investments) Ltd. (BATCo)
- Philip Morris
- RJ Reynolds
- Lorillard
- Public Health Intervenors (Tobacco-Free Kids Action Fund, American Cancer Society, American Heart Association, American Lung Association, Americans for Nonsmokers’ Rights, National African American Tobacco Prevention Network)¹
- National Cancer Institute (NCI)

(89) As ordered by the Court, the corrective statement topics tested were:

- The adverse health effects of smoking
- The addictiveness of smoking and nicotine
- The lack of any significant health benefit from smoking “low tar,” “light,” “ultra light,” “mild,” and “natural” cigarettes
- Defendants’ manipulation of cigarette design and composition to ensure optimum nicotine delivery
- The adverse health effects of exposure to secondhand smoke

¹ At DOJ’s direction, some modifications were made to the Public Health Intervenors’ 2006 proposals before testing.

- (90) Both the order of the topics and the order of the statements were randomized within each focus group, as well as across all focus groups.
- (91) Participants were asked to give feedback on statements from the six different sources in all five topic areas. Participants were asked to read and identify the main idea of each potential corrective statement. They were then asked to rank the statements within each topic area according to how clearly each communicated the corrective area topic, how well it caught their attention, and how much it would impact them personally.
- (92) The 90-minute focus group discussions—moderated by members of the Salter>Mitchell research team—covered the following domains in the order described below:
1. Unaided main ideas of all statements
 2. Within each corrective topic area, respondents ranked the applicable statements based on how well each communicated the desired topic area information goal (the adverse health effects of smoking, the addictiveness of smoking and nicotine, etc.).
 - a. When ranking the statements, study participants were asked to consider:
 - i. How easy the statement was to understand,
 - ii. Whether they would pay attention to it, and
 - iii. Whether they thought it would have any lasting impact on them.
 3. A discussion of reasons for the rankings, including the following:
 - a. Each statement’s likely impact on smoking perceptions and behaviors,
 - b. Whether there was anything confusing in the statements,
 - c. The believability of the statements,
 - d. Whether the statements contained new and/or relevant information, and
 - e. How likely they would be to believe future “opposite claims.”
 4. A discussion of the impact of the introductory text in some of the statements, expressly saying they were being issued as a result of a court order, as compared to other statements that did not reveal that information.

5. A discussion of the impact of text in some of the statements, saying they were being sponsored by a particular cigarette manufacturer, as compared to other statements that did not reveal that information.

V.2.iii. Results

Phase I Summary of Findings

- (93) Qualitative research is exploratory in nature and not intended to provide data that are quantifiable or “projectable” to a stated population. Rather, it is typically used to elicit reactions and ideas from participants about a particular topic in order to generate insights that can inform strategic decisions.

- (94) A summary of results from Phase I is provided below:

- (95) Participants in the focus groups felt the Intervenors’ statements communicated messages more clearly than others. Participants said these statements attracted their attention the most. They preferred statements that were direct and concise over statements that were long or wordy. While teens and Hispanics responded similarly to the general population groups, there was more variability within the teen and Hispanic groups than within the other focus groups.

- (96) Participants used words like “scare tactics” to describe some of the statements proposed by the cigarette manufacturers that included long lists of diseases and conditions.

- (97) Most participants commented on the “shocking” nature of some of the information in the statements, particularly of those citing the adverse health effects of smoking on the individual and adverse effects of secondhand smoke on the health of the fetus and on children.

- (98) Participants generally made a distinction between lists of health hazards (diseases) and statistics about deaths. Lists of diseases were viewed as messages they are already used to

seeing while statistics about deaths seemed to strike participants more as facts rather than possibilities. Many participants felt that statements that avoided excessive medical language were easier to understand.

(99) While reporting they learned new information from the corrective statements in general, current smokers rarely said that any of them would make them think about quitting smoking. Nonsmokers, however, did believe the statements would have an impact on nonsmokers, perhaps to prevent individuals from starting to smoke.

(100) There was little indication that any of the statements would spark negative unintended consequences such as encouraging nonsmokers or former smokers to smoke; however, smoking urges in current smokers were not recorded directly as part of the assessment. Other unintended consequences, such as knowledge gaps or resistance to messages, were not observed.

(101) Participants generally reported that after reading the statements they would be unlikely to believe opposite future claims.

(102) Participants in the teen focus groups generally understood all the terms in the statements. Some admitted they would ignore these statements because they were long and detailed. In general, teens responded positively to the inclusion of the Surgeon General as a source of information and the “court-ordered” language. They seemed, however, slightly more skeptical of its credibility than did older participants.

(103) Having a corrective statement say that it was “court ordered” was widely considered a positive attribute, and gave the statement more credibility. However, virtually all respondents reacted negatively to excessive use of legal language.

Specific Findings for the Five Corrective Topic Areas

(104) The focus group results for each of the five corrective topic areas are discussed in turn below. Each discussion concludes with a data table that provides the focus group rank

frequencies for each statement. Given the number of potential corrective statements under study, the focus group rank frequencies were helpful to providing directional guidance on which statements to use in the subsequent quantitative phase of the study. For this reason, particular attention is given to isolating those statements that were consistently ranked near the bottom, hence the summary of the aggregate rankings for fifth and sixth place. Although the rankings are shown in numeric tables, it is not appropriate to interpret the data in a strictly quantitative sense.

Specific Findings for Topic A: Negative Health Effects of Smoking

(105) The specific statements tested for Topic A: Negative Health Effects of Smoking are shown in the S>M qualitative-phase report (Appendix C1).

(106) The Intervenors' statement (A-5) stood out to general audience participants as a good example of information presented in a concise manner. Participants felt the Intervenors' statement was credible and the death statistics were new information for them:

- *"...This one is giving you things that you can directly relate it to like more people die from smoking than murder, AIDS, suicide, drugs, car crashes, and alcohol combined."* [About the Intervenors' statement (A-5)]

(107) Some participants felt the NCI statement (A-6) condensed the more striking points into a shorter, more easily absorbed message. They liked the NCI statement's brevity and directness.

(108) Participants often mentioned information about pregnant women and children aloud, which may indicate that it stood out to them from the other information included.

(109) Scare tactics were perceived in the statements that listed the harms of smoking at length. General audience participants felt that the Lorillard statement (A-4) was too long. They did not take much away from the BATCo statement (A-1) other than needing to find the information yourself and some participants said it did not grab their attention.

(110) Importantly, the word “causal”—used most frequently in the Lorillard statement (A-4)—was often read as “casual” by a number of participants; this word may be misinterpreted and cause confusion for audiences. For example:

- *“And there’s a casual relationship, so it’s saying smoking is kind of related to all of this stuff ...”*

(111) Hispanic participants most valued statements that provided new information. Reporting that they learned more about the death toll caused by cigarettes from the Intervenor’s and NCI statements (A-5 and A-6), they rejected the Philip Morris and RJ Reynolds statements (A-2 and A-3) for not offering any new information.

(112) The Intervenor’s statement (A-5) initiated more conversation about death statistics than did the Lorillard statement (A-4):

- *“I was more shocked by the fact that there’re more deaths related to smoking than murders and suicides. I didn’t know that.” [Hispanic participant, about the Intervenor’s statement (A-5)]*

(113) Also, the BATCo statement (A-1) was widely regarded, in this and in other topics (B-1, C-1, etc.) to be devoid of any direct information. Participants in all groups felt the main message of most of the BATCo statements to be: “If you want to know something, go and find out yourself.”

(114) In the teen groups, the information that stood out the most was “smoking kills 1,200 Americans each day,” in the NCI statement (A-6). The death statistics provided in the Intervenor’s statement (A-5) were also striking to members of these groups. One comment participants made differentiated between consequences and statistics. While potential consequences conveyed possibilities they reported, statistics were less likely to be ignored because they were more factual:

- *“It’s unexpected that smoking kills 1,200 Americans each day.” [Teen participant]*

(115) Teen participants ranked the BATCo and RJ Reynolds statements (A-1 and A-3) as the least clear and lowest impact statements while the Intervenors' statement (A-5) was at the top of the rankings. They liked the statistical information included in the Intervenors' statement (A-5) and found the Lorillard statement (A-4) too long, likening it to school-related reading:

- *“I don't think some of the ones that list all the consequences and these people are just going to look as possibilities but when they say that the statistics and facts of how many people die and how the dangers of it compared to other diseases and stuff like that, that you can't ignore that.” [Teen participant]*

Topic A: Rankings and Recommendations

(116) Despite close rankings, Salter>Mitchell recommended eliminating the Lorillard statement (A-4) from Phase II, and keeping the Philip Morris statement (A-2). This was because the Lorillard statement follows nearly identical structure and content as the RJ Reynolds statement (A-3) (both cite and draw heavily from the same Surgeon General's Report). Salter>Mitchell concluded that assessing a different message structure—in this case, the Philip Morris statement—would deepen understanding more than evaluating two relatively similar statements. I concurred.

(117) The BATCo statement (A-1) was thought to be the least effective at relaying this area of information and was also recommended for elimination from the next phase of research. I concurred with this recommendation as well, and did not put the Topic A Lorillard or BATCo statements in the testing pool for Phase II of the study. The statements dropped from further examination based on the focus group phase of the study are shaded in the rankings [table](#) below.

Table V2. Negative Health Effects of Smoking Focus Group Rankings (Topic A)						
	1st	2nd	3rd	4th	5th	6th
BATCo (A-1)	0	0	2	3	5	38
Philip Morris (A-2)	4	4	14	3	20	3
RJ Reynolds (A-3)	1	9	11	20	7	0
Lorillard (A-4)	10	7	8	6	11	6
Intervenors (A-5)	30	9	6	3	0	0
NCI (A-6)	3	19	7	13	5	1

Specific Findings for Topic B: Addictiveness of Smoking and Nicotine

(118) The specific statements tested for Topic B: Addictiveness of Smoking and Nicotine are shown in the S>M qualitative-phase report (Appendix C2), at page 22.

(119) Participants had mixed responses about whether they learned something new from this set of statements. Some participants reported learning that it can take more than will power to quit smoking, while other participants reported already knowing that. They responded positively to the admission of manipulation and lying from cigarette manufacturers. There was a feeling among some participants that the Intervenors' statement (B-5) might not stop smokers from smoking but might make smoking unattractive for nonsmokers. Most participants felt the BATCo statement (B-1) did not offer any new or interesting information about the addictiveness of nicotine and tobacco. Other statements, like the one offered by Lorillard (B-4), offered information that they said is already widely available to and known by the public.

- *“It doesn't have any shock factor for me. I mean I already felt that way from when I came in the door.” [About the Lorillard statement (B-4)]*
- *“It tells you that it's hard to quit, that it's addictive and that it affects your brain.” [About why they chose Intervenors' statement as the top in this group (B-5)]*

(120) In general, the corrective statements about addiction seemed to spark feelings of guilt in some participants who were smokers and made some of them feel defensive. A few participants who were smokers stated that the Philip Morris statement (B-2) made them not want to attempt to quit smoking because the statement said it was very difficult to do so.

(121) Participants in the Hispanic focus groups felt that these corrective statements generally conveyed the same message they've always heard about the addictiveness of cigarettes. They noted that the Surgeon General had arrived at a conclusion about the addictiveness of cigarettes. The BATCo statement (B-2) did not resonate with Hispanic participants, who ranked it below all other statements, because it did not offer any new or striking information. They liked that the Intervenor's statement (B-5) was phrased as a retraction by the cigarette manufacturers regarding the definite addictiveness of cigarettes, saying it gave the statement more credibility. One Hispanic participant, though, expressed skepticism about the potential impact of any of the addiction statements:

- *"I don't think it'd have such a strong impact because all this information is like, you could say it's not the first time you hear this. Smoking is addictive, we all know that. They manipulate it to be addictive, we all know that. It's different to see it in black and white, but it won't cause an impact." [Hispanic participant, during dialogue about the Intervenor's statement (B-5), but about all the addiction statements in general]*

(122) Participants in the teen focus groups generally understood that the main idea of these corrective statements was the addictiveness of nicotine. Adding the source of the statements (by naming a cigarette manufacturer), they said, made them more reliable. The BATCo statement (B-1) was ranked at the bottom because, teen participants said, it's the same message they're already hearing. The Intervenor's statement (B-5) was ranked at the top in the teen nonsmokers group while Lorillard and NCI (B-4 and B-6) were ranked at the top in the teen smokers group:

- *"This gets preached every five seconds." [Teen participant, about the BATCo statement (B-1)]*

(123) Teen respondents reported that they had not previously been aware of the information in the Intervenor's statement on addiction (B-5) that nicotine changes the brain. (The Intervenor's statement on manipulation (D-5) also includes this information.) Teen smokers said that this statement would not change their intentions about quitting

smoking, but at the same time, also reported that it would not make them give up hope of ever quitting:

- “Yes, nicotine changes the brain ... that’s kind of weird.” [When teens were asked if they learned anything new]
- “Honestly I don’t really usually pay attention to [communications located in] stores. If I saw it on TV, I don’t think I’d pay attention either.” [Teen participant, about the Lorillard statement (B-4)]

Topic B: Rankings and Recommendations

(124) Despite close rankings, Salter>Mitchell recommended excluding the RJ Reynolds statement (B-3) and keeping the Philip Morris statement (B-2) in Phase II of the study, for the same reasons cited for Topic A. The BATCo statement (B-1) was also recommended for elimination based on its low rankings. I concurred with these assessments, and did not include the Topic B RJ Reynolds and BATCo statements in Phase II. The statements dropped from further examination based on the focus-group phase of the study are shaded in the rankings [table](#) below.

Table V3. The Addictiveness of Smoking and Nicotine Focus Group Rankings (Topic B)						
	1st	2nd	3rd	4th	5th	6th
BATCo (B-1)	6	1	5	6	2	28
Philip Morris (B-2)	1	4	12	10	19	2
RJ Reynolds (B-3)	1	5	6	17	14	5
Lorillard (B-4)	2	10	13	7	8	8
Intervenors (B-5)	33	6	4	3	1	1
NCI (B-6)	5	22	8	5	4	4

Specific Findings for Topic C: Lack of Any Significant Health Benefit From Smoking “Light” and “Low Tar” Cigarettes

(125) The specific statements tested in the focus-group phase for Topic C: Lack of Any Significant Health Benefit from Smoking “Low Tar,” “Light,” “Ultra Light,” “Mild,” and

“Natural” cigarettes, are shown in the S>M qualitative phase report (Appendix C3), at pages 23–24.

- (126) Participants understood the underlying message of these statements, which was that cigarettes cause the same amount of damage regardless of type. There was nothing reported as confusing in any of these statements.
- (127) Some participants liked the Intervenors’ statement (C-5) because it identified the manufacturer sponsoring the statement, saying that lent a feeling of honesty to the statement. For others, the NCI statement (C-6) resonated because they felt it was simple and straightforward; some participants ranked this as the top statement because it was concise and direct. The BATCo statement (C-1) was considered the most clear in one general audience group for explicitly stating the corrective topic subject matter. Some participants preferred the Philip Morris statement (C-2), reporting it was the most direct.
- (128) Some participants also responded strongly to the “truth” language in the NCI statement (C-6) (“A Federal court is requiring tobacco companies to tell the truth about smoking. Here’s the truth:...””) while others preferred the language in the Intervenors’ statement (C-5) starting with “We falsely marketed low tar and light cigarettes as less harmful... Here’s the truth...”. The direct admission to misleading the public generated the strongest negative feelings toward cigarette manufacturers of any statement in this topic area.
- (129) Many participants found the low tar statements provided information that was new to them:
- *“I knew cigarettes weren’t good for you, but I figured that they [‘low tar,’ ‘light,’ etc. cigarettes] were a little bit healthier for you and maybe the tobacco was a little bit healthier for you.” [About learning something new]*
- (130) In the Hispanic focus groups, the low tar statements offered much new information as many participants reported being unaware that, regardless of type, all cigarettes cause the same amount of damage to a person’s health. Hispanic participants understood the main idea of all the statements in this topic to be “there is no cigarette that won’t kill you”; the

overall message conveyed was smokers can smoke any kind of cigarette – regular versus light or cheap versus expensive—because “it’s all the same.” For example:

- *“This [the statement] has been done under order by the District Court, done by the cigarette company itself and in it they are saying “we falsely market these cigarettes.” Just with that they are telling us, it’s all a scam. There’s no difference at all. When they say light, medium, low, it’s all the same with a different package. That’s what they’re saying in a few words. It’s coming from their own mouth. When they do marketing they get to say lies, here they have to tell the truth by Federal order.” [Hispanic respondent]*

(131) Teen participants reported that the information that all cigarettes cause the same amount of harm was clearly conveyed in all the corrective statements. Teen participants reportedly learned new information about how all cigarettes cause the same harm regardless of their type. The Intervenors’ statement (C-5) was set apart by presenting facts in bullet form and that cigarette manufacturers were admitting they were wrong to market some types of cigarettes as less harmful. Some teen participants liked the NCI statement (C-6) for its directness and the Philip Morris statement (C-2) for its simplicity.

(132) Teen focus-group participants ranked the RJ Reynolds, Lorillard and BATCo low tar statements (C-3, C-4, and C-1) at the bottom. Some participants in both the teen smoker and nonsmoker groups felt that the proposed corrective statements on this topic might lead smokers to stop buying light cigarettes and smoke regular cigarettes instead. Teen smokers felt, however, that the corrective statement in this topic would not have influenced their decision to start smoking in the first place.

- *“I like the part of [the Intervenors’ statement (C-5)] how they’re admitting they were falsely advertising that the cigarettes were light so they didn’t have as much nicotine or tar in them. That’s why I placed [it] up top for me. So, if they’d put like that junk on [the Philip Morris statement (C-2)], it’d make a difference for me.” [Teen participant].*

Topic C: Rankings and Recommendations

(133) Salter>Mitchell recommended excluding the BATCo and RJ Reynolds “low tar” statements from further testing in the quantitative phase, based on their low rankings. I concurred, and did not put the Topic C BATCo or RJ Reynolds statements forward for testing in Phase II. The statements dropped from further examination based on the focus-group phase of the study are shaded in the rankings [table](#) below.

Table V4. Lack of Health Benefit from “Low Tar,” “Light,” “Ultra Light,” “Mild,” and “Natural” Cigarettes Focus Group Rankings (Topic C)

	1st	2nd	3rd	4th	5th	6th
BATCo (C-1)	1	7	3	5	4	28
Philip Morris (C-2)	13	7	9	11	8	0
RJ Reynolds (C-3)	1	4	14	10	14	5
Lorillard (C-4)	1	14	7	9	7	10
Intervenors (C-5)	24	12	5	3	4	0
NCI (C-6)	8	4	10	10	11	5

Specific Findings for Topic D: Manipulation of Cigarette Design and Composition to Ensure Optimum Nicotine Delivery

(134) The specific statements tested in the focus-group phase for Topic D: Manipulation of Cigarette Design and Composition to Ensure Optimum Nicotine Delivery are shown in the S>M qualitative-phase report (Appendix C4), at pages 24–25.

(135) The majority of participants felt that the Intervenors’ statement (D-5) communicated this topic area most clearly; this statement was thought to be specific but clear.

- *“I think they made a very good point that when things are bulleted that you read them—it’s much easier on the eyes. You read each one separately.” [About the Intervenors’ statement (D-5)]*

(136) Many participants responded strongly to the word “manipulate” in terms of feeling they were deceived.

(137) Similarly, Hispanic participants felt that the Intervenor's statement (D-5) best described the intent of this corrective topic. These groups reported that the bullets made each point clear and the "court-ordered" language lent the statement credibility.

(138) The terms for and meaning of the word "tar" in Spanish was discussed in some detail in the Hispanic focus groups. Different terms are used in different countries of origin. There was also some confusion over what exactly the statements said was being manipulated. Some participants in these groups felt the statements were about cigarette companies' manipulating customers into buying more cigarettes, while others felt the statements were about manipulating nicotine levels. Although some participants did understand that the statements meant that levels of nicotine were being manipulated, they did not agree about what that meant. Illustrative are these three responses from Hispanic participants who were asked to state the main idea of the Spanish-language version of the BATCo statement (D-1):

- *Participant 1: "Manipulating the design to market to children."*
- *Participant 2: "Manufacturers manipulating people."*
- *Participant 3: "The way they induce people to buy cigarettes."*

(139) Teen participants felt the Intervenor's statement (D-5) was the easiest to understand while other statements did not deliver the message clearly. Some participants felt the Intervenor's statement could be improved if it were shorter. Teen participants reported that the "Federal court order" language at the end made the Intervenor's statement (D-5) more believable.

- *"[The Intervenor's statement (D-5)] tells you exactly what they're doing as in manipulating the chemicals inside to make it more addicting. And it puts it in a plain manner instead of selling straight facts like it came from a computer." [Teen participant]*

Topic D: Ranking and Recommendations

(140) Despite close rankings, Salter>Mitchell recommended excluding the Lorillard statement (D-4) and keeping the Philip Morris statement (D-2) for quantitative evaluation in Phase

II. The BATCo statement (D-1) was also recommended for exclusion based on its low rankings. I concurred, and did not put the Lorillard or BATCo Topic D statements forward for future testing. The statements dropped from further examination based on the focus-group phase of the study are shaded in the rankings [table](#) below.

Table V5. Manipulation of Cigarette Design and Composition to Ensure Optimum Nicotine Delivery Focus Group Rankings (Topic D)

	1st	2nd	3rd	4th	5th	6th
BATCo (D-1)	2	3	6	8	16	13
Philip Morris (D-2)	2	5	10	9	8	14
RJ Reynolds (D-3)	2	11	6	10	3	16
Lorillard (D-4)	2	1	11	14	17	3
Intervenors (D-5)	35	3	6	3	0	1
NCI (D-6)	5	25	9	4	4	1

Specific Findings for Topic E: Adverse Health Effects of Secondhand Smoke

(141) The specific statements tested in the focus-group phase for Topic E, the adverse health effects of exposure to secondhand smoke, are shown in the S>M qualitative-phase report (Appendix C5), at pages 25–26.

(142) Some general audience participants felt that this topic contained little new information, while others felt the number of chemicals found in secondhand smoke was something new. Again, information about harm to children seemed to start dialogue in some groups.

(143) The Intervenors’ statement (E-5) was ranked at the top because its messages about “the truth” and information about the number of chemicals resonated with participants. Some participants ranked the NCI statement (E-6) at the top because of the death statistics it included, although a few participants felt the 38,000 figure was low compared with their expectations.

(144) Some participants felt that the NCI statement (E-6) summarized the important points better than the Intervenor's statement (E-5) because it was shorter to read while still including all the pertinent information. Participants felt the NCI statement (E-6) might make nonsmokers more aware of their surroundings and the environments to which they take their children. Participants felt the Lorillard statement (E-4) was too lengthy to keep peoples' attention, saying it read like a pharmaceutical advertisement listing the side effects of a drug:

- *“Being more conscious, if you are a smoker, who you smoke around. And if you're not, keeping your kids away from people who smoke or places where there might be smoke. Make it safer.” [About the effects of the Intervenor's statement (E-5)]*
- *“The part that made the least impact to me was you should rely upon your medical provider and the Surgeon General making decisions regarding smoking. That had the least impact. I like the here's the truth, hey these guys made us tell you.” [Participant comparing statements from cigarette manufacturers to those of the Intervenor and NCI.]*

(145) Participants in the Hispanic groups felt the Intervenor's statement (E-5) was the most shocking as it conveyed that cigarettes contain a large number (4,800) of chemicals, although one participant said that this message was already being sent through television. They also chose this statement because it showed that smoking affects the nonsmoker's health as well as the smoker's. The added information about the court order seemed to again help the credibility of this statement.

- *“It's something different because it says not only the harm you're doing to yourself. It already says that, but the harm you're doing to others.” [Hispanic participant, about the Intervenor's statement (E-5)]*

(146) The BATCo statement (E-1) caused some confusion because of its use of the abbreviation ETS for environmental tobacco smoke, rendered as HTA (humo de tabaco ambiental) in Spanish. Participants in the Hispanic groups also felt that the BATCo statement was more about finding information than about secondhand smoke. Some

participants in the Hispanic groups said that the Philip Morris statement (E-2) contained some new information, specifically that secondhand smoke causes illness; they said this was important information that the public should be made aware of. For the RJ Reynolds statement (E-3), participants in the Hispanic groups focused on the information about children. They thought the Lorillard statement (E-4) cautioned the smoker against smoking near nonsmokers. Participants in the Hispanic groups felt that the Intervenor's statement (E-5) focused on the chemicals cigarettes contain. They reported that the NCI statement (E-6) touched on the point that tobacco companies were admitting to the effects of secondhand smoke:

- *“And most of all, it causes the same kind of damage for kids as if it was an adult who was smoking.” [Hispanic participant, about the Philip Morris statement (E-2)]*

(147) Teen smokers noted aloud the information that pregnant women and children were harmed by secondhand smoke. This portion of the secondhand smoke statements seemed to jump out at them. The fact that cigarette smoke contains many chemicals also resonated with teen participants.

(148) Teens placed the BATCo statement (E-1) at the bottom of the list based on its brevity, lack of clarity, and inability to attract their attention. The RJ Reynolds, Philip Morris, and Intervenor's statements (E-3, E-2, and E-5) were ranked at the top of the list for these groups. Statements that included facts and examples and were direct and easy to understand resonated well with teen participants:

- *“It gives examples of each thing like, the chemicals it contains and what it does to you and how even second hand smoke affects others.” [Teen participant, about why the Intervenor's statement (E-5) most clearly communicated the message]*

Topic E: Rankings and Recommendations

(149) Salter>Mitchell recommended dropping the BATCo and Lorillard statements (E-1 and E-4) from further testing, due to their low rankings. I concurred with this recommendation, and eliminated the Topic E BATCo and Lorillard statements from the

pool of statements to be tested in Phase II. The statements dropped from further examination based on the focus-group phase of the study are shaded in the rankings [table](#) below.

Table V6. Adverse Health Effects of Secondhand Smoke Focus Group Rankings (Topic E)

	1st	2nd	3rd	4th	5th	6th
BATCo (E-1)	0	1	3	4	11	29
Philip Morris (E-2)	4	3	7	16	11	7
RJ Reynolds (E-3)	2	11	16	12	5	2
Lorillard (E-4)	1	10	8	5	15	9
Intervenors (E-5)	37	5	4	2	0	0
NCI (E-6)	4	18	10	9	6	1

V.3. Phase II: Quantitative Evaluation

V.3.i. Aims

- (150) The primary aim of Phase II was to use an experimental design to evaluate the proposed corrective statements with a nationally representative sample of adults and teens on (a) cognitive outcomes such as knowledge, beliefs, confusion, trust, and future beliefs; (b) statement attributes such as attention and clarity of message; and (c) smoking urges and behavioral intentions around quitting smoking and staying quit in current and former smokers.
- (151) The secondary aim of the quantitative phase of the study was to explore any observed, broad patterns of effect modification in order to evaluate the potential for the corrective statements to be received differentially in the population based on smoking status, income, age, or race/ethnicity, given the disproportionate levels of tobacco advertising and smoking prevalence within and across populations. (Effect modification tests the interaction between two variables, to examine whether observed effects are different by different levels of a third variable.)

V.3.ii. Methodology

Data Collection

- (152) In December 2010, NCI contracted with the survey research firm Knowledge Networks (KN) to conduct an online survey with a nationally representative sample of U.S. adults and teens. Details on KN's panel recruitment are available in Appendix E3. Households were sampled from the KN KnowledgePanel, a probability-based Web panel. One adult per selected household was invited to participate in the study. If the household contained multiple teens, more than one teen was invited to participate.
- (153) For the current study, KN used its profiling information to determine invited respondents' Federal poverty level, smoking status, race/ethnicity, language proficiency, and availability of teenager aged 14 to 17 in the household.
- (154) The Federal poverty level differs by year and by state of residence. In 2010, the 200% Federal poverty level for the 48 contiguous states and the District of Columbia was a gross annual income of \$44,100 for a family of four. (A different Federal poverty level is calculated for Alaska and Hawaii.)
- (155) Smoking status of adults and teens was further assessed at baseline using the following measures. Adults were asked: "Have you smoked at least 100 cigarettes in your entire life?" and "Do you now smoke cigarettes every day, some days, or not at all?" Never smokers were defined as those answering "no" to the first question; former smokers were defined as those answering "yes" to the first question and "not at all" to the second question; and current smokers were defined as answering "yes" to the first question and "every day" or "some days" to the second question. Teens were asked: "Have you ever tried cigarette smoking, even one or two puffs?" and "During the past 30 days, on how many days did you smoke cigarettes?" Teen never smokers were defined as answering "no" to the first question; teen former smokers were defined as answering "yes" to ever trying cigarette smoking and answering "zero days" to the second question; teen current smokers were defined as answering "yes" to trying cigarette smoking and smoking at least one day in the past month.

(156) The target population for the KN survey consisted of:

- Current smokers above the 200% Federal poverty level, aged 18 and over
- Current smokers at or below the 200% Federal poverty level, aged 18 and over
- Former smokers and never smokers above the 200% Federal poverty level, aged 18 and over
- Former smokers and never smokers at or below the 200% Federal poverty level, aged 18 and over
- African Americans, aged 18 and over
- Predominantly Spanish speaking Hispanics, aged 18 and over
- Teenagers aged 14 to 17

Informed Consent

(157) All adult respondents consented to the KnowledgePanel and also provided their consent before proceeding to the NCI survey. For the teen sample, parents provided consent for their teens to be contacted and interviewed, and the teens provided their assent to participate in the survey.

Incentives

(158) In addition to standard measures taken by KN to enhance survey cooperation, the following steps were also taken to increase response rates:

- Email reminders to non-responders were sent on the third day of the field period.
- An incentive of points with a cash-equivalent of \$5 was offered to increase response rates in populations oversampled in order to achieve adequate representation for comparative analyses (i.e., African American sample, Spanish dominant sample, and teenage sample).
- Other participants were eligible to win an in-kind prize through a standard monthly KN sweepstakes.

Pilot Survey

(159) Pilot surveys are small-scale tests of a near-final survey instrument, generally conducted with small samples that mirror the demographic composition of the target population. Typically only small samples are necessary—15 pilot respondents are sufficient for a short and straightforward questionnaire, whereas 25 may be needed for long, complex questionnaire.

(160) Prior to the launch of the full data collection effort, from December 23 to December 27, 2010, a pilot survey was conducted at my direction with 30 respondents from the KN panel to ascertain whether all technical elements of the online survey were working properly, and to verify assumptions about the length of the survey and the qualification incidence of study respondents.

(161) This opportunity was also used to include additional questions on the pilot instrument to assess comprehension of the more complex survey items, particularly on the two questions about future beliefs. These additional questions were presented to pilot-study respondents immediately after they had answered the future beliefs questions. See below.

Figure V7. Pilot Study Item Evaluation for Future Beliefs Questions

Survey Item	Pilot Assessment
<p>Q18. After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?</p> <p>a. I would believe an opposite claim.</p> <p>b. I would not believe an opposite claim.</p> <p>c. That statement would have no impact on whether I would believe an opposite claim I may hear in the future.</p>	<p><i>The previous question referred to an “opposite claim.” How confusing, if at all, is the term “opposite claim” to you in this context?</i></p> <p>1. <i>Extremely confusing</i></p> <p>2. <i>Very confusing</i></p> <p>3. <i>Somewhat confusing</i></p> <p>4. <i>Not at all confusing</i></p>
<p>Q19. After seeing this statement, if you were later to hear that it has not been proven that [if topic =A, insert: smoking cigarettes is bad for your health; if topic=B, insert: smoking and nicotine are addictive; if topic=C, insert: smoking “low tar,” “light,” “ultra light,” “mild,” and “natural” cigarettes has the same health risks as smoking full-flavor cigarettes; if topic=D, insert: tobacco companies manipulate cigarette design; if topic=E, insert: secondhand smoke is harmful to other people], would you:</p> <p>a. Believe that it is not proven that [if topic =A, insert: smoking cigarettes is bad for your health; if topic=B, insert: smoking and nicotine are addictive; if topic=C, insert: smoking “low tar,” “light,” “ultra light,” “mild,” and “natural” cigarettes has the same health risks as smoking full-flavor cigarettes; if topic=D, insert: tobacco companies manipulate cigarette design; if topic=E, insert: secondhand smoke is harmful to other people].</p> <p>b. Believe that it is proven that [if topic =A, insert:</p>	<p><i>How confusing, if at all, was the previous question to answer?</i></p> <p>1. <i>Extremely confusing</i></p> <p>2. <i>Very confusing</i></p> <p>3. <i>Somewhat confusing</i></p> <p>4. <i>Not at all confusing</i></p> <p><i>Why did you say this question was confusing? OPEN-END</i></p>

<p>smoking cigarettes is bad for your health; if topic=B, insert: smoking and nicotine are addictive; if topic=C, insert: smoking “low tar,” “light,” “ultra light,” “mild,” and “natural” cigarettes has the same health risks as smoking full-flavor cigarettes; if topic=D, insert: tobacco companies manipulate cigarette design; if topic=E, insert: secondhand smoke is harmful to other people].</p> <p>c. That statement would have no impact on whether I believe that [if topic =A, insert: smoking cigarettes is bad for your health; if topic=B, insert: smoking and nicotine are addictive; if topic=C, insert: smoking “low tar,” “light,” “ultra light,” “mild,” and “natural” cigarettes has the same health risks as smoking full-flavor cigarettes; if topic=D, insert: tobacco companies manipulate cigarette design; if topic=E, insert: secondhand smoke is harmful to other people].</p>	
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(162) Data from the pilot survey indicated that most respondents were able to comprehend the future beliefs questions. Nonetheless, as an added measure, the response options were revised to add a “not sure” response category in the final instrument.

Field Period & Survey Length

(163) Median time for participants to complete the main survey was 20 minutes. The data collection field periods for the pilot survey and main survey were as follows.

Table V8. Data Collection Field Periods		
Stage	Start Date	End Date
Pilot Survey	12/23/2010	12/27/2010
Main Survey	12/31/2010	1/10/2011

Survey Completion, Sample Sizes, and Sample Characteristics

(164) The number of respondents sampled and participating in the survey and the survey completion rates are presented in [Table V9](#). The sample characteristics are presented in [Table V10](#).

Table V9. Survey Response and Completion Rates					
Sample Groups	Invited	Responded (consent and no consent)	Completed	% Responded (# responded/ #invited)	% Complete (#completed/ #responded)
Current smokers above 200% Federal poverty level	800	513	469	64	91
Current smokers at or below the 200% Federal poverty level	800	432	364	54	84
Former/never smokers above 200% Federal poverty level	800	557	499	70	90
Former/never smokers at or below the 200% Federal poverty level	800	406	359	51	88
African American	1800	1050	991	58	94
Spanish proficient	924	342	322	37	94
Teens 14–17	2400	940	613	39	65
Total	8324	4240	3617	51	85

Sample Characteristics

Table V10. Sample Characteristics
Message Testing for Tobacco-Related Corrective Statements
Study, 2011 N=3617

	N	Unweighted Percent	Weighted Percent
<i>Smoking Status</i>			
Current smoker	1,014	28.0	20.6
Former smoker	794	22.0	25.7
Never smoker	1,809	50.0	53.7
<i>Incomeⁱ</i>			
≤ 200% FPL	1,429	39.5	28.1
>200% FPL	2,188	60.5	71.9
<i>Educationⁱⁱ</i>			
No high school degree	321	8.9	12.9
High school degree or GED	923	25.5	30.6
Some college or college degree	2,373	65.6	56.5
<i>Gender</i>			
Female	2,043	56.5	52.0
Male	1,574	43.5	48.0
<i>Age</i>			
14–17	613	16.9	7.2
18–30	410	11.3	21.2
31+	2,594	71.7	71.6
<i>Race/Ethnicity</i>			
African American	1,187	32.9	12.2
Hispanic ⁱⁱⁱ	551	15.2	13.7
White	1,704	47.1	67.8
Other race	175	4.8	6.3

ⁱIncome of parent was used to assign teen (14–17 year olds) income values.

ⁱⁱEducation of parent was used as a proxy for teen (14–17 year olds) education values.

ⁱⁱⁱSpanish-dominant Hispanics (N=322) were shown all corrective statements and survey questions in Spanish.

Corrective Statements Tested, by Topic Area

(165) Within each topic area, the five statements under study (chosen based on results from the Phase I study) included two from tobacco industry, one from the Intervenors, one from NCI, and one control condition (a Surgeon General's warning). Participants were unaware of the sources of the corrective statements they were asked to evaluate.

Figure V11. Corrective Statements for Negative Health Effects of Smoking (Topic A)

Categories	Statement
Industry 1: Philip Morris	Cigarette smoking causes lung cancer, heart disease, emphysema, and other serious diseases in smokers. Smokers are far more likely to develop serious diseases, like lung cancer, than nonsmokers. Smoking by pregnant women increases the risks for fetal injury, premature birth, and low birth weight. There is no safe cigarette.
Industry 2: RJ Reynolds	<p>The Surgeon General has concluded that cigarette smoking causes the following diseases and adverse health effects:</p> <ul style="list-style-type: none"> • Bladder cancer, cervical cancer, cancers of the esophagus, renal cell and renal pelvis cancers, cancer of the larynx, acute myeloid leukemia, lung cancer, cancers of the oral cavity and pharynx, pancreatic cancer, gastric cancers, abdominal aortic aneurysm, atherosclerosis, stroke, coronary heart disease, chronic obstructive pulmonary diseases such as emphysema and chronic bronchitis, pneumonia, respiratory effects in utero, respiratory effects in children, adolescents, and adults, respiratory symptoms among adults including coughing, phlegm, wheezing, and dyspnea, poor asthma control, fetal death and stillbirths, reduced fertility in women, fetal growth restrictions and low birth weight, pre-mature rupture of the membranes, placenta previa, placental abruption, preterm delivery and shortened gestation, cataracts, diminished health status/morbidity, hip fractures, low bone density in postmenopausal women, and peptic ulcer disease. <p>This message is furnished by [Cigarette Manufacturer Name] pursuant to a Court Order and is taken from the 2004 Surgeon General's Report.</p> <p>You should rely upon your medical provider and the Surgeon General in making decisions regarding smoking.</p>
Intervenors	<p>For decades, we denied that smoking was dangerous. Here's the truth:</p> <ul style="list-style-type: none"> • 1,200 Americans die every day from smoking—it harms almost every organ in the body, causing heart attacks, strokes, emphysema, and almost one third of all cancers. • More people die from smoking than from murder, AIDS, suicide, drugs, car crashes, and alcohol combined.

	<ul style="list-style-type: none"> • In fact, cigarettes kill one half of all lifelong smokers. That means if you, your spouse, and your parents are lifelong smokers, the chances are that two of you will die from it. • For every death from smoking, there are another 20 people living with at least one serious illness from smoking. That’s over 8 million Americans at any given time. <p>Paid for by [Cigarette Manufacturer Name] under order of a Federal District court.</p>
NCI	<p>A Federal court is requiring tobacco companies to tell the truth about cigarette smoking. Here’s the truth:</p> <ul style="list-style-type: none"> • Smoking reduces circulation, triggers asthma, and can cause infertility and erectile dysfunction. • Smoking during pregnancy can cause stillbirth, low birth weight, and sudden infant death syndrome. • Smoking causes heart disease, emphysema, chronic bronchitis, acute myeloid leukemia, and cancers of the mouth, esophagus, throat, voice box, lung, stomach, kidney, bladder, pancreas, cervix and uterus. • Smoking kills 1,200 Americans. Every day.
Control Condition	<p>SURGEON GENERAL’S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.</p>

Figure V12. Corrective Statements for Addictiveness of Smoking and Nicotine (Topic B)

Categories	Statement
Industry 1: Philip Morris	Cigarette smoking is addictive. The nicotine in cigarette smoke is addictive. It can be difficult to quit smoking, but this should not deter smokers who want to quit from trying to do so.
Industry 2: Lorillard	<p>The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in <i>United States v. [Cigarette Manufacturer Name]</i>, 449 F. Supp. 2d 1, 928, 938-39 (D.D.C. 2006), <i>aff'd in part and vacated in part</i>, 566 F.3d 1095 (D.C. Cir. 2009) (<i>per curiam</i>), <i>cert. denied</i>, 561 U.S. ___, 130 S. Ct. 3501 (2010).</p> <p>The Surgeon General has concluded: Cigarettes and other forms of tobacco are addicting. Nicotine is the drug in tobacco that causes addiction.</p> <p>These conclusions are contained in the 1988 Surgeon General's Report. [Cigarette Manufacturer Name] encourages consumers to rely upon the conclusions of the Surgeon General in making decisions about smoking.</p>
Intervenors	<p>We told Congress under oath that we believed nicotine is not addictive. We told you that smoking is not an addiction and all it takes to quit is willpower. Here's the truth:</p> <ul style="list-style-type: none"> • Smoking is very addictive. And it's not easy to quit. • We manipulated cigarettes to make them more addictive. • When you smoke, the nicotine actually changes the brain—that's why quitting is so hard. <p>Paid for by [Cigarette Manufacturer Name] under order of a Federal District court.</p>
NCI	<p>Tobacco companies testified before Congress that nicotine isn't addictive. Now a Federal court is requiring them to tell the truth about smoking. Here's the truth:</p> <ul style="list-style-type: none"> • The nicotine in cigarettes is highly addictive. Cigarettes can be harder to quit than heroin and cocaine. • Nicotine changes people's brains so they crave cigarettes the same way they want food when they're hungry and water when they're thirsty. • The result: People keep buying cigarettes long after they wish they had quit.
Control Condition	SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

Figure V13. Corrective Statements for Lack of Health Benefit from “Low Tar,” “Light,” “Ultra Light,” “Mild,” and “Natural” Cigarettes (Topic C)

Categories	Statement
Industry 1: Philip Morris	<p>There is no safe cigarette. “Low tar,” “light,” “ultra light,” “medium,” and “mild” brands are no exception. You should not assume that these brands are safe or safer than full flavor brands or that smoking these brands will help you quit. If you are concerned about the health risks of smoking, you should quit.</p>
Industry 2: Lorillard	<p>The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in <i>United States v. [Cigarette Manufacturer Name]</i>, 449 F. Supp. 2d 1, 928, 938-39 (D.D.C. 2006), <i>aff’d in part and vacated in part</i>, 566 F.3d 1095 (D.C. Cir. 2009) (<i>per curiam</i>), <i>cert. denied</i>, 561 U.S. ___, 130 S. Ct. 3501 (2010). The Surgeon General has concluded:</p> <ul style="list-style-type: none"> • Smoking cigarettes with lower machine-measured yields of tar and nicotine (including those that have been labeled “low tar,” “light,” “ultra light,” “mild” and “natural”) provides no clear benefit to health in comparison to smoking cigarettes with higher machine-measured yields of tar and nicotine. <p>This conclusion is contained in the 2004 Surgeon General’s Report. [Cigarette Manufacturer Name] encourages consumers to rely upon the conclusions of the Surgeon General in making decisions about smoking.</p>
Intervenors	<p>We falsely marketed “low tar” and “light” cigarettes as less harmful than regular cigarettes to keep people smoking and sustain our profits.</p> <p>We knew that many smokers switch to “low tar” and “light” cigarettes rather than quitting because they believe “low tar” and “lights” are less harmful. They are NOT. Here’s the truth:</p> <ul style="list-style-type: none"> • Just because lights and low tar cigarettes feel smoother, that doesn’t mean they are any better for you. Light cigarettes can deliver the same amounts of tar and nicotine as regular cigarettes. • ALL cigarettes cause cancer, lung disease, heart attacks and premature death—lights, low tar, ultra lights, and naturals. <p>Paid for by [Cigarette Manufacturer Name] under order of a Federal District court.</p>
NCI	<p>For years, tobacco companies have tried to make people think some cigarettes were less harmful than others. Now a Federal court is requiring them to tell the truth about smoking.</p> <p>Here’s the truth:</p> <ul style="list-style-type: none"> • Cigarettes marketed as “light,” “ultra light,” “low tar,” “mild,” or “natural” are just as bad for you and just as hard to quit as full-flavor cigarettes, even if some people are fooled.

	<ul style="list-style-type: none">• All cigarettes cause cancer, heart disease, emphysema, and many other health problems. Choosing “light,” “ultra light,” “low tar,” “mild,” or “natural” cigarettes does not reduce your health risks.
Control Condition	SURGEON GENERAL’S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

Figure V14. Corrective Statements for Defendants' Manipulation of Cigarette Design and Composition to Ensure Optimum Nicotine Delivery (Topic D)

Categories	Statement
Industry 1: Philip Morris	Cigarettes deliver tar and nicotine. Well-known design features affect the delivery of tar and nicotine. The amount of tar and nicotine you inhale will vary, depending upon how you smoke. Generally speaking, the more intensely you smoke a cigarette, the more tar and nicotine you will inhale.
Industry 2: RJ Reynolds	<p>A United States District Court has found that:</p> <ul style="list-style-type: none"> • “Cigarettes are specifically designed to deliver a range of nicotine doses so that a smoker can obtain her optimal dose from virtually any cigarette on the market, regardless of that cigarette’s nicotine delivery level as measured by the FTC method.” • “Cigarette manufacturers controlled the amount and form of nicotine delivery in commercial products by controlling the physical and chemical make-up of the tobacco blend and filler.” <p>This message is furnished pursuant to a Court Order by [Cigarette Manufacturer Name].</p> <p>You should rely upon your medical provider and the Surgeon General in making decisions regarding smoking.</p>
Intervenors	<p>For decades, we denied that we controlled the level of nicotine delivered in cigarettes.</p> <p>Here’s the truth:</p> <ul style="list-style-type: none"> • Cigarettes are a finely-tuned nicotine delivery device designed to addict people. • We control nicotine delivery to create and sustain smokers’ addiction, because that’s how we keep customers coming back. • We also add chemicals, such as ammonia, to enhance the impact of nicotine and make cigarettes taste less harsh. • When you smoke, the nicotine actually changes the brain—that’s why quitting is so hard. <p>Paid for by [Cigarette Manufacturer Name] under order of a Federal District court.</p>
NCI	<p>A Federal court is requiring tobacco companies to tell the truth about cigarette smoking.</p> <p>Here’s the truth:</p> <ul style="list-style-type: none"> • Tobacco companies intentionally design cigarettes to maximize our addiction to them.

	<ul style="list-style-type: none">• They add chemicals to cigarettes and manipulate the level of nicotine so that it's delivered to our brains in doses that get us addicted and keep us hooked.• The result: People keep buying cigarettes long after they wish they had quit.
Control Condition	SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

Figure V15. Corrective Statements for Negative Health Effects of Secondhand Smoke (Topic E)

Categories	Statement
Industry 1: Philip Morris	<p>Public health officials have concluded that secondhand smoke from cigarettes causes disease, including lung cancer and heart disease, in non-smoking adults, as well as causes conditions in children such as asthma, respiratory infections, cough, wheeze, otitis media (middle ear infection), and Sudden Infant Death Syndrome.</p>
Industry 2: RJ Reynolds	<p>The Surgeon General has concluded:</p> <ul style="list-style-type: none"> • Exposure to environmental tobacco smoke has been proven to cause premature death and disease in children and in adults who do not smoke. Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children. Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer. The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke. <p>This message is furnished by [Cigarette Manufacturer Name] pursuant to a Court Order and is taken from the 2006 Surgeon General’s Report.</p> <p>You should rely upon your medical provider and the Surgeon General in making decisions regarding smoking.</p>
Intervenors	<p>For decades we denied the harms of secondhand smoke.</p> <p>Here’s the truth from the U.S. Surgeon General and National Cancer Institute:</p> <p>Secondhand smoke contains 4,800 chemicals and more than 50 cancer-causing substances. Chemicals include formaldehyde, benzene, vinyl chloride, arsenic, ammonia, and hydrogen cyanide.</p> <ul style="list-style-type: none"> • Secondhand smoke has been proven to cause lung cancer and heart attacks and kills over 38,000 Americans each year. • There is no risk-free exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke. <p>Paid for by [Cigarette Manufacturer Name] under order of a Federal District court.</p>

NCI	<p>A Federal court is requiring tobacco companies to tell the truth about cigarette smoking.</p> <p>Here's the truth:</p> <ul style="list-style-type: none">• Secondhand smoke kills 38,000 Americans every year.• Children exposed to cigarette smoke suffer more from asthma, pneumonia, bronchitis, and ear infections. Adults exposed also suffer because they inhale the same chemicals from secondhand smoke that kill and disable smokers.
Control Condition	<p>SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.</p>

Study Protocol and Measures

(166) Demographic information was collected before the survey, upon acceptance to the KN panel. Then, baseline smoking status questions were asked for adults and teens based on the standard assessment described previously, as well as questions about smoking behavior. Participants were also asked baseline questions assessing general knowledge related to the five topic areas: (a) knowledge about the negative effects of smoking; (b) knowledge about the addictiveness of smoking and nicotine; (c) knowledge about “low tar” cigarettes; (d) knowledge about cigarette design manipulation; and (e) knowledge about the negative effects of secondhand smoke. Other survey items assessed constructs such as smoking urges, tobacco-specific knowledge, risk perceptions, future beliefs related to opposite claims, attention, confusion, potential for public impact, and credibility. See Appendix E1 and E2 for the full survey instrument. Where possible, all constructs were assessed using 2-item measures with reliability and validity data available from other surveys.

(167) See the Corrective Statement Survey Flow ([Figure V16](#)) below for survey design and randomization. The total sample size was N=3,617. Upon completion of baseline measures, participants were randomly assigned to three of the five possible topic areas, and were randomly assigned to see one statement per topic area, totaling three statements. After forced exposure to each of the three randomly assigned statements, respondents were asked a series of questions related to confusion, smoking urges, knowledge, and future beliefs. For this section of the survey, the sample size for each topic area was approximately 2,075. (Sample size for topics and outcomes varied across survey implementation due to randomization patterns, smoking status, and refused or missing responses on some items.)

Figure V16. Corrective Statement Survey Flow

SECTION 1: Qualification

Base	Screening/qualification criteria (demos & smoking status):
All respondents, n=3617	Current smokers=1014 Former/never smokers=2603 Hispanics=551 Teens 14-17=613 African American=1187

SECTION 2: Baseline Knowledge

Base	One question for each corrective topic area:
All respondents, n=3617	Health effects Addictiveness Low tar/light Manipulation of cigarette design Secondhand smoke

SECTION 3: First review of statements

Statement randomization scheme #1:

- 3 of the 5 topics areas were randomly selected for each respondent
- Within each of the 3 selected topic areas, 1 individual statement was randomly assigned to each respondent

For each statement assessed, respondents were asked questions relating to:

Confusion, Smoking urges, Accurate knowledge, Future beliefs

TOTAL ANSWERING	TOPIC A: Health Effects					TOPIC B: Addictiveness					TOPIC C: Low Tar					TOPIC D: Manipulate					TOPIC E: Secondhand Smoke				
	PM	RJR	Intervenor	SM/NCI	Control	PM	Lorillard	Intervenor	SM/NCI	Control	PM	Lorillard	Intervenor	SM/NCI	Control	PM	RJR	Intervenor	SM/NCI	Control	PM	RJR	Intervenor	SM/NCI	Control
	434	434	436	433	328	434	433	433	435	330	436	433	433	435	328	434	434	435	434	328	435	434	434	434	328

SECTION 4: Second review of statements

Statement randomization scheme #2:

- 1 of the 2 topic areas not assigned in the previous section was randomly assigned
- Respondents saw all 5 statements within their assigned topic area (4 statements + control statement)

For each statement in their assigned topic, respondents were asked questions relating to:

Attention, Potential for public impact, Credibility, Rank ordering based on which most clearly communicated the topic area intent

TOTAL ANSWERING	TOPIC A: Health Effects	TOPIC B: Addictiveness	TOPIC C: Low Tar	TOPIC D: Manipulate	TOPIC E: Secondhand Smoke
694	706	698	705	697	

SECTION 5: Impact of introductions

Introductory text assessment (source attribution):

- 1 of the 5 potential statement introductions was randomly assigned
- Respondents were randomly assigned to evaluate 1 of 5 proposed introductory sentences

For their assigned introduction, respondents were asked questions relating to:

Attention, Trust

TOTAL ANSWERING	RJR	SM/NCI	Lorillard	RJR	Intervenor
714	717	716	716	715	

SECTION 6: Impact of sponsorship

Closing text assessment (sponsorship):

- 1 of the 4 potential statement closing is randomly assigned
- Respondents were randomly assigned to evaluate 1 of 4 proposed sponsorship sentences

For their assigned closing, respondents were asked questions relating to:

Attention, Trust

TOTAL ANSWERING	Intervenor	RJR	Lorillard	RJR
899	899	892	899	

(168) In the next section of the survey, participants were randomized to see statements from one of the two topic areas they had not been previously assigned, and were exposed to all five statements within that topic area (four proposed corrective statements and the control statement). Statement order was randomized to avoid order effects. For each of the five statements within the assigned topic area, participants answered questions related to attention, potential for public impact, and credibility. For each of these measures, the total sample size in each topic area was approximately 3,460. In this section, participants were also asked to rank the statements from 1 to 5, with 1 being the statement that most clearly communicated about the assigned topic. In assigning rankings, participants were also asked to consider the likelihood that the statement would capture their attention and how easy it was to understand. For the rankings task, total sample size in each topic area was approximately 700.

(169) In the final section of the survey, participants were exposed to one of five proposed introductory sentences related to source attribution and one of four proposed concluding sentences related to sponsorship, in order to assess the extent to which the proposed introductory sentences garnered attention and trust, and the extent to which the proposed concluding sentences affected trust, independent of the corrective statement text. The total sample size of respondents seeing the introductory sentences was $N=3,578$, with each introduction being seen by approximately 715 respondents. The total sample size of respondents seeing the concluding sentences was $N=3,589$, with each concluding sentence being seen by approximately 900 respondents.

Statistical Analysis

(170) A complete case analysis was utilized. Tests of significance were estimated at the $p < 0.05$ level with 95% confidence intervals. Categorical response options were combined to create dichotomous outcomes (e.g., strongly agree/agree versus disagree/strongly disagree). To adjust for unequal probabilities of selection due to the complex sampling design and oversampling of African Americans, Spanish-dominant Hispanics, and teens,

and to adjust for potential nonresponse bias, I used SUDAAN, a widely used statistical software package ideal for the analysis of complex surveys, to apply weighting factors to all estimates. See Appendix E3 for Knowledge Networks' sample weighting documentation.

- (171) I first calculated weighted percentages for statement rankings within topic areas to get a general sense of how participants ranked the statements on their ability to clearly communicate about the assigned topic.
- (172) Bivariate analyses (crosstabulation with Chi Square) were conducted to evaluate associations between exposure to corrective statements and all outcome variables under study.
- (173) Multivariable logistic regression was employed to model the predicted probability that exposure to specific corrective statements was associated with items assessing constructs of interest (e.g., knowledge, attention, confusion, trust, smoking urges, etc.), compared to control. All models controlled for income, education, gender, age, race/ethnicity, and baseline assessments of knowledge, behavioral intentions, time of last cigarette smoked (where appropriate, to assess smoking urges), and smoking status. To assess smoking urges and behavioral intentions, multivariable logistic regression models were stratified by smoking status and adjusted for the other covariates listed above.
- (174) To explore whether any of the statements may produce differential effects in populations of interest in the areas of knowledge, attention, and credibility, I added interaction terms to three of the main effects models, and modeled separately the interaction between statement and smoking status, statement and income, statement and age, and statement and race/ethnicity. Each of these effect modification models included all control variables and the higher-order main effects variables for statement, smoking status, income, age, and race/ethnicity, respectively.

(175) To assess the impact of the corrective statements on future beliefs, I calculated weighted percentages by statement for respondents reporting that, if they were later to hear an opposite claim, they either would or would not believe it, it would have no impact on their beliefs, or they were not sure. Similarly, after exposing respondents to a corrective statement on a particular topic, they were asked subsequently if hearing that information in the same topic area “has not been proven” would affect their belief that the corrective statement topic had or had not been proven, whether the “not proven” claim would have no impact on their beliefs, or if they were not sure.

(176) To evaluate the impact that source attribution and sponsorship information might have on attention and trust, independent of the corrective statements, I calculated weighted percentages of respondents reporting that they strongly agreed or agreed that the proposed introductory sentence or concluding sentence would make them trust in or pay attention to the corrective statement that it introduced or followed. To evaluate predictors of attention and trust, I used multivariable logistic regression to model the predicted probability that attention and trust in the introductory and concluding sentences was associated with smoking status and sociodemographic characteristics of the respondents.

V.3.iii. Results

Overview

(177) The results of the quantitative analyses of the experimental study are described in this section. Results are organized by corrective statement topic, with the exception of general observations provided in the overview summaries below. Within each topic area, results are described for global rankings of the corrective statements; comparisons for specific statements versus the control condition on key outcome measures, adjusting for covariates; evaluation of the observed effect of specific statements on smoking urges and behavioral intentions among current and former smokers; and exploratory examinations of broad patterns of effect modification by target population. The section concludes with results related to source attribution and sponsorship, examining the possible influence of proposed introductory and concluding sentences on attention and trust.

Summary of Findings

- (178) Across nearly all topic areas and key outcome variables, the statements proposed by the Intervenor and the National Cancer Institute generally performed better than those proposed by the tobacco industry, both when compared to the control condition, and when ranked against all proposed statements under study. This pattern was particularly evident on outcome variables seen as highly relevant to this evaluation—accurate knowledge, attention, and potential for public impact.
- (179) The exploratory analysis of potential differential effects on knowledge, attention, and credibility by target populations revealed no broad patterns of effect modification by smoking status, income, age, or race/ethnicity, though statistically significant interaction terms were noted for a few individual interaction variables. I report some of these potentially interesting findings, though they should be interpreted with appropriate caution, given that tests for moderating effects were a secondary objective of the study, and given that no clear patterns emerged wherein any particular statement was consistently received differentially by some population groups compared to others. I believe that the main effects models are the most robust, and provide the most insight into the proposed statements' performance.
- (180) Results detailed below, by topic area, will not discuss how individual proposed corrective statements performed on the measure of confusion (“How confusing, if at all, would you say that this statement was for you to understand?”). This is because higher levels of confusion were widely reported across all topic areas for nearly all proposed corrective statements than for the control condition (a Surgeon General’s warning). This finding is not surprising given that all the proposed corrective statements contain more detailed information than the Surgeon General’s warning and, given the wide dissemination of the Surgeon General’s warning, the likely familiarity of the text for many individuals in the study. These results are not seen as indicating a problem related to the comprehension of the proposed statements, especially because in bivariate analyses, nearly all statements in all topic areas had majority agreement that they were “not at all confusing.”

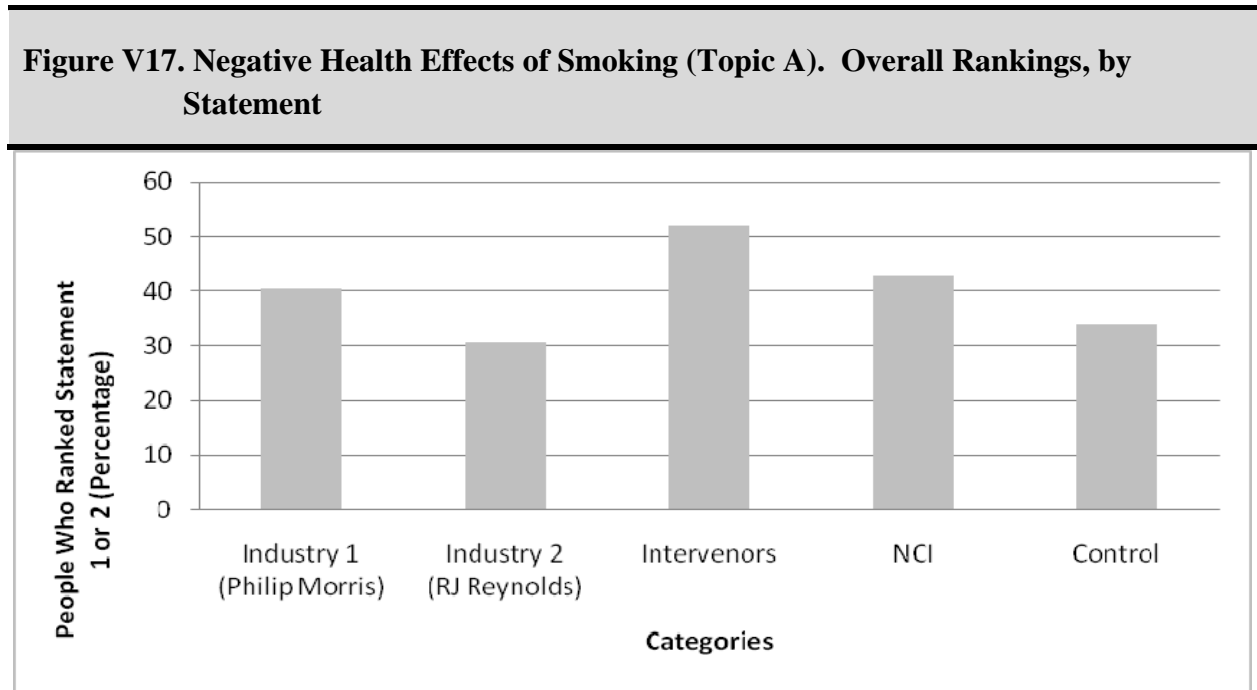
(181) Our measures of triggering smoking urges in current and former smokers indicated only two significant results across all topic areas and statements; specifically, the Intervenor's and NCI secondhand smoke statements were positively associated with triggering smoking urges in current and former smokers. Despite these two instances, I do not report major concerns regarding the corrective statements' potential to cause smoking cravings among current and former smokers.

(182) Two questions assessed the effect of the proposed statements on future beliefs, with the first of these questions asking how the participant would respond if they later heard an "opposite claim," and the second asking how they would respond if they later heard that a corrective topic area "has not been proven." Global tests of statistical significance revealed only limited evidence that some statements performed better than others on the future beliefs questions. That few significant differences were found on these measures may be related to two factors. First, across most topics and statements, very few individuals reported they would no longer believe the corrective-statement information if future claims were to contradict the information; the vast majority of respondents had the "correct" response to these items across topics and statements. Exceptions were noted in the low tar and design manipulation topic areas. Second, one particular response option for the two future belief questions (the option, "This statement would have no impact" on the participant's future beliefs) was selected by more participants than might have been expected. That result may suggest that many participants found this response option ambiguous or open to interpretation. Given these potential issues, I report weighted percentages and recommend that the future beliefs estimates be interpreted with appropriate caution. Measures for accurate knowledge, potential for public impact, and attention are also good indicators of future beliefs, and I point the Court to those estimates throughout this section.

Topic A: Negative Health Effects of Smoking

Rankings for Topic A: Negative Health Effects of Smoking

(183) Respondents were randomized to see all 5 statements in Topic A. After viewing all 5 statements addressing the negative health effects of smoking, participants were asked to rank the statements in order from 1 (Best) to 5 (Worst) with regards to how well each statement communicated the dangers of smoking. As part of the ranking process, participants were asked to consider whether they would pay attention to the statement and how easy it was to understand. The results presented in [Figure V17](#) represent the weighted percentage of people who ranked a specific statement either #1 or #2. In Topic A, the statement developed by the Intervenors was ranked highest, followed by the statement developed by NCI.



Accurate Knowledge, Attention, Potential for Public Impact, Credibility for Topic A: Negative Health Effects of Smoking

(184) Fully adjusted estimates of these variables are presented in Table 2A and Table 3A in Appendix C1.

(185) In Topic A, participants were asked how much they agreed or disagreed with the basic knowledge measure, “Cigarettes are bad for your health.” On this measure, the NCI statement performed statistically significantly better than control. No other negative health effects statements had statistically significant findings for the accurate knowledge construct. I saw no evidence of effect modification and no evidence that any of the statements performed significantly better than control on measures of credibility.

(186) Three negative health effects statements were associated with increased attention compared to control; the corrective statements proposed by Philip Morris, the Intervenors, and NCI performed better on attention. The same pattern was observed for the perceived potential public impact of the statement; in particular, on these three statements’ potential usefulness in “changing other people’s attitudes about smoking.” No broad patterns of effect modification were observed.

Future Beliefs for Topic A: Negative Health Effects of Smoking

(187) See Table 4A in Appendix C1. Few individuals reported that they would believe an opposite claim or that they would believe that the information in the statement “had not been proven.” For all negative health effects statements, more than 50% of the respondents said that they would not believe the opposite claim.

Smoking Urges and Behavioral Intentions for Topic A: Negative Health Effects of Smoking

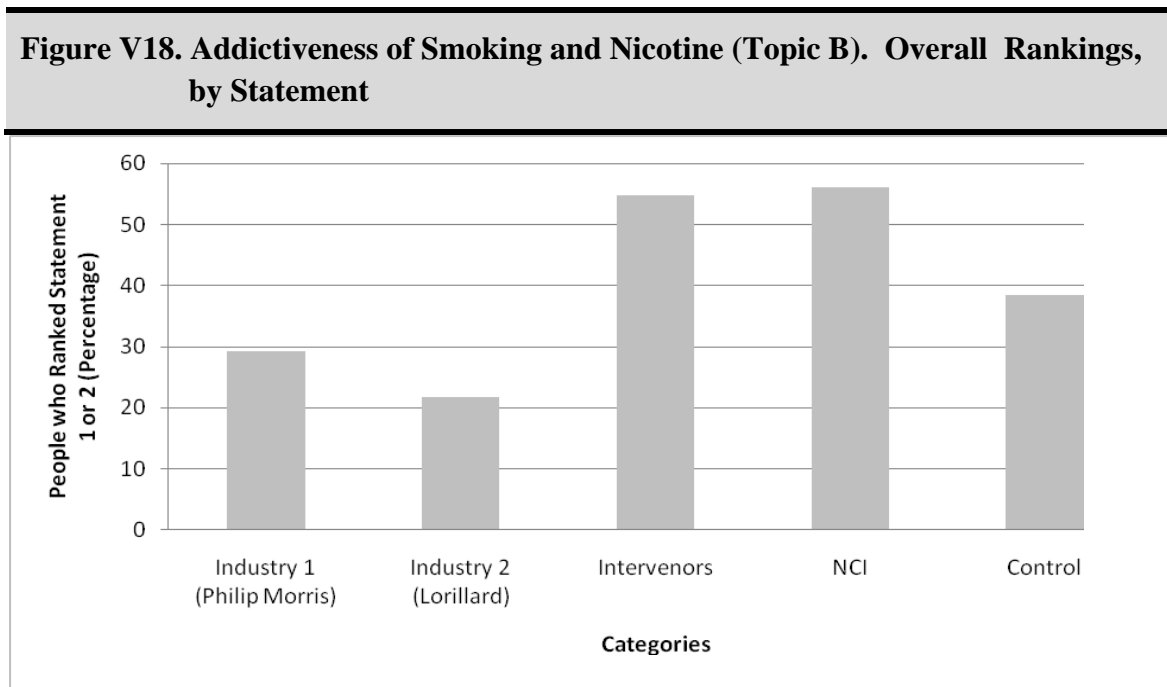
(188) See Table 5A in Appendix C1. Among current and former smokers, no statistically significant differences were found between exposure to any of the proposed statements and the control condition on measures of smoking urges. Likewise, for current smokers, compared to the control condition, none of the negative health effects statements were associated with a significant difference in thinking about quitting smoking. For former

smokers, only the NCI statement was significantly associated with increased intention to stay abstinent from smoking.

Topic B: Addictiveness of Smoking and Nicotine

Rankings for Topic B: Addictiveness of Smoking and Nicotine

(189) Respondents were randomized to see all five statements in Topic B. After viewing all five statements addressing the topic of addiction, participants were asked to rank them in order from 1 (Best) to 5 (Worst) with regards to how well each statement communicated the addictiveness of smoking and nicotine. As part of the ranking process, participants were asked to consider whether they would pay attention to the statement and how easy it was to understand. The results presented in this [Figure V18](#) represent the percentage of people who ranked a specific statement either #1 or #2. In this topic area, the statement developed by NCI was ranked highest, followed by the statement developed by Intervenors.



*Accurate Knowledge, Attention, Potential for Public Impact, Credibility for Topic B:
Addictiveness of Smoking and Nicotine*

- (190) See Table 2B and Table 3B in Appendix C2. In response to the knowledge question about the addictiveness of smoking and nicotine, no statistically significant differences were seen between the statements and the control, nor did any of the statements have broadly observed differential effects in effect modification models.
- (191) On credibility, statistically significant differences were noted, wherein individuals who saw Lorillard, Intervenor, or NCI addictiveness statements were less likely to believe the statement was true than participants who saw the control statement. Among current smokers, those who saw the statement proposed by Lorillard were more likely to say it was believable than never and former smokers; however, no broad patterns of effect modifications were observed for any of the tested statements.
- (192) On the construct of attention, respondents seeing the Philip Morris and Lorillard addictiveness statements reported less attention than those seeing the control condition. In contrast, those seeing the statements by the Intervenor and NCI reported increased attention compared to control.
- (193) Individuals who saw either the Philip Morris or Lorillard statement were significantly less likely to report that it had potential for public impact, compared to individuals assigned to the control.

Future Beliefs for Topic B: Addictiveness of Smoking and Nicotine

(194) See Table 4B in Appendix C2. Few individuals reported either believing a future opposite claim or believing that the information in the addictiveness statement had not been proven. For all addictiveness statements except that from Lorillard (48.9%), 50% or more participants said that they would not believe an opposite claim. Similarly, although only approximately 48% of the respondents stated they would believe the statement by the Intervenor had been proven, more than 50% reported that they would believe the current statement had been proven for all other statements.

Smoking Urges and Behavioral Intentions for Topic B: Addictiveness of Smoking and Nicotine

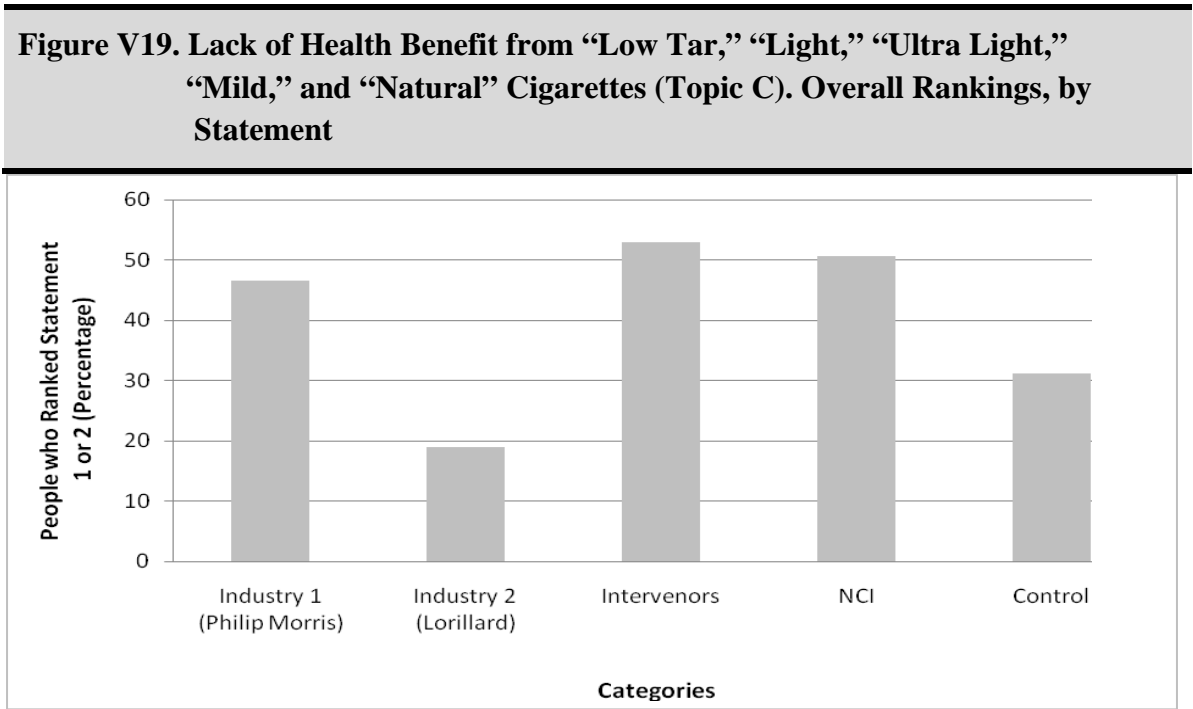
(195) See Table 5B in Appendix C2. Among current and former smokers, no statistically different differences were found between any of the statements and the control for smoking urges being elicited by the specific statement.

(196) The proposed statements from Philip Morris and Lorillard related to the addictiveness of smoking and nicotine significantly decreased intentions to quit smoking among current smokers by about 65% compared to current smokers who saw the control statement.

Topic C: Lack of Health Benefits from “Low Tar,” “Light,” “Ultra Light,” “Mild,” and “Natural” Cigarettes

Rankings for Topic C: Lack of Health Benefits from “Low Tar,” “Light,” “Ultra Light,” “Mild,” and “Natural” Cigarettes

(197) Respondents were randomized to see all 5 statements in Topic C. After viewing all 5 low tar statements, participants were asked to rank them in order from 1 (Best) to 5 (Worst) with regards to how well each statement communicated information about the lack of health benefit from “low tar,” “light,” “ultra light,” “mild,” and “natural” cigarettes. As part of the ranking process, participants were asked to consider whether they would pay attention to the statement and how easy it was to understand. The results presented in [Figure V19](#) represent the percentage of people who ranked a specific statement either #1 or #2. In this topic area, the statement developed by the Intervenor was ranked highest, followed by the statement developed by NCI.



Accurate Knowledge, Attention, Potential for Public Impact, Credibility for Topic C: Lack of Health Benefits from “Low Tar,” “Light,” “Ultra Light,” “Mild,” and “Natural” Cigarettes

(198) See Table 2C and Table 3C in Appendix C3. In response to items assessing knowledge of the lack of health benefits from “low tar” and “light” cigarettes, individuals who saw the Philip Morris statement were significantly more likely to endorse the correct answer to one of the outcome variables compared to those who saw the control. No other significant main effects for knowledge were noted. Exploratory analyses for effect modification indicated that for current smokers and individuals living at or below 200% of the Federal poverty level, the statement proposed by the Intervenors was associated with higher accuracy on one of the knowledge items.

(199) For the first credibility item, statistically significant positive differences were noted for all of the statements compared to the control, although on the second item the Lorillard statement was associated with less reported trust than the control statement. No broad patterns of effect modification were noted for credibility.

(200) Statistically significant positive associations were found between the attention variables and the statements proposed by Philip Morris, the Intervenors, and NCI compared to the control statement. The statement from the Intervenors was positively associated with both attention variables. Increased attention by current smokers to the Lorillard statement and decreased attention among African American and Hispanic individuals to a variety of the statements were noted in the analysis of potential effect modification, though no clear patterns can be discerned.

(201) With regards to perceived potential usefulness of the statements for public impact, significant differences in the positive direction were noted for all statements compared to control.

Future Beliefs for Topic C: Lack of Health Benefits from “Low Tar,” “Light,” “Ultra Light,” “Mild,” and “Natural” Cigarettes

(202) See Table 4C in Appendix C3. Consistent with results from previous topic areas, few respondents said they would either believe a future opposite claim or believe that the information in the statement had not been proven. However, for this topic area, more

variability was demonstrated. Only 37.4% of those who saw the Lorillard statement reported that they would not believe a future opposite claim and only approximately 29% of those exposed to the Lorillard statement or the control statement reported that they may later believe the current statement had been proven.

Smoking Urges and Behavioral Intentions for Topic C: Lack of Health Benefits from “Low Tar,” “Light,” “Ultra Light,” “Mild,” and “Natural” Cigarettes

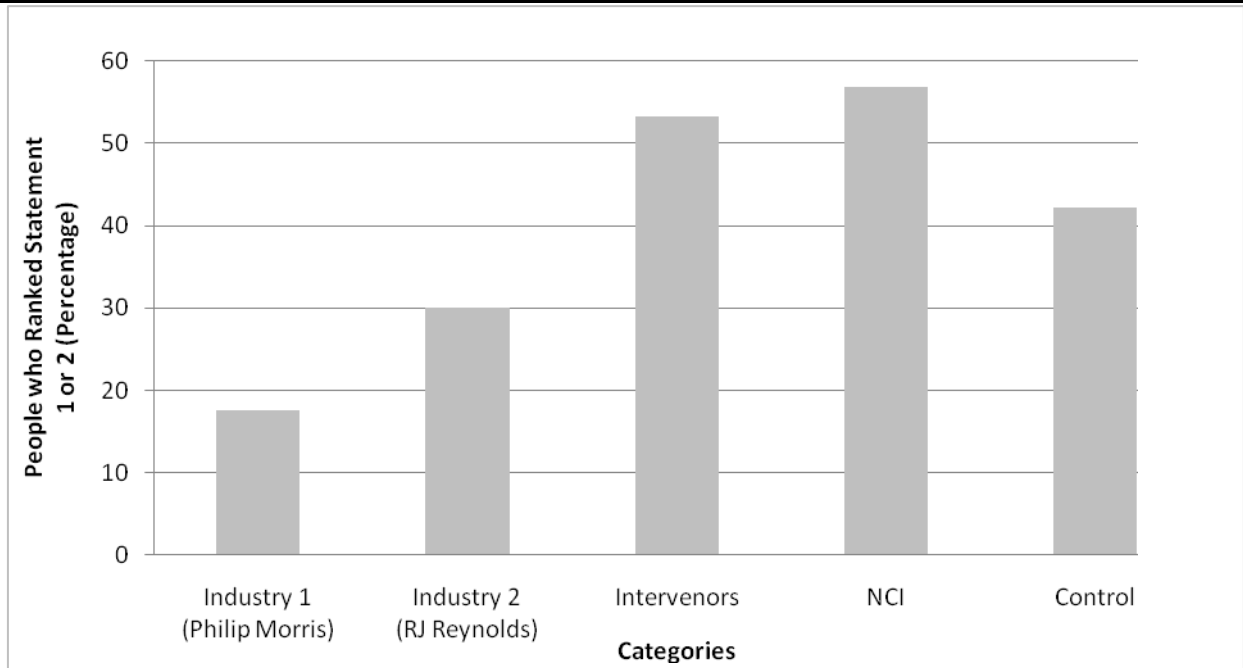
(203) See Table 6C in Appendix C3. No statistically significant differences were demonstrated for the elicited urges and behavioral intentions outcomes.

Topic D: Defendants’ Manipulation of Cigarette Design and Composition to Ensure Optimum Nicotine Delivery

Rankings for Topic D: Manipulation of Cigarette Design by Tobacco Companies

(204) Respondents were randomized to see all five statements in Topic D. After viewing all five statements addressing the Manipulation of Cigarette Design topic area, participants were asked to rank the statements in order from 1 (Best) to 5 (Worst) with regards to how well each statement communicated information about the manipulation of cigarette design by the manufacturers. As part of the ranking process, participants were asked to consider whether they would pay attention to the statement and how easy it was to understand. The results presented in [Figure V20](#) represent the percentage of people who ranked a specific statement either #1 or #2. The design manipulation statement developed by the NCI was ranked highest, followed by the statement developed by Intervenors.

Figure V20. Cigarette Design Manipulation (Topic D). Overall Rankings, by Statement



Accurate Knowledge, Attention, Potential for Public Impact, Credibility for Topic D: Manipulation of Cigarette Design by Tobacco Companies

- (205) See Table 2D and Table 3D in Appendix C4. The first question assessing knowledge about the manipulation of the design of cigarettes as a means to deliver nicotine asked for responses to the statement: “Cigarette makers add chemicals to cigarettes to make it easier for a smoker to get nicotine.” Individuals who saw the RJ Reynolds, Intervenor, or NCI statements were significantly more likely to answer “strongly agree” or “agree” than those who saw the control. Similarly, respondents who saw the proposed statements from the Intervenor and NCI were significantly more likely to give positive responses to items related to attention and public impact.
- (206) On issues of credibility, a statistically significant negative difference was noted for the Philip Morris statement and RJ Reynolds statement compared to control.
- (207) The RJ Reynolds, Intervenor, and NCI statements all performed better than control on issues of attention. In contrast, the Philip Morris statement was negatively associated with attention compared to control.
- (208) The statements proposed by both the Intervenor and NCI were positively associated with perceived potential for public impact.

Future Beliefs for Topic D: Manipulation of Cigarette Design by Tobacco Companies

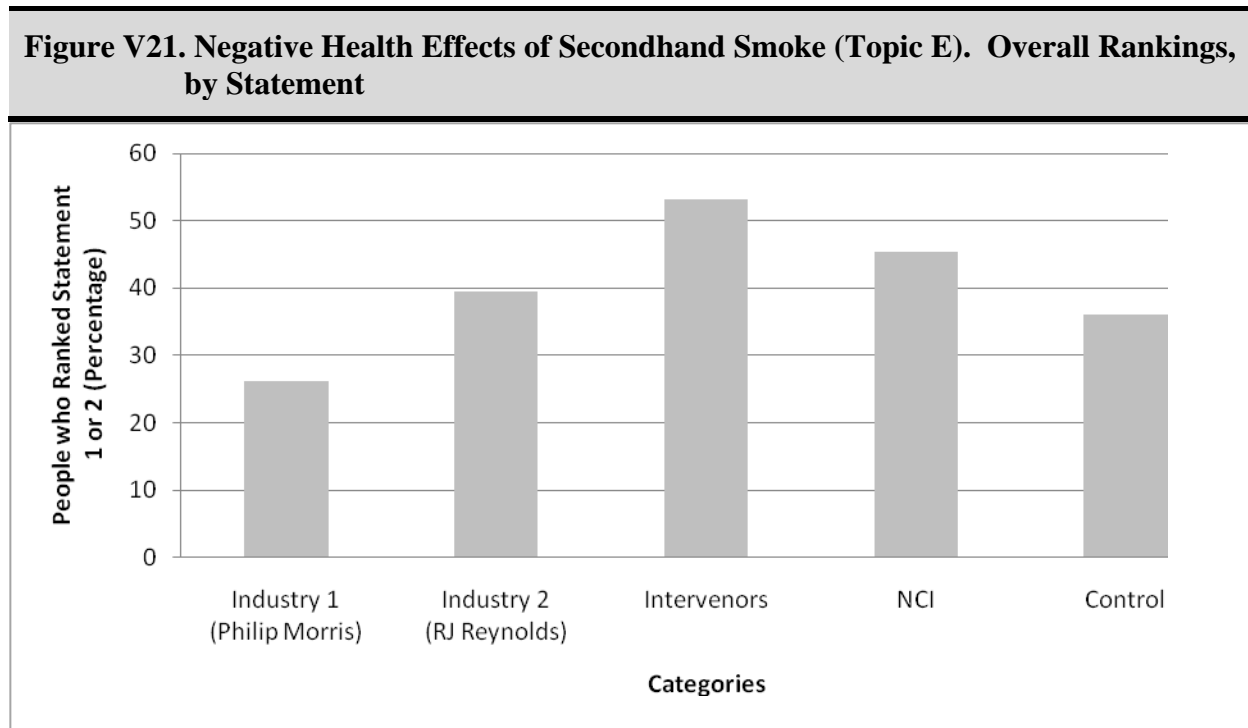
- (209) See Table 4D in Appendix C4. As demonstrated in other topic areas, few individuals endorsed either believing a future opposite claim or believing that the design manipulation information in the corrective statement had not been proven. However, the overall endorsement rates for the options associated with continuing to believe the design manipulation information were substantially lower than in the other topic areas. Less than 50% of respondents who were exposed to the Philip Morris, RJ Reynolds, or Intervenor’s statements reported that they would not believe the opposite claim. For all statements including the control, less than 50% of individuals said that they would still believe the information presented were proven if presented with opposite information in the future.

Smoking Urges and Behavioral Intentions for Topic D: Manipulation of Cigarette Design by Tobacco Companies

(210) See Table 6D in Appendix C4. No statistically significant differences were demonstrated for the elicited urges and behavioral intentions outcomes.

Topic E: Adverse Health Effects of Secondhand Smoke*Rankings for Topic E: Adverse Health Effects of Secondhand Smoke*

(211) Respondents were randomized to see all five statements in Topic E. After viewing all five statements addressing the adverse health effects of secondhand smoke, participants were asked to rank them in order from 1 (Best) to 5 (Worst) with regards to how well each statement communicated information about the health effects of secondhand smoke. As part of the ranking process, participants were asked to consider whether they would pay attention to the statement and how easy it was to understand. The results presented in [Figure V21](#) represent the percentage of people who ranked a specific statement either #1 or #2. In this topic area, the statement developed by the Intervenors was ranked highest, followed by the statement developed by NCI.

*Accurate Knowledge, Attention, Potential for Public Impact, Credibility for Topic E: Adverse Health Effects of Secondhand Smoke*

(212) See Table 2E and Table 3E in Appendix C5. All four statements were positively associated with accurate knowledge about the negative health effects of secondhand

smoke compared to the control statement. No broad patterns of effect modification emerged.

(213) For the first credibility item, a statistically significant positive difference was noted for all of the proposed statements compared to the control. However, on the second credibility item, the Intervenor's statement was negatively associated with trust compared to the control statement.

(214) Statistically significant positive associations were found between the second attention item and the statements proposed by Philip Morris, Intervenor, and NCI compared to the control statement, and all four statements were positively associated with perceived potential public impact compared to the control statement.

Future Beliefs for Topic E: Adverse Health Effects of Secondhand Smoke

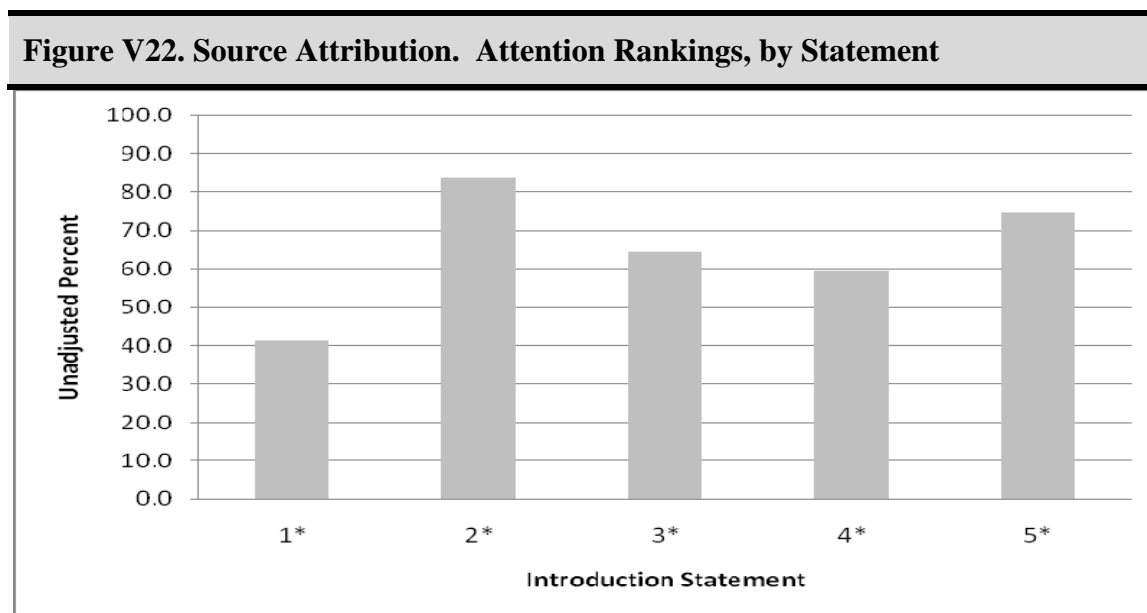
(215) See Table 4E in Appendix C5. As has been generally seen across the topic areas, few individuals reported either believing a future opposite claim or believing that the information included in the statement had not been proven. For all statements, approximately 50% or more of the respondents said that they would not believe the opposite claim.

Smoking Urges and Behavioral Intentions for Topic E: Adverse Health Effects of Secondhand Smoke

(216) See Table 6E in Appendix C5. Following exposure to the Intervenor's and the NCI secondhand smoke statements, current and former smokers were more likely to report increased urges to smoke compared to those who saw the control statement. No other statistically significant differences were noted for urges or behavioral intentions.

Effects of Proposed Introductory Source Attribution Statements and Sponsorship on Attention to and Trust in Proposed Corrective Statements

(217) Outside the context of the text of the corrective statements, participants were asked to rate their attention to the proposed introductory source attribution statements. [Figure V22](#) presents the weighted percentage of individuals who strongly agreed or agreed that their attention would be “grabbed” by the introductory source attribution statement. At least three fourths of the respondents strongly agreed or agreed that introductory source attribution statements 2 and 5 would “grab” their attention. Additionally, participants were asked “how likely would you be to trust the [corrective] statement, based on that introduction?” The results indicate that three introductory source attribution statements (2, 3, and 5) were perceived by about two-thirds of respondents as supporting the trustworthiness of the corrective statements ([Figure V23](#)).



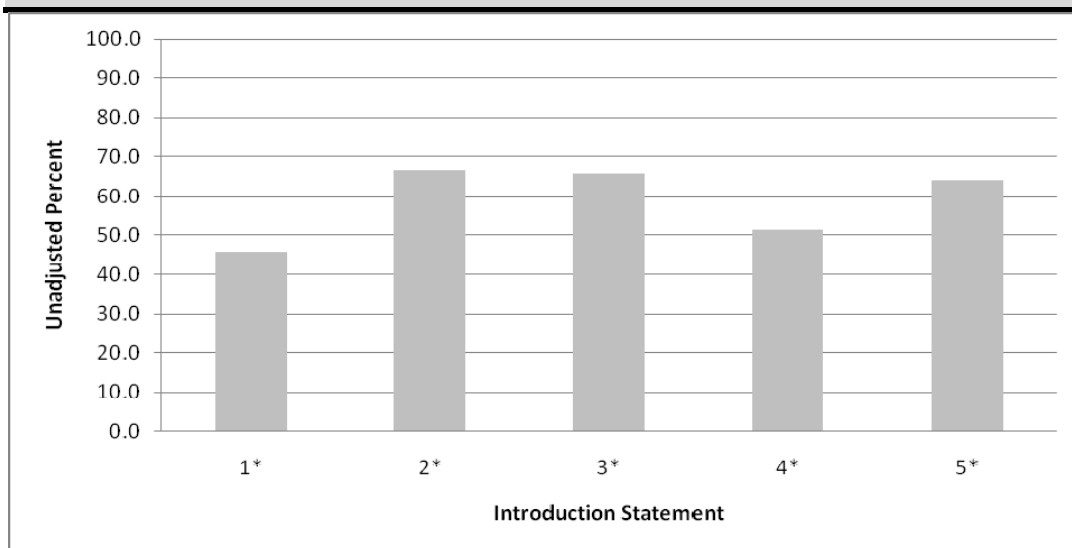
*Introduction 1: “The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States of America, Civil Action No. 99-2496 (GK) Order #1010, Aug. 17, 2006, at 4; Final Op. at 1636) (on appeal)”

*Introduction 2: “A Federal court is requiring tobacco companies to tell the truth about smoking. Here’s the truth.”

*Introduction 3: “The Surgeon General has concluded:”

*Introduction 4: “A United States District Court has found that:”

*Introduction 5: “Here’s the truth from the U.S. Surgeon General and the National Cancer Institute:”

Figure V23. Source Attribution. Trust Rankings, by Statement

*Introduction 1: “The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States of America, Civil Action No. 99-2496 (GK) Order #1010, Aug. 17, 2006, at 4; Final Op. at 1636) (on appeal)”

*Introduction 2: “A Federal court is requiring tobacco companies to tell the truth about smoking. Here’s the truth:”

*Introduction 3: “The Surgeon General has concluded:”

*Introduction 4: “A United States District Court has found that:”

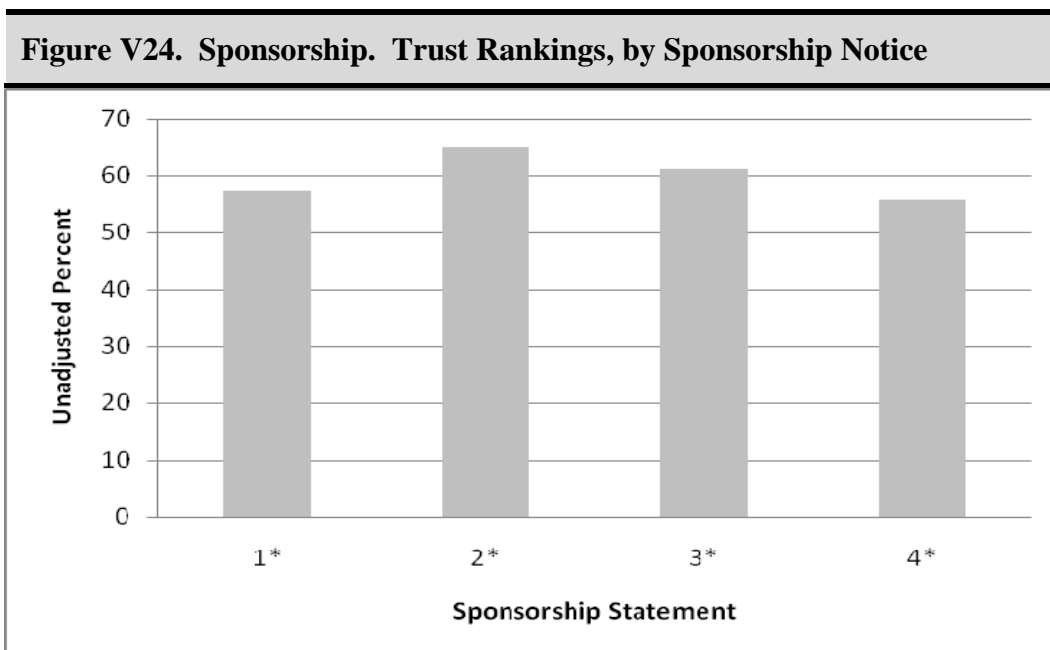
*Introduction 5: “Here’s the truth from the U.S. Surgeon General and the National Cancer Institute:”

(218) Predictors of attention and trust in the proposed introductory source attribution statements were modeled in multivariable analyses. See Appendix C6. Considering only the three introductory source attribution statements which were perceived the highest on trust and/or attention (2, 3, and 5), (a) former smokers and individuals with no high school degree reported significantly lower trust in corrective statements that would follow introductory statement 2, and current and former smokers and individuals age 18–30 reported lower levels of attention to introductory statement 2; (b) African Americans and individuals without a high school degree reported significantly higher attention, while females reported lower attention to introductory statement 3; and (c) current smokers reported a statistically significant lower level of attention to and trust in the corrective

statements that would follow introductory statement 5, and individuals without a high school degree reported higher levels of attention to introductory statement 5.

(219) The Court's Final Order requires that "The statements shall identify the Defendant making the corrective statements." *United States v. Philip Morris USA, Inc.*, 449 F. Supp. 2d 1 (D.D.C.), at page 940. Such "sponsorship" notices provide a means for the Court to confirm that each Defendant is complying with the Order. In addition, several studies in public opinion, public health, and communication research indicate that sponsorship information is important in order for audiences to assess credibility of messages. To evaluate the effects of different potential "sponsorship" sentences at the end of the corrective statements, I directed that several questions about this topic be included in the quantitative phase of the research.

(220) Participants were asked to rate the impact that notices of sponsorship would have on their trust in the corrective statement. [Figure V24](#) presents the percentage of individuals who strongly agreed or agreed that the sponsorship notice would make them trust the corrective statement. Sponsorship notice 2 was most highly ranked. The remaining three sponsorship notices were also endorsed by a majority of participants for their impact on trust in the corrective statement. Current smokers were statistically significantly less likely to report that they strongly agreed or agreed that sponsorship notice 3 would make them trust the corrective statement. See Appendix C6.



* 1: "Paid for by [Cigarette Company Name] under order of a United States District Court."

* 2: "This message is furnished by [Cigarette Company Name] pursuant to a Court Order and is taken from the 2004 Surgeon General's Report."

* 3: "These conclusions are contained in the 1988 Surgeon General's Report. [Cigarette Company Name] encourages consumers to rely upon the conclusions of the Surgeon General in making decisions about smoking."

* 4: "This message is furnished pursuant to a Court Order by [Cigarette Company Name]."

V.4. Discussion

- (221) In evaluating the corrective statements proposed for *United States v. Philip Morris USA, Inc.*, I used both qualitative and quantitative methods to examine the performance of the statements on a number of key outcome variables. This report has detailed the research undertaken to provide a foundation of scientific evidence to aid the Court's decision on issuing the most effective corrective statements, and those with the least potential to have negative unintended consequences.
- (222) Data gathered from eight focus groups (N=62) and a nationally representative survey (N=3,617) of adults and teens reveals that the proposed corrective statements remedy has strong potential to increase knowledge in the population, particularly in areas where there has been a dearth of information available in the public information environment.
- (223) Accurate knowledge, attention, and perceived public impact are important markers of comprehension and should be used in considering the statements' potential to "inoculate" people against future misinformation. On measures of these constructs, several of the proposed statements performed significantly better than the control condition in the experimental study. I used the odds ratios on those constructs, as well as the overall statement rankings and observed potential for unintended consequences, as the primary considerations in making my recommendations. Consistency with impressions offered by focus group participants also was considered.
- (224) Our data do not point to any serious concerns with negative unintended consequences related to the corrective statements that were tested. I saw no broad patterns of effect modification; none of the statements consistently performed poorly on measures of accurate knowledge, attention, and credibility with teens compared to adults, low SES individuals versus higher SES people, current versus never and former smokers, or individuals who are African American, Spanish-dominant Hispanic, or other race compared to Whites. Nonetheless, decades of research on mass communication efforts indicates that, due to social disparities in health information access, usage, and comprehension, there is always the potential for deficits in accurate knowledge to occur in vulnerable populations. This will be an important area to monitor as the corrective statements remedy is implemented at the population level.

(225) Current and former smokers who saw the NCI and Intervenors' statements in the secondhand smoke topic area were more likely to report smoking urges after exposure to those statements compared to current and former smokers who saw the control condition. My recommendations take this unintended consequence into consideration.

(226) Similarly, the data reveal that in the topic area related to the addictiveness of smoking and nicotine, the Lorillard and Philip Morris statements were negatively associated with quit intentions among smokers compared to the quit intentions of smokers who saw the control condition. These findings also were taken into account in my recommendations.

V.5. Recommendations to the Court

Topic A: Negative Health Effects of Smoking

- **Recommendation:** National Cancer Institute

(227) While the NCI, Intervenors, and Philip Morris negative health effects statements all performed statistically better than the control condition on measures of attention and potential for public impact, the NCI statement was the only statement that performed statistically better than control on increasing accurate knowledge. It was also positively associated with behavioral intentions to stay quit among former smokers, and had the second highest global ranking in this topic area.

Topic B: Addictiveness of Smoking and Nicotine

- **Recommendation:** Intervenors

(228) The proposed statements from the Intervenors and NCI were significantly stronger than control on garnering attention in the topic area of addictiveness of smoking and nicotine. The Intervenors' statement had the second highest global ranking when respondents saw and rated all statements in this topic area, and was positively associated with behavioral intentions to stay quit among former smokers. In contrast, the Lorillard and Philip Morris statements were negatively associated with quit intentions among smokers, and they were also significantly less likely to have perceived potential for public impact. None of the proposed statements performed statistically better than control on increasing accurate knowledge.

Topic C: Lack of Health Benefit from “Low Tar,” “Light,” “Ultra Light,” “Mild,” or “Natural” Cigarettes

- **Recommendation:** Intervenors

(229) Making a recommendation for the low tar statements required a slightly more complex analysis. None of the proposed corrective statements produced unintended consequences, and nearly all the statements performed better than the control condition on measures of attention, potential for public impact, and credibility. The Philip Morris statement was the only statement to be positively associated with increasing accurate knowledge compared to control, but it ranked third among all the statements on the global rankings. The Intervenors’ and NCI statements ranked #1 and #2, respectively, on the global rankings. While the Intervenors, NCI, or Philip Morris statements would be acceptable based on these data alone, the Intervenors’ statement proved stronger in two additional areas. First, in looking for broad patterns of effect modification, the data reveal that only the Intervenors’ statement had the potential to increase knowledge in current smokers and in low income populations, which are important populations for this particular topic area. Further, in the qualitative phase of the study, the Intervenors’ statement far outranked both the NCI and Philip Morris statements.

Topic D: Defendants’ Manipulation of Cigarette Design and Composition to Ensure Optimum Nicotine Delivery

- **Recommendation:** Intervenors

(230) The statements proposed by NCI and the Intervenors performed equally well on constructs of interest and global rankings (#1 and #2, respectively). Both were significantly better than control on their perceived potential to have public impact, and they were both positively associated with increasing accurate knowledge, as was the RJ Reynolds statement. The Intervenors’ statement, however, far outranked the NCI statement among focus group participants, and was particularly well-received in the Spanish-language and teen focus groups. Both the Philip Morris and RJ Reynolds statements were negatively associated with trust compared to control. None of the statements in this category produced notable unintended consequences.

Topic E: Adverse Health Effects of Secondhand Smoke

- **Recommendation:** RJ Reynolds

(231) Nearly all statements in the secondhand smoke topic area performed statistically better than control on measures of knowledge, attention, potential for public impact, and credibility. Despite being ranked #1 and #2, respectively, in the global rankings, the Intervenor's and NCI statements were positively associated with triggering smoking urges after exposure compared to current and former smokers who saw the control condition. The RJ Reynolds statement ranked #3 in the global rankings and focus groups, but—unlike the Intervenor's and NCI statements—was not associated with any unintended consequences, and performed as well as the other statements on constructs of interest when compared to the control condition.

(232) As such, the RJ Reynolds statement is the conservative choice for the secondhand smoke topic area. The Court might consider, however, that in this particular topic area, my findings related to smoking urges could be interpreted differently. It is possible that the Intervenor's and NCI statements communicated the harms associated with secondhand smoke more clearly and were therefore more impactful, thus causing an indirect evocation of smoking urges due to eliciting an emotion such as anxiety. It is beyond the scope of the collected data to explore this possibility in a meaningful way.

Source Attribution and Sponsorship

(233) Based on my research, I identified one introductory source attribution statement and one sponsorship notice as performing better than the others. However, the research data that is currently available would not yet support the Court's substituting these better-performing introductory and concluding sentences across all of the five statements I am recommending. There are two reasons for this. The first is that the better-performing sponsorship notice references the 2004 Surgeon General's Report; that source does provide information about the negative health effects of smoking, but it would be inaccurate to cite it as the source for all five topics.

(234) The second is that substituting a different introductory source attribution statement or sponsorship notice to a particular message has the potential to change the frame of the

message for some people. Further study, using focus groups, would help to ensure that adjusting the introductory and concluding sentences would not change comprehension or attitudes towards the message in a substantive way.

- **Best-Performing:** Introductory source attribution statement 2 (“A Federal court is requiring tobacco companies to tell the truth about smoking. Here’s the truth.”)

(235) My analysis of the introductory source attribution statements was done out of the context of the corrective statements themselves. This was done in order to objectively evaluate the proposed introductory source attribution statements. With the exception of introductory statement 1 (“The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in...”), all the introductory statements rated relatively well on attention and trust and can be considered acceptable. Introductory statement 2 received the highest global rankings for attention and trust, followed by introductory statement 5. Therefore, introductory statement 2 is the most appropriate choice for source attribution. My recommendation, however, is that for each topic area, the recommended corrective statements remain intact for implementation, unless further focus group research can be conducted to confirm that changing the introductory sentences would not change the overall effect of the corrective statements on target populations.

- **Best-Performing:** Sponsorship Notice 2 (“This message is furnished by [Cigarette Company Name] pursuant to a court order and is taken from the 2004 Surgeon General’s Report.”)

(236) My analysis of the sponsorship notices was done out of the context of the corrective statements themselves, in order to objectively evaluate different sponsorship notices. All the sponsorship notices rated relatively well on trust and can be considered acceptable. While sponsorship notices 2 and 3 had near even global rankings on trust, current smokers ranked sponsorship notice 3 (“These conclusions are contained in the 1988 Surgeon General’s report. [Cigarette Manufacturer Name] encourages...”) lower. Therefore, sponsorship notice 2 is the best performing.

(237) My recommendation, however, is that for each topic area, the recommended corrective statements remain intact for implementation, unless further focus group research can be

conducted to confirm that changing the sponsorship notice would not change the overall effect of the corrective statements on target populations. With the exception of the negative health effects corrective statement, each of the corrective statements I recommend contains a sponsorship notice approximating that ordered by the Court.

(238) Sponsorship notice 2 references the 2004 Surgeon General's Report, which is appropriate for corrective statements under Topic A: Negative Health Effects. Should the Court choose to recommend that sponsorship notice 2 be required as part of the corrective statements remedy, the date of the Surgeon General's Report will need to be modified based on the topic area to which it is attached. I am not aware of a Surgeon General's Report that addresses cigarette design manipulation, so for Topic D, the sponsorship notice would need to be modified.

V.6. Next Steps

(239) Before implementation of the corrective statements remedy, the Court may wish to consider three further areas related to the Order issued in 2006.

Dissemination Channels

(240) There have been significant changes in the communication and media landscape since the Court's Final Judgment and Remedial Order in August, 2006. The Order focused on the use of standard, traditional mass media outlets such as newspaper and television advertisements.

(241) Since 2006, there has been exponential growth in the use of new technologies and social media as both marketing and communication channels. Accompanying this growth has been a shift away from the use of traditional media as a means to reach target populations and to disseminate information effectively.

(242) Less than 1% of cigarette marketing expenditures are now used for advertising in traditional print media. Moreover, reliance on traditional sources of information has fallen dramatically. Current estimates indicate that less than 20% of the adult population reads national newspapers. Moreover, direct mail has increased in importance as a strategic dissemination tool.

(243) Another major shift has been the emergence and widespread adoption of online social media platforms such as Facebook.

(244) Given this context, the Court may wish to consider that, in addition to the traditional dissemination channels outlined in the 2006 Order, nontraditional channels may be effective delivery mechanisms to ensure that the corrective statements reach their intended audiences. Such mechanisms may include direct mail, mobile media and social networking platforms such as Facebook, Twitter, blogs and YouTube.

Design Elements

(245) I would encourage the Court to establish guidelines on basic design elements such as font, font size and placement. Such efforts would ensure consistency throughout the implementation of the corrective statements remedy, as well as ensure readability of the corrective statements themselves.

Monitoring and Evaluation

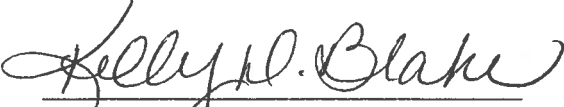
(246) Within the highly dynamic context of the current health communication environment, it is appropriate and, indeed, a best practice within health communication science, to evaluate the impact of mass communication endeavors. Although it is vitally important to track basic elements such as exposure within intended audiences, it is strongly recommended that monitoring and evaluation go well beyond this to include a careful follow-up assessment of the extent to which the corrective statements are having their intended effects on key outcomes associated with the five corrective topic areas. Ideally, these outcomes should be assessed at multiple follow-up intervals. In my opinion, reach and impact of the corrective statements should be evaluated 1, 6, and 12 months after the statements' initial launch.

VI. CONCLUSION

(247) This report has described an evaluation of the proposed corrective statements based on a well-established formative research process that is broadly used within the field of health communication science. Based upon the research described in this report, the Court can feel confident that the recommended corrective statements are likely to capture attention, enhance accurate knowledge, have a positive impact on the public, and reduce the likelihood that consumers will believe potential future misrepresentations about the topics the Court identified. In addition, the study showed that the recommended corrective statements are not likely to cause negative, unintended consequences in the population. I hope that the recommendations prove helpful in the issuance of corrective statements for implementation.

SIGNATURE PAGE

Signed by:


Kelly Blake Sc.D.

2.3.11
Date

APPENDIX A: Curriculum Vitae

Kelly Blake, Sc.D.

Health Communication and Informatics Research Branch
Behavioral Research Program
Division of Cancer Control and Population Sciences
National Cancer Institute
National Institutes of Health

EDUCATION

- June 2009 **Doctor of Science degree**
Harvard University
School of Public Health
Boston, Massachusetts
Department of Society, Human Development, and Health
Mentors: K. Viswanath, PhD
Robert Blendon, ScD
Howard Koh, MD, MPH
- May 2000 **Master of Science degree**
West Virginia University
School of Medicine
Morgantown, West Virginia
Major: Community Health Education
Minor and Certificate: Healthcare Administration
- May 1996 **Bachelor of Arts degree**
Marshall University
School of Journalism and Mass Communications
Huntington, West Virginia
Major: Journalism
Minor: American History

EMPLOYMENT

- Aug 2009—Present **Health Scientist**
National Institutes of Health, National Cancer Institute
Division of Cancer Control and Population Sciences
Behavioral Research Program
Health Communication and Informatics Research Branch
Bethesda, Maryland

APPENDIX A: Curriculum Vitae

- Sept 2005–June 2009 **Cancer Prevention Fellow and Research Assistant**
Dana-Farber Cancer Institute
Department of Medical Oncology
Center for Community-based Research
Boston, Massachusetts
- Sept 2005–June 2009 **Health Communication Consultant and Science Writer**
Freelance
Boston, Massachusetts
- Feb 2001–Aug 2005 **Science Writer/Editor**
National Institutes of Health, National Cancer Institute
Division of Cancer Control and Population Sciences
Office of the Director
Bethesda, Maryland
- Sept 1997–Feb 2001 **Public Health Educator and Site Coordinator**
Saint Joseph’s Hospital
West Virginia Rural Health Education Partnerships
Buckhannon, West Virginia
- Aug 1996–Aug 1997 **Health Communications Research Fellow**
Centers for Disease Control and Prevention, National Institute for
Occupational Safety and Health
Health Effects Laboratory Division
Health Communication Research Branch

Morgantown, West Virginia

TEACHING EXPERIENCE

- Spring 2009 **Health Promotion through Mass Media (SHH 211)**
Harvard School of Public Health
Department of Society, Human Development, and Health
Teaching Assistant for K. Vish Viswanath, PhD
- Public Opinion, Polling, and Public Policy (API 214M)**
Harvard John F. Kennedy School of Government
Teaching Fellow for Robert J. Blendon, ScD
- Spring 2008 **Politics and Strategies for Change in Health Policy (ID 242)**
Harvard School of Public Health
Department of Health Policy and Management
Teaching Fellow for Robert J. Blendon, ScD

APPENDIX A: Curriculum Vitae

Fall 2007 **Society & Health** (SHH 201)
Harvard School of Public Health
Department of Society, Human Development, and Health
Teaching Assistant for Ichiro Kawachi, MD, MPH

AWARDS & HONORS

2006–2009 **Pre-doctoral Cancer Prevention Fellowship**
Harvard School of Public Health
Tuition support and research stipend

2006 **Michael von Clemm Traveling Fellowship**
Harvard School of Public Health
Funded work with International Center for Journalists

2005–2006 **Full tuition scholarship**
Harvard School of Public Health
*Department of Society, Human Development, and Health &
Seiden-Denny Fund*

2003–2005 **National Institutes of Health Awards of Merit (4)**
1. Health Information National Trends Survey (HINTS), 2005
2. NCI Cancer Bulletin, 2004
3. Cancer Control PLANET Web site, 2003
4. Early Reproductive Events and Breast Cancer Workshop, 2003

2003–2005 **National Institutes of Health Plain Language Awards (4)**
1. Smokefree.gov II, 2005
2. Smokefree.gov, 2004
3. Clearing the Air: Quit Smoking Today, 2004
4. Notes from the Office of the Director, 2003

SERVICE

2008-Present Journal Reviewer:
*Journal of Health Communication, Social Science & Medicine, American
Journal of Health Promotion*

2008-2009 Student Advisor, Health Communication Concentration Steering
Committee, Harvard School of Public Health

2006-2009 Member, Communication Subcommittee, Massachusetts Community
Networks to Eliminate Cancer Disparities through Education, Research,
and Training (MassCONNECT)

2001 Member, Planning Committee, Eleanor Nealon Extraordinary
Communicators Lecture, National Cancer Institute

1999-2001 Member, Advisory Panel, National Health Service Corps SEARCH
Program – West Virginia

APPENDIX A: Curriculum Vitae

1999–2000	Chair, WVRHEP Evaluation Committee
1998–2001	Member, WVRHEP Community Outreach & Curriculum Committees
1997–2001	Coordinator and Publicity Manager, <i>Relay for Life</i> , American Cancer Society
1997–2003	<i>Action Network</i> Participant, American Cancer Society
1998	Coordinator and Publicity Manager, <i>Heart Walk</i> , American Heart Association

BOOK CHAPTERS

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APPENDIX A: Curriculum Vitae

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Smith SL, **Blake K**, Olson CR, Tessaro I. Community entry in conducting rural focus groups: process, legitimacy, and lessons learned. *J Rural Health*. 2002 Winter;18(1):118-23.

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PRESENTATIONS

Available upon request.

APPENDIX B: Materials Considered

Materials Considered

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- Albrecht, T. L., and C. Bryant. "Advances in Segmentation Modeling for Health Communication and Social Marketing Campaigns." *Journal of Health Communication* 1, no. 1 (1996): 65–80.
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- Bernhardt, Kenneth L., Thomas C. Kinnear, and Michael B. Mazis. "A Field Study of Corrective Advertising Effectiveness." *Journal of Public Policy & Marketing* 5, no. 1 (1986): 146–62.
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United States’ Proposed Corrective Statements, *United States v. Philip Morris USA, Inc.*, No. 99-CV-2496 (D.D.C. filed October 16, 2006) (ECF #5782).

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Other court filings:

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APPENDIX C1: Topic A Tables 1A-5A

TABLE 1A: NEGATIVE HEALTH EFFECTS OF SMOKING**Unadjusted Rankings by Statement, All Respondents**

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Weighted Percentages.

	N	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5
Industry 1 (Philip Morris)	694	20.0	20.3	22.9	28.0	8.8
Industry 2 (RJ Reynolds)	694	14.3	16.5	15.9	18.6	34.7
Intervenors	694	30.1	22.0	22.0	17.3	8.6
NCI	694	15.4	27.5	28.1	18.9	10.2
Control	694	20.2	13.7	11.2	17.3	37.7

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C1: Topic A Tables 1A-5A

TABLE 2A: NEGATIVE HEALTH EFFECTS OF SMOKING
Multivariable Logistic Regression Models for Odds of Reporting Positive Responses to Key Outcome Measures,
by Statement

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Odds ratios and 95% confidence intervals. All estimates are weighted.

	Accurate Knowledge		Attention		Confusion	Public Impact		Credibility		
	KnowHE1	KnowHE2	AttnHE1	AttnHE2	ConfHE	PIHE1	PIHE2	TrustHE1	TrustHE2	
<i>Proposed Statements</i>										
StateHE1 (Industry 1 Philip Morris)	1.37 (0.42, 4.46)	0.98 (0.40, 2.41)	1.33 (1.01, 1.74)	1.46 (1.14, 1.86)	4.81 (1.91, 12.08)	2.03 (1.38, 2.99)	1.41 (1.12, 1.77)	1.30 (0.88, 1.91)	1.02 (0.68, 1.52)	
StateHE2 (Industry 2 RJ Reynolds)	0.78 (0.25, 2.50)	0.85 (0.34, 2.14)	0.92 (0.67, 1.28)	1.13 (0.86, 1.48)	20.16 (9.13, 44.52)	0.75 (0.55, 1.04)	1.28 (0.94, 1.75)	0.77 (0.54, 1.10)	0.53 (0.33, 0.84)	
StateHE3 (Intervenors)	1.66 (0.56, 4.89)	1.10 (0.50, 2.45)	1.76 (1.20, 2.57)	1.61 (1.25, 2.08)	9.25 (4.06, 21.11)	1.54 (0.93, 2.56)	1.74 (1.27, 2.38)	0.96 (0.64, 1.44)	0.57 (0.34, 0.94)	
StateHE4 (NCI)	3.66 (1.07, 12.47)	1.67 (0.68, 4.13)	1.86 (1.37, 2.53)	1.59 (1.24, 2.03)	9.12 (3.84, 21.67)	1.49 (0.97, 2.29)	1.78 (1.31, 2.42)	1.30 (0.91, 1.87)	0.75 (0.48, 1.18)	
StateHE5 (Control Surgeon General's warning) <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Smoking Status</i>										
Current smoker	0.74 (0.34, 1.61)	0.61 (0.33, 1.14)	0.37 (0.22, 0.64)	0.53 (0.32, 0.88)	1.44 (0.86, 2.44)	0.44 (0.26, 0.77)	0.74 (0.41, 1.34)	0.37 (0.21, 0.64)	0.29 (0.16, 0.52)	
Former smoker	1.07 (0.38, 2.97)	1.11 (0.47, 2.62)	0.72 (0.37, 1.38)	0.63 (0.37, 1.10)	1.22 (0.67, 2.25)	1.31 (0.67, 2.54)	1.26 (0.69, 2.30)	1.02 (0.50, 2.10)	0.53 (0.25, 1.12)	
Never smoker <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Incomeⁱ</i>										
≤ 200% FPL	0.81 (0.33, 2.01)	0.64 (0.36, 1.15)	1.21 (0.69, 2.13)	0.86 (0.54, 1.38)	1.16 (0.74, 1.82)	1.34 (0.74, 2.42)	1.10 (0.62, 1.94)	1.10 (0.62, 1.93)	1.14 (0.62, 2.10)	
>200% FPL <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Educationⁱⁱ</i>										
No high school degree	1.12 (0.36, 3.43)	1.43 (0.58, 3.53)	1.32 (0.39, 4.39)	2.23 (0.83, 6.00)	1.16 (0.57, 2.33)	1.64 (0.66, 4.06)	1.48 (0.57, 3.88)	2.28 (0.94, 5.52)	2.87 (1.02, 8.08)	
High school degree or GED	0.46 (0.20, 1.05)	0.83 (0.45, 1.55)	1.21, 0.73, 2.01)	0.96 (0.59, 1.56)	0.98 (0.58, 1.67)	1.13 (0.66, 1.93)	1.00 (0.58, 1.75)	1.13 (0.62, 2.06)	1.00 (0.54, 1.85)	
Some college or College degree <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Gender</i>										
Female	0.46 (0.23, 0.90)	0.76 (0.43, 1.35)	2.08 (1.28, 3.41)	2.04 (1.31, 3.20)	1.05 (0.67, 1.67)	1.97 (1.17, 3.34)	1.43 (0.84, 2.42)	2.32 (1.42, 3.79)	2.95 (1.68, 5.19)	
Male <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Age</i>										
14-17	0.45 (0.20, 1.03)	0.95 (0.43, 2.07)	0.89 (0.54, 1.45)	0.77 (0.46, 1.27)	1.54 (0.96, 2.46)	0.92 (0.55, 1.53)	1.19 (0.69, 2.04)	1.15 (0.58, 2.26)	1.60 (0.65, 3.95)	
18-30	0.32 (0.13, 0.83)	0.62 (0.29, 1.34)	0.75 (0.41, 1.37)	0.53 (0.29, 0.97)	2.26 (1.30, 3.94)	0.46 (0.25, 0.82)	0.48 (0.25, 0.93)	0.91 (0.51, 1.61)	0.38 (0.21, 0.69)	
31+ <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Race/Ethnicity</i>										
African American	0.61 (0.28, 1.32)	0.86 (0.44, 1.66)	1.67 (0.87, 3.21)	1.43 (0.84, 2.45)	1.66 (0.95, 2.90)	1.46 (0.71, 3.03)	1.19 (0.65, 2.17)	0.96 (0.51, 1.82)	0.70 (0.33, 1.50)	
Hispanic ⁱⁱⁱ	0.86 (0.35, 2.15)	1.07 (0.45, 2.58)	1.14 (0.42, 3.14)	1.43 (0.64, 3.22)	1.96 (1.05, 3.65)	0.83 (0.30, 2.26)	0.96 (0.37, 2.52)	0.47 (0.20, 1.10)	0.22 (0.10, 0.50)	
Other race	0.25 (0.08, 0.80)	0.59 (0.20, 1.76)	1.91 (0.60, 6.16)	1.16 (0.48, 2.79)	3.25 (1.35, 7.82)	1.04 (0.41, 2.65)	1.86 (0.75, 4.58)	0.67 (0.33, 1.37)	1.27 (0.54, 3.01)	
White <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	

All models control for baseline responses to questions about knowledge about the negative health effects of smoking.

ⁱIncome of parent was used to assign teen (14-17 year olds) income values.

ⁱⁱEducation of parent was used as a proxy for teen (14-17 year olds) education values.

ⁱⁱⁱSpanish-dominant Hispanics (N=322) were shown all corrective statements and survey questions in Spanish.

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C1: Topic A Tables 1A-5A

Table 3A: NEGATIVE HEALTH EFFECTS OF SMOKING
Multivariable Logistic Regression Models Showing Tests for Effect Modification by Smoking Status, Income, Age, and Race/Ethnicity on Odds of Reporting Positive Responses to Key Outcome Measures, by Statement

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Odds ratios and 95% confidence intervals. All estimates are weighted.

	Accurate Knowledge KnowHE1	Attention AttnHE1	Credibility TrustHE1
Statement*Smoking Status; (ref. never and former smokers, control statement)			
<i>Current Smoker</i>			
StateHE1 (Industry 1 Philip Morris)	0.18 (0.03, 1.20)	1.06 (0.62, 1.80)	0.81 (0.43, 1.51)
StateHE2 (Industry 2 RJ Reynolds)	1.94 (0.29, 12.99)	1.52 (0.89, 2.59)	1.05 (0.58, 1.90)
StateHE3 (Intervenors)	1.03 (0.14, 7.71)	0.86 (0.38, 1.93)	0.71 (0.32, 1.60)
StateHE4 (NCI)	2.64 (0.26, 26.39)	0.74 (0.35, 1.53)	0.34 (0.16, 0.72)
Statement*Income;ⁱ (ref. >200% FPL, control statement)			
<i>≤ 200% FPL</i>			
StateHE1 (Industry 1 Philip Morris)	1.33 (0.14, 12.53)	1.36 (0.81, 2.28)	0.96 (0.43, 2.14)
StateHE2 (Industry 2 RJ Reynolds)	0.62 (0.08, 5.03)	1.79 (1.04, 3.10)	1.31 (0.73, 2.35)
StateHE3 (Intervenors)	0.63 (0.06, 6.76)	1.06 (0.44, 2.56)	1.09 (0.43, 2.76)
StateHE4 (NCI)	0.77 (0.06, 10.51)	0.70 (0.36, 1.37)	0.82 (0.33, 2.02)
Statement*Age; (ref. 18-55+, control statement)			
<i>14-17 yrs</i>			
StateHE1 (Industry 1 Philip Morris)	0.64 (0.05, 7.83)	1.19 (0.56, 2.51)	1.03 (0.50, 2.13)
StateHE2 (Industry 2 RJ Reynolds)	1.00 (0.07, 13.73)	0.97 (0.51, 1.83)	0.80 (0.31, 2.07)
StateHE3 (Intervenors)	0.28 (0.03, 3.05)	1.93 (0.67, 5.60)	0.85 (0.31, 2.30)
StateHE4 (NCI)	0.21 (0.01, 2.95)	1.87 (0.73, 4.80)	0.88 (0.43, 1.78)
Statement*Race/Ethnicity; (ref. White, control statement)			
<i>African American and Other Race</i>			
StateHE1 (Industry 1 Philip Morris)	0.65 (0.09, 4.46)	-- ⁱⁱⁱ	1.15 (0.37, 3.56)
StateHE2 (Industry 2 RJ Reynolds)	1.21 (0.12, 12.45)	-- ⁱⁱⁱ	0.81 (0.24, 2.76)
StateHE3 (Intervenors)	0.09 (0.01, 0.72)	-- ⁱⁱⁱ	0.91 (0.26, 3.23)
StateHE4 (NCI)	0.23 (0.02, 2.50)	-- ⁱⁱⁱ	1.20 (0.42, 3.43)
<i>Hispanicⁱⁱ</i>			
StateHE1 (Industry 1 Philip Morris)	0.33 (0.02, 5.43)	-- ⁱⁱⁱ	0.98 (0.29, 3.26)
StateHE2 (Industry 2 RJ Reynolds)	0.23 (0.02, 3.49)	-- ⁱⁱⁱ	1.72 (0.96, 3.06)
StateHE3 (Intervenors)	0.15 (0.01, 1.98)	-- ⁱⁱⁱ	2.03 (0.72, 5.69)
StateHE4 (NCI)	0.65 (0.03, 14.75)	-- ⁱⁱⁱ	1.59 (0.64, 3.95)

All models control for baseline responses to questions about knowledge about the negative health effects of smoking.

All effect modification models control for education, gender, and main effects variables for statement smoking status, income, age, and race/ethnicity.

Interactions by smoking status, income, age, and race/ethnicity were modeled separately.

ⁱIncome of parent was used to assign teen (14-17 year olds) income values.

ⁱⁱSpanish-dominant Hispanics (N=322) were shown all corrective statements and survey questions in Spanish.

ⁱⁱⁱ-- Indicates inadequate power to make estimates in one or more cells.

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C1: Topic A Tables 1A-5A

TABLE 4A: NEGATIVE HEALTH EFFECTS OF SMOKING

Percentages Reporting "Future Beliefs" Options, by Statement

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Weighted percentages.

	FBHE1				FBHE2			
	Would Not Believe the Opposite Claim	Would Believe the Opposite Claim	No Impact	Not Sure	Would Believe it is Proven	Would Believe it is Not Proven	No Impact	Not Sure
<i>Proposed Statements</i>								
StateHE1 (Industry 1 Philip Morris)	58.3	0.5	27.3	13.9	51.1	3.1	31.1	14.7
StateHE2 (Industry 2 RJ Reynolds)	58.4	1.7	25.8	14.1	65.8	5.2	17.7	11.3
StateHE3 (Intervenors)	54.6	2.0	27.3	16.1	60.7	2.4	29.1	7.8
StateHE4 (NCI)	62.4	1.6	22.8	13.2	61.1	1.9	28.1	9.0
StateHE5 (Control Surgeon General's warning)	64.2	2.8	24.1	8.8	69.1	4.9	18.6	7.4

APPENDIX C1: Topic A Tables 1A-5A

TABLE 5A: NEGATIVE HEALTH EFFECTS OF SMOKING

Multivariable Logistic Regression Models for Odds of Reporting Positive Responses to Key Outcome Measures, by Statement, Stratified by Smoking Status

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Odds ratios and 95% confidence intervals. All estimates are weighted.

	Smoking Urges		Behavioral Intentions	
	UrgeHE1 (Current and Former Smokers)	UrgeHE2 (Current and Former Smokers)	ThinkQuitHE (Current Smokers)	StayQuitHE (Former Smokers)
<i>Proposed Statements</i>				
StateHE1 (Industry 1 Philip Morris)	0.68 (0.17, 2.83)	1.48 (0.26, 8.59)	0.71 (0.30, 1.68)	1.67 (0.45, 6.14)
StateHE2 (Industry 2 RJ Reynolds)	0.31 (0.07, 1.29)	0.91 (0.18, 4.49)	1.52 (0.75, 3.08)	1.44 (0.20, 10.15)
StateHE3 (Intervenors)	0.44 (0.12, 1.63)	1.11 (0.25, 4.86)	1.69 (0.68, 4.19)	0.85 (0.17, 4.18)
StateHE4 (NCI)	0.97 (0.28, 3.32)	2.10 (0.50, 8.85)	1.57 (0.75, 3.29)	6.38 (1.41, 28.85)
StateHE5 (Control Surgeon General's warning) <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Incomeⁱ</i>				
≤ 200% FPL	0.69 (0.26, 1.80)	0.69 (0.25, 1.95)	1.12 (0.64, 1.94)	0.78 (0.26, 2.33)
>200% FPL <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Educationⁱⁱ</i>				
No high school degree	0.92 (0.31, 2.70)	0.82 (0.28, 2.46)	0.95 (0.39, 1.55)	0.49 (0.11, 2.09)
High school degree or GED	0.39 (0.14, 1.04)	0.24 (0.07, 0.77)	0.87 (0.49, 1.55)	1.20 (0.25, 5.81)
Some college or College degree <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Gender</i>				
Female	0.45 (0.19, 1.09)	0.75 (0.31, 1.85)	0.81 (0.47, 1.38)	0.82 (0.24, 2.74)
Male <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Age</i>				
14-17	2.87 (0.31, 26.41)	1.62 (0.22, 11.81)	2.63 (0.95, 7.26)	1.67 (0.33, 8.46)
18-30	4.24 (1.30, 13.82)	2.07 (0.50, 8.62)	1.31 (0.58, 2.97)	7.38 (0.85, 64.12)
31+ <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Race/Ethnicity</i>				
African American	3.20 (1.15, 8.85)	2.46 (0.81, 7.45)	0.70 (0.28, 1.78)	2.11 (0.70, 6.42)
Hispanic ⁱⁱⁱ	5.64 (1.81, 17.57)	3.80 (1.10, 13.11)	2.51 (0.88, 7.11)	0.54 (0.13, 2.20)
Other race	4.29 (0.72, 25.47)	4.30 (0.81, 22.79)	0.82 (0.23, 2.95)	0.10 (0.01, 0.95)
White <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)

Smoking Urges models control for last cigarette smoked.

Behavioral Intentions models control for baseline responses to behavioral intentions questions, by smoking status.

ⁱIncome of parent was used to assign teen (14-17 year olds) income values.

ⁱⁱEducation of parent was used as a proxy for teen (14-17 year olds) education values.

ⁱⁱⁱSpanish-dominant Hispanics (N=322) were shown all corrective statements and survey questions in Spanish.

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C2: Topic B Data Tables 1B-5B**TABLE 1B: ADDICTIVENESS OF SMOKING AND NICOTINE****Unadjusted Rankings by Statement, All Respondents**

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Weighted Percentages.

	N	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5
Industry 1 (Philip Morris)	706	11.4	17.8	24.9	23.3	22.7
Industry 2 (Lorillard)	706	6.7	15.0	20.9	23.5	33.9
Intervenors	706	19.2	35.5	18.8	16.1	10.3
NCI	706	37.9	18.1	17.2	15.9	10.9
Control	706	24.8	13.6	18.2	21.2	22.2

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C2: Topic B Data Tables 1B-5B

TABLE 2B: ADDICTIVENESS OF SMOKING AND NICOTINE

Multivariable Logistic Regression Models for Odds of Reporting Positive Responses to Key Outcome Measures,
by Statement

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Odds ratios and 95% confidence intervals. All estimates are weighted.

	Accurate Knowledge		Attention		Confusion	Public Impact		Credibility		
	KnowAdd1	KnowAdd2	AttnAdd1	AttnAdd2	ConfAdd	PIAdd1	PIAdd2	TrustAdd1	TrustAdd2	
<i>Proposed Statements</i>										
StateAdd1 (Industry 1 Philip Morris)	1.83 (0.73, 4.60)	0.92 (0.32, 2.62)	0.67 (0.50, 0.91)	1.01 (0.80, 1.26)	4.50 (1.78, 11.36)	0.79 (0.55, 1.13)	0.68 (0.48, 0.97)	1.01 (0.76, 1.32)	0.73 (0.50, 1.07)	
StateAdd2 (Industry 2 Lorillard)	0.90 (0.36, 2.23)	2.27 (0.94, 5.50)	0.47 (0.34, 0.65)	0.87 (0.66, 1.15)	11.50 (4.76, 27.80)	0.54 (0.39, 0.77)	0.60 (0.44, 0.82)	0.84 (0.63, 1.12)	0.63 (0.44, 0.91)	
StateAdd3 (Intervenors)	1.44 (0.47, 4.46)	1.39 (0.53, 3.65)	1.42 (1.00, 2.01)	1.56 (1.18, 2.05)	7.45 (3.01, 18.41)	0.80 (0.54, 1.18)	0.96 (0.68, 1.34)	0.83 (0.59, 1.16)	0.43 (0.30, 0.62)	
StateAdd4 (NCI)	0.88 (0.24, 3.19)	0.86 (0.33, 2.26)	1.44 (1.05, 1.99)	1.64 (1.24, 2.16)	4.50 (1.74, 11.64)	1.21 (0.80, 1.84)	1.36 (0.96, 1.93)	1.16 (0.81, 1.67)	0.67 (0.45, 0.99)	
StateAdd5 (Control Surgeon General's warning) <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Smoking Status</i>										
Current smoker	0.64 (0.28, 1.47)	0.68 (0.35, 1.32)	0.49 (0.29, 0.84)	0.97 (0.59, 1.59)	0.75 (0.46, 1.23)	0.74 (0.45, 1.24)	0.75 (0.47, 1.20)	0.71 (0.42, 1.20)	0.58 (0.33, 1.03)	
Former smoker	0.61 (0.20, 1.90)	0.76 (0.34, 1.68)	1.60 (0.90, 2.84)	1.19 (0.65, 2.19)	0.85 (0.48, 1.50)	1.22 (0.68, 2.17)	0.99 (0.55, 1.76)	1.01 (0.53, 1.95)	0.81 (0.37, 1.79)	
Never smoker <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Incomeⁱ</i>										
≤ 200% FPL	0.64 (0.28, 1.44)	0.63 (0.34, 1.16)	0.87 (0.55, 1.37)	1.21 (0.77, 1.92)	1.62 (1.04, 2.51)	0.80 (0.49, 1.30)	0.69 (0.45, 1.04)	0.90 (0.57, 1.43)	0.65 (0.38, 1.09)	
>200% FPL <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Educationⁱⁱ</i>										
No high school degree	1.22 (0.43, 3.50)	2.43 (0.96, 6.16)	1.14 (0.56, 2.32)	0.99 (0.50, 1.97)	1.74 (0.89, 3.38)	1.07 (0.54, 2.12)	1.21 (0.73, 2.01)	1.32 (0.68, 2.55)	0.89 (0.43, 1.85)	
High school degree or GED	0.82 (0.29, 2.28)	1.38 (0.67, 2.87)	1.37 (0.72, 2.62)	1.36 (0.76, 2.43)	0.49 (0.29, 0.83)	0.97 (0.57, 1.66)	1.06 (0.64, 1.76)	0.65 (0.34, 1.26)	0.68 (0.32, 1.44)	
Some college or College degree <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Gender</i>										
Female	0.70 (0.31, 1.58)	0.68 (0.35, 1.32)	1.11 (0.71, 1.73)	0.99 (0.64, 1.54)	0.95 (0.63, 1.45)	0.83 (0.55, 1.27)	0.99 (0.65, 1.50)	1.04 (0.65, 1.67)	0.75 (0.44, 1.26)	
Male <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Age</i>										
14-17	0.81 (0.28, 2.34)	0.57 (0.29, 1.13)	1.18 (0.74, 1.89)	1.16 (0.77, 1.76)	1.38 (0.88, 2.17)	1.61 (1.01, 2.58)	1.18 (0.73, 1.91)	1.36 (0.85, 2.18)	1.99 (1.22, 3.24)	
18-30	1.04 (0.44, 2.47)	0.46 (0.20, 1.04)	1.03 (0.60, 1.76)	1.23 (0.74, 2.07)	1.50 (0.87, 2.59)	1.16 (0.62, 2.19)	1.53 (0.88, 2.67)	1.84 (0.99, 3.42)	1.97 (0.93, 4.18)	
31+ <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Race/Ethnicity</i>										
African American	1.09 (0.44, 2.68)	1.38 (0.71, 2.70)	1.01 (0.60, 1.68)	1.65 (1.04, 2.64)	0.72 (0.43, 1.23)	1.45 (0.85, 2.46)	1.14 (0.69, 1.88)	0.96 (0.57, 1.64)	1.21 (0.61, 2.41)	
Hispanic ⁱⁱⁱ	0.93 (0.38, 2.29)	1.26 (0.59, 2.69)	1.94 (0.94, 3.99)	1.29 (0.65, 2.58)	1.34 (0.71, 2.54)	2.44 (1.27, 4.69)	1.82 (1.00, 3.33)	1.55 (0.75, 3.18)	1.41 (0.73, 2.75)	
Other race	0.51 (0.19, 1.37)	1.11 (0.29, 4.31)	1.66 (0.69, 3.98)	2.09 (0.98, 4.47)	0.96 (0.40, 2.33)	2.42 (0.95, 6.15)	2.16 (1.09, 4.29)	1.37 (0.66, 2.84)	1.06 (0.45, 2.50)	
White <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	

All models control for baseline responses to questions about knowledge about the addictiveness of smoking and nicotine.

ⁱIncome of parent was used to assign teen (14-17 year olds) income values.

ⁱⁱEducation of parent was used as a proxy for teen (14-17 year olds) education values.

ⁱⁱⁱSpanish-dominant Hispanics (N=322) were shown all corrective statements and survey questions in Spanish.

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C2: Topic B Data Tables 1B-5B

Table 3B: ADDICTIVENESS OF SMOKING AND NICOTINE
Multivariable Logistic Regression Models Showing Tests for Effect Modification by Smoking Status, Income, Age, and Race/Ethnicity on Odds of Reporting Positive Responses to Key Outcome Measures, by Statement
 NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

	Accurate Knowledge KnowAdd1	Attention AttnAdd1	Credibility TrustAdd1
Statement*Smoking Status; (ref. never and former smokers, control statement)			
<i>Current Smoker</i>			
StateAdd1 (Industry 1 Philip Morris)	0.27 (0.05, 1.50)	1.72 (0.95, 3.10)	1.67 (1.00, 2.79)
StateAdd2 (Industry 2 Lorillard)	2.53 (0.39, 16.38)	2.30 (1.33, 3.98)	1.84 (1.10, 3.08)
StateAdd3 (Intervenors)	0.84 (0.07, 10.31)	1.35 (0.68, 2.70)	1.37 (0.69, 2.72)
StateAdd4 (NCI)	1.40 (0.16, 12.24)	1.46 (0.81, 2.63)	1.74 (0.93, 3.26)
Statement*Income;ⁱ (ref. >200% FPL, control statement)			
<i>≤200% FPL</i>			
StateAdd1 (Industry 1 Philip Morris)	0.39 (0.05, 3.12)	1.29 (0.65, 2.55)	1.21 (0.65, 2.23)
StateAdd2 (Industry 2 Lorillard)	0.57 (0.08, 4.31)	1.37 (0.65, 2.85)	1.61 (0.96, 2.70)
StateAdd3 (Intervenors)	0.10 (0.01, 1.29)	0.47 (0.23, 0.96)	0.72 (0.37, 1.41)
StateAdd4 (NCI)	1.15 (0.09, 13.97)	0.74 (.35, 1.55)	1.29 (0.64, 2.61)
Statement*Age; (ref. 18-55+, control statement)			
<i>14-17 yrs</i>			
StateAdd1 (Industry 1 Philip Morris)	1.40 (0.18, 10.70)	0.78 (0.35, 1.75)	0.68 (0.37, 1.26)
StateAdd2 (Industry 2 Lorillard)	0.56 (0.05, 5.97)	1.51 (0.64, 3.56)	1.46 (0.82, 2.59)
StateAdd3 (Intervenors)	6.62 (0.57, 77.03)	1.02 (0.42, 2.51)	1.34 (0.63, 2.86)
StateAdd4 (NCI)	4.84 (0.27, 88.33)	1.06 (0.46, 2.46)	1.12 (0.49, 2.54)
Statement*Race/Ethnicity; (ref. White, control statement)			
<i>African American and Other Race</i>			
StateAdd1 (Industry 1 Philip Morris)	0.17 (0.02, 1.16)	1.09 (0.62, 1.90)	0.72 (0.40, 1.31)
StateAdd2 (Industry 2 Lorillard)	0.38 (0.05, 2.85)	0.85 (0.40, 1.77)	0.82 (0.38, 1.76)
StateAdd3 (Intervenors)	0.27 (0.02, 3.05)	0.54 (0.25, 1.16)	0.69 (0.35, 1.35)
StateAdd4 (NCI)	0.47 (0.05, 4.60)	0.76 (0.44, 1.31)	0.91 (0.46, 1.78)
<i>Hispanicⁱⁱ</i>			
StateAdd1 (Industry 1 Philip Morris)	0.38 (0.03, 5.61)	1.89 (0.49, 7.23)	1.00 (0.53, 1.89)
StateAdd2 (Industry 2 Lorillard)	0.19 (0.02, 2.11)	0.60 (0.17, 2.14)	0.66 (0.32, 1.34)
StateAdd3 (Intervenors)	0.06 (0.00, 0.90)	0.73 (0.19, 2.78)	0.75 (0.23, 2.47)
StateAdd4 (NCI)	8.63 (0.29, 259.40)	0.94 (0.22, 4.08)	0.52 (0.11, 2.46)

All models control for baseline responses to questions about knowledge about the addictiveness of smoking and nicotine.

All effect modification models control for education, gender, and main effects variables for statement smoking status, income, age, and race/ethnicity.

Interactions by smoking status, income, age, and race/ethnicity were modeled separately.

ⁱIncome of parent was used to assign teen (14-17 year olds) income values.

ⁱⁱSpanish-dominant Hispanics (N=322) were shown all corrective statements and survey questions in Spanish.

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C2: Topic B Data Tables 1B-5B

TABLE 4B: ADDICTIVENESS OF SMOKING AND NICOTINE

Percentages Reporting "Future Beliefs" Options, by Statement

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Weighted Percentages.

	FBAdd1				FBAdd2			
	Would Not Believe the Opposite Claim	Would Believe the Opposite Claim	No Impact	Not Sure	Would Believe it is Proven	Would Believe it is Not Proven	No Impact	Not Sure
<i>Proposed Statements</i>								
StateAdd1 (Industry 1 Philip Morris)	62.7	1.9	26.9	8.5	57.4	2.0	32.3	8.4
StateAdd2 (Industry 2 Lorillard)	48.9	2.2	32.6	16.3	56.6	2.3	31.9	9.2
StateAdd3 (Intervenors)	50.5	5.4	27.7	16.3	48.4	1.2	36.8	13.6
StateAdd4 (NCI)	52.2	2.0	31.8	14.0	54.8	3.8	30.5	10.9
StateAdd5 (Control Surgeon General's warning)	65.4	2.7	23.9	8.0	54.2	2.4	33.8	9.5

APPENDIX C2: Topic B Data Tables 1B-5B

TABLE 5B: ADDICTIVENESS OF SMOKING AND NICOTINE

Multivariable Logistic Regression Models for Odds of Reporting Positive Responses to Key Outcome Measures, by Statement, Stratified by Smoking Status

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Odds ratios and 95% confidence intervals. All estimates are weighted.

	Smoking Urges		Behavioral Intentions	
	UrgeAdd1 (Current and Former Smokers)	UrgeAdd2 (Current and Former Smokers)	ThinkQuitAdd (Current Smokers)	StayQuitAdd (Former Smokers)
<i>Proposed Statements</i>				
StateAdd1 (Industry 1 Philip Morris)	2.81 (0.54, 14.50)	1.96 (0.44, 8.71)	0.34 (0.14, 0.81)	4.28 (0.94, 19.45)
StateAdd2 (Industry 2 Lorillard)	1.03 (0.16, 6.72)	0.33 (0.04, 2.69)	0.35 (0.15, 0.82)	2.92 (0.63, 13.59)
StateAdd3 (Intervenors)	3.20 (0.60, 17.15)	3.06 (0.76, 12.31)	0.91 (0.42, 1.98)	5.45 (1.46, 20.36)
StateAdd4 (NCI)	3.52 (0.65, 19.05)	2.17 (0.48, 9.83)	0.79 (0.31, 1.98)	0.51 (0.13, 2.07)
StateAdd5 (Control Surgeon General's warning) <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Incomeⁱ</i>				
≤ 200% FPL	1.72 (0.73, 4.05)	1.32 (0.58, 3.04)	0.94 (0.52, 1.72)	1.06 (0.34, 3.24)
>200% FPL <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Educationⁱⁱ</i>				
No high school degree	0.50 (0.16, 1.55)	0.54 (0.19, 1.57)	0.99 (0.40, 2.50)	0.23 (0.04, 1.35)
High school degree or GED	0.80 (0.31, 2.10)	0.60 (0.22, 1.60)	0.55 (0.31, 0.98)	0.28 (0.08, 1.02)
Some college or College degree <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Gender</i>				
Female	0.74 (0.32, 1.71)	0.72 (0.31, 1.68)	0.78 (0.44, 1.39)	0.18 (0.05, 0.62)
Male <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Age</i>				
14-17	0.99 (0.12, 7.84)	1.11 (0.17, 7.30)	2.06 (0.59, 7.18)	0.78 (0.24, 2.55)
18-30	2.64 (1.03, 6.73)	2.48 (0.98, 6.27)	1.13 (0.51, 2.52)	3.81 (0.96, 15.21)
31+ <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Race/Ethnicity</i>				
African American	5.27 (1.82, 15.26)	4.07 (1.34, 12.40)	1.30 (0.51, 3.31)	1.27 (0.34, 4.70)
Hispanic ⁱⁱⁱ	4.35 (1.63, 11.64)	3.69 (1.39, 9.79)	0.71 (0.24, 2.05)	0.51 (0.15, 1.69)
Other race	2.60 (0.53, 12.82)	2.59 (0.55, 12.28)	1.10 (0.28, 4.38)	-- ^{iv}
White <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)

Smoking Urges models control for last cigarette smoked.

Behavioral Intentions models control for baseline responses to behavioral intentions questions, by smoking status.

ⁱIncome of parent was used to assign teen (14-17 year olds) income values.ⁱⁱEducation of parent was used as a proxy for teen (14-17 year olds) education values.ⁱⁱⁱSpanish-dominant Hispanics (N=322) were shown all corrective statements and survey questions in Spanish.^{iv}-- For this model, African Americans and Other Race categories were collapsed to ensure adequate power.

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C3: Topic C Data Tables 1C-5C

TABLE 1C: LACK OF HEALTH BENEFIT FROM "LOW TAR," "LIGHT," "ULTRA LIGHT," "MILD," and "NATURAL" CIGARETTES**Unadjusted Rankings by Statement, All Respondents**

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Weighted Percentages.

	N	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5
Industry 1 (Philip Morris)	698	21.3	25.3	25.7	19.4	8.3
Industry 2 (Lorillard)	698	5.7	13.2	15.9	31.9	33.3
Intervenors	698	32.8	20.1	21.8	17.0	8.4
NCI	698	18.6	32.0	20.7	18.0	10.7
Control	698	21.7	9.4	15.9	13.8	39.2

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C3: Topic C Data Tables 1C-5C

TABLE 2C: LACK OF HEALTH BENEFIT FROM "LOW TAR," "LIGHT," "ULTRA LIGHT," "MILD," and "NATURAL" CIGARETTES

Multivariable Logistic Regression Models for Odds of Reporting Positive Responses to Key Outcome Measures,

by Statement

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Odds ratios and 95% confidence intervals. All estimates are weighted.

	Accurate Knowledge		Attention		Confusion	Public Impact		Credibility		
	KnowLowTar1	KnowLowTar2	AttnLowTar1	AttnLowTar2	ConfLowTar	PILowTar1	PILowTar2	TrustLowTar1	TrustLowTar2	
<i>Proposed Statements</i>										
StateLowTar1 (Industry 1 Philip Morris)	1.23 (0.61, 2.46)	3.84 (1.22, 12.14)	1.33 (0.94, 1.87)	1.46 (1.13, 1.89)	2.59 (0.95, 7.04)	3.16 (2.25, 4.45)	1.69 (1.24, 2.31)	2.48 (1.82, 3.38)	1.07 (0.78, 1.46)	
StateLowTar2 (Industry 2 Lorillard)	0.95 (0.46, 1.99)	1.26 (0.39, 4.11)	0.62 (0.50, 0.79)	1.04 (0.84, 1.29)	12.25 (4.69, 31.99)	1.60 (1.17, 2.20)	0.97 (0.76, 1.24)	1.71 (1.28, 2.28)	0.61 (0.45, 0.82)	
StateLowTar3 (Intervenors)	0.46 (0.22, 0.95)	1.73 (0.47, 6.36)	1.63 (1.18, 2.26)	1.95 (1.52, 2.52)	2.33 (0.84, 6.46)	3.12 (2.16, 4.51)	2.14 (1.52, 3.01)	2.60 (1.89, 3.60)	0.90 (0.66, 1.22)	
StateLowTar4 (NCI)	0.51 (0.25, 1.03)	2.48 (0.68, 9.08)	1.05 (0.77, 1.42)	1.52 (1.19, 1.93)	2.90 (1.05, 8.01)	3.22 (2.22, 4.67)	1.60 (1.20, 2.14)	2.66 (1.89, 3.74)	0.85 (0.62, 1.17)	
StateLowTar5 (Control Surgeon General's warning) <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Smoking Status</i>										
Current smoker	1.05 (0.66, 1.69)	1.35 (0.63, 2.88)	0.56 (0.32, 0.98)	1.03 (0.59, 1.79)	1.16 (0.68, 2.00)	0.85 (0.48, 1.53)	1.04 (0.58, 1.88)	0.80 (0.47, 1.34)	0.79 (0.44, 1.44)	
Former smoker	0.68 (0.38, 1.23)	0.91 (0.33, 2.56)	0.81 (0.46, 1.40)	1.30 (0.75, 2.26)	0.90 (0.49, 1.65)	0.70 (0.39, 1.24)	1.22 (0.68, 2.18)	0.70 (0.40, 1.23)	0.56 (0.28, 1.12)	
Never smoker <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Incomeⁱ</i>										
≤ 200% FPL	1.10 (0.69, 1.75)	1.14 (0.64, 2.02)	1.20 (0.70, 2.07)	1.07 (0.67, 1.71)	0.74 (0.45, 1.21)	1.58 (0.87, 2.86)	1.50 (0.84, 2.67)	1.52 (0.91, 2.53)	1.59 (0.80, 3.17)	
>200% FPL <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Educationⁱⁱ</i>										
No high school degree	1.45 (0.69, 3.08)	1.54 (0.61, 3.90)	0.57 (0.22, 1.48)	0.77 (0.34, 1.74)	2.34 (1.16, 4.71)	0.83 (0.29, 2.39)	0.68 (0.28, 1.62)	0.93 (0.38, 2.28)	0.46 (0.16, 1.30)	
High school degree or GED	0.97 (0.56, 1.68)	0.74 (0.28, 1.93)	0.86 (0.53, 1.40)	0.97 (0.60, 1.56)	1.35 (0.76, 2.39)	0.96 (0.57, 1.60)	1.14 (0.67, 1.92)	0.85 (0.53, 1.37)	0.66 (0.35, 1.23)	
Some college or College degree <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Gender</i>										
Female	0.59 (0.37, 0.94)	0.70 (0.34, 1.43)	0.83 (0.52, 1.32)	0.87 (0.55, 1.36)	0.73 (0.46, 1.17)	0.74 (0.45, 1.20)	0.63 (0.39, 1.01)	0.71 (0.45, 1.12)	0.77 (0.43, 1.38)	
Male <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Age</i>										
14-17	0.80 (0.50, 1.27)	0.76 (0.37, 1.56)	0.79 (0.48, 1.29)	0.95 (0.59, 1.52)	2.27 (1.48, 3.50)	0.69 (0.44, 1.10)	1.00 (0.61, 1.65)	0.71 (0.45, 1.13)	0.73 (0.41, 1.28)	
18-30	0.69 (0.36, 1.32)	1.38 (0.53, 3.60)	0.44 (0.24, 0.80)	0.74 (0.39, 1.40)	2.41 (1.34, 4.35)	0.37 (0.20, 0.71)	0.48 (0.25, 0.90)	0.44 (0.24, 0.81)	0.39 (0.20, 0.75)	
31+ <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Race/Ethnicity</i>										
African American	1.53 (0.97, 2.43)	1.41 (0.63, 3.13)	1.26 (0.78, 2.04)	1.92 (1.22, 3.02)	1.86 (1.06, 3.26)	1.27 (0.75, 2.14)	1.13 (0.72, 1.79)	0.73 (0.45, 1.17)	0.67 (0.36, 1.23)	
Hispanic ⁱⁱⁱ	1.19 (0.58, 2.43)	1.84 (0.62, 5.45)	2.12 (1.13, 3.99)	1.99 (1.02, 3.91)	3.05 (1.58, 5.87)	1.98 (1.03, 3.79)	1.35 (0.59, 3.05)	1.05 (0.54, 2.02)	0.86 (0.39, 1.88)	
Other race	0.73 (0.27, 1.98)	2.42 (0.66, 8.91)	0.92 (0.34, 2.49)	2.26 (0.81, 6.30)	1.07 (0.45, 2.56)	0.88 (0.27, 2.80)	1.36 (0.43, 4.29)	0.57 (0.24, 1.34)	0.45 (0.15, 1.36)	
White <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	

All models control for baseline responses to questions about knowledge about the lack of health benefits from "low tar," "light," "ultra light," "mild," and "natural" cigarettes.

ⁱIncome of parent was used to assign teen (14-17 year olds) income values.ⁱⁱEducation of parent was used as a proxy for teen (14-17 year olds) education values.ⁱⁱⁱSpanish-dominant Hispanics (N=322) were shown all corrective statements and survey questions in Spanish.

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C3: Topic C Data Tables 1C-5C

Table 3C: LACK OF HEALTH BENEFIT FROM "LOW TAR," "LIGHT," "ULTRA LIGHT," "MILD," and "NATURAL" CIGARETTES**Multivariable Logistic Regression Models Showing Tests for Effect Modification by Smoking Status, Income, Age, and Race/Ethnicity on Odds of Reporting Positive Responses to Key Outcome Measures, by Statement**

	Accurate Knowledge	Attention	Credibility
	KnowLowTar1	AttnLowTar1	TrustLowTar1
Statement*Smoking Status; (ref. never and former smokers, control statement)			
<i>Current Smoker</i>			
StateLowTar1 (Industry 1 Philip Morris)	0.80 (0.23, 2.85)	1.33 (0.74, 2.41)	0.78 (0.44, 1.41)
StateLowTar2 (Industry 2 Lorillard)	1.11 (0.31, 4.00)	1.76 (1.10, 2.81)	0.95 (0.53, 1.71)
StateLowTar3 (Intervenors)	5.55 (1.36, 22.65)	1.03 (0.57, 1.87)	1.05 (0.58, 1.88)
StateLowTar4 (NCI)	1.19 (0.31, 4.59)	1.29 (0.73, 2.27)	1.16 (0.64, 2.13)
Statement*Income;ⁱ (ref. >200% FPL, control statement)			
<i>≤ 200% FPL</i>			
StateLowTar1 (Industry 1 Philip Morris)	1.25 (0.34, 4.50)	1.14 (0.60, 2.17)	0.81 (0.46, 1.42)
StateLowTar2 (Industry 2 Lorillard)	1.39 (0.34, 5.69)	1.26 (0.81, 1.95)	0.69 (0.38, 1.23)
StateLowTar3 (Intervenors)	5.82 (1.47, 22.99)	1.03 (0.56, 1.90)	0.90 (0.50, 1.63)
StateLowTar4 (NCI)	4.91 (1.34, 17.97)	1.63 (0.89, 3.00)	0.83 (0.45, 1.54)
Statement*Age; (ref. 18-55+, control statement)			
<i>14-17 yrs</i>			
StateLowTar1 (Industry 1 Philip Morris)	0.63 (0.17, 2.32)	0.63 (0.35, 1.11)	1.22 (0.66, 2.25)
StateLowTar2 (Industry 2 Lorillard)	0.46 (0.11, 1.94)	0.59 (0.35, 1.00)	1.45 (0.83, 2.52)
StateLowTar3 (Intervenors)	0.36 (0.07, 1.94)	0.84 (0.46, 1.54)	1.02 (0.51, 2.03)
StateLowTar4 (NCI)	0.58 (0.15, 2.24)	0.85 (0.49, 1.48)	0.88 (0.47, 1.64)
Statement*Race/Ethnicity; (ref. White, control statement)			
<i>African American and Other Race</i>			
StateLowTar1 (Industry 1 Philip Morris)	1.53 (0.37, 6.33)	0.43 (0.21, 0.89)	0.86 (0.42, 1.74)
StateLowTar2 (Industry 2 Lorillard)	2.36 (0.45, 12.32)	0.56 (0.31, 1.01)	0.49 (0.21, 1.11)
StateLowTar3 (Intervenors)	2.99 (0.56, 16.06)	0.44 (0.25, 0.76)	0.50 (0.24, 1.03)
StateLowTar4 (NCI)	3.89 (0.72, 20.95)	0.50 (.024, 1.04)	0.71 (0.33, 1.52)
<i>Hispanicⁱⁱ</i>			
StateLowTar1 (Industry 1 Philip Morris)	3.81 (0.59, 24.60)	0.25 (0.10, 0.60)	0.69 (0.31, 1.51)
StateLowTar2 (Industry 2 Lorillard)	1.17 (0.15, 9.21)	0.46 (0.20, 1.06)	0.42 (0.23, 0.75)
StateLowTar3 (Intervenors)	2.12 (0.34, 13.27)	0.23 (0.09, 0.59)	0.52 (0.24, 1.13)
StateLowTar4 (NCI)	1.81 (0.32, 10.44)	0.34 (0.12, 0.90)	0.56 (0.26, 1.20)

All models control for baseline responses to questions about knowledge about the lack of health benefits from "low tar," "light," "ultra light," "mild," and "natural" cigarettes.

All effect modification models control for education, gender, and main effects variables for statement smoking status, income, age, and race/ethnicity.

Interactions by smoking status, income, age, and race/ethnicity were modeled separately.

ⁱIncome of parent was used to assign teen (14-17 year olds) income values.

ⁱⁱSpanish-dominant Hispanics (N=322) were shown all corrective statements and survey questions in Spanish.

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C3: Topic C Data Tables 1C-5C

TABLE 4C: LACK OF HEALTH BENEFIT FROM "LOW TAR," "LIGHT," "ULTRA LIGHT," "MILD," and "NATURAL" CIGARETTES

Percentages Reporting "Future Beliefs" Options, by Statement

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Weighted Percentages.

	FBLowTar1				FBLowTar2			
	Would Not Believe the Opposite Claim	Would Believe the Opposite Claim	No Impact	Not Sure	Would Believe it is Proven	Would Believe it is Not Proven	No Impact	Not Sure
<i>Proposed Statements</i>								
StateLow Tar1 (Industry 1 Philip Morris)	52.0	1.0	35.6	11.4	44.2	6.3	35.3	14.3
StateLowTar2 (Industry 2 Lorillard)	37.4	5.9	40.1	16.7	29.8	12.0	41.9	16.3
StateLowTar3 (Intervenors)	60.3	1.3	28.3	10.1	54.6	4.5	32.4	8.5
StateLowTar4 (NCI)	57.5	4.6	27.7	10.3	48.7	6.0	34.9	10.4
StateLowTar5 (Control Surgeon General's warning)	63.3	0.5	25.3	10.8	29.0	14.1	37.5	19.6

APPENDIX C3: Topic C Data Tables 1C-5C

TABLE 5C: LACK OF HEALTH BENEFIT FROM "LOW TAR," "LIGHT," "ULTRA LIGHT," "MILD," and "NATURAL" CIGARETTES
Multivariable Logistic Regression Models for Odds of Reporting Positive Responses to Key Outcome Measures, by Statement, Stratified by Smoking Status

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Odds ratios and 95% confidence intervals. All estimates are weighted.

	Smoking Urges		Behavioral Intentions	
	UrgeLowTar1 (Current and Former Smokers)	UrgeLowTar2 (Current and Former Smokers)	ThinkQuitLowTar (Current Smokers)	StayQuitLowTar (Former Smokers)
<i>Proposed Statements</i>				
StateLowTar1 (Industry 1 Philip Morris)	1.02 (0.30, 3.47)	0.94 (0.19, 4.56)	0.71 (0.31, 1.62)	0.30 (0.07, 1.22)
StateLowTar2 (Industry 2 Lorillard)	0.60 (0.16, 2.23)	1.12 (0.25, 5.09)	0.81 (0.37, 1.77)	0.23 (0.05, 1.04)
StateLowTar3 (Intervenors)	0.65 (0.15, 2.77)	1.02 (0.18, 5.82)	1.55 (0.66, 3.66)	2.90 (0.55, 15.28)
StateLowTar4 (NCI)	0.27 (0.06, 1.28)	0.56 (0.11, 2.93)	0.45 (0.20, 1.03)	1.46 (0.25, 8.60)
StateLowTar5 (Control Surgeon General's warning) <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Incomeⁱ</i>				
≤ 200% FPL	2.87 (1.17, 7.07)	2.13 (0.77, 5.92)	1.38 (0.79, 2.41)	0.22 (0.08, 0.63)
>200% FPL <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Educationⁱⁱ</i>				
No high school degree	0.87 (0.26, 2.94)	0.73 (0.17, 3.13)	0.76 (0.32, 1.83)	2.63 (0.36, 19.08)
High school degree or GED	0.66 (0.25, 1.78)	0.67 (0.23, 1.94)	0.57 (0.32, 1.00)	0.56 (0.19, 1.63)
Some college or College degree <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Gender</i>				
Female	0.98 (0.39, 2.49)	1.76 (0.59, 5.27)	0.65 (0.38, 1.11)	1.45 (0.59, 3.58)
Male <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Age</i>				
14-17	2.21 (0.37, 13.34)	2.21 (0.39, 12.56)	0.64 (0.23, 1.79)	0.36 (0.09, 1.41)
18-30	2.62 (0.92, 7.52)	2.15 (0.66, 6.95)	0.83 (0.40, 1.72)	2.30 (0.48, 11.08)
31+ <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Race/Ethnicity</i>				
African American	4.18 (1.39, 12.59)	3.02 (0.96, 9.52)	1.33 (0.55, 3.19)	1.10 (0.30, 4.04)
Hispanic ⁱⁱⁱ	5.97 (2.10, 16.95)	5.17 (1.82, 14.70)	1.06 (0.43, 2.60)	0.94 (0.29, 3.09)
Other race	0.20 (0.04, 1.17)	0.15 (0.02, 1.37)	0.84 (0.26, 2.69)	-- ^{iv}
White <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)

Smoking Urges models control for last cigarette smoked.

Behavioral Intentions models control for baseline responses to behavioral intentions questions, by smoking status.

ⁱIncome of parent was used to assign teen (14-17 year olds) income values.

ⁱⁱEducation of parent was used as a proxy for teen (14-17 year olds) education values.

ⁱⁱⁱSpanish-dominant Hispanics (N=322) were shown all corrective statements and survey questions in Spanish.

^{iv}For this model, African Americans and Other Race categories were collapsed to ensure adequate power.

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C4: Topic D Data Tables 1D-5D

TABLE 1D: DEFENDANTS' MANIPULATION OF CIGARETTE DESIGN AND COMPOSITION TO ENSURE OPTIMUM NICOTINE DELIVERY**Unadjusted Rankings by Statement, All Respondents**

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Weighted Percentages.

	N	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5
Industry 1 (Philip Morris)	705	3.2	14.3	20.1	35.9	26.4
Industry 2 (RJ Reynolds)	705	6.7	23.3	27.1	20.6	22.2
Intervenors	705	37.1	16.2	19.8	12.6	14.3
NCI	705	19.2	37.7	21.8	14.6	6.7
Control	705	33.7	8.5	11.2	16.2	30.4

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C4: Topic D Data Tables 1D-5D

TABLE 2D: DEFENDANTS' MANIPULATION OF CIGARETTE DESIGN AND COMPOSITION TO ENSURE OPTIMUM NICOTINE DELIVERY

Multivariable Logistic Regression Models for Odds of Reporting Positive Responses to Key Outcome Measures,

by Statement

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Odds ratios and 95% confidence intervals. All estimates are weighted.

	Accurate Knowledge		Attention		Confusion	Public Impact		Credibility		
	KnowManip1	KnowManip2	AttnManip1	AttnManip2	ConfManip	PIManip1	PIManip2	TrustManip1	TrustManip2	
<i>Proposed Statements</i>										
StateManip1 (Industry 1 Philip Morris)	1.25 (0.72, 2.18)	1.53 (0.82, 2.87)	0.73 (0.54, 0.99)	1.30 (1.03, 1.66)	6.19 (3.08, 12.46)	0.74 (0.53, 1.03)	0.63 (0.49, 0.80)	0.69 (0.53, 0.91)	0.44 (0.31, 0.63)	
StateManip2 (Industry 2 RJ Reynolds)	3.97 (2.25, 7.01)	1.25 (0.67, 2.35)	0.86 (0.62, 1.21)	1.50 (1.17, 1.91)	22.41 (11.10, 45.25)	0.96 (0.69, 1.36)	0.84 (0.63, 1.11)	0.96 (0.72, 1.29)	0.48 (0.32, 0.73)	
StateManip3 (Intervenors)	3.11 (1.76, 5.49)	2.21 (1.18, 4.16)	1.66 (1.11, 2.49)	2.18 (1.68, 2.83)	5.92 (2.87, 12.21)	2.02 (1.33, 3.07)	1.52 (1.13, 2.05)	1.05 (0.79, 1.41)	0.67 (0.44, 1.04)	
StateManip4 (NCI)	3.20 (1.80, 5.70)	1.96 (1.03, 3.72)	1.76 (1.18, 2.63)	1.93 (1.49, 2.50)	2.96 (1.35, 6.47)	2.10 (1.37, 3.23)	1.44 (1.09, 1.91)	1.05 (0.77, 1.43)	0.82 (0.53, 1.28)	
StateManip5 (Control Surgeon General's warning) <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Smoking Status</i>										
Current smoker	0.94 (0.61, 1.43)	0.75 (0.47, 1.22)	0.58 (0.33, 1.02)	0.74 (0.43, 1.29)	1.05 (0.68, 1.62)	0.43 (0.25, 0.74)	0.72 (0.40, 1.30)	0.52 (0.30, 0.89)	0.39 (0.22, 0.69)	
Former smoker	1.09 (0.68, 1.74)	0.75 (0.45, 1.26)	1.17 (0.66, 2.06)	1.03 (0.59, 1.78)	0.77 (0.47, 1.26)	0.96 (0.57, 1.63)	1.10 (0.59, 2.05)	1.25 (0.72, 2.17)	0.98 (0.56, 1.71)	
Never smoker <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Incomeⁱ</i>										
≤ 200% FPL	1.41 (0.95, 2.09)	1.02 (0.64, 1.62)	1.05 (0.65, 1.69)	1.16 (0.74, 1.82)	1.00 (0.67, 1.49)	0.70 (0.43, 1.14)	0.89 (0.54, 1.48)	0.85 (0.55, 1.31)	0.66 (0.40, 1.09)	
>200% FPL <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Educationⁱⁱ</i>										
No high school degree	1.51 (0.77, 2.93)	0.85 (0.38, 1.91)	1.02 (0.48, 2.14)	1.19 (0.59, 2.40)	1.48 (0.78, 2.80)	1.54 (0.79, 2.98)	1.10 (0.49, 2.46)	1.41 (0.71, 2.81)	1.49 (0.73, 3.01)	
High school degree or GED	0.67 (0.44, 1.02)	0.80 (0.49, 1.30)	0.76 (0.45, 1.29)	1.04 (0.60, 1.79)	0.78 (0.50, 1.22)	0.88 (0.51, 1.50)	0.90 (0.48, 1.72)	0.85 (0.51, 1.42)	0.92 (0.53, 1.58)	
Some college or College degree <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Gender</i>										
Female	0.66 (0.45, 0.96)	0.64 (0.41, 1.00)	0.87 (0.56, 1.52)	0.76 (0.49, 1.17)	1.14 (0.79, 1.67)	0.72 (0.47, 1.10)	0.71 (0.44, 1.16)	0.71 (0.46, 1.09)	0.41 (0.26, 0.65)	
Male <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Age</i>										
14-17	1.02 (0.63, 1.65)	1.09 (0.61, 1.94)	0.89 (0.52, 1.52)	1.07 (0.65, 1.76)	1.92 (1.29, 2.87)	0.74 (0.42, 1.31)	0.79 (0.44, 1.41)	0.73 (0.44, 1.22)	1.03 (0.51, 2.09)	
18-30	1.03 (0.61, 1.76)	1.20 (0.63, 2.30)	0.49 (0.28, 0.87)	0.78 (0.43, 1.41)	1.34 (0.80, 2.23)	0.27 (0.16, 0.47)	0.53 (0.29, 0.97)	0.45 (0.26, 0.76)	0.29 (0.17, 0.51)	
31+ <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Race/Ethnicity</i>										
African American	1.02 (0.64, 1.64)	1.21 (0.68, 2.13)	1.15 (0.67, 1.96)	1.40 (0.85, 2.32)	1.20 (0.78, 1.85)	1.62 (1.00, 2.63)	1.28 (0.75, 2.19)	1.06 (0.62, 1.80)	0.98 (0.55, 1.74)	
Hispanic ⁱⁱⁱ	0.87 (0.49, 1.54)	1.20 (0.66, 2.21)	0.98 (0.44, 2.18)	0.85 (0.40, 1.82)	1.41 (0.76, 2.63)	0.91 (0.44, 1.86)	1.34 (0.62, 2.91)	1.26 (0.64, 2.47)	0.64 (0.31, 1.30)	
Other race	0.62 (0.31, 1.23)	1.11 (0.47, 2.66)	0.86 (0.31, 2.35)	1.58 (0.56, 4.45)	0.68 (0.28, 1.65)	0.68 (0.27, 1.71)	1.09 (0.40, 2.94)	0.72 (0.31, 1.67)	0.44 (0.19, 1.00)	
White <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	

All models control for baseline responses to questions about knowledge of cigarette design manipulation.

ⁱIncome of parent was used to assign teen (14-17 year olds) income values.ⁱⁱEducation of parent was used as a proxy for teen (14-17 year olds) education values.ⁱⁱⁱSpanish-dominant Hispanics (N=322) were shown all corrective statements and survey questions in Spanish.

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C4: Topic D Data Tables 1D-5D

Table 3D: DEFENDANTS' MANIPULATION OF CIGARETTE DESIGN AND COMPOSITION TO ENSURE OPTIMUM NICOTINE DELIVERY
Multivariable Logistic Regression Models Showing Tests for Effect Modification by Smoking Status, Income, Age, and Race/Ethnicity on Odds of Reporting Positive Responses to Key Outcome Measures, by Statement
 NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

	Accurate Knowledge KnowManip1	Attention AttnManip1	Credibility TrustManip1
Statement*Smoking Status; (ref. never and former smokers, control statement)			
<i>Current Smoker</i>			
StateManip1 (Industry 1 Philip Morris)	1.50 (0.53, 4.20)	2.34 (1.29, 4.26)	1.78 (1.03, 3.08)
StateManip2 (Industry 2 RJ Reynolds)	1.13 (0.38, 3.37)	1.58 (0.89, 2.81)	1.22 (0.73, 2.03)
StateManip3 (Intervenors)	0.88 (0.29, 2.66)	1.54 (0.75, 3.17)	1.43 (0.84, 2.44)
StateManip4 (NCI)	1.06 (0.36, 3.14)	2.00 (0.97, 4.13)	1.90 (1.05, 3.43)
Statement*Income;ⁱ (ref. >200% FPL, control statement)			
<i>≤ 200% FPL</i>			
StateManip1 (Industry 1 Philip Morris)	0.78 (0.28, 2.13)	1.17 (0.64, 2.14)	1.31 (0.76, 2.28)
StateManip2 (Industry 2 RJ Reynolds)	0.34 (0.12, 1.01)	1.38 (0.76, 2.50)	1.31 (0.72, 2.39)
StateManip3 (Intervenors)	0.58 (0.18, 1.83)	0.86 (0.43, 1.73)	1.07 (0.61, 1.87)
StateManip4 (NCI)	0.44 (0.14, 1.35)	1.27 (0.62, 2.61)	1.84 (0.92, 3.68)
Statement*Age; (ref. 18-55+, control statement)			
<i>14-17 yrs</i>			
StateManip1 (Industry 1 Philip Morris)	0.57 (0.16, 2.02)	0.82 (0.50, 1.34)	0.88 (0.52, 1.47)
StateManip2 (Industry 2 RJ Reynolds)	0.41 (0.11, 1.50)	0.54 (0.30, 0.99)	0.86 (0.48, 1.53)
StateManip3 (Intervenors)	0.43 (0.09, 1.93)	0.73 (0.36, 1.47)	1.00 (0.55, 1.82)
StateManip4 (NCI)	0.51 (0.12, 2.08)	0.84 (0.43, 1.64)	1.42 (0.84, 2.42)
Statement*Race/Ethnicity; (ref. White, control statement)			
<i>African American and Other Race</i>			
StateManip1 (Industry 1 Philip Morris)	0.94 (0.25, 3.57)	0.63 (0.35, 1.13)	0.71 (0.39, 1.30)
StateManip2 (Industry 2 RJ Reynolds)	1.76 (0.43, 7.22)	0.50 (0.25, 1.01)	0.69 (0.34, 1.38)
StateManip3 (Intervenors)	0.70 (0.17, 2.95)	0.28 (0.12, 0.63)	0.44 (0.22, 0.86)
StateManip4 (NCI)	1.52 (0.40, 5.76)	0.34 (0.15, 0.78)	0.72 (0.35, 1.52)
<i>Hispanicⁱⁱ</i>			
StateManip1 (Industry 1 Philip Morris)	1.18 (0.28, 4.98)	0.30 (0.10, 0.88)	0.87 (0.42, 1.80)
StateManip2 (Industry 2 RJ Reynolds)	0.43 (0.09, 2.00)	0.36 (0.13, 1.02)	1.62 (0.66, 3.98)
StateManip3 (Intervenors)	1.94 (0.35, 10.82)	0.31 (0.12, 0.84)	1.76 (0.73, 4.20)
StateManip4 (NCI)	9.66 (1.78, 52.39)	0.32 (0.12, 0.84)	2.29 (0.96, 5.47)

All models control for baseline responses to questions about knowledge of cigarette design manipulation.

All effect modification models control for education, gender, and main effects variables for statement smoking status, income, age, and race/ethnicity.

Interactions by smoking status, income, age, and race/ethnicity were modeled separately.

ⁱIncome of parent was used to assign teen (14-17 year olds) income values.

ⁱⁱSpanish-dominant Hispanics (N=322) were shown all corrective statements and survey questions in Spanish.

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C4: Topic D Data Tables 1D-5D**TABLE 4D: DEFENDANTS' MANIPULATION OF CIGARETTE DESIGN AND COMPOSITION TO ENSURE OPTIMUM NICOTINE DELIVERY**

Percentages Reporting "Future Beliefs" Options, by Statement

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Weighted Percentages.

	FBManip1				FBManip2			
	Would Not Believe the Opposite Claim	Would Believe the Opposite Claim	No Impact	Not Sure	Would Believe it is Proven	Would Believe it is Not Proven	No Impact	Not Sure
<i>Proposed Statements</i>								
StateManip1 (Industry 1 Philip Morris)	45.9	2.3	39.4	12.4	40.4	6.1	33.5	20.0
StateManip2 (Industry 2 RJ Reynolds)	33.2	2.4	46.2	18.2	39.0	3.8	37.4	19.8
StateManip3 (Intervenors)	44.2	1.7	34.4	19.7	48.0	3.7	31.9	16.3
StateManip4 (NCI)	54.0	5.6	24.8	15.6	41.0	9.1	31.6	18.3
StateManip5 (Control Surgeon General's warning)	54.8	0.6	35.5	9.1	32.3	4.5	48.3	14.9

APPENDIX C4: Topic D Data Tables 1D-5D

TABLE 5D: DEFENDANTS' MANIPULATION OF CIGARETTE DESIGN AND COMPOSITION TO ENSURE OPTIMUM NICOTINE DELIVERY
Multivariable Logistic Regression Models for Odds of Reporting Positive Responses to Key Outcome Measures, by Statement, Stratified by Smoking Status

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Odds ratios and 95% confidence intervals. All estimates are weighted.

	Smoking Urges		Behavioral Intentions	
	UrgeManip1 (Current and Former Smokers)	UrgeManip2 (Current and Former Smokers)	ThinkQuitManip (Current Smokers)	StayQuitManip (Former Smokers)
<i>Proposed Statements</i>				
StateManip1 (Industry 1 Philip Morris)	0.41 (0.08, 2.10)	0.23 (0.05, 1.17)	0.58 (0.23, 1.47)	0.19 (0.02, 1.48)
StateManip2 (Industry 2 RJ Reynolds)	0.72 (0.17, 3.07)	0.76 (0.18, 3.23)	0.46 (0.20, 1.03)	0.15 (0.02, 1.33)
StateManip3 (Intervenors)	1.41 (0.34, 5.91)	1.62 (0.45, 5.88)	0.96 (0.41, 2.26)	0.91 (0.09, 8.80)
StateManip4 (NCI)	1.18 (0.31, 4.45)	0.58 (0.15, 2.28)	0.94 (0.42, 2.08)	0.54 (0.07, 4.41)
StateXX5 (Control Surgeon General's warning) <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Incomeⁱ</i>				
≤ 200% FPL	0.55 (0.20, 1.49)	0.99 (0.34, 2.86)	0.64 (0.35, 1.17)	0.36 (0.12, 1.04)
>200% FPL <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Educationⁱⁱ</i>				
No high school degree	3.76 (1.08, 13.12)	1.72 (0.45, 6.64)	0.71 (0.26, 1.95)	0.71 (0.14, 3.52)
High school degree or GED	0.72 (0.27, 1.96)	0.69 (0.26, 1.85)	1.70 (0.96, 3.01)	0.97 (0.25, 3.82)
Some college or College degree <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Gender</i>				
Female	0.43 (0.17, 1.09)	0.30 (0.11, 0.81)	0.73 (0.42, 1.26)	0.66 (0.21, 2.02)
Male <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Age</i>				
14-17	0.79 (0.18, 3.55)	1.08 (0.21, 5.55)	1.09 (0.32, 3.74)	0.75 (0.24, 2.40)
18-30	3.33 (1.28, 8.67)	3.55 (1.21, 10.45)	2.59 (1.30, 5.17)	8.32 (1.25, 55.40)
31+ <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Race/Ethnicity</i>				
African American	5.80 (1.75, 19.24)	3.03 (0.96, 9.58)	2.95 (1.35, 6.46)	1.88 (0.62, 5.75)
Hispanic ⁱⁱⁱ	8.28 (2.34, 29.32)	5.05 (1.26, 20.19)	2.56 (0.96, 6.81)	1.37 (0.45, 4.15)
Other race	3.80 (0.80, 17.98)	1.57 (0.25, 10.08)	2.12 (0.76, 5.92)	-- ^{iv}
White <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)

Smoking Urges models control for last cigarette smoked.

Behavioral Intentions models control for baseline responses to behavioral intentions questions, by smoking status.

ⁱIncome of parent was used to assign teen (14-17 year olds) income values.

ⁱⁱEducation of parent was used as a proxy for teen (14-17 year olds) education values.

ⁱⁱⁱSpanish-dominant Hispanics (N=322) were shown all corrective statements and survey questions in Spanish.

^{iv}-- Indicates inadequate power to make estimates in one or more cells.

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C5: Topic E Data Tables 1E-5E

TABLE 1E: NEGATIVE HEALTH EFFECTS OF SECONDHAND SMOKE**Unadjusted Rankings by Statement, All Respondents**

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Weighted Percentages.

	N	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5
Industry 1 (Philip Morris)	697	11.8	14.3	26.8	31.7	15.4
Industry 2 (RJ Reynolds)	697	18.1	21.4	14.9	26.3	19.2
Intervenors	697	31.4	21.7	18	16.4	12.5
NCI	697	15.2	30.1	27.4	15.7	11.7
Control	697	23.5	12.5	12.9	9.9	41.2

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C5: Topic E Data Tables 1E-5E

TABLE 2E: NEGATIVE HEALTH EFFECTS OF SECONDHAND SMOKE
Multivariable Logistic Regression Models for Odds of Reporting Positive Responses to Key Outcome Measures,
by Statement

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Odds ratios and 95% confidence intervals. All estimates are weighted.

	Accurate Knowledge		Attention		Confusion	Public Impact		Credibility		
	KnowSecHnd1	KnowSecHnd2	AttnSecHnd1	AttnSecHnd2	ConfSecHnd	PISecHnd1	PISecHnd2	TrustSecHnd1	TrustSecHnd2	
<i>Proposed Statements</i>										
StateSecHnd1 (Industry 1 Philip Morris)	3.09 (1.70, 5.60)	3.55 (2.01, 6.30)	1.17 (0.88, 1.56)	1.32 (1.08, 1.61)	5.88 (2.45, 14.09)	1.51 (1.01, 2.24)	1.45 (1.04, 2.02)	2.03 (1.47, 2.80)	0.67 (0.41, 1.10)	
StateSecHnd2 (Industry 2 RJ Reynolds)	2.80 (1.42, 5.53)	2.64 (1.37, 5.10)	0.92 (0.65, 1.30)	1.17 (0.88, 1.54)	10.16 (4.58, 22.54)	1.33 (0.84, 2.10)	1.40 (1.03, 1.92)	2.08 (1.53, 2.83)	0.68 (0.41, 1.11)	
StateSecHnd3 (Intervenors)	3.14 (1.53, 6.45)	0.88 (0.51, 1.51)	1.19 (0.85, 1.66)	1.45 (1.14, 1.84)	17.74 (8.05, 39.11)	1.60 (1.00, 2.55)	1.68 (1.19, 2.39)	2.21 (1.61, 3.04)	0.60 (0.40, 0.90)	
StateSecHnd4 (NCI)	2.55 (1.39, 4.68)	3.69 (1.95, 6.99)	1.25 (0.94, 1.66)	1.52 (1.19, 1.94)	4.88 (2.06, 11.56)	2.12 (1.37, 3.28)	1.49 (1.06, 2.08)	2.10 (1.50, 2.93)	0.83 (0.52, 1.31)	
StateSecHnd5 (Control Surgeon General's warning) <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Smoking Status</i>										
Current smoker	0.39 (0.24, 0.63)	0.49 (0.30, 0.81)	0.47 (0.26, 0.86)	0.45 (0.26, 0.77)	1.23 (0.75, 2.02)	0.65 (0.36, 1.18)	0.46 (0.25, 0.84)	0.23 (0.12, 0.43)	0.28 (0.15, 0.52)	
Former smoker	1.10 (0.62, 1.95)	0.94 (0.56, 1.60)	1.20 (0.53, 2.72)	0.63 (0.33, 1.20)	1.02 (0.58, 1.80)	2.75 (1.20, 6.31)	1.67 (0.76, 3.64)	0.66 (0.30, 1.44)	1.38 (0.48, 3.99)	
Never smoker <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Incomeⁱ</i>										
≤ 200% FPL	0.91 (0.57, 1.44)	0.92 (0.60, 1.41)	1.11 (0.65, 1.91)	1.38 (0.80, 2.38)	1.04 (0.63, 1.74)	1.09 (0.61, 1.94)	0.86 (0.50, 1.45)	1.50 (0.84, 2.65)	0.83 (0.42, 1.61)	
>200% FPL <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Educationⁱⁱ</i>										
No high school degree	1.17 (0.56, 2.47)	1.32 (0.65, 2.68)	0.83 (0.26, 2.58)	0.88 (0.30, 2.54)	1.58 (0.74, 3.36)	0.47 (0.19, 1.17)	0.35 (0.14, 0.87)	0.84 (0.30, 2.38)	0.37 (0.14, 0.98)	
High school degree or GED	1.44 (0.87, 2.38)	0.96 (0.60, 1.55)	1.22 (0.66, 2.25)	1.70 (0.94, 3.08)	1.23 (0.72, 2.12)	0.89 (0.47, 1.68)	1.11 (0.62, 1.97)	1.18 (0.61, 2.26)	1.13 (0.59, 2.17)	
Some college or College degree <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Gender</i>										
Female	1.23 (0.80, 1.88)	1.16 (0.79, 1.72)	1.26 (0.74, 2.14)	0.95 (0.57, 1.60)	1.17 (0.74, 1.86)	1.14 (0.66, 1.97)	0.81 (0.49, 1.36)	0.99 (0.57, 1.71)	0.90 (0.52, 1.56)	
Male <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Age</i>										
14-17	1.32 (0.77, 2.26)	1.09 (0.70, 1.68)	1.11 (0.64, 1.90)	0.99 (0.61, 1.62)	1.99 (1.19, 3.31)	1.19 (0.64, 2.23)	0.72 (0.40, 1.30)	1.00 (0.55, 1.80)	1.11 (0.57, 2.18)	
18-30	0.62 (0.34, 1.13)	1.15 (0.62, 2.11)	1.12 (0.56, 2.22)	0.76 (0.41, 1.39)	1.76 (0.99, 3.16)	0.64 (0.32, 1.26)	0.68 (0.36, 1.28)	0.63 (0.33, 1.20)	0.46 (0.24, 0.87)	
31+ <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	
<i>Race/Ethnicity</i>										
African American	0.97 (0.57, 1.67)	1.01 (0.67, 1.52)	2.20 (1.35, 3.60)	1.80 (1.01, 3.18)	1.88 (1.14, 3.10)	1.81 (1.13, 2.92)	1.17 (0.64, 2.13)	1.10 (0.57, 2.14)	1.21 (0.62, 2.35)	
Hispanic ⁱⁱⁱ	1.01 (0.47, 2.17)	0.73 (0.37, 1.45)	1.31 (0.52, 3.32)	0.82 (0.35, 1.92)	1.97 (1.01, 3.83)	1.55 (0.54, 4.50)	1.44 (0.62, 3.35)	0.55 (0.20, 1.53)	0.70 (0.28, 1.74)	
Other race	1.43 (0.70, 2.93)	1.25 (0.54, 2.90)	0.91 (0.35, 2.37)	1.31 (0.35, 1.92)	2.40 (1.00, 5.76)	0.38 (0.16, 0.94)	0.84 (0.25, 2.78)	0.39 (0.12, 1.25)	0.45 (0.11, 1.87)	
White <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	

All models control for baseline responses to questions about knowledge of the negative health effects of secondhand smoke.

ⁱ Income of parent was used to assign teen (14-17 year olds) income values.

ⁱⁱ Education of parent was used as a proxy for teen (14-17 year olds) education values.

ⁱⁱⁱ Spanish-dominant Hispanics (N=322) were shown all corrective statements and survey questions in Spanish.

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C5: Topic E Data Tables 1E-5E

Table 3E: NEGATIVE HEALTH EFFECTS OF SECONDHAND SMOKE
Multivariable Logistic Regression Models Showing Tests for Effect Modification by Smoking Status, Income, Age, and Race/Ethnicity on Odds of Reporting Positive Responses to Key Outcome Measures, by Statement
 NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

	Accurate Knowledge	Attention	Credibility
	KnowSecHnd1	AttnSecHnd1	TrustSecHnd1
Statement*Smoking Status; (ref. never and former smokers, control statement)			
<i>Current Smoker</i>			
StateSecHnd1 (Industry 1 Philip Morris)	0.41 (0.11, 1.47)	1.47 (0.83, 2.59)	0.56 (0.35, 0.90)
StateSecHnd2 (Industry 2 RJ Reynolds)	0.70 (0.17, 2.99)	1.67 (0.89, 3.14)	0.52 (0.32, 0.84)
StateSecHnd3 (Intervenors)	0.88 (0.23, 3.32)	0.93 (0.54, 1.60)	0.44 (0.27, 0.73)
StateSecHnd4 (NCI)	0.78 (0.19, 3.17)	1.36 (0.77, 2.43)	0.63 (0.38, 1.04)
Statement*Income;ⁱ (ref. >200% FPL, control statement)			
<i>≤ 200% FPL</i>			
StateSecHnd1 (Industry 1 Philip Morris)	0.87 (0.25, 3.01)	1.03 (0.64, 1.66)	0.71 (0.38, 1.33)
StateSecHnd2 (Industry 2 RJ Reynolds)	0.66 (0.16, 2.77)	1.25 (0.73, 2.15)	0.72 (0.40, 1.29)
StateSecHnd3 (Intervenors)	2.67 (0.67, 10.65)	0.96 (0.56, 1.64)	0.65 (0.34, 1.22)
StateSecHnd4 (NCI)	3.58 (1.14, 11.23)	0.99 (0.63, 1.57)	0.89 (0.47, 1.68)
Statement*Age; (ref. 18-55+, control statement)			
<i>14-17 yrs</i>			
StateSecHnd1 (Industry 1 Philip Morris)	1.85 (0.26, 13.03)	0.85 (0.49, 1.49)	0.47 (0.26, 0.87)
StateSecHnd2 (Industry 2 RJ Reynolds)	0.61 (0.15, 2.45)	0.77 (0.42, 1.39)	0.52 (0.27, 0.99)
StateSecHnd3 (Intervenors)	1.09 (0.21, 5.76)	0.85 (0.46, 1.60)	0.50 (0.28, 0.92)
StateSecHnd4 (NCI)	1.05 (0.27, 4.07)	0.83 (0.47, 1.44)	0.58 (0.33, 1.00)
Statement*Race/Ethnicity; (ref. White, control statement)			
<i>African American and Other Race</i>			
StateSecHnd1 (Industry 1 Philip Morris)	0.62 (0.17, 2.29)	1.05 (0.49, 2.22)	0.55 (0.32, 0.94)
StateSecHnd2 (Industry 2 RJ Reynolds)	0.51 (0.12, 2.12)	0.90 (0.29, 2.82)	0.77 (0.39, 1.49)
StateSecHnd3 (Intervenors)	1.92 (0.48, 7.75)	0.74 (0.31, 1.72)	0.64 (0.33, 1.24)
StateSecHnd4 (NCI)	0.68 (0.17, 2.64)	1.20 (0.42, 3.48)	0.63 (0.27, 1.45)
<i>Hispanicⁱⁱ</i>			
StateSecHnd1 (Industry 1 Philip Morris)	1.29 (0.24, 6.91)	0.68 (0.37, 1.22)	0.46 (0.16, 1.29)
StateSecHnd2 (Industry 2 RJ Reynolds)	0.23 (0.04, 1.31)	0.82 (0.44, 1.54)	0.45 (0.15, 1.32)
StateSecHnd3 (Intervenors)	0.61 (0.12, 3.20)	0.55 (0.28, 1.08)	0.49 (0.18, 1.34)
StateSecHnd4 (NCI)	0.75 (0.09, 6.55)	0.62 (0.30, 1.30)	0.52 (0.18, 1.56)

All models control for baseline responses to questions about knowledge of the negative health effects of secondhand smoke.

All effect modification models control for education, gender, and main effects variables for statement smoking status, income, age, and race/ethnicity.

Interactions by smoking status, income, age, and race/ethnicity were modeled separately.

ⁱIncome of parent was used to assign teen (14-17 year olds) income values.

ⁱⁱSpanish-dominant Hispanics (N=322) were shown all corrective statements and survey questions in Spanish. Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C5: Topic E Data Tables 1E-5E

TABLE 4E: NEGATIVE HEALTH EFFECTS OF SECONDHAND SMOKE

Percentages Reporting "Future Beliefs" Options, by Statement

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Weighted Percentages.

	FBSecHnd1				FBSecHnd2			
	Would Not Believe the Opposite Claim	Would Believe the Opposite Claim	No Impact	Not Sure	Would Believe it is Proven	Would Believe it is Not Proven	No Impact	Not Sure
<i>Proposed Statements</i>								
StateSecHnd1 (Industry 1 Philip Morris)	53.8	1.8	29.8	14.6	50.8	4.2	29.7	15.3
StateSecHnd2 (Industry 2 RJ Reynolds)	58.4	0.5	28.9	12.2	53.1	4.6	30.5	11.8
StateSecHnd3 (Intervenors)	49.5	1.7	29.9	18.9	52.8	5.3	26.0	15.9
StateSecHnd4 (NCI)	56.5	1.2	28.4	13.9	52.2	3.9	30.0	13.9
StateSecHnd5 (Control Surgeon General's warning)	57.5	2.3	26.4	13.9	47.0	7.3	31.3	14.4

APPENDIX C5: Topic E Data Tables 1E-5E

TABLE 5E: NEGATIVE HEALTH EFFECTS OF SECONDHAND SMOKE

Multivariable Logistic Regression Models for Odds of Reporting Positive Responses to Key Outcome Measures, by Statement, Stratified by Smoking Status

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Odds ratios and 95% confidence intervals. All estimates are weighted.

	Smoking Urges		Behavioral Intentions	
	UrgeSecHnd1 (Current and Former Smokers)	UrgeSecHnd2 (Current and Former Smokers)	ThinkQuitSecHnd (Current Smokers)	StayQuitSecHnd (Former Smokers)
<i>Proposed Statements</i>				
StateSecHnd1 (Industry 1 Philip Morris)	1.15 (0.24, 5.44)	2.85 (0.48, 16.79)	1.49 (0.64, 3.44)	3.42 (0.82, 14.23)
StateSecHnd2 (Industry 2 RJ Reynolds)	3.50 (0.73, 16.79)	6.03 (0.98, 37.23)	0.79 (0.32, 1.96)	2.08 (0.46, 9.37)
StateSecHnd3 (Intervenors)	6.81 (1.21, 38.33)	16.37 (2.80, 95.54)	1.53 (0.63, 3.71)	2.43 (0.59, 9.96)
StateSecHnd4 (NCI)	3.97 (0.92, 17.12)	7.62 (1.56, 37.34)	1.79 (0.66, 4.84)	1.23 (0.22, 6.88)
StateSecHnd5 (Control Surgeon General's warning) <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Incomeⁱ</i>				
≤ 200% FPL	1.78 (0.60, 5.27)	1.73 (0.58, 5.18)	1.13 (0.60, 2.14)	0.36 (0.11, 1.20)
>200% FPL <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Educationⁱⁱ</i>				
No high school degree	0.69 (0.17, 2.83)	1.44 (0.38, 5.50)	0.92 (0.37, 2.28)	0.28 (0.06, 1.29)
High school degree or GED	0.40 (0.12, 1.35)	0.26 (0.06, 1.18)	0.97 (0.53, 1.80)	1.06 (0.27, 4.14)
Some college or College degree <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Gender</i>				
Female	0.70 (0.21, 2.27)	1.17 (0.33, 4.21)	0.63 (0.36, 1.11)	0.45 (0.16, 1.28)
Male <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Age</i>				
14-17	1.57 (0.17, 14.73)	2.80 (0.30, 26.43)	2.32 (0.81, 6.62)	3.43 (0.35, 33.78)
18-30	1.67 (0.40, 6.92)	4.24 (0.84, 21.25)	0.90 (0.37, 2.17)	0.98 (0.23, 4.14)
31+ <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Race/Ethnicity</i>				
African American	3.28 (1.02, 10.62)	3.21 (0.87, 11.93)	1.38 (0.71, 2.65)	0.64 (0.17, 2.49)
Hispanic ⁱⁱⁱ	2.47 (0.64, 9.58)	2.95 (0.91, 9.53)	0.64 (0.26, 1.56)	0.56 (0.15, 2.07)
Other race	1.90 (0.30, 12.10)	2.41 (0.51, 11.46)	0.59 (0.20, 1.72)	1.64 (0.15, 18.40)
White <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)

Smoking Urges models control for last cigarette smoked.

Behavioral Intentions models control for baseline responses to behavioral intentions questions, by smoking status.

ⁱIncome of parent was used to assign teen (14-17 year olds) income values.ⁱⁱEducation of parent was used as a proxy for teen (14-17 year olds) education values.ⁱⁱⁱSpanish-dominant Hispanics (N=322) were shown all corrective statements and survey questions in Spanish.

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C6: Source Attribution (1SA) and Sponsorship (1SP) Data Tables

Table 1SA: SOURCE ATTRIBUTION

Multivariable Logistic Regression Models for Likelihood of Reporting Attention to and Trust of Statements with Selected Introductory Text, by Respondent Characteristics

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Percents, Odds Ratios and 95% Confidence Intervals. All estimates are weighted.

	Intro 1*		Intro 2*		Intro 3*		Intro 4*		Intro 5*	
	AttnIntro1	TrustIntro1	AttnIntro2	TrustIntro2	AttnIntro3	TrustIntro3	AttnIntro4	TrustIntro4	AttnIntro5	TrustIntro5
Unadjusted Percent	41.2	45.8	83.6	66.5	64.5	65.7	59.5	51.5	74.6	64.0
<i>Smoking Status</i>										
Current smoker	0.82 (0.44, 1.53)	0.81 (0.44, 1.48)	0.45 (0.21, 0.95)	0.68 (0.36, 1.27)	0.84 (0.43, 1.63)	0.50 (0.27, 0.92)	0.84 (0.44, 1.61)	0.76 (0.40, 1.45)	0.51 (0.27, 0.98)	0.41 (0.22, 0.76)
Former smoker	1.22 (0.61, 2.45)	1.02 (0.50, 2.05)	0.38 (0.16, 0.89)	0.36 (0.18, 0.72)	1.87 (0.86, 4.10)	1.40 (0.67, 2.96)	0.85 (0.41, 1.79)	0.95 (0.47, 1.92)	1.92 (0.92, 4.04)	1.05 (0.52, 2.11)
Never smoker <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Incomeⁱ</i>										
≤ 200% FPL	1.61 (0.92, 2.82)	1.31 (0.74, 2.32)	1.14 (0.55, 2.37)	0.73 (0.44, 1.23)	0.99 (0.57, 1.75)	0.72 (0.43, 1.22)	2.11 (1.11, 4.02)	1.54 (0.86, 2.76)	0.85 (0.48, 1.50)	0.60 (0.35, 1.02)
>200% FPL <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Educationⁱⁱ</i>										
No high school degree	1.50 (0.62, 3.64)	0.72 (0.28, 1.87)	0.48 (0.14, 1.64)	0.42 (0.19, 0.94)	4.50 (1.51, 13.46)	3.52 (1.38, 9.01)	1.29 (0.46, 3.60)	1.52 (0.58, 4.00)	3.31 (1.02, 10.68)	1.18 (0.49, 2.85)
High school degree or GED	0.91 (0.47, 1.75)	0.77 (0.40, 1.47)	1.00 (0.43, 2.32)	1.24 (0.65, 2.37)	1.12 (0.60, 2.09)	0.77 (0.44, 1.37)	1.23 (0.64, 2.37)	0.85 (0.45, 1.61)	1.10 (0.57, 2.10)	0.65 (0.34, 1.24)
Some college or College degree <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Gender</i>										
Female	0.66 (0.39, 1.13)	0.74 (0.44, 1.25)	1.14 (0.54, 2.44)	1.19 (0.67, 2.11)	0.55 (0.31, 0.97)	0.61 (0.35, 1.05)	1.30 (0.73, 2.64)	1.18 (0.68, 2.07)	1.38 (0.75, 2.57)	0.98 (0.57, 1.68)
Male <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Age</i>										
14-17	0.46 (0.26, 0.84)	0.98 (0.56, 1.71)	0.66 (0.30, 1.45)	0.48 (0.26, 0.87)	0.79 (0.42, 1.49)	0.83 (0.44, 1.55)	1.39 (0.73, 2.64)	1.15 (0.63, 2.08)	0.66 (0.32, 1.38)	0.82 (0.44, 1.53)
18-30	1.38 (0.66, 2.89)	2.56 (1.21, 5.41)	0.43 (0.18, 0.99)	0.49 (0.22, 1.08)	0.58 (0.28, 1.22)	0.43 (0.22, 0.83)	0.59 (0.26, 1.32)	0.64 (0.29, 1.42)	0.51 (0.24, 1.12)	0.75 (0.57, 1.68)
31+ <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Race/Ethnicity</i>										
African American	0.96 (0.54, 1.70)	1.00 (0.55, 1.80)	1.24 (0.50, 3.07)	1.26 (0.66, 2.40)	2.78 (1.46, 5.29)	1.53 (0.85, 2.77)	1.62 (0.85, 3.09)	1.18 (0.67, 2.08)	2.04 (0.93, 4.49)	0.92 (0.51, 1.68)
Hispanic ⁱⁱⁱ	0.83 (0.31, 2.21)	0.98 (0.39, 2.45)	1.06 (0.39, 2.84)	1.98 (0.90, 4.33)	1.11 (0.42, 2.92)	0.43 (0.18, 1.02)	0.71 (0.28, 1.79)	0.74 (0.32, 1.71)	1.05 (0.45, 2.45)	0.63 (0.27, 1.48)
White	1.36 (0.50, 3.68)	1.94 (0.76, 4.94)	0.59 (0.15, 2.30)	1.42 (0.40, 5.01)	0.98 (0.26, 3.64)	0.65 (0.18, 2.33)	0.61 (0.19, 1.99)	0.75 (0.24, 2.38)	1.31 (0.37, 4.70)	1.34 (0.43, 4.15)
Other race <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)

ⁱIncome of parent was used to assign teen (14-17 year olds) income values.ⁱⁱEducation of parent was used as a proxy for teen (14-17 year olds) education values.ⁱⁱⁱSpanish-Dominate Hispanics (N=322) were shown all corrective statements and survey questions in Spanish.

*Introduction 1: "The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States of America, Civil Action No. 99-2496 (GK) Order #1010, Aug. 17, 2006, at 4; Final Op. at 1636) (on appeal)"

*Introduction 2: "A federal court is requiring tobacco companies to tell the truth about smoking. Here's the truth:"

Introduction 3: "The Surgeon General has concluded:"

*Introduction 4: "A United States District Court has found that:"

*Introduction 5: "Here's the truth from the U.S. Surgeon General and the National Cancer Institute:"

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX C6: Source Attribution (1SA) and Sponsorship (1SP) Data Tables

Table 1SP: SPONSORSHIP

Multivariable Logistic Regression Models for Likelihood of Reporting Trust of Statements with Selected Sponsorship Text, by Respondent Characteristics

NCI Message Testing for Tobacco-Related Corrective Statements Study, 2011

Percents, Odds Ratios and 95% Confidence Intervals. All estimates are weighted.

	Sponsor 1*	Sponsor 2*	Sponsor 3*	Sponsor 4*
	TrustEnd1	TrustEnd2	TrustEnd3	TrustEnd4
Unadjusted Percent	57.4	64.9	61.1	55.8
<i>Smoking Status</i>				
Current smoker	0.59 (0.34, 1.04)	0.74 (0.43, 1.25)	0.38 (0.22, 0.67)	0.69 (0.39, 1.20)
Former smoker	0.73 (0.41, 1.30)	1.25 (0.66, 2.34)	1.09 (0.55, 2.17)	0.87 (0.46, 1.63)
Never smoker <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Incomeⁱ</i>				
≤ 200% FPL	0.83 (0.50, 1.38)	1.13 (0.68, 1.86)	0.74 (0.43, 1.27)	1.30 (0.80, 2.12)
>200% FPL <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Educationⁱⁱ</i>				
No high school degree	1.00 (0.44, 2.26)	0.88 (0.40, 1.95)	1.19 (0.50, 2.85)	0.91 (0.40, 2.07)
High school degree or GED	1.30 (0.76, 2.25)	1.21 (0.65, 2.26)	1.14 (0.65, 2.00)	0.68 (0.40, 1.15)
Some college or College degree <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Gender</i>				
Female	1.21 (0.76, 1.93)	0.83 (0.50, 1.38)	0.64 (0.38, 1.10)	1.12 (0.70, 1.80)
Male <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Age</i>				
14-17	0.80 (0.47, 1.33)	0.98 (0.58, 1.68)	0.64 (0.38, 1.10)	0.89 (0.53, 1.48)
18-30	2.25 (1.16, 4.34)	0.91 (0.46, 1.82)	0.68 (0.34, 1.35)	0.65 (0.35, 1.18)
31+ <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)
<i>Race/Ethnicity</i>				
African American	1.01 (0.59, 1.72)	1.05 (0.62, 1.79)	1.60 (0.88, 2.89)	1.24 (0.75, 2.04)
Hispanic ⁱⁱⁱ	0.76 (0.37, 1.57)	1.02 (0.43, 2.41)	0.98 (0.41, 2.35)	0.71 (0.34, 1.46)
White	0.66 (0.24, 1.82)	1.94 (0.69, 5.42)	1.59 (0.61, 4.18)	0.87 (0.33, 2.28)
Other race <i>ref.</i>	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)	1.00 (1.00, 1.00)

ⁱIncome of parent was used to assign teen (14-17 year olds) income valueⁱⁱEducation of parent was used as a proxy for teen (14-17 year olds) education values.ⁱⁱⁱSpanish-Dominate Hispanics (N=322) were shown all corrective statements and survey questions in Spanish.

* 1: "Paid for by [Cigarette Company Name] under order of a United States District Court."

* 2: "This message is furnished by [Cigarette Company Name] pursuant to a Court Order and is taken from the 2004 Surgeon General's Report."

* 3: "These conclusions are contained in the 1988 Surgeon General's Report. [Cigarette Company Name] encourages consumers to rely upon the conclusions of the Surgeon General in making decisions about smoking."

* 4: "This message is furnished pursuant to a Court Order by [Cigarette Company Name]."

Sample size for topics and outcomes vary due to randomization patterns and refused or missing responses.

APPENDIX D1: Phase I Focus Group Written Report



**National Cancer Institute
January 2011**

**Corrective Statements
Research**

Summary of Focus Group
Findings

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EXECUTIVE SUMMARY**Background and Methodology**

The National Cancer Institute (NCI) partnered with Salter>Mitchell (S>M) to develop and assess a series of statements aimed at the general public to rectify beliefs and perceptions about smoking. This endeavor was initiated after a U.S. Federal Court ordered a series of “corrective statements” on information about smoking for the consumer public as a result of *U.S. v. Philip Morris USA, Inc.* The corrective statements are intended to target potential misperceptions resultant from past marketing and promotional practices undertaken by the tobacco industry.

This report includes findings from a qualitative assessment of several such corrective statements.

The overarching goal of this research was to get an in-depth assessment of feedback from individuals representing key target populations, specifically to gain insight into the following:

- Assess potential statements with intended target audiences to evaluate message comprehension
- Gauge the potential for negative, unintended consequences such as boomerang effects, smoking triggers, or knowledge gaps.
- Compare proposed corrective statements to determine which were the most effective at communicating desired areas of information.
- Additionally, for this first stage of research we were also interested in winnowing and enhancing potential statements prior to a subsequent quantitative research phase.

In total, 30 corrective statements were tested over a series of eight in-person focus groups. The tested statements were submitted by the following companies and organizations:

1. British American Tobacco
2. Philip Morris
3. RJ Reynolds
4. Lorillard
5. Public Health Intervenors Group (Tobacco-Free Kids Action Fund, American Cancer Society, American Heart Association, American Lung Association, Americans for Non-smokers’ Rights, National African American Tobacco Prevention Network)¹
6. Salter>Mitchell/NCI 2010²

The corrective topic areas which the statements were grouped into (six statements per each topic area) included:

1. The adverse health effects of smoking
2. The addictiveness of smoking and nicotine
3. The lack of any significant health benefit from smoking low tar, light, ultra light, mild and natural cigarettes
4. The manipulation of cigarette design and composition to ensure optimum nicotine delivery
5. The adverse health effects of exposure to secondhand smoke

In total, 62 members of the public shared feedback about the statements. The statements were tested in two U.S. markets—one in a state with an average prevalence of smokers and one with a higher prevalence according to CDC Behavioral Risk Factor Surveillance System data.³

¹ Slight modifications were made to the corrective statements prepared by the Public Health Intervenors.

² This additional set of corrective statements was created by Salter>Mitchell and the National Cancer Institute.

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- Maryland (Baltimore): Prevalence of cigarette smoking among adults—19%
 - Conducted on November 18th-19th
- Florida (Orlando): Prevalence of cigarette smoking among adults—22%
 - Conducted on December 1st-2nd

A breakout of key audiences included in the groups follows:

Group	No. of participants	Median Age	Gender	Race/Ethnicity
Current Smokers	8	39	4 men; 4 women	6 Caucasian; 2 African American
Current Smokers, Low Socio-economic status	8	47	5 men; 3 women	5 Caucasian; 3 African American
Never/Former Smokers	8	37	4 men; 4 women	6 Caucasian; 2 African American
Never/Former Smokers, Low Socio-economic status	8	39	3 men; 5 women	6 Caucasian; 2 African American
Teens 14-17, Non-Smokers	8	15	4 men; 4 women	6 Caucasian; 1 African American; 1 Hispanic
Teens 14-17, Smokers	6	16	4 men; 2 women	4 Caucasian; 2 African American
Hispanic, Current Smokers	8	43	4 men; 4 women	--
Hispanic, Never/Former Smokers	8	39	4 men; 4 women	--

Adult focus groups were conducted among never/former smokers and among current smokers, as defined below:

- Adult never smokers were defined as individuals who reported they had never smoked 100 cigarettes in their lifetime.
- Adult former smokers were defined as individuals who reported they had ever smoked 100 cigarettes in their lifetime and that they now do not smoke.
- Adult current smokers were defined as individuals who reported they had ever smoked 100 cigarettes in their lifetime and that they now smoke either daily or on some days.

Teen focus groups were conducted among non-smokers and smokers, as defined below:

- Teen nonsmokers were defined as individuals who reported they had never tried cigarette smoking, and individuals who reported they had tried cigarette smoking but had not smoked on any of the last 30 days.

³ <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5542a2.htm>

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- Teen smokers were defined as individuals who reported they had ever tried cigarette smoking and had smoked on at least 1 day of the last 30.

Low socio-economic status was defined as a combination of having an education level of high school graduate or less, and also a household income of under \$35,000. All study participants were paid a monetary incentive of \$75 to compensate them for their time.

The flow of the 90 minute group discussions—moderated by members of the Salter>Mitchell research team—covered the following domains:

1. Unaided main ideas of all statements
2. Within each corrective topic area, respondents ranked the applicable statements based on how well each communicated the desired topic area information goal (the adverse health effects of smoking, the addictiveness of smoking and nicotine, etc.)
 - a. When ranking the statements, study participants were asked to consider:
 - i. How easy the statement was to understand.
 - ii. Whether they would pay attention to it.
 - iii. Whether they thought it would have any lasting impact on them.
3. A discussion of reasons for the rankings, including the following:
 - a. Each statements' likely impact on smoking perceptions and behaviors
 - b. Whether there was anything confusing in the statements
 - c. The believability of the statements
 - d. Whether the statements contained new and/or relevant information
 - e. How likely they would be to believe future "opposite claims"
4. A discussion of the impact of the statements saying they were expressly being issued as a result of a court order, as compared to not revealing that context in the introductory text.
5. A discussion of the impact of the statements saying they were being sponsored by tobacco industry, as compared to not revealing that context in the closing text.

Key Findings

Comprehension of Message Elements

- Participants were attracted by messages that were concise and direct. Many participants felt the statements that avoided dense medical and legal language were easier to understand, and therefore more likely to be read and have an impact once in the marketplace.
- Lengthy lists of potential health effects from smoking were not considered to be new information or have a strong impact on participants. Conversely, some of the statistical facts included in the statements, particularly those relating to deaths or lesser known facts were new to number of respondents and seemed to resonate more strongly.
- Adding that the corrective statements were court ordered was widely considered a positive attribute, and gave the statements more credibility.

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Potential impact of statements

- Non-smokers believed the statements would have an impact on other non-smokers, specifically in preventing individuals from beginning to smoke.
- On the other hand, a number of participants who were current smokers, while acknowledging the strong impact of some statements, still reported that they would have little or no impact on whether they continued to smoke.
- There was no indication that any of the statements would spark unintended negative consequences.
- Participants generally reported that after reading the statements they would be unlikely to believe opposite future claims.

Findings specific to Hispanics and Teens

- While Hispanics and teens generally responded similarly to the general audience overall, there was less cohesion among these groups in terms of which statements were most effective. So while they tended to rank the same statements highest, it was by a smaller margin relative to the other participant groups.
- Participants in the teen focus groups generally understood all the terms in the statement messages as well as the adult participants.
- Teens more openly admitted they would ignore the lengthier statements as they were dense and highly detailed.

Implications for the next round of quantitative research

- Overall, the statements developed by the Intervenor group and Salter>Mitchell/NCI 2010 were most consistently regarded as the strongest communications of the corrective areas. Both were therefore included in the quantitative study.
- Conversely, the statements submitted by BATCo. were felt to be the least effective at relaying the prescribed areas of information, so they were excluded from the next round of research.
- The performance of the statements from the remaining three companies—Philip Morris, RJ Reynolds and Lorillard—varied by topic so some statements were included, while others excluded.
 - It should also be noted that the message content and structure for statements from RJ Reynolds and Lorillard were very similar (both cited and drew heavily from the same Surgeon General's report). As such, in some instances where their performance was similar, we did not carry forward both statements into the quantitative study since we would in effect be testing the same stimulus.

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Based on the collective findings, the following organizations' statements were carried forward into the quantitative portion of this research for further investigation. A full list of all statements can be found in Appendices A (English version) and B (Spanish version) of this report.

Corrective Topic Area				
Adverse health effects	Secondhand smoke	Light, Low tar etc	Addictiveness	Manipulate Nicotine
RJ Reynolds	Philip Morris	Philip Morris	Philip Morris	Philip Morris
Intervenors	RJ Reynolds	Lorillard	Lorillard	RJ Reynolds
S>M/NCI 2010	Intervenors	Intervenors	Intervenors	Intervenors
Philip Morris	S>M/NCI 2010	S>M/NCI 2010	S>M/NCI 2010	S>M/NCI 2010

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DETAILED FINDINGS

INTRODUCTION

The National Cancer Institute (NCI) partnered with Salter>Mitchell (S>M) to develop and assess a series of statements aimed at the general public to rectify beliefs and misperceptions about smoking. This endeavor was initiated after a U.S. Federal Court ordered a series of “corrective statements” on information about smoking for the consumer public as a result of *U.S. v. Philip Morris USA, Inc.* The corrective statements are intended to target potential misperceptions resultant from past marketing and promotional practices undertaken by the tobacco industry.

This report includes findings from a qualitative assessment of several such corrective statements. The overall objective of this phase of research was to assess potential statements with intended target audiences to evaluate message comprehension and the potential for negative unintended consequences such as boomerang effects, smoking triggers, or knowledge gaps. Thirty potential messages were evaluated, covering five main topic areas (six statements were tested per topic area). The qualitative effort also was used to winnow and enhance potential statements prior to a quantitative research phase which will form the basis of NCI’s final recommendations.

METHODOLOGY

Corrective statements were tested with members of three key audiences: the general public, Hispanics (conducted in Spanish) and teens between November 18, and December 2, 2010.

The overarching goal of this research was to get an in-depth assessment of feedback from people representing key target populations, to specifically gain insight into the following:

- Assess potential statements with intended target audiences to evaluate message comprehension
- Gauge the potential for negative, unintended consequences such as boomerang effects, smoking triggers, or knowledge gaps.
- Compare proposed corrective statements to determine which were the most effective at communicating desired areas of information.
- Additionally, for this first stage of research we were also interested in winnowing and enhancing potential statements prior to a subsequent quantitative research phase.

In total, 62 members of the public shared feedback about the statements. The statements were tested in two U.S. markets—one in a state with an average prevalence of smokers and one with a higher prevalence according to CDC Behavioral Risk Factor Surveillance System data.⁴

- Maryland (Baltimore): Prevalence of cigarette smoking among adults—19%
 - Conducted on November 18th-19th
- Florida (Orlando): Prevalence of cigarette smoking among adults—22%
 - Conducted on December 1st-2nd

⁴ <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5542a2.htm>

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A breakout of key audiences included in the groups follows:

Group	No. of participants	Median Age	Gender	Race/Ethnicity
Current Smokers	8	39	4 men; 4 women	6 Caucasian; 2 African American
Current Smokers, Low Socio-economic status	8	47	5 men; 3 women	5 Caucasian; 3 African American
Never/Former Smokers	8	37	4 men; 4 women	6 Caucasian; 2 African American
Never/Former Smokers, Low Socio-economic status	8	39	3 men; 5 women	6 Caucasian; 2 African American
Teens 14-17, Non-Smokers	8	15	4 men; 4 women	6 Caucasian; 1 African American; 1 Hispanic
Teens 14-17, Smokers	6	16	4 men; 2 women	4 Caucasian; 2 African American
Hispanic, Current Smokers	8	43	4 men; 4 women	--
Hispanic, Never/Former Smokers	8	39	4 men; 4 women	--

Adult focus groups were conducted among never/former smokers and among current smokers, as defined below:

- Adult never smokers were defined as individuals who reported they had never smoked 100 cigarettes in their lifetime.
- Adult former smokers were defined as individuals who reported they had ever smoked 100 cigarettes in their lifetime and that they now do not smoke.
- Adult current smokers were defined as individuals who reported they had ever smoked 100 cigarettes in their lifetime and that they now smoke either daily or on some days.

Teen focus groups were conducted among non-smokers and smokers, as defined below:

- Teen nonsmokers were defined as individuals who reported they had never tried cigarette smoking, and individuals who reported they had tried cigarette smoking but had not smoked on any of the last 30 days.
- Teen smokers were defined as individuals who reported they had ever tried cigarette smoking and had smoked on at least 1 day of the last 30.

Low socio-economic status was defined as a combination of having an education level of high school graduate or less, and also a household income of under \$35,000. All study participants were paid a monetary incentive of \$75 to compensate them for their time.

In total, 30 corrective statements were tested with focus group participants. The statements tested included messages from tobacco companies as well as public health advocates and a social marketing

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agency. Each of the six organizations prepared one statement on each of five topics. The statements were prepared by:

- British American Tobacco (BATCo)
- Philip Morris
- RJ Reynolds
- Lorillard
- Public Health Intervenors Group (Tobacco-Free Kids Action Fund, American Cancer Society, American Heart Association, American Lung Association, Americans for Non-smokers' Rights, National African American Tobacco Prevention Network)⁵
- Salter>Mitchell/NCI 2010⁶

The corrective topics tested included:

- The adverse health effects of smoking
- The addictiveness of smoking and nicotine
- The lack of any significant health benefit from smoking low tar, light, ultra light, mild and natural cigarettes
- The manipulation of cigarette design and composition to ensure optimum nicotine delivery
- The adverse health effects of exposure to secondhand smoke

Both the order of the topics and the order of the statements were randomized within each group, as well as across all focus groups.

Participants were recruited by an outside recruiting facility using a customized screener (this screener can be found in Appendices H and I to this report). Each participant read and signed a consent or assent form (see Appendices E, F and G).

Focus group participants' identifying data were kept confidential. The focus group process was explained to all participants and researchers answered all their questions pertaining to the focus group process. Audio recordings were transcribed following the focus group discussions and these transcriptions were used by researchers to write this report and to develop recommendations for the next steps of this research project.

During the focus groups, participants were asked to give feedback on statements from the different sources in all five corrective areas. Participants were asked to read and identify the main idea of each statement of the corrective topics. They were then asked to rank the statements within each topic according to how clearly the corrective area was communicated, how well it caught their attention and how much it would impact them personally.

The flow of the 90 minute group discussions—moderated by members of the Salter>Mitchell research team—covered the following domains:

1. Unaided main ideas of all statements
2. Within each corrective topic area, respondents ranked the applicable statements based on how well each communicated the desired topic area information goal (the adverse health effects of smoking, the addictiveness of smoking and nicotine, etc.)

⁵ Slight modifications were made to the corrective statements prepared by the Public Health Intervenors.

⁶ This additional set of corrective statements was created by Salter>Mitchell and the National Cancer Institute.

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- a. When ranking the statements, study participants were asked to consider:
 - i. How easy the statement was to understand.
 - ii. Whether they would pay attention to it.
 - iii. Whether they thought it would have any lasting impact on them.
3. A discussion of reasons for the rankings, including the following:
 - a. Each statements' likely impact on smoking perceptions and behaviors
 - b. Whether there was anything confusing in the statements
 - c. The believability of the statements
 - d. Whether the statements contained new and/or relevant information
 - e. How likely they would be to believe future "opposite claims"
4. A discussion of the impact of the statements saying they were expressly being issued as a result of a court order, as compared to not revealing that context in the introductory text.
5. A discussion of the impact of the statements saying they were being sponsored by tobacco industry, as compared to not revealing that context in the closing text.

As a reminder to the reader, qualitative research is exploratory in nature and not intended to provide data that are quantifiable or "projectable" to a stated population. Rather, it is typically used to elicit reactions and ideas from participants about a particular topic in order to generate insights that can inform strategic decisions.

OVERALL FOCUS GROUP FINDINGS

- Overall, participants felt the Intervenor's statements communicated messages more clearly than others. Participants said these messages attracted their attention the most among the other messages. They preferred statements that were direct and concise over statements that were too long or wordy.
- They used words like "scare tactics" to describe some of the messages that include long lists of diseases and conditions.
- While teens and Hispanics responded similarly to the general audience, there was less cohesion among these groups while there were more clear "winners" in the general audience group.
- Adding that the corrective statement was court ordered was widely considered a positive attribute, and gave the statement more credibility. However, virtually all respondents reacted negatively to excessive use of legal language.
- Participants generally made a distinction between lists of health hazards (diseases) and statistics about deaths. The former was viewed as messages they are already used to seeing while the latter seemed to strike participants more as facts rather than possibilities. Many participants felt the statements that avoided excessive medical language were easier to understand.
- Participants in all eight focus groups generally trusted the Surgeon General as a source of information. The name of the cigarette manufacturer neither added nor retracted credibility. The inclusion of this information, however, did spark some dialogue about the negative perception of cigarette manufacturers as uncaring businesses centered on sales.

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- Most participants commented on the shock value of some statements, particularly of those citing the adverse health effects of smoking on the individual and adverse effects of secondhand smoke on the health of the fetus and of children.
- While reporting they learned new information from the corrective statements in general, current smokers rarely said that any of these would make them stop smoking. Non-smokers, however, did believe the statements would have an impact on non-smokers, keeping individuals from beginning to smoke.
- There was no indication that any of the statements would spark unintended negative consequences.
- Participants generally reported that after reading the statements they would be unlikely to believe opposite future claims.
- Participants in the teen focus groups generally understood all the terms in the various statements as well as adults. Some admitted they would ignore these messages if they saw them in a store or on television, radio or the Internet as the statements were long and detailed. In general, they responded positively to the inclusion of the Surgeon General as a source of information and the “court ordered” language. They seemed, however, slightly more skeptical of its credibility than did older participants.

SPECIFIC FINDINGS FOR CORRECTIVE TOPIC AREAS

Within each topic area below, we will begin with a summary of the core prioritizing exercise included in the groups. As discussed earlier in this report, after capturing unaided top-of-mind reactions to the statements within each topic area, participants were informed of the overall communications goal for the topic and asked to rank them based on their effectiveness.

As an example, this is how the exercise for the “adverse health effects” topic was presented to participants.

Now you have 6 different statements in front of you. These statements are designed to communicate the adverse health effects of smoking.

What I want you to do is to rank them from 1 to 6 based on which statement most clearly communicates ...

The adverse health effects of smoking.

When I say MOST CLEARLY COMMUNICATES, I want you to again imagine that you were to see this statement in a newspaper, TV, online, or in a store, and I want you to take into account

- *How easy is it to understand?*
- *Whether you would pay attention to it?*
- *And whether it would have a lasting impact on you?*

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The results presented in the data tables that follow are the frequencies each statement was ranked in each position⁷. The intent is not to interpret the data in a strictly quantitative sense; rather, given the high number of statements that required assessment, we are using the results to provide directional guidance on which statements to focus on going forward. Particular attention was given to isolating those statements that were consistently ranked near the bottom, hence the summary of the aggregate rankings for fifth and sixth place.

Corrective Topic A: The adverse health effects of smoking*Recommendations*

The statements submitted by BATCo. were felt to be the least effective at relaying this area of information, so they were excluded from the next round of research for this topic.

Additionally, and despite close rankings between the two, we recommended eliminating the Lorillard statement and keeping the Philip Morris statement. This was because the Lorillard message follows nearly identical structure and content as the RJ Reynolds message (both cite and draw heavily from the same Surgeon General report). Assessing a different message structure—in this case, the Philip Morris statement—will deepen our understanding more than evaluating two that are relatively similar.

Rankings	1st	2nd	3rd	4th	5th	6th	Summary of 5th/6th
BATCo	0	0	2	3	5	38	43
Philip Morris	4	4	14	3	20	3	23
RJ Reynolds	1	9	11	20	7	0	7
Lorillard	10	7	8	6	11	6	17
Intervenors	30	9	6	3	0	0	0
S>M/NCI 2010	3	19	7	13	5	1	6

Detailed Discussion

The **Intervenors** message stood out to general audience participants with good examples presented in a concise manner. Participants felt the Intervenors message was credible and the death statistics were new information for them.

Some participants felt the **S>M/NCI 2010** message condensed the more striking points into a shorter, more easily absorbed message. What they liked about the S>M/NCI 2010 message was its brevity and directness.

Participants often mentioned information about pregnant women and children aloud, which may indicate that it stood out to them from the other information included.

⁷ Note that the first two focus groups (current smokers, low SES and never/former smokers) did the ranking exercise collectively and arrived at a group consensus, whereas subsequent groups did the ranking exercise individually. This change was made to shorten the exercise length and ensure all discussion topics could be covered in the allotted time for the focus groups.

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“...This one is giving you things that you can directly relate it to like more people die from smoking than murder, AIDS, suicide, drugs, car crashes, and alcohol combined.” [About the Intervenors statement]

Scare tactics were perceived in the messages that listed the harms of smoking at length. General audience participants felt that the **Lorillard** message was too long. They did not take much away from reading the **BATCo** message other than needing to find the information yourself and some participants said it did not grab their attention.

Importantly, the word “causal”—used most frequently in the Lorillard statement—was often read as “casual” by a number of participants and may cause some confusion for audiences.

“And there’s a casual relationship, so it’s saying smoking is kind of related to all of this stuff ...”

Hispanic participants most valued statements that offered up new information. Feeling that they learned more about the death toll caused by cigarettes from the Intervenors and S>M/NCI 2010 statements, they rejected the Philip Morris and RJ Reynolds statements for not offering any new information.

The Intervenors statement initiated more conversation about death statistics than did the Lorillard statement.

“I was more shocked by the fact that there’re more deaths related to smoking than murders and suicides. I didn’t know that.” [Hispanic respondent, about the Intervenors statement]

Also, the BATCo statement was widely regarded, in this and in other topics, to be void of any direct information. Participants in all groups felt the main message of most of the BATCo statements to be: “If you want to know something, go and find out yourself.”

In the **teen** groups, the information that stood out the most was “smoking kills 1,200 Americans each day,” in the S>M/NCI 2010 statement. The fact about death statistics in the Intervenors statement was striking as well. One comment participants made about the statements differentiated between consequences and statistics. While potential consequences conveyed possibilities, they felt, statistics were less likely to be ignored because they were more factual.

“It’s unexpected that smoking kills 1,200 Americans each day.” [Teen respondent]

Teen participants ranked the BATCo and RJ Reynolds statements as the least clear and impacting message while the Intervenors were at the top of the rankings. They liked the statistical information included in the Intervenors statement. Participants in the teen groups found the Lorillard statement too long, likening it to school-related reading.

“I don’t think some of the ones that list all the consequences and these people are just going to look as possibilities but when they say that the statistics and facts of how many people die and how the dangers of it compared to other diseases and stuff like that, that you can’t ignore that.” [Teen respondent]

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Corrective Topic B: The addictiveness of smoking and nicotine***Recommendations***

As in the previous topic, the statements submitted by BATCo. were felt to be the least effective at relaying this area of information, so they were excluded from the next round of research for this topic.

Despite close rankings, we recommended excluding the RJ Reynolds statement and keeping the Philip Morris statement for the same reasons cited for the 'Adverse Health Effects' topic area.

Rankings	1st	2nd	3rd	4th	5th	6th	Summary of 5th/6th
BATCo	6	1	5	6	2	28	30
Philip Morris	1	4	12	10	19	2	21
RJ Reynolds	1	5	6	17	14	5	19
Lorillard	2	10	13	7	8	8	16
Intervenors	33	6	4	3	1	1	2
S>M/NCI 2010	5	22	8	5	4	4	8

Detailed Discussion

General audience participants had mixed responses about learning something new from this set of statements. Some participants reported learning that it can take more than will power to quit smoking while other participants reported already knowing that. They responded positively to the admission of manipulation and lying from cigarette manufacturers. There was a feeling in some participants that the **Intervenors** statement might not stop smokers from smoking but might make smoking unattractive for non-smokers. Most participants felt the **BATCo** statement did not offer any new or interesting information about the addictiveness of nicotine and tobacco. Other statements, like the one offered by **Lorillard**, offered information that is already widely available to and known by the public.

"It doesn't have any shock factor for me. I mean I already felt that way from when I came in the door." [About the Lorillard statement]

"It tells you that it's hard to quit, that it's addictive and that it affects your brain." [About why they chose Intervenors statement as the top in this group]

In general, the corrective statements in this topic area seemed to spark feelings of guilt in some participants who were smokers and made some smokers feel defensive. A few participants stated that the **Philip Morris** statement made them not want to attempt to quit smoking because the statement said it was very difficult to do so.

Participants in the **Hispanic** focus groups felt that this corrective topic was generally the same message they've always heard about the addictiveness of cigarettes, noting that they've seen the Surgeon General say this before.

The BATCo statement did not resonate with participants, who ranked below all other statements, because it did not offer any new or striking information or impact. They liked that the Intervenors

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statement framed the message as a retraction from the cigarette manufacturers regarding the definite addictiveness of cigarettes, saying it gave the statement more credibility.

“I don’t think it’d have such a strong impact because all this information is like, you could say it’s not the first time you hear this. Smoking is addictive, we all know that. They manipulate it to be addictive, we all know that. It’s different to see it in black and white, but it won’t cause an impact.” [Hispanic respondent, during dialogue about the Intervenor’s statement, but about all the statements in this topic area more generally.]

Participants in the **teen** focus groups generally understood that the main idea of this corrective topic was the addictiveness of nicotine. Adding the source of information (cigarette manufacturer), they said, made the statement more reliable. The BATCo statement was ranked at the bottom because, participants said, it’s the same message they’re already hearing. The Intervenor’s statement was ranked at the top in the non-smokers group while Lorillard and S>M/NCI 2010 were ranked at the top in the smokers group.

“This gets preached every five seconds.” [Teen, about the BATCo statement]

New information for teen participants that was included in this topic was that nicotine changes the brain. While teen smokers stated that this information would not make them want to quit smoking, they also said that it did not make them give up hope of ever quitting tobacco.

“Yes, nicotine changes the brain ... that’s kind of weird.” [Teen, when asked if they learned anything new]

“Honestly I don’t really usually pay attention to [communications located in] stores. If I saw it on TV, I don’t think I’d pay attention either.” [Teen, about the Lorillard statement]

Corrective Topic C: The lack of any significant health benefit from smoking low tar, light, ultra light, mild and natural cigarettes

Recommendations

We recommend excluding the BATCo and RJ Reynolds statements from further testing.

Rankings	1st	2nd	3rd	4th	5th	6th	Summary of 5th/6th
BATCo	1	7	3	5	4	28	32
Philip Morris	13	7	9	11	8	0	8
RJ Reynolds	1	4	14	10	14	5	19
Lorillard	1	14	7	9	7	10	17
Intervenor’s	24	12	5	3	4	0	4
S>M/NCI 2010	8	4	10	10	11	5	16

Detailed Discussion

General audience participants understood the underlying message of these statements, which was that cigarettes cause the same amount of damage regardless of style. There was nothing reported as confusing in any of these messages.

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Some participants liked the **Intervenors** message because it mentioned the manufacturer, saying it lent a feeling of honesty to the statement. For others, the **S>M/NCI 2010** message resonated because of its simplicity and because they felt it was straightforward. Some participants chose the S>M/NCI 2010 message as the top statement because it was concise and direct. They also responded strongly to the “truth” language in the S>M/NCI 2010 statement. Still others preferred the language starting with “We falsely marketed...” in the Intervenors statement. This direct admission to misleading the public generated the strongest negative feelings toward cigarette manufacturers of any statement in this topic area.

The **BATCo** statement was considered the most clear in one general audience group for explicitly stating the corrective topic matter. Some participants preferred the **Philip Morris** statement, feeling it was the most direct.

“I knew cigarettes weren’t good for you, but I figured that they [‘low tar,’ ‘light,’ etc.] were a little bit healthier for you and maybe the tobacco was a little bit healthier for you.” [About learning something new]

In the **Hispanic** focus groups, this corrective topic offered much new information as many participants reported being unaware that all cigarettes cause the same amount of damage to a person’s health regardless of the style. The main idea of all the statements in this topic was taken to mean that “there is no cigarette that won’t kill you.” The overall message the statements conveyed was that smokers can smoke any kind of cigarette – regular versus light or cheap versus expensive – because “it’s all the same.”

“This [the statement] has been done under order by the District Court, done by the cigarette company itself and in it they are saying “we falsely market these cigarettes.” Just with that they are telling us, it’s all a scam. There’s no difference at all. When they say light, medium, low, it’s all the same with a different package. That’s what they’re saying in a few words. It’s coming from their own mouth. When they do marketing they get to say lies, here they have to tell the truth by federal order.” [Hispanic respondent]

Teen participants felt that the corrective statement that all cigarettes cause the same amount of harm was clearly conveyed in all of the messages. Participants reportedly learned new information about how all cigarettes cause the same harm regardless of its style. The Intervenors statement was set apart by presenting facts in bullet form and that cigarette manufacturers were admitting they were wrong to market some types of cigarettes as less harmful. Some participants liked the S>M/NCI 2010 statement for its directness and the Philip Morris statement for its simplicity. RJ Reynolds, Lorillard and BATCo were ranked at the bottom.

The difference some participants in these teen groups—both smokers and non-smokers—felt this topic might make is that smokers may stop buying light cigarettes and smoke regular cigarettes instead. Smokers felt, however that it would not make a difference in their decision whether to smoke in the first place.

“I like the part of [the Intervenors statement] how they’re admitting they were falsely advertising that the cigarettes were light so they didn’t have as much nicotine or tar in them. That’s why I placed [it] up top for me. So, if they’d put like that junk on [the Philip Morris statement], it’d make a difference for me.” [Teen]

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Corrective Topic D: Cigarette manufacturers manipulate cigarette design and composition to ensure optimum nicotine delivery**Recommendations**

The statements submitted by BATCo. were felt to be the least effective at relaying this area of information, so they were excluded from the next round of research for this topic.

Despite close rankings, we recommended excluding the Lorillard statement and keeping the Philip Morris statement for the same reasons cited for the 'Adverse Health Effects' and 'Addictive' topic areas.

Rankings	1st	2nd	3rd	4th	5th	6th	Summary of 5th/6th
BATCo	2	3	6	8	16	13	29
Philip Morris	2	5	10	9	8	14	22
RJ Reynolds	2	11	6	10	3	16	19
Lorillard	2	1	11	14	17	3	20
Intervenors	35	3	6	3	0	1	1
S>M/NCI 2010	5	25	9	4	4	1	5

Detailed Discussion

Many participants responded strongly to the word “manipulate” in terms of feeling they were deceived. The majority of participants felt that the **Intervenors** statement communicated this topic most clearly while being specific but clear.

“I think they made a very good point that when things are bulleted that you read them—it’s much easier on the eyes. You read each one separately.” [About the Intervenors statement]

Hispanic participants similarly felt that the Intervenors’ statement best described the intent of this corrective topic. They indicated that the bullets made each point clear and the “court ordered” language lent the statement credibility.

The term and definition for “tar” in Spanish was discussed in some detail. Different terms are used in different countries of origin. There was also some confusion over what exactly what being manipulated. Some participants in these groups felt the messages were informing the audience about how cigarette companies manipulate the customers into buying more cigarettes while others felt the messages were talking about the levels of nicotine. Although some participants did understand that the levels of nicotine were being manipulated, they did not agree about what that meant.

[The dialogue below occurred when Hispanic participants were asked to state the main idea of the BATCo statement.]

P1: “Manipulating the design to market to children.”

P2: “Manufacturers manipulating people.”

P3: “The way they induce people to buy cigarettes.”

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Teen participants felt the Intervenor's statement was the easiest to understand while other statements did not deliver the message clearly. Some participants felt the Intervenor's statement could be improved if it were shorter. The federal court order language made this statement more believable.

"[The Intervenor's statement] tells you exactly what they're doing as in manipulating the chemicals inside to make it more addicting. And it puts it in a plain manner instead of selling straight facts like it came from a computer." [Teen respondent]

Corrective Topic E: The adverse health effects of exposure to secondhand smoke

Recommendations

We recommended dropping the BATCo and Lorillard statements.

Rankings	1st	2nd	3rd	4th	5th	6th		Summary of 5th/6th
BATCo	0	1	3	4	11	29		40
Philip Morris	4	3	7	16	11	7		18
RJ Reynolds	2	11	16	12	5	2		7
Lorillard	1	10	8	5	15	9		24
Intervenor's	37	5	4	2	0	0		0
S>M/NCI 2010	4	18	10	9	6	1		7

Detailed Discussion

Some general audience participants felt that this topic contained little new information while others felt the number of chemicals found in secondhand smoke was something new. Again, information about harm to children seemed to start dialogue in some groups.

The **Intervenor's** message was ranked at the top because messages about "the truth" and information about the number of chemicals resonated with participants. Some participants chose the **S>M/NCI 2010** as the top message because of the death statistics it included, although a few participants felt the 38,000 figure was low compared with their expectations.

Some participants felt that the S>M/NCI 2010 statement summarized the important points better than the Intervenor's statement because it was a shorter read while still including all the pertinent information. Participants felt the S>M/NCI 2010 message might make non-smokers more aware of their surroundings and the environments they take their children. Participants felt the **Lorillard** message was too lengthy to keep audience members' attention, saying it read like a pharmaceutical advertisement listing the side effects of a drug.

"Being more conscious, if you are a smoker, who you smoke around. And if you're not, keeping your kids away from people who smoke or places where there might be smoke. Make it safer." [About the effects of the Intervenor's statement]

"The part that made the least impact to me was you should rely upon your medical provider and the Surgeon General making decisions regarding smoking. That had the

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least impact. I like the here's the truth, hey these guys made us tell you."[Respondent comparing statements from cigarette manufacturers to Intervenors and SM/NCI]

Participants in the **Hispanic** groups felt the Intervenors' message was the most shocking as it conveyed that cigarettes contain a large number (4,800) of chemicals, although, one participant noted that this message was already being sent through television. They also chose this statement because it showed that smoking affects the non-smoker's health as well as the smoker's. The added information about the court order seemed to again help the credibility of this statement.

"It's something different because it says not only the harm you're doing to yourself. It already says that, but the harm you're doing to others." [Hispanic respondent, about the Intervenors statement]

The BATCo statement caused some confusion with the ETS (HTA in Spanish) abbreviation. Participants also felt that this statement was more about finding information than secondhand smoke.

Some participants in the Hispanic groups said that the Philip Morris statement did contain some new information, specifically that secondhand smoke causes illness. They reported that this was important information that the public should be made aware of.

"And most of all, it causes the same kind of damage for kids as if it was an adult who was smoking." [Hispanic respondent, about the Philip Morris statement]

For the RJ Reynolds statement, participants focused on the information about children. Participants felt the Lorillard statement cautioned the smoker against smoking near non-smokers. Participants in these groups felt that the Intervenors' statement focused on the chemicals cigarettes contain. The S>M/NCI 2010 statement touched on the point that cigarette manufacturers are admitting to the effects of secondhand smoke.

Teen smokers noted aloud that pregnant women and children were harmed by secondhand smoke. This seemed to jump out at participants. The fact that cigarette smoke contains many chemicals also resonated with them.

Teens placed BATCo at the bottom of the list based on a combination of its brevity, lack of clarity and inability to attract their attention. The RJ Reynolds, Philip Morris and Intervenors statements were ranked at the top of the list. Statements that included facts and examples and were direct and easy to understand seemed to resonate well with teen participants.

"It gives examples of each thing like, the chemicals it contains and what it does to you and how even second hand smoke affects others." [Teen, about why the Intervenors statement was chosen as the statement that most clearly communicates the message]

APPENDIX D2: English Focus Group Screener

Audience Testing for Tobacco- Related Corrective Statements

Recruitment Screener

November 2010

<p>Name of Participant: _____</p> <p>Name of Recruiter: _____</p> <p>Date Contacted: _____</p> <p>Date of Confirmation Call: _____</p>	<p>Group # _____</p> <p>Date/Time: _____</p>
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APPENDIX D2: English Focus Group Screener**8 Groups in total (recruit 10 for 8 to show), broken out as follows:**

Maryland Groups	Florida Groups
1=Current smokers: mix of ethnicities, approximates diversity of current population of smokers	1=Current smokers: Hispanic (in Spanish)
1=Current smokers: low SES, mix of ethnicities	1=Non-smokers (3) and former smokers (7): Hispanic (in Spanish)
1=Non-smokers (3) and former smokers (7): mix of ethnicities	1= Young adult smokers: 18-21 year olds
1=Non-smokers (3) and former smokers (7): low SES, mix of ethnicities	1= Young adult non-smokers: 18-21 year olds

Recruitment Script:

Good morning/afternoon/evening, my name is _____ and I'm calling from _____ (name of company). We're conducting research in (insert market). I am not selling anything nor will you be asked to sign up for or purchase anything. We are looking for individuals to participate in a discussion group about health issues in (insert market). Participants will be offered an incentive of \$XX.

1. Does this sound like something you'd be interested in doing?
 - a) No >>> [THANK AND TERMINATE]
 - b) Yes >>> [CONTINUE]

Thank you. First, we want to make sure we get a variety of people for our groups so I need to ask you a few questions about yourself.

2. When was the last time you participated in a focus group? ____
 - a) Less than three months >>> [THANK AND TERMINATE]
 - b) More than three months or never >>> [CONTINUE]
3. FOR ADULTS: What do you do for a living? _____

TERMINATE ANYTHING RELATED TO MARKET RESEARCH, HEALTH/MEDICAL FIELDS, OR TOBACCO-ALCOHOL INDUSTRIES.

ALSO FEDERAL GOVERNMENT EMPLOYEES WHO WORK AT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE FOOD & DRUG ADMINISTRATION OR THE DEPARTMENT OF JUSTICE. ANY OTHER AGENCIES ARE OKAY.

IF NEEDED FOR CLARIFICATION, Are you employed in...?

- a) Media
- b) Advertising, market research
- c) Public health or health promotion
- d) An employee of the Federal Government
- e) The tobacco or alcohol industries

APPENDIX D2: English Focus Group Screener

f) None of the above

[CONTINUE IF “NONE OF THE ABOVE.” THANK AND TERMINATE ALL OTHERS.]

FOR KIDS: Where do you currently attend school? _____

4. What’s your zip code? _____

5. How old are you? ____ RECRUIT A MIX OF AGES FOR ADULT GROUPS

6. [Record gender. DO NOT READ OUT LOUD UNLESS YOU ARE NOT SURE.]
RECRUIT A MIX OF MALE AND FEMALE; AT LEAST THREE MALES AND AT LEAST
THREE FEMALES PER GROUP

Male _____
Female _____

FOR ADULT GROUPS ASK Q7-10. FOR YOUTH (AGE 14-17) GROUPS, ASK A-B
BELOW

7. Have you smoked at least 100 cigarettes in your entire life? [note: equivalent to 5 packs]

- a. Yes
- b. No [skip to Q11]

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

- a. Every day
- b. Some days
- c. Not at all

- IF YES TO Q7, and answer ‘a’ or ‘b’ to Q8 QUALIFIES AS CURRENT SMOKER
- IF YES TO Q7 AND ‘c’ TO Q8, QUALIFIES AS FORMER SMOKER
- IF NO TO Q7, QUALIFIES AS NON SMOKER

9. FOR CURRENT SMOKERS: Are you seriously considering quitting smoking within the next six months? ATTEMPT TO GET A MIX

- a. Yes
- b. No

10. FOR FORMER SMOKERS: When you last smoked, how many cigarettes did you usually smoke each day? _____

SMOKING CLASSIFICATION QUESTIONS FOR YOUTH AGE 14-17

A. Have you ever tried cigarette smoking, even one or two puffs?

- a. Yes
- b. No

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

APPENDIX D2: English Focus Group Screener

- a. 0 days,
- b. 1-2 days,
- c. 3-5 days,
- d. 6-9 days,
- e. 10-19 days,
- f. 20-29 days,
- g. All 30 days

- IF YES OR NO TO QA AND A TO QB, QUALIFIES AS YOUTH NON-SMOKER
- IF YES TO QA AND B-G TO QB, QUALIFIES AS YOUTH SMOKER

11. FOR ADULTS ONLY: What is the highest level of education you have completed?

- a. Less than high school _____
- b. High school diploma/GED _____
- c. Some college _____
- d. College degree _____
- e. Graduate degree _____

LOW SES GROUPS MUST DRAW FROM ONLY A & B.

REGULAR GROUPS SHOULD AIM FOR:

A & B, 4-5 PER GROUP

C & D, 4-5 PER GROUP

E, 1-2 PER GROUP

12. FOR ADULTS ONLY: To help us recruit a mix of people, please identify which of the following ranges matches your HOUSEHOLD income?

- a. Under \$25,000 _____
- b. \$25,000 - \$35,000 _____
- c. \$35,000 - \$50,000 _____
- d. \$50,000 - \$75,000 _____
- e. \$75,000 - \$125,000 _____
- f. Over \$125,000 _____

LOW SES GROUPS MUST DRAW FROM ONLY A & B.

REGULAR GROUPS SHOULD AIM FOR:

A & B, 4-5 PER GROUP

C & D, 4-5 PER GROUP

E & F, 1-2 PER GROUP

13. To help us hear from a variety of people, please tell us, do you consider yourself Hispanic or Latino?

- a. Yes _____
- b. No _____

14. IF YES TO Q13: Which do you consider you country of origin? RECRUIT A MIX FOR HISPANIC GROUPS

APPENDIX D2: English Focus Group Screener

- a. US
- b. Mexico
- c. Puerto Rico
- d. Dominican Republic
- e. Cuba
- f. Central America
- g. South America

15. IF U.S. Q14: Where does the Hispanic origin come from? _____

16. Would you say that at home you speak...

- a. English all the time
- b. English more than Spanish
- c. English as much as Spanish
- d. Spanish more than English
- e. Spanish all or most the time

- | |
|---|
| <ul style="list-style-type: none">• MUST SELECT "E" FOR HISPANIC GROUPS |
|---|

17. Which of the following best describes your race? RECRUIT A MIX

- a. American Indian or Alaska Native _____
- b. Asian _____
- c. Black or African American _____
- d. Native Hawaiian or Other Pacific Islander _____
- e. Caucasian/White _____
- f. (Specify) _____ Other _____

18. Can you tell me about a website you like to visit, and what you like about it?

[Record site name] _____

This question is intended to establish whether the respondent is reasonably articulate and audible, and willing to converse. If respondent has a serious speech impediment or has trouble communicating (e.g., "shuts down"), THANK AND TERMINATE.

INVITE TO PARTICIPATE

Thank you for answering my questions. I would like to tell you a little more about the discussion group. The group will meet on **[Date]** at **[Time]** at our facility in **[Location]**. **[Give address]**. You will join up to 7 other people and a moderator. It will meet for about an hour and a half. You will receive \$XX for coming.

So that we can start and end on time, please come about 15 minutes early to pick up your nametag and to have some snacks. Will you please contact us as soon as possible if something comes up and you can't come? **(Give phone number)**.

APPENDIX D2: English Focus Group Screener

Before we hang up, let me get the correct spelling of your name and your address and phone numbers so we can send you a letter with directions and give you a reminder call the day of the group.

NAME _____

HOME PHONE/CELL PHONE _____

ADDRESS _____

E-MAIL _____

Thanks again for your time and we'll see you at the group!

Identification of Project

Statement of Age of Subject

Purpose

Procedures

Confidentiality

Risks

Benefits, Freedom to Withdraw, & Ability to Ask Questions

Contact Information of Investigators

Message Development and Testing

I state that I am at least 18 years of age, in good physical health, and wish to participate in a program of research being conducted by Salter>Mitchell in the offices of Baltimore Research:
_____.

The purpose of this research is to evaluate a series of statements that may eventually turn into materials seen on TV, newspaper, online, or in stores.

Participants will be asked to review, rank and discuss a series of written statements. They will be asked to discuss how clearly they communicated different ideas and why they feel that way.

The total time involved, including instructions will be no more than 90 minutes.

All information collected in this study will be kept secure to the extent permitted by law. I understand that the data I provide will be grouped with data others provide for the purpose of reporting and presentation and that my name will not be used. I understand that the focus group will be audiotaped for analysis purposes, and a live video of the focus group will be broadcast in real-time to remote members of the research team who could not be here in person. However, the video of the group WILL NOT be recorded and your voice will not be played to others besides the research team without my written permission.

I understand that the risks of my participation are expected to be minimal in nature.

I understand that this study is not designed to help me personally but that the investigators hope to use the research findings in order to develop communications that may benefits people more broadly, myself included. I am free to ask questions or withdraw from participation at any time and without penalty.

Name: Kelly Blake, Sc.D.

Telephone: (301) 402-8425

Printed Name of Research Participant _____
Signature of Research Participant _____
Date _____

ASSENT/CONSENT FORM

I, the parent or legal guardian of _____, have read the previous pages of the consent form and the investigator has explained the details of the study. I understand that I am free to ask additional questions.

I understand that participation in this study is voluntary and my child may refuse to participate or may discontinue participation at any time without penalty, loss of benefits, or prejudice.

PARENT OR LEGAL GUARDIAN (*subject is a minor*) DATE

The subject has been given the opportunity to read a description of the protocol, to ask questions before signing, and has been given a copy.

PRINT INVESTIGATOR'S NAME AND DATE SIGNATURE OF INVESTIGATOR

For any questions regarding the rights of a research subject, or information regarding treatment of research-related injuries, please contact the Investigator:

Name: Kelly Blake, Sc.D.
Position: Health Scientist
Telephone: (301) 402-8425

APPENDIX D4: English Focus Group Moderator Guide

Moderator Guide

Corrective Statements Study

1. Introduction (5 Mins)

- Hi, my name is _____ and I'll be leading this discussion today. We're having this discussion group to ask you what you think about a few topics. We really want to hear your opinions.
- What we're doing here today is called a focus group. It's a way for researchers to hear your thoughts and ideas. I'm not an expert in anything that we'll be talking about today. I'm only here to ask questions and listen to what you have to say. I want to hear everything you have to say, both positive and negative.
- There are no right or wrong answers, and it's really important that I hear what everyone thinks, so please don't be afraid to speak up, even if you disagree with what someone else says.
- Our talk today will be audiotaped so that we can hear what everyone says. We'll use the tapes to write a report about what was said. The report will not include your name. There are also colleagues of mine observing here and at their computers on a password-protected live video feed. This is also to help take notes and write the report. You are not being videotaped.
- This is a group discussion so please don't wait for me to call on you. There's no need to raise your hand, but please speak one at a time so the tape recorder can pick up all of your comments.
- I have a lot of questions and a very limited amount of time, so at times I may change the subject or move ahead. I'll come back to earlier points if there's time.
- Please turn off mobile phone and pagers. We would like you to relax, ask that everyone participate in the discussions, and invite you to have an open and free dialogue.
- Does anyone have any questions?
- Let's start off with introductions – what's your first name and what you like to do in your spare time?

2. Warm-Up: Background on Smoking Communications (1 Mins)

- We're going to be looking at some communications related to smoking and tobacco today.
- But don't worry – if you smoke, we're not going to try to talk you out of it. And if you don't smoke, we're not going to try to talk you into it. We're smoking-neutral.
- What we are going to do is show you some statements that talk about smoking and ask

APPENDIX D4: English Focus Group Moderator Guide

you what they communicate to you... how clearly they say things... whether they're believable ... what impact they have on you...things like that.

3. Corrective statement evaluations – 75 minutes (15 per each of the 5 corrective areas)

So here's what we're going to do...

- I'm going to give you a card that has a statement on it. I'd like you to read it, and then we're going to briefly discuss it. Then we're going to do the same thing with another card and so on until you have 6 cards.

Since we have a lot to get through, I'll tell you ahead of time what question I want to discuss: **THIS WILL BE ON THE EASEL BOARD**

- I want you to complete this sentence: The main idea of the statement is_____.
- Now you have 6 different statements in front of you. These statements are designed to communicate {list corrective area}. What I want you to do is work as a group to rank them from 1 to 6 based on these criteria: **PUT ON EASEL BOARD**

SEE ATTACHED EXERCISE CARD SHEET FOR FULL LIST OF RANKING EXERCISES AND STATEMENTS

Now, to clarify, when I say *MOST CLEARLY COMMUNICATES*, I want you to again imagine that you were to see this statement in a newspaper, TV, online, or in a store, and I want you to take into account...

- How easy is it to understand?
- Whether you would pay attention to it?
- And whether you think it would have any lasting impact on you?

GIVE GROUP 4 MINUTES TO COMPLETE THIS TASK. ENCOURAGE THEM TO TALK ALOUD WHILE THEY DO IT.

ONCE DONE, RECORD ORDER OF FINAL RANKING ON EASEL BOARD.

- Is the top ranked statement a clear winner or was it a close call? What about the bottom statements?

FOCUS ON TOP STATEMENT FOR REMAINING QUESTIONS.

- Why did you say that this statement does the best job communicating_____?

APPENDIX D4: English Focus Group Moderator Guide

- If you were to later hear an opposite claim (refuting the corrective statement) would you be likely to believe it? Why do you say that?
- What impact do you think this would have on other people's behavior? Do you think it will change anything? If so, what and why?
 - Does it have any impact on your attitudes toward smoking?
 - Would the statement make you more or less likely to begin smoking/quit smoking? Or would it have no impact either way? Why?

For smoker groups when discussing B statements: Does this make you give up hope of ever quitting?

- Do you find anything about this statement confusing or hard to understand? How would you improve it?
 - Is it too long or too short?
- Did you believe the information in the statement? Why or why not?
- Did you learn something new? If so, what?

WE'LL DO THIS FOR EACH OF THE 5 STATEMENT TOPICS AND DO A REVIEW OF THE TOP 5 OVERALL AT THE END.

4. Context/Attribution of Statements (10 minutes)

Note: While some of the below is likely to have come up earlier, use this time to circle back and clarify on the below questions.

- Some of the statements we saw had details like who was making the statements and why they were doing it, while others didn't.
 - Did that extra information have any impact on your impressions of the statements?
 - If that kind of information were included along with the statements, would it impact whether the statement would get your attention? Why or why not?
 - Does this kind of information impact the trustworthiness of the statement? Why or why not?
- Does it matter if you're familiar with the company who's making these statements?
 - Probe for awareness of: Philip Morris, RJ Reynolds, Lorillard and British American Tobacco, Altria and discuss whether there would be any difference in impact of statements depending on which was included.

APPENDIX D4: English Focus Group Moderator Guide

5. Close

- Do you have any questions for me or any final comments?

Thank you for your time.

APPENDIX D5: English Focus Group Flashcards**APPENDIX A: Corrective Statements Tested in Qualitative (English)**

The corrective statements below were tested and randomized for each of the general audience and teen focus groups. The two tables below serve as a legend for labeling the statements. The letter represents the corrective area the statement is testing while the number represents the source of that message. Participants were not aware of the source of the message. They were, however, aware of which corrective area the messages addressed.

Label	Corrective Area
A	The adverse health effects of smoking
B	The addictiveness of smoking and nicotine
C	The lack of any significant health benefit from smoking low tar, light, ultra light, mild and natural cigarettes
D	Cigarette manufacturers manipulate cigarette design and composition to ensure optimum nicotine delivery
E	The adverse health effects of exposure to secondhand smoke

Label	Source
1	BATCo
2	PM
3	RJ
4	Lorillard
5	Interveners
6	SM/NCI 2010

APPENDIX D5: English Focus Group Flashcards

Topic A: The adverse health effects of smoking

A-1.

There are adverse health effects from cigarette smoking. For a list of health effects from smoking and a discussion of the relevant science, see the 2004 Report of the Surgeon General "The Health Consequences of Smoking."

A-2.

Cigarette smoking causes lung cancer, heart disease, emphysema, and other serious diseases in smokers. Smokers are far more likely to develop serious diseases, like lung cancer, than non-smokers. Smoking by pregnant women increases the risks for fetal injury, premature birth, and low birth weight. There is no safe cigarette.

A-3.

The Surgeon General has concluded that cigarette smoking causes the following diseases and adverse health effects:

- Bladder cancer, cervical cancer, cancers of the esophagus, renal cell and renal pelvis cancers, cancer of the larynx, acute myeloid leukemia, lung cancer, cancers of the oral cavity and pharynx, pancreatic cancer, gastric cancers, abdominal aortic aneurysm, atherosclerosis, stroke, coronary heart disease, chronic obstructive pulmonary diseases such as emphysema and chronic bronchitis, pneumonia, respiratory effects in utero, respiratory effects in children, adolescents, and adults, respiratory symptoms among adults including coughing, phlegm, wheezing, and dyspnea, poor asthma control, fetal death and stillbirths, reduced fertility in women, fetal growth restrictions and low birth weight, pre-mature rupture of the membranes, placenta previa, placental abruption, preterm delivery and shortened gestation, cataracts, diminished health status/morbidity, hip fractures, low bone density in postmenopausal women, and peptic ulcer disease.

This message is furnished by [Cigarette Manufacturer Name] pursuant to a Court Order and is taken from the 2004 Surgeon General's Report.

You should rely upon your medical provider and the Surgeon General in making decisions regarding smoking.

A-4.

The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States of America, Civil Action No. 99-2496 (GK) (Order #1015, Aug. 17, 2006, at 4; Final Op. at 1636) (on appeal).

The Surgeon General has concluded that the evidence is sufficient to infer a causal relationship between cigarette smoking and the following:

- Bladder cancer, cervical cancer, cancers of the esophagus, renal cell and renal pelvis cancers, cancer of the larynx, acute myeloid leukemia, lung cancer, cancers of the oral cavity and pharynx, pancreatic cancer, gastric cancers, abdominal aortic aneurysm, subclinical atherosclerosis, stroke, coronary heart disease, chronic obstructive pulmonary disease morbidity and mortality, acute respiratory illnesses, including pneumonia, in persons without underlying smoking-related chronic obstructive lung disease, impaired lung growth during childhood and adolescence, early onset of lung function decline during late adolescence and early adulthood, respiratory symptoms in children and adolescents, including, coughing, phlegm, wheezing, and dyspnea, asthma-related symptoms (i.e., wheezing) in childhood and adolescence, premature onset of and an accelerated age-related decline in lung function in adults, all major respiratory symptoms among adults including coughing, phlegm, wheezing, and dyspnea, poor asthma control, nuclear cataract, diminished health status that may manifest as increased absenteeism

APPENDIX D5: English Focus Group Flashcards

from work and increased use of medical care services, increased risks for adverse surgical outcomes related to wound healing and respiratory complications, hip fractures, low bone density in postmenopausal women, peptic ulcer disease in persons who are *Helicobacter pylori* positive, and periodontitis.

The Surgeon General has also concluded that the evidence is sufficient to infer a causal relationship between maternal smoking during pregnancy and the following:

- Fetal growth restrictions and low birth weight, premature rupture of the membranes, placenta previa, placental abruption, and preterm delivery and shortened gestation.

The Surgeon General has also concluded that the evidence is sufficient to infer a causal relationship between maternal smoking during and after pregnancy and sudden infant death syndrome. These conclusions are contained in the 2004 Surgeon General's Report. [Cigarette Manufacturer Name] encourages consumers to rely upon the conclusions of the Surgeon General in making decisions about smoking.

A-5.

For decades, we denied that smoking was dangerous.

Here's the truth:

- 1200 Americans die every day from smoking--it harms almost every organ in the body, causing heart attacks, strokes, emphysema and almost one third of all cancers.
- More people die from smoking than from murder, AIDS, suicide, drugs, car crashes and alcohol combined.
- In fact, cigarettes kill one half of all lifelong smokers. That means if you, your spouse, and your parents are lifelong smokers, the chances are that two of you will die from it.
- For every death from smoking, there are another 20 people living with at least one serious illness from smoking. That's over 8 million Americans at any given time.

Paid for by [Cigarette Manufacturer Name] under order of a Federal District Court.

A-6.

A federal court is requiring tobacco companies to tell the truth about smoking.

Here's the truth:

- Smoking reduces circulation, triggers asthma, and is associated with infertility and erectile dysfunction.
- Smoking is associated with stillbirths, low birth weight, and sudden infant death syndrome.
- Smoking causes heart disease, emphysema, bronchitis, acute myeloid leukemia, and cancers of the mouth, esophagus, throat, voice box, lung, stomach, kidney, bladder, pancreas, cervix and uterus.
- Smoking kills 1,200 Americans. Every day.

APPENDIX D5: English Focus Group Flashcards

Topic B: The addictiveness of smoking and nicotine.

B-1.

Cigarette smoking and nicotine are addictive.

B-2.

Cigarette smoking is addictive. The nicotine in cigarette smoke is addictive. It can be difficult to quit smoking, but this should not deter smokers who want to quit from trying to do so.

B-3.

The Surgeon General has concluded:

- Cigarettes and other forms of tobacco are addicting. Nicotine is the drug in tobacco that causes addiction.

This message is furnished by [Cigarette Manufacturer Name] pursuant to a Court Order and is taken from the 1988 Surgeon General's Report.

You should rely upon your medical provider and the Surgeon General in making decisions regarding smoking.

B-4.

The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States of America, Civil Action No. 99-2496 (GK) (Order #1015, Aug. 17, 2006, at 4; Final Op. at 1636) (on appeal).

The Surgeon General has concluded:

- Cigarettes and other forms of tobacco are addicting. Nicotine is the drug in tobacco that causes addiction.

These conclusions are contained in the 1988 Surgeon General's Report. [Cigarette Manufacturer Name] encourages consumers to rely upon the conclusions of the Surgeon General in making decisions about smoking.

B-5.

We told Congress under oath that we believed nicotine is not addictive. We told you that smoking is not an addiction and all it takes to quit is willpower.

Here's the truth:

- Smoking is very addictive. And it's not easy to quit.
- We manipulated cigarettes to make them more addictive.
- When you smoke, the nicotine actually changes the brain—that's why quitting is so hard.

Paid for by [Cigarette Manufacturer Name] under order of a Federal District Court.

B-6.

A federal court is requiring tobacco companies to tell the truth about smoking. Here's the truth:

- Cigarettes deliver doses of nicotine that create and sustain addiction, which means smoking gets very, very hard to quit.
- The result: People keep buying cigarettes long after they wish they had quit.

APPENDIX D5: English Focus Group Flashcards

Topic C: The lack of any significant health benefit from smoking 'low tar,' 'light,' 'ultra light,' 'mild,' and 'natural,' cigarettes.

C-1.

There is no significant health benefit from smoking "low tar," "light," "ultra light," "mild," or "natural," cigarettes.

C-2.

There is no safe cigarette. "Low tar," "light," "ultra light," "medium," and "mild" brands are no exception. You should not assume that these brands are safe or safer than full flavor brands or that smoking these brands will help you quit. If you are concerned about the health risks of smoking, you should quit.

C-3.

The Surgeon General has concluded:

- Smoking cigarettes with lower machine-measured yields of tar and nicotine (including those that have been labeled "low tar," "light," "ultra light," "mild" and "natural") provides no clear benefit to health in comparison to smoking cigarettes with higher machine-measured yields of tar and nicotine.

This message is furnished by [Cigarette Manufacturer Name] pursuant to a Court Order and is derived from the 2004 Surgeon General's Report.

You should rely upon your medical provider and the Surgeon General in making decisions regarding smoking.

C-4.

The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States of America, Civil Action No. 99-2496 (GK) (Order #1015, Aug. 17, 2006, at 4; Final Op. at 1636-37) (on appeal).

The Surgeon General has concluded:

- Smoking cigarettes with lower machine-measured yields of tar and nicotine (including those that have been labeled "low tar," "light," "ultra light," "mild" and "natural") provides no clear benefit to health in comparison to smoking cigarettes with higher machine-measured yields of tar and nicotine.

This conclusion is contained in the 2004 Surgeon General's Report. [Cigarette Manufacturer Name] encourages consumers to rely upon the conclusions of the Surgeon General in making decisions about smoking.

C-5.

We falsely marketed low tar and light cigarettes as less harmful than regular cigarettes to keep people smoking and sustain our profits.

We knew that many smokers switch to low tar and light cigarettes rather than quitting because they believe low tar and lights are less harmful. They are NOT.

Here's the truth:

- Just because lights and low-tar cigarettes feel smoother, that doesn't mean they are any better for you. Light cigarettes can deliver the same amounts of tar and nicotine as regular cigarettes.
- ALL cigarettes cause cancer, lung disease, heart attacks and premature death—lights, low-tar, ultra lights and naturals.

Paid for by [Cigarette Manufacturer Name] under order of a Federal District Court.

C-6.

A federal court is requiring tobacco companies to tell the truth about smoking. Here's the truth:

APPENDIX D5: English Focus Group Flashcards

- There is no health benefit to a light, mild, low-tar or natural cigarette, even if some people are fooled. All cigarettes cause cancer, heart disease, emphysema and many other health problems.

Topic D: Cigarette manufacturers manipulate cigarette design and composition to ensure optimum nicotine delivery.

D-1.

[Cigarette Manufacturer Name] manipulates the design of its cigarette brands to ensure that every cigarette of a particular brand or style will deliver the amount of nicotine (within 0.1 mg.) advertised for that brand, according to the test for nicotine in cigarette smoke adopted by the International Standards Organization.

D-2.

Cigarettes deliver tar and nicotine. Well known design features affect the delivery of tar and nicotine. The amount of tar and nicotine you inhale will vary, depending upon how you smoke. Generally speaking, the more intensely you smoke a cigarette, the more tar and nicotine you will inhale.

D-3.

A United States District Court has found that:

- “Cigarettes are specifically designed to deliver a range of nicotine doses so that a smoker can obtain her optimal dose from virtually any cigarette on the market, regardless of that cigarette’s nicotine delivery level as measured by the FTC method.”
- “Cigarette manufacturers controlled the amount and form of nicotine delivery in commercial products by controlling the physical and chemical make-up of the tobacco blend and filler.”

This message is furnished pursuant to a Court Order by [Cigarette Manufacturer Name].

You should rely upon your medical provider and the Surgeon General in making decisions regarding smoking.

D-4.

The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States of America, Civil Action No. 99-2496 (GK) (Order #1015, Aug. 17, 2006, at 4; Final Op. at 1636) (on appeal).

- Cigarette manufacturers “controlled the amount and form of nicotine delivery in their commercial products by controlling the physical and chemical make-up of the tobacco blend and filter.”

D-5.

For decades, we denied that we controlled the level of nicotine delivered in cigarettes.

Here’s the truth:

- Cigarettes are a finely-tuned nicotine delivery device designed to addict people.
- We control nicotine delivery to create and sustain smokers’ addiction, because that’s how we keep customers coming back.
- We also add chemicals, such as ammonia, to enhance the impact of nicotine and make cigarettes taste less harsh.
- When you smoke, the nicotine actually changes the brain—that’s why quitting is so hard.

Paid for by [Cigarette Manufacturer Name] under order of a Federal District Court.

D-6.

A federal court is requiring tobacco companies to tell the truth about smoking. Here’s the truth:

- Tobacco companies manipulate the nicotine levels in cigarettes. So nicotine is delivered in doses that create and sustain addiction.

APPENDIX D5: English Focus Group Flashcards

- The result: People keep buying cigarettes long after they wish they had quit.

Topic E: The adverse health effects of exposure to secondhand smoke.

E-1.

There are adverse health effects from exposure to second hand smoke (also known as environmental tobacco smoke or ETS). For a list of health effects and a discussion of the relevant science, see the 2006 Report of the Surgeon General "The Health Consequences of Involuntary Exposure to Tobacco Smoke."

E-2.

Public health officials have concluded that secondhand smoke from cigarettes causes disease, including lung cancer and heart disease, in non-smoking adults, as well as causes conditions in children such as asthma, respiratory infections, cough, wheeze, otitis media (middle ear infection) and Sudden Infant Death Syndrome.

E-3.

The Surgeon General has concluded:

- Exposure to environmental tobacco smoke has been proven to cause premature death and disease in children and in adults who do not smoke. Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children. Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer. The scientific evidence indicates that there is no risk-free level of exposure to second-hand smoke.

This message is furnished by [Cigarette Manufacturer Name] pursuant to a Court Order and is taken from the 2006 Surgeon General's Report.

You should rely upon your medical provider and the Surgeon General in making decisions regarding smoking.

E-4.

The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States of America, Civil Action No. 99-2496 (GK) (Order #1015, Aug. 17, 2006, at 4; Final Op. at 1636) (on appeal).

The Surgeon General has concluded:

- The evidence is sufficient to infer a causal relationship between exposure to secondhand smoke and sudden infant death syndrome; and a lower level of lung function during childhood.
- The evidence is sufficient to infer a causal relationship between maternal exposure to secondhand smoke during pregnancy and a small reduction in birth weight; and persistent adverse effects on lung function across childhood. The evidence is sufficient to infer a causal relationship between secondhand smoke exposure from parental smoking and lower respiratory illnesses in infants and children; middle ear disease in children, including acute and recurrent otitis media and chronic middle ear effusion; cough, phlegm, wheeze, breathlessness and ever having asthma among children of school age; and the onset of wheeze illnesses in early childhood.
- The evidence is sufficient to infer a causal relationship between exposure to secondhand smoke and lung cancer among lifetime nonsmokers; increased risks of coronary heart disease morbidity and mortality among both men and women; odor annoyance; nasal irritation; atherosclerosis in

APPENDIX D5: English Focus Group Flashcards

animal models; endothelial cell dysfunctions; a prothrombotic effect; and tumors in laboratory animals.

These conclusions are contained in the 2006 Surgeon General's Report. [Cigarette Manufacturer Name] encourages consumers to rely upon the conclusions of the Surgeon General in making decisions about smoking.

E-5.

For decades we denied the harms of secondhand smoke.

Here's the truth from the U.S. Surgeon General and National Cancer Institute:

- Secondhand smoke contains 4,800 chemicals and more than 50 cancer-causing substances. Chemicals include formaldehyde, benzene, vinyl chloride, arsenic, ammonia, and hydrogen cyanide.
- Secondhand smoke has been proven to cause lung cancer and heart attacks and kills over 38,000 Americans each year.
- There is no risk-free exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke.

Paid for by [Cigarette Manufacturer Name] under order of a Federal District Court.

E-6.

A federal court is requiring tobacco companies to tell the truth about smoking. Here's the truth:

- Secondhand smoke kills 38,000 Americans every year.
- Children exposed to cigarette smoke suffer more from asthma, pneumonia, bronchitis and ear infections. Adults exposed also suffer because they inhale the same chemicals from secondhand smoke that kill and disable smokers.

APPENDIX D6: Spanish Focus Group Screener

Prueba de Audiencia sobre Tabaco- Comentarios Correctivos Relacionados

Cuestionario Filtro

Noviembre del 2010

Nombre del Participante:

Nombre del Reclutador:

Fecha de Contacto:

Fecha de Llamada de
Confirmación:

Grupo # _____

Fecha/Hora:

APPENDIX D6: Spanish Focus Group Screener

8 Grupos en total (reclute 10 para que lleguen 8, los grupos serán:

Maryland Groups	Florida Groups
1=Current smokers: mix of ethnicities, approximates diversity of current population of smokers	1=Fumadores: Hispanos (en Español)
1=Current smokers: low SES, mix of ethnicities	1=No-Fumadores (3) y Ex Fumadores (7): Hispanos (en Español)
1=Non-smokers (3) and former smokers (7): mix of ethnicities	1= Young adult smokers: 18-21 year olds
1=Non-smokers (3) and former smokers (7): low SES, mix of ethnicities	1= Young adult non-smokers: 18-21 year olds

Libreto de Reclutamiento:

Buenos días/tardes/noches, mi nombre es _____ y estoy llamando de _____ (nombre de la compañía). Estamos llevando acabo un estudio de opinión en Orlando. No estoy vendiendo nada, ni le pediré que se comprometa a comprar nada, ni que se suscriba a nada. Estamos buscando personas para que participen en un grupo de discusión sobre asuntos de la Salud en Orlando. Los participantes se les ofrecerá un incentivo de \$75.

1. ¿Le parece esto algo en lo cual le interesaría participar?
 - a) No >>> [AGRADEZCA Y TERMINE]
 - b) Si >>> [CONTINUE]

Gracias. Primero, quisiéramos estar seguros de invitar a una variedad de personas a nuestros grupos, así que necesito hacerle unas.

2. ¿Cuando fue la ultima vez que participo en un grupo de discusión? ____
 - a) Hace menos de tres meses >>> [AGRADEZCA Y TERMINE]
 - b) Hace mas de tres meses o nunca >>> [CONTINUE]
3. ¿Cual es su ocupación? _____

TERMINE SI MENCIONA CUALQUIER COSA RELACIONADA CON INVESTIGACION DE MERCADEO, EL CAMPO DE LA SALUD O MEDICINA O INDUSTRIAS DE TABACO O ALCOHOL.

TERMINE SI SON EMPLEADOS DEL GOBIERNO FEDERALES QUE TRABAJAN EN EL DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS, LA ADMINISTRACION DE ALIMENTOS Y DROGAS O EL DEPARTAMENTO DE JUSTICIA. CUALQUIER OTRA AGENCIA ES ACEPTABLE.

ISI NECESITA CLARIFICAR, Trabaja usted ...?

- a) Para los medios de comunicación
- b) Publicidad, Investigación de Mercadeo
- c) Salud Publica o Promoción de Salud

APPENDIX D6: Spanish Focus Group Screener

- d) Como empleado del Gobierno Federal
- e) La industrias del Tabaco o Alcohol
- f) Ninguno de los mencionados previamente

[CONTINUE SI “NINGUNO DE LOS MENCIONADOS PREVIAMENTE.” AGRADEZCA Y TERMINE TODOS LOS QUE ESCOJAN ALHUNA RESPUESTA DE LA A-E.]

4. ¿Cual es su apartado postal? _____
5. ¿Que edad tienes? _____ RECLUTE UNA DISTRIBUCION DE EDADES PARA EL GRUPO DE ADULTOS.
6. [Anote el sexo. NO LEAS LA PREGUNTA, APARTE DE QUE TENGAS DUDAS.] RECLUTE UNA DISTRIBUCION DE HOMBRE Y MUJERES; AL MENOS TRES HOMBRES Y TRES MUJERES POR GRUPO
- Hombre _____
- Mujer _____

PARA LOS GRUPOS CON ADULTOS PREGUNTE P7-10. PARA LOS GRUPOS DE JOVENES (14-17 AÑOS, PREGUNTE A-B

7. ¿Durante tu vida, haz fumado al menos 100 cigarrillos? [nota: equivale a 5 cajetillas]
- a. Si
 - b. No [vaya a la P11]
8. ¿Fuma usted cigarrillos todos los días, algunos días o no fuma para nada?
- a. Todo los días
 - b. Algunos días
 - c. No fuma para nada

- | |
|--|
| <ul style="list-style-type: none">• SI, Si A LA P7, y responde ‘a’ o ‘b’ a la P8 CALIFICA COMO FUMADOR• SI, Si A LA P7, y responde ‘c’ a la P8, CALIFICA COMO EX-FUMADOR• SI NO A LA P7, CALIFICA NO-FUMADOR |
|--|

9. PARA FUMADORES: ¿Esta usted seriamente considerando dejar de fumar en los próximos seis meses? TRATE DE RECLUTAR UNA DISTRIBUCION
- a. Si
 - b. No
10. PARA EX-FUMADORES: ¿Cuando usted fumaba, como cuantos cigarrillos se fumaba usted al día? _____

PREGUNTAS CALIFICATIVAS PARA LOS JOVENES DE 14-17 AÑOS

- A. Alguna vez has probado un cigarrillo, aunque sea una o dos inhalaciones?
- a. Si
 - b. No

APPENDIX D6: Spanish Focus Group Screener

- B. Durante los pasados 30 días, cuantos días fumaste?
- a. 0 días,
 - b. 1-2 días,
 - c. 3-5 días,
 - d. 6-9 días,
 - e. 10-19 días,
 - f. 20-29 días,
 - g. Todos los 30 días

- SI RESPONDE SI O NO EN LA PA Y A EN LA PB, CALIFICA COMO UN NO-FUMADOR JOVEN
- SI RESPONDE SI EN PA Y RESPONDE B-G EN PB, CALIFICA COMO FUMADOR JOVEN

11. ¿Cual es el nivel educativo más alto que has completado?
- a. Menos de escuela superior/high school _____
 - b. Escuela Superior/GED _____
 - c. Algo de Universidad _____
 - d. Graduado de Universidad _____
 - e. Estudios Graduados _____

**GRUPOS DE NIVEL SE BAJO DEBERAN RESPONDER A & B SOLAMENTE.
GRUPOS REGULARES INTENTE RECLUTAR:
A & B, 4-5 POR GRUPO
C & D, 4-5 POR GRUPO
E, 1-2 POR GRUPO**

12. Para que nos ayude a reclutar una diversidad de personas, por favor identifique cual de los siguientes intervalos contiene el ingreso de su HOGAR?
- a. Menos de \$25,000 _____
 - b. \$25,000 - \$35,000 _____
 - c. \$35,000 - \$50,000 _____
 - d. \$50,000 - \$75,000 _____
 - e. \$75,000 - \$125,000 _____
 - f. Mas de \$125,000 _____

**GRUPOS DE NIVEL SE BAJO DEBERAN RESPONDER A & B SOLAMENTE.
GRUPOS REGULARES INTENTE RECLUTAR:
A & B, 4-5 POR GRUPO
C & D, 4-5 POR GRUPO
E, 1-2 POR GRUPO**

13. Para poder hablar con una variedad de personas, por favor dígame si usted, se considera Hispano o Latino?
- a. Si _____

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b. No _____

14. SI RESPONDE SI A P13: ¿Cual es su país de origen? RECLUTE UNA DISTRIBUCION DE GRUPOS HISPANOS

- a. Estados Unidos
- b. México
- c. Puerto Rico
- d. Republica Dominicana
- e. Cuba
- f. Centroamérica
- g. Suramérica

15. SI RESPONDE ESTADOS UNIDOS EN Q14: ¿Cual es su país de origen hispano?

16. Diría usted que habla en la casa...

- a. Ingles todo el tiempo
- b. Ingles mas que Español
- c. Ingles y Español por igual
- d. Mas Español que Ingles
- e. Español la mayoría del tiempo o siempre

• TIENE QUE SELECCIONAR “E” PARA LOS GRUPOS HISPANOS

17. ¿Cual de los siguientes mejor describe su raza? RECLUTE UNA DISTRIBUCION

- a. Indio Americano o Nativo de Alaska _____
- b. Asiático _____
- c. Negro o Africano americano _____
- d. Nativo del Hawai o de las Islas del Pacifico _____
- e. Blanco/Caucásico _____
- f. Otro(Especifique) _____

18. Podría decirme una pagina web (website) que le gusta visitar y que le gusta sobre ese sitio?

[ANOTE EL SITIO] _____

La intención de esta pregunta es determinar si el participante es razonablemente articulado y audible y dispuesto a conversar. Si el participante tiene un impedimento serio del habla, tiene dificultad para comunicarse (responde de forma apagada), AGRADEZCA Y TERMINE.

APPENDIX D6: Spanish Focus Group Screener

INVITE A PARTICIPAR

Gracias por responder a mis preguntas. Me gustaría hablarle un poco más sobre la discusión de grupo. El grupo se llevara acabo el **[miércoles, 1 de diciembre del 2010]** a las **[HORA REVISE CUOTA PARA DETERMINAR HORARIO]** en nuestra facilidad en **[AccuData Market Research en 520 N. Semoran Blvd, Suite 100 Orlando, FL 32807]**. Se reuniría con 7 otras personas y un moderador. La reunión tomaría aproximadamente una hora y media. Recibiría \$75 por participar.

Para que podamos empezar a tiempo necesitamos que se presente al menos quince minutos antes de la hora señalada para que prepararle una tarjeta con su nombre y tome unos refrigerios. Si ocurriera algún inconveniente que no le permita asistir, por favor llámenos tan pronto como le sea posible, para que podamos hacer otros arreglos. **(Provea el número de teléfono).**

Antes de que colguemos, por favor deletréeme su nombre y dígame su dirección y numero de teléfono para que podamos enviarle una carta de confirmación con direcciones y para poderle hacer una llamada de confirmación el día del grupo.

NOMBRE _____

TELEFONO DE LA CASA/CELULAR _____

DIRECCION _____

E-MAIL _____

¡Gracias por su tiempo y esperamos verle en el grupo!

AccuData Market Research
520 N. Semoran Blvd, Suite 100,
Orlando, FL 32807
Tel:(407) 282-3770

Miércoles, 1 de diciembre del 2010

Llegar a las 5:45 PM - Fumadores: hispanos (en español)

Llegar a las 7:45PM - No-Fumadores (3) y Ex Fumadores (7): hispanos (en español)

Instrucciones especiales:

- No traiga niños a la reunión, no habrá servicio de cuido
- Si necesita espejuelos para leer, recuerde tráelos
- Aquellos que lleguen tarde no podrán participar y no se les pagara
- Aquellos que hayan llegado en o antes de las 5:45PM o 7:45PM participaran en una rifa por \$25

APPENDIX D7: Spanish Focus Group Consent Form

Formulario de Consentimiento Informado

Identificación del Proyecto	Desarrollo de Mensaje y Pruebas
Declaración de la Edad del Individuo	Declaro que soy de por lo menos 18 años de edad, de buena salud física, y deseo participar en un programa de investigación conducida por Salter>Mitchell en las oficinas de Accudata Research: _____
Propósito	El propósito de esta investigación es evaluar una serie de mensajes que pueden ser convertidos en materiales para anuncios en el televisor, periódico, por Internet o en tiendas.
Procedimiento	A los participantes se les pedirán que revisen, clasifiquen y discuten una serie de mensajes escritos. Se les pedirán que hablen sobre la claridad de la comunicación de las diferentes ideas y sus razones por opinar de esa manera. El tiempo total del ejercicio, incluyendo las instrucciones será entre 90 y 120 minutos. Participantes recibirán \$75 por su tiempo.
Confidencialidad	Toda la información reunida por medio de esta investigación se mantendrá segura hasta donde la ley lo permita. Entiendo que la información que comparto será agrupada con los datos que otros participantes proveen para el propósito de desarrollar un informe y una presentación y que mi nombre no será usado. Entiendo que el audio de este grupo de discusión será grabado para el propósito de hacer un análisis, y un video del grupo de discusión será transmitido a tiempo real a los miembros del grupo de investigación quienes no pueden estar presentes. Pero el video NO SERÁ grabado y la grabación de mi voz solamente será enseñada a los miembros del grupo de investigación a menos que doy mi permiso escrito.
Riesgos	Entiendo que los riesgos de mi participación se anticipan ser mínimos.
Beneficios, Libertad de Retirarse, y Capacidad de Hacer Preguntas	Entiendo que este estudio no es diseñado para ayudarme personalmente sino que los investigadores esperan usar los resultados del estudio para desarrollar mensajes de comunicación que pueden beneficiar al público general, yo incluido. Tengo la libertad de hacer preguntas o retirarme de participación en cualquier momento y sin penalidades.
Para Contactar a los Investigadores	Nombre: Kelly Blake, Sc.D. Telefono: (301) 402-8425
Nombre del Participante de Investigación en Letras de Molde _____ Firma del Participante de Investigación _____ Fecha _____	

APPENDIX D8: Spanish Focus Group Moderator Guide

Moderator Guide

Corrective Statements Study

1. Introduction (5 Mins)

- Buenas, mi nombre es Ledvi Beza y yo estaré guiando esta discusión hoy. El propósito de este grupo de discusión es preguntarles a ustedes que piensan sobre algunos temas. Sinceramente queremos oír sus opiniones.
- Lo que estamos haciendo aquí hoy es un grupo de discusión. Es una manera para que los investigadores, como yo, puedan oír sus ideas y opiniones. Yo no soy experta en los temas que vamos a cubrir hoy. Solamente estoy aquí para hacerles preguntas y escuchar lo que ustedes opinan. Quiero oír todo lo que tienen que decir, lo positivo igual que lo negativo.
- No hay respuestas incorrectas y es muy importante que pueda oír lo que todos piensan, así que por favor les pido que no les de pena hablar, aunque no esté de acuerdo con lo que dice otra persona. Podemos discutir sin faltar respeto.
- El audio de nuestra plática hoy será grabada para que la podamos oír lo que todos dicen. Usaremos las grabaciones para escribir un reporte de lo que se ha dicho. El reporte no incluirá sus nombres. También, hay colegas mías observándonos aquí y también por computadora en una transmisión electrónica de video al tiempo real con seguro de contraseña. Esto también ayudará tomar notas y escribir el reporte. No están siendo grabados por video.
- Esto es un grupo de discusión así que por favor no levanten la mano para hablar, pero si les pido que hablen solamente uno a la vez para que la grabadora pueda grabar sus comentarios.
- Tengo muchas preguntas y un tiempo súper limitado así que a veces tendrá que cambiar de tema o seguir adelante. Regresaré a estos puntos al final si nos queda tiempo.
- Por favor apaguen sus celulares y otros aparatos electrónicos. Queremos que se relajen, que todos participen en la plática y los invitamos a tener una discusión libre y honesta.
- ¿Alguien tiene alguna pregunta?
- Empecemos con introducciones – díganos su primer nombre, sin decirnos su apellido y algo que le gusta hacer en su tiempo libre.

2. Warm-Up: Background on Smoking Communications (1 Mins)

- Hoy vamos a estar revisando algunos mensajes sobre fumando y el tabaco.

APPENDIX D8: Spanish Focus Group Moderator Guide

- Pero no se preocupen – si fuma, no vamos a tratar de convencerle que no lo haga. Y si usted fuma, no le vamos a tratar de convencer que lo haga. Somos neutrales en lo que se trata de fumar.
- Lo que les voy a enseñar son unos mensajes que se tratan de fumar y les voy a preguntar qué es lo que los mensajes les comunican a ustedes...lo claro que son...lo creíble que son...que tipo de impacto que tienen sobre ustedes...cosas así. ...

3. Corrective statement evaluations – 75 minutes (15 per each of the 5 corrective areas)

Así que esto es lo que vamos a hacer...

- Les voy a dar una tarjeta que tiene un mensaje escrito. Quisiera que los lea, y después de que todos lo han leído, vamos a hablar brevemente sobre ellos. Después vamos a hacer lo mismo con la próxima tarjeta y seguiremos hasta que tengan las 6 tarjetas.

Ya que tenemos mucho que cubrir, les voy a decir la pregunta que quiero discutir de adelante: THIS WILL BE ON THE EASEL BOARD

- Quiero que completen esta oración: La idea principal de este mensaje es _____.
- Aquí tienen seis diferentes mensajes en frente de ustedes. Estos mensajes son diseñados para comunicarles {list corrective area}. Lo que quiero que hagan es que trabajen juntos para clasificar los mensajes del 1 hasta el 6 basado en los siguientes requisitos: PUT ON EASEL BOARD

SEE ATTACHED EXERCISE CARD SHEET FOR FULL LIST OF RANKING EXERCISES AND STATEMENTS

Ahora, para clarificar, cuando digo LO QUE COMUNICA MAS CLARAMENTE, quiero que imaginen que están viendo este mensaje en el periódico, televisor, por Internet o en una tienda y quiero que tomen en cuenta...

- ¿Qué fácil es entenderlo?
- ¿Le prestaría atención?
- Y ¿piensa que tendría algún efecto duradero sobre usted mismo?

GIVE GROUP 4 MINUTES TO COMPLETE THIS TASK. ENCOURAGE THEM TO TALK ALOUD WHILE THEY DO IT.

ONCE DONE, RECORD ORDER OF FINAL RANKING ON EASEL BOARD.

APPENDIX D8: Spanish Focus Group Moderator Guide

- Acerca del mensaje que clasificaron como ganador, el numero 1, ¿fue una decisión clara y fácil o ganó por poquito? ¿Y que de los mensajes que quedaron a lo último de la lista? FOCUS ON TOP STATEMENT FOR REMAINING QUESTIONS.
- ¿Por qué dijeron que este mensaje les comunica_____ de la mejor manera?
- Si después de escuchar este mensaje escucharían un mensaje comunicando lo opuesto ¿es probable que creerían el mensaje opuesto? ¿Por qué respondieron así?
- ¿Qué impacto piensan que esto tendrían en el comportamiento de otras personas?
¿Piensan que cambiaría algo? Si opinan que sí, ¿qué piensan que cambiaría y por qué?
 - ¿Tiene algún impacto en sus actitudes acerca de fumar?
 - ¿Este mensaje lo haría más o menos probable de empezar a fumar? ¿Parar de fumar? ¿O quizás no tendría ningún impacto? ¿Por qué?

For smoker groups when discussing B statements: Acerca de este mensaje, ¿lo hace perder esperanza de parar de fumar?

- ¿Encuentran algo de este mensaje poco claro o difícil de entender? ¿Cómo lo mejorarían?
 - ¿Es demasiado largo o demasiado corto?
- ¿Cree la información en el mensaje? ¿Por qué sí o por qué no?
- ¿Ha aprendido algo nuevo? Si ha aprendido algo, ¿Qué?

WE'LL DO THIS FOR EACH OF THE 5 STATEMENT TOPICS AND DO A REVIEW OF THE TOP 5 OVERALL AT THE END.

4. Context/Attribution of Statements (10 minutes)

Note: While some of the below is likely to have come up earlier, use this time to circle back and clarify on the below questions.

- Algunos de los mensajes que vimos tenían detalles como quien era el que les estaba comunicando el mensaje y porque lo estaban haciendo mientras otros no tenían esa información.
- ¿Esa información de además tuvo algún impacto en su impresión de los mensajes?
- Si ese tipo de información fuera incluido con los mensajes, ¿impactaría si el mensaje atraería su atención o no? ¿Por qué sí o por qué no?

APPENDIX D8: Spanish Focus Group Moderator Guide

- ¿Ese tipo de información impacta la honradez/credibilidad del mensaje? ¿Por qué sí o por qué no?
- ¿Les importa a ustedes si conocen la compañía que les está comunicando estos mensajes?
 - Probe for awareness of: Philip Morris, RJ Reynolds, Lorillard and British American Tobacco, Altria and discuss “¿les haría alguna diferencia en el impacto del mensaje dependiendo de cuál de estas compañías serian incluidas o no?”

5. Close

- ¿Tienen algunas preguntas o comentarios finales?
Gracias.

APPENDIX D9: Spanish Focus Group Flashcards**APPENDIX B: Corrective Statements Tested in Qualitative (Spanish)**

All translations into Spanish of research material were conducted by staff from Salter>Mitchell or recruiting field facilities.

The corrective statements below were tested and randomized for each Spanish-language focus group. The two tables below serve as a legend for labeling the statements. The letter represents the corrective area the statement is testing while the number represents the source of that message. Participants were not aware of the source of the message. They were, however, aware of which corrective area the messages addressed.

Label	Corrective Area
A	The adverse health effects of smoking
B	The addictiveness of smoking and nicotine
C	The lack of any significant health benefit from smoking low tar, light, ultra light, mild and natural cigarettes
D	Cigarette manufacturers manipulate cigarette design and composition to ensure optimum nicotine delivery
E	The adverse health effects of exposure to secondhand smoke

Label	Source
1	BATCo
2	PM
3	RJ
4	Lorillard
5	Interveners
6	SM/NCI 2010

APPENDIX D9: Spanish Focus Group Flashcards

Tema A: Los efectos adversos del fumar sobre la salud.

A-1

Hay efectos adversos a la salud como consecuencia de fumar cigarrillos. Para una lista completa de los efectos del fumar sobre la salud y una discusión científica sobre el asunto, vea el Informe del Cirujano General para el 2004 "Las Consecuencias del Fumar en la Salud."

A-2

El fumar cigarrillos causa cáncer de pulmón, enfermedades del corazón, enfisema y otras enfermedades graves en los fumadores. Los fumadores son más propensos a desarrollar enfermedades graves, como cáncer de pulmón, comparados a los que no fuman. Fumar durante el embarazo aumenta el riesgo de daño fetal, parto prematuro y bajo peso al nacer. No hay cigarrillo seguro.

A-3

El Cirujano General ha concluido que fumar cigarrillos causa las siguientes enfermedades y efectos adversos a la salud:

- Cáncer de la vejiga, cáncer del cuello uterino, cáncer de las células del esófago, cáncer de las células renales y cáncer renal de la pelvis, el cáncer de la laringe, leucemia mieloide aguda, cáncer del pulmón, cáncer de la cavidad oral y faringe, cáncer de páncreas, cáncer gástrico, aneurisma de aorta abdominal, la aterosclerosis, apoplejía, enfermedad de las coronarias, enfermedades pulmonares crónicas como el enfisema y la bronquitis crónica, neumonía, efectos respiratorios fetales, efectos respiratorios en niños, adolescentes y adultos, los síntomas respiratorios en adultos como tos, flema, silbido del pecho y disnea, control pobre del asma, la muerte del feto y mortinatos, la reducción de la fertilidad en las mujeres, retraso del crecimiento fetal y bajo peso al nacer, ruptura prematura de las membranas, placenta previa, desprendimiento de placenta, parto prematuro y periodos de gestación acortados, cataratas, disminución en el estado de salud/morbilidad, fractura de caderas, baja densidad ósea en mujeres posmenopáusicas, y la enfermedad de úlcera péptica.

Este mensaje es provisto por [Nombre del Manufacturero de Cigarrillos] de conformidad a una Orden Judicial y fue tomada del Informe del Cirujano General del 2004.

Usted debe confiar en su proveedor de servicios médicos y el Cirujano General en la toma de decisiones con respecto a fumar.

A-4

La siguiente aseveración es hecha por [Nombre del Manufacturero de Cigarrillos] de conformidad a una Orden Judicial en los Estados Unidos de América, Caso Civil No. 99-2496 (GK) (Orden #1015,17 de Agosto del 2006, a las 4; Op. Final en 1636) (bajo apelación).

El Cirujano General ha concluido que existe evidencia suficiente para inferir una relación causal entre fumar cigarrillos y lo siguiente:

- Cáncer de la vejiga, cáncer del cuello uterino, cáncer de las células del esófago, cáncer de las células renales y cáncer renal de la pelvis, el cáncer de la laringe, leucemia mieloide aguda, cáncer de pulmón, cáncer de la cavidad oral y faringe, cáncer de páncreas, cáncer gástrico, aneurisma de aorta abdominal, aterosclerosis subclínica, derrame cerebro vascular, cardiopatía isquémica, la morbilidad y mortalidades relacionadas a la enfermedad de obstrucción crónica pulmonar, las enfermedades respiratorias agudas, incluyendo la pulmonía, en personas con

APPENDIX D9: Spanish Focus Group Flashcards

obstrucción crónica pulmonar no relacionadas con el fumar, retraso del crecimiento pulmonar durante la infancia y la adolescencia, inicio temprano de la disminución de la función pulmonar tarde en la adolescencia y el comienzo de la adultez, los síntomas respiratorios en niños y adolescentes, en particular, tos, flema, silbido del pecho, falta de aliento y disnea, síntomas relacionados con el asma (es silbido del pecho) en la infancia y la adolescencia, y la aparición prematura de y un declive acelerado en la función pulmonar en los adultos, todos los síntomas principales respiratorias entre los adultos, incluyendo tos, flema, silbido del pecho y disnea, control pobre del asma, cataratas nucleares, disminución en el estado de salud que se puede manifestar con un aumento de absentismo laboral y una mayor utilización de servicios médicos, el aumento de riesgos adversos relacionado a procedimientos quirúrgicos tales como la cicatrización de heridas y complicaciones respiratorias, fracturas de cadera, baja densidad ósea en mujeres posmenopáusicas, la enfermedad de úlcera péptica en personas que son helicobacter pylori positivo y la periodontitis.

El Cirujano General también ha concluido que existe evidencia suficiente para inferir una relación causal entre las madres que fuman durante el embarazo y lo siguiente:

- El crecimiento limitado del feto, bajo peso al nacer, ruptura prematura de las membranas, placenta previa, desprendimiento de la placenta, parto prematuro y periodos de gestación acortados.

El Cirujano General también ha concluido que existe evidencia suficiente para inferir una relación causal entre las madres que fuman durante y después del embarazo y el síndrome de muerte súbita infantil.

Estas conclusiones están contenidas en el Informe del Cirujano General para el 2004. [Nombre del Manufacturero de Cigarrillos] alienta al consumidor a confiar en las conclusiones del Cirujano General en la toma de decisiones con respecto a fumar.

Pagado por [Nombre del Manufacturero de Cigarrillos] bajo orden de una corte de distrito federal.

A-5

Durante décadas, hemos negado que el fumar es peligroso. Aquí está la verdad:

- 1200 estadounidenses mueren todos los días por fumar -- le causa daño a casi todos los órganos del cuerpo, causa ataques del corazón, derrames, enfisema y casi un tercio de todos los tipos de cáncer.
- Mas personas mueren por fumar que la suma de todas aquellas personas que mueren por asesinato, SIDA, suicidio, drogas, accidente de auto y alcohol todos juntos.
- De hecho, los cigarrillos matan a la mitad de todos los fumadores de por vida. Eso quiere decir que si usted, su pareja y sus padres son fumadores de por vida, la probabilidad es que dos de ustedes morirán a causa del fumar.
- Por cada muerte a causa del fumar, hay otras 20 personas viviendo con al menos una enfermedad seria a causa del fumar. Eso equivale a 8 millones de estadounidenses en algún momento dado.

Pagado por [Nombre del Manufacturero de Cigarrillos] bajo orden de una corte de distrito federal.

APPENDIX D9: Spanish Focus Group Flashcards

A-6

Una corte federal le está requiriendo a las compañías tabacaleras que digan la verdad sobre el fumar.

Aquí está la verdad:

- Fumar reduce la circulación, causa asma y está asociado con la infertilidad y disfunción eréctil.
- El fumar está asociado con muertes fetales, bajo peso al nacer y el síndrome de muerte súbita infantil.
- El fumar causa enfermedades del corazón, el enfisema, la bronquitis, la leucemia mieloide aguda, y los cánceres de la boca, esófago, garganta, laringe, pulmón, estómago, riñón, vejiga, páncreas, cuello uterino y el útero.
- El fumar mata a 1,200 estadounidenses. Todos los días.

Tema B: La adicción de fumar y de la nicotina.

B-1

Fumar cigarrillos y la nicotina son adictivos.

B-2

Fumando cigarrillos es adictivo. La nicotina en el humo del cigarrillo es adictiva. Puede ser difícil dejar de fumar, pero esto no debe desanimar a aquellos fumadores que quieren dejar de fumar a intentarlo.

B-3

El Cirujano General ha concluido:

- Los cigarrillos y otras formas de tabaco son adictivos. La nicotina es la droga en el tabaco que causa la adicción.

Este mensaje es provisto por [Nombre del Manufacturero de Cigarrillos] de conformidad a una Orden Judicial y fue tomada del Informe del Cirujano General para el 1988.

Usted debe confiar en su proveedor de servicios médicos y el Cirujano General en la toma de decisiones con respecto a fumar.

B-4

La siguiente aseveración es hecha por [Nombre del Manufacturero de Cigarrillos] de conformidad a una Orden Judicial en *los Estados Unidos de América v. [Nombre del Manufacturero de Cigarrillos]*, 449 F. Supp. 2d 1, 928, 938-39 (D.D.C. 2006), *aff'd in part and vacated in part*, 566 F.3d 1095 (D.C. Cir. 2009) (*per curiam*), *cert. denied*, 561 U.S. ___, 130 S. Ct. 3501 (2010).

El Cirujano General ha concluido:

- Los cigarrillos y otras formas de tabaco son adictivos. La nicotina es la droga en el tabaco que causa la adicción.

Estas conclusiones están contenidas en el Informe del Cirujano General del 1988. [Nombre del Manufacturero de Cigarrillos] alienta al consumidor a confiar en las conclusiones del Cirujano General en la toma de decisiones con respecto a fumar.

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B-5

Le dijimos al Congreso bajo juramento que creíamos que la nicotina no es adictiva. Te dijimos que el fumar no es una adicción y que todo lo que necesitas es fuerza de voluntad para dejarlo.

Aquí está la verdad:

- El fumar es muy adictivo. Y no es fácil de dejarlo.
- Manipulamos los cigarrillos para hacerlos más adictivos.
- Cuando fumas, la nicotina realmente cambia tu cerebro – es por eso que es tan difícil dejar de fumar.

Pagado por [Nombre del Manufacturero de Cigarrillos] bajo orden de una corte de distrito federal.

B-6

Las compañías tabacaleras testificaron ante el Congreso que la nicotina no es adictiva. Ahora una corte federal les está exigiendo que digan la verdad sobre el fumar.

Aquí está la verdad:

- La nicotina en los cigarrillos es muy adictiva. Dejar de fumar cigarrillos puede ser más difícil que dejar la cocaína y la heroína.
- La nicotina te cambia el cerebro y te hacen ansiar por un cigarrillo de la misma manera que ansias a la comida cuando tienes hambre y el agua cuando tienes sed.
- El resultado: Las personas continúan comprando cigarrillos por mucho tiempo después de haber deseado querer de dejarlo.

Tema C: La falta de cualquier beneficio de salud por fumar cigarrillos 'low tar,' 'light,' 'ultra light,' 'mild,' y 'natural.'

C-1

No hay ningún beneficio significativo para la salud por fumar cigarrillos "low tar," "light," "ultra light," "mild," o "natural".

C-2

No hay un cigarrillo seguro. Las marcas "Low tar," "light," "ultra light," "medium," y "mild" no son la excepción. No asumes que estas marcas son seguras o más seguras que un cigarrillo de sabor completo o que fumar estas marcas te ayudaran a dejar de fumar. Si estás preocupado sobre los efectos que puede causar el fumar sobre tu salud, debes dejar de hacerlo.

C-3

El Cirujano General ha concluido:

- Fumar cigarrillos que han sido medidos por maquina para proveer un rendimiento mas bajo de alquitrán (brea) y nicotina (incluyendo aquellos con etiquetados como "low tar," "light," "ultra light," "mild" and "natural") no provee ningún beneficio a la salud comparado con cigarrillos que han sido medidos por maquina para proveer un rendimiento mas alto de alquitrán (brea) y nicotina.

APPENDIX D9: Spanish Focus Group Flashcards

Este mensaje es provisto por [Nombre del Manufacturero de Cigarrillos] de conformidad a una Orden Judicial y fue derivado del Informe del Cirujano General para el 2004.

Usted debe confiar en su proveedor de servicios médicos y el Cirujano General en la toma de decisiones con respecto a fumar.

C-4

La siguiente aseveración es hecha por [Nombre del Manufacturero de Cigarrillos] de conformidad a una Orden Judicial en los *Estados Unidos de América v. [Cigarette Manufacturer Name]*, 449 F. Supp. 2d 1, 928, 938-39 (D.D.C. 2006), *aff'd in part and vacated in part*, 566 F.3d 1095 (D.C. Cir. 2009) (*per curiam*), *cert. denied*, 561 U.S. ___, 130 S. Ct. 3501 (2010).

El Cirujano General ha concluido:

- Fumar cigarrillos que proveen un rendimiento medido por máquina más bajo de alquitrán (brea) y nicotina (incluyendo aquellos que tienen etiqueta que dicen “low tar,” “light,” “ultra light,” “mild” and “natural”) no provee ningún beneficio claro a la salud comparado con cigarrillos que tienen un rendimiento medido por máquina más alto de brea y nicotina.

Estas conclusiones están contenidas en el Informe del Cirujano General del 2004. [Nombre del Manufacturero de Cigarrillos] alienta al consumidor a confiar en las conclusiones del Cirujano General en la toma de decisiones con respecto a fumar.

C-5

Nosotros falsamente mercadeamos los cigarrillos bajo en alquitrán (brea) y “light” como menos dañinos que los cigarrillos regulares para que las personas continúen fumando y para seguir manteniendo nuestras ganancias.

Sabemos que muchos fumadores cambian a cigarrillos bajo en alquitrán (brea) y “light” en vez de dejar de fumar porque ellos creen que los cigarrillos bajo en alquitrán (brea) y “light” son menos dañinos. NO lo son.

Aquí está la verdad:

- Solo porque los cigarrillos bajo en alquitrán (brea) y “light” se sienten más suaves, no significa que sean mejores para ti. Los cigarrillos “light” pueden proveer la misma cantidad de alquitrán (brea) y nicotina que los cigarrillos regulares.
- TODOS los cigarrillos causan cáncer, enfermedades pulmonares, ataques del corazón y muerte prematura – “lights”, “low-tar”, “ultra lights” y “naturals”.

Pagado por [Nombre del Manufacturero de Cigarrillos] bajo orden de una corte de distrito federal.

C-6

Por años, las compañías tabacaleras han tratado de convencer al público que algunos cigarrillos son menos dañinos que otros. Ahora, una corte federal les ha requerido que digan la verdad sobre el fumar.

Aquí está la verdad:

APPENDIX D9: Spanish Focus Group Flashcards

- Cigarrillos mercadeados como “light,” “ultra light”, “bajo en alquitrán (brea),” “mild” o “natural” son tan dañinos y tan difíciles de dejar como los cigarrillos regulares, de sabor completo, aunque algunas personas son engañadas.
- Todos los cigarrillos causan cáncer, enfermedades del corazón, enfisema y muchos otros problemas de salud. Escogiendo un cigarrillo “light,” “ultra light”, “bajo en alquitrán (brea),” “mild” o “natural” no disminuye el riesgo a tu salud.

Tema D: Los fabricantes de cigarrillos manipulan el diseño y la composición del cigarrillo para asegurarse de proveer el nivel máximo de la nicotina.

D-1

[Nombre del Fabricador de Cigarrillos] manipula el diseño de sus marcas de cigarrillos para asegurarse que cada cigarrillo de una marca en particular o estilo, rendirá la cantidad de nicotina (a 0.1 mg. de certeza) anunciada para la marca de acuerdo a la prueba de nicotina para cigarrillos adoptada por la Organización Internacional de Normalización (Internacional Standard Organización).

D-2

Los cigarrillos distribuyen el alquitrán (brea) y la nicotina. Las características bien conocidas del diseño afectan la distribución del alquitrán (brea) y la nicotina. La cantidad de alquitrán (brea) y nicotina que inhalas puede variar, dependiendo de cómo usted fuma. Generalmente hablando, mientras más intensamente fumes un cigarrillo, más alquitrán (brea) y nicotina inhalaras.

D-3

Una Corte de Distrito de los Estados Unidos ha encontrado que:

- “Los cigarrillos son específicamente diseñados para proveer múltiples niveles de dosis de nicotina para que el fumador pueda obtener su nivel óptimo de nicotina virtualmente de cualquier cigarrillo en el Mercado, sin importar el nivel de nicotina medido por el método FTC.”
- “Los fabricantes de cigarrillo controlaron la cantidad y forma de distribuir la nicotina en productos comerciales al controlar la composición física y química de la mezcla del tabaco y el filtro.”

Este mensaje es provisto de conformidad a una Orden Judicial por [Nombre del Fabricador de Cigarrillos]

Usted debe confiar en su proveedor de servicios médicos y el Cirujano General en la toma de decisiones con respecto a fumar.

D-4

La siguiente aseveración es hecha por [Nombre del Fabricador de Cigarrillos] de conformidad a una Orden Judicial en los Estados Unidos de América, Caso Civil No. 99-2496 (GK) (Orden #1015, 17 de Agosto del 2006, a las 4; Op. Final en 1636) (bajo apelación).

- Los fabricantes de cigarrillos “controlaron la cantidad y forma de distribuir la nicotina en sus productos comerciales al controlar la composición física y química de la mezcla de tabaco y el filtro”.

D-5

Durante décadas, hemos negado haber controlado los niveles de nicotina provistos en los cigarrillos. Aquí está la verdad:

APPENDIX D9: Spanish Focus Group Flashcards

- El cigarrillo es un dispositivo finamente calibrado diseñado para crear la adicción al cigarrillo.
- Nosotros controlamos la entrega de nicotina para crear y mantener la adicción de los fumadores, así es que hacemos que nuestros clientes regresen por más.
- También añadimos ingredientes como el amoníaco para mejorar el impacto de la nicotina y hacer que el sabor del cigarrillo sea menos áspero.
- Cuando fumas, la nicotina cambia tu cerebro – por eso es tan difícil dejar de fumar.

Pagado por [Nombre del Manufacturero de Cigarrillos] bajo orden de una corte de distrito federal.

D-6

Una Corte Federal le está requiriendo a las compañías tabacaleras que digan la verdad sobre el fumar.

Aquí está la verdad:

- Las compañías tabacaleras diseñan los cigarrillos intencionalmente para maximizar nuestra adicción a ellos.
- Añaden químicos a los cigarrillos y manipulan los niveles de nicotina para que proveen una dosis a nuestros cerebros que crea y mantiene la adicción.
- El resultado: Las personas siguen comprando cigarrillos mucho tiempo después de haber deseado dejar de fumar.

Tema E: Los efectos adversos para la salud de la exposición al humo de segunda mano.

E-1

La exposición al humo de segunda mano (también conocido como humo de tabaco ambiental o HTA) tiene efectos adversos sobre la salud. Para obtener una lista de los efectos sobre la salud y una discusión de los datos científicos pertinentes, véase el Informe del Cirujano General del 2006 "Las Consecuencias Sanitarias de la Exposición Involuntaria al Humo del Tabaco.

E-2

Los oficiales de salud pública han concluido que el humo de segunda mano de los cigarrillos causa enfermedades, incluyendo el cáncer del pulmón y ataques del corazón, en los adultos no-fumadores, y también causa condiciones en los niños tales como asma, infecciones respiratorias, tos, silbido del pecho, otitis media (infección del oído medio) y el síndrome de muerte súbita infantil.

E-3

El Cirujano General ha concluido que:

- Se ha demostrado que la exposición al humo ambiental del tabaco puede causar la muerte prematura y enfermedades en niños y adultos que no fuman. Los niños expuestos al humo de segunda mano tienen un mayor riesgo de síndrome de muerte súbita infantil (SMSI), infecciones respiratorias agudas, problemas del oído y asma más severa. Los padres que fuman le causan síntomas respiratorios y retraso en el desarrollo pulmonar de sus hijos. Los adultos que son expuestos al humo de segunda mano del tabaco sufren efectos adversos inmediatos sobre el sistema cardiovascular y causa enfermedades cardíacas a las coronarias y cáncer de pulmón. La evidencia científica indica que no existe un nivel libre de riesgo de exposición al humo de segunda mano.

Este mensaje es provisto por [Nombre del Manufacturero de Cigarrillos] en conformidad a una Orden Judicial y es tomado del Informe de Cirujano General del 2006.

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Usted debe confiar en su proveedor de servicios médicos y el Cirujano General en la toma de decisiones con respecto a fumar.

E-4

La siguiente aseveración es hecha por [Nombre del Manufacturero de Cigarrillos] de conformidad a una Orden Judicial en los Estados Unidos de América, Caso Civil No. 99-2496 (GK) (Orden #1015, 17 de Agosto del 2006, a las 4; Op. Final en 1636) (bajo apelación).

El Cirujano General ha concluido:

- La evidencia es suficiente para inferir que existe una relación causal entre la exposición al humo de segunda mano y el síndrome de muerte súbita infantil; y un nivel mas bajo de desarrollo pulmonar durante la niñez.
- La evidencia es suficiente para inferir que existe una relación causal entre la exposición materna al humo de segunda mano durante el embarazo y una pequeña reducción en el peso al nacer; y persistente efectos adversos en la función pulmonar durante la niñez. La evidencia es suficiente para inferir una relación causal entre el la exposición al humo de segunda mano de padres fumadores y enfermedades respiratorias baja entre infantes y niños; infecciones del oído medio, incluyendo otitis media aguda y recurrente y derrame crónico del oído medio, tos, flemas, silbido del pecho, disnea, y el haber padecido asma alguna vez entre los niños en edad escolar, y la aparición de enfermedades relacionadas silbidos del pecho en la primera infancia.
- La evidencia es suficiente para inferir que existe una relación causal entre la exposición al humo de segunda mano y cáncer de pulmón entre los no fumadores de por vida, un mayor riesgo de morbilidad por cardiopatía coronaria y la mortalidad entre hombres y mujeres; molestia por olores, irritación nasal, la aterosclerosis en modelos animales, las disfunciones de las células endoteliales, un efecto protrombótico, y tumores en animales de laboratorio.

Estas conclusiones están contenidas en el Informe del Cirujano General para el 2006[Nombre del Manufacturero de Cigarrillos] alienta al consumidor a confiar en las conclusiones del Cirujano General en la toma de decisiones con respecto a fumar.

E-5

Por décadas hemos negado el daño de la exposición al humo de segunda mano.

Aquí está la verdad de parte de el Cirujano General de los Estados Unidos y el Instituto Nacional del Cáncer:

- El humo de segunda mano contiene 4,800 químicos y más de 50 sustancias carcinógenas. Esto incluye químicos tales como formaldehído, benceno, cloruro de vinilo, arsénico, amoníaco, y cianuro de hidrogeno.
- Se ha probado que el humo de segunda mano causa cáncer del pulmón, ataques del corazón y mata a 38,000 estadounidenses cada año.
- No hay ninguna exposición al humo de segunda mano que sea libre de riesgos. Separar los fumadores de no-fumadores, limpiar el aire y ventilar los edificios no elimina la exposición de no-fumadores al humo de segunda mano.

E-6

Una Corte Federal le esta requiriendo a las compañías tabacaleras que digan la verdad sobre el fumar.

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Aquí está la verdad:

- El humo de segunda mano mata a 38,000 estadounidenses cada año.
- Los niños expuestos al humo de cigarrillo sufren más de asma, pulmonía, bronquitis e infecciones del oído. Los adultos expuestos también sufren porque inhalan los mismos químicos del humo de segunda mano que mata e incapacita a los fumadores.

APPENDIX E1: Knowledge Networks Project Report



Knowledge Networks Project Report

Project: Corrective Smoking Ads Survey

**Submitted to: Robert Bailey
Christine Brittle**


SalterMitchell

Date Submitted: January 20, 2011

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APPENDIX E1: Knowledge Networks Project Report

Knowledge Networks Deliverable Authorization			
Printed Name	Signature	Date	Title
J. Michael Dennis, Ph.D.		1/20/2010	EVP, Government and Academic Research

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APPENDIX E1: Knowledge Networks Project Report**Study Design & Documentation****Introduction**

Knowledge Networks conducted the Corrective Smoking Ads Survey on behalf of SalterMitchell. Specifically, the study examined people's opinion of and reactions to various statements about smoking. The statements covered topics such as health effects, addictiveness, low tar cigarettes, manipulation of nicotine delivery, and second hand smoking. The survey was conducted using sample from KnowledgePanel®.

Sample Definition

The target population consists of:

1. Current smokers above the 200% federal poverty level aged 18 and over
2. Current smokers at or below the 200% federal poverty level aged 18 and over
3. Former or non-smokers above the 200% federal poverty level aged 18 and over
4. Former or non-smokers at or below the 200% federal poverty level aged 18 and over
5. African Americans aged 18 and over
6. Predominantly Spanish speaking Hispanics aged 18 and over
7. Teenagers aged 14 to 17

All adult respondents must have provided their consent before proceeding to the rest of the survey. For the teenage sample, parents were asked to provide consent for their teens to be interviewed and the teens also provided their assent to participate in the survey.

To sample the population, Knowledge Networks sampled households from its KnowledgePanel, a probability-based web panel designed to be representative of the United States. Knowledge Networks used its profiling information to determine one's federal poverty level, smoking status, race/ethnicity, language proficiency, and availability of teenager aged 14 to 17 in the household.

Data Collection Field Period & Survey Length

The data collection field periods were as follows

Stage	Start Date	End Date
Pretest	12/23/2010	12/27/2010
Main	12/31/2010	1/10/2010

Participants completed the main survey in 20 minutes (median).

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Survey Completion and Sample Sizes

The number of respondents sampled and participating in the survey, the survey completion rates, and the consent rates are presented below.

Sample Groups	Invited	Responded (consent and no consent)	Completed	% Responded (# responded / # invited)	% Complete (# completed / # responded)
Current Smoker above 200% federal poverty level	800	513	469	64%	91%
Current smokers living at or below the 200% federal poverty level	800	432	364	54%	84%
Former/never Smokers living above 200% federal poverty level	800	557	499	70%	90%
Former/never Smokers living at or below the 200% federal poverty level	800	406	359	51%	88%
African American Oversample	1800	1050	991	58%	94%
Spanish proficient	924	342	322	37%	94%
Teens 14-17	2400	940	613	39%	65%
Total	8324	4240	3617	51%	85%

Survey Cooperation Enhancements

Besides the standard measures taken by KN to enhance survey cooperation, the following steps were also taken:

- Email reminders to non-responders were sent on day three of the field period;
- Participants of the African American oversample, Spanish dominant sample, and teenage samples received cash- equivalent \$5 for their participation;
- Other participants were eligible to win an in-kind prize through a monthly KN sweepstakes;

APPENDIX E1: Knowledge Networks Project Report**Data File Deliverables and Descriptions**

Knowledge Networks prepared and delivered fully formatted SPSS and SAS files containing the collected data, KN demographic profile data, and the appropriate variable and value labels, as described below.

Data File Deliverables

Delivery Date	File Type	File Name	File Size	N Records
1/18/ 2010	SAS	sm_smoking_main_client.sas7bdat	6.6Mb	N=3617
1/18/ 2010	SPSS	SalterMitchell_CorrectiveSmokingAds_Main_client.sav	2.8Mb	N=3617

In addition, KN prepared and delivered other deliverables as follows:

- Post-stratification statistical weights:
 - Weight1: Post-stratification weights for adults (18+)
 - Weight2: Post-stratification weights for teens (14-17)
 - Weight3: Post-stratification weights for adults and teens (14+)
- Demographic profile data for all interviewed KN panelists

Several supplemental variables are provided to assist the principal investigators in identifying cases that could potentially be of interest.

The Strata variable was created for use by SUDAAN for variance estimation. We replicate, as closely as possible, the implicit stratification used by MSG (the RDD sample frame vendor) in selecting RDD samples to create this variable. We sort all numbers in the sample by region (9 categories), urban/rural, county, area code, and telephone exchange. We then collapse neighboring exchanges so that there are at last five exchanges in each stratum.

The table below shows the name and description of each of the supplemental, demographic, and other profile variables delivered to the client.

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Supplemental Variables: Weights, Profile Data, and Other

Variable Name	Variable Description
CASEID	Case Identification Number
Weight1	Post-stratification weights for adults (18+)
Weight2	Post-stratification weights for teens (14-17)
Weight3	Post-stratification weights for adults and teens (14+)
STRATA	Strata variable for SUDAAN variance analyses
TM_START	Date and time interview started
TM_FINISH	Date and time interview ended
DURATION	Duration of interview in minutes
PPAGE	Age
PPAGECAT	Age - 7 Categories
PPAGECT4	Age - 4 Categories
PPEDUC	Education (Highest Degree Received)
PPEDUCAT	Education (Categorical)
PPETHM	Race / Ethnicity
PPGENDER	Gender
PPHHHEAD	Household Head
PPHHSIZE	Household Size
PPHOUSE	Housing Type
PPINCIMP	Household Income
PPMARIT	Marital Status
PPMSACAT	MSA Status
PPREG4	Region 4 - Based on State of Residence
PPREG9	Region 9 - Based on State of Residence
PPRENT	Ownership Status of Living Quarters
PPSTATEN	State
PPT01	Presence of Household Members - Children 0-2
PPT25	Presence of Household Members - Children 2-5
PPT612	Presence of Household Members - Children 6-12
PPT1317	Presence of Household Members - Children 13-17
PPT18OV	Presence of Household Members - Adults 18+
PPWORK	Current Employment Status
PPNET	HH Internet Access

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Key Personnel

Key personnel on the study include:

Mike Dennis – Executive Vice President, Government & Academic Research. M. Dennis is based in the Menlo Park office of Knowledge Networks.

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Rick Li – Senior Project Director. Government & Academic Research. R. Li is based in the Menlo Park office of Knowledge Networks. Rick Li oversaw the day-to-day implementation of the project.

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Knowledge Networks Methodology

Introduction

Knowledge Networks (KN) has recruited the first online research panel that is representative of the entire U.S. population. Panel members are randomly recruited through probability-based sampling, and households are provided with access to the Internet and hardware if needed.

Knowledge Networks selects households by using address-based sampling methods; formerly, KN relied on random-digit dialing (RDD). Once households are recruited for the panel, they are contacted by e-mail for survey taking or panelists visit their online member page for survey taking (instead of being contacted by phone or postal mail). This allows surveys to be fielded very quickly and economically. In addition, this approach reduces the burden placed on respondents, since e-mail notification is less intrusive than telephone calls, and most respondents find answering Web questionnaires more interesting and engaging than being questioned by a telephone interviewer. Furthermore, respondents have the freedom to choose what time of day to participate in research.

Documentation regarding KnowledgePanel sampling, data collection procedures, weighting, and IRB-bearing issues are available at the below online resources.

- <http://www.knowledgenetworks.com/ganp/reviewer-info.html>
- <http://www.knowledgenetworks.com/knpanel/index.html>
- <http://www.knowledgenetworks.com/ganp/irbsupport/>

Panel Recruitment Methodology

When Knowledge Networks began recruiting in 1999, the company established the first online research panel (now called KnowledgePanel[®]) based on probability sampling covering both the online and offline populations in the U.S. Panel members are recruited through national random samples, originally by telephone and now almost entirely by postal mail. Households are provided with access to the Internet and hardware if needed. Unlike Internet convenience panels, also known as “opt-in” panels, that includes only individuals with Internet access who volunteer themselves for research, KnowledgePanel recruitment uses dual sampling frames that includes both listed and unlisted telephone numbers, telephone and non-telephone households, and cell-phone-only households, as well as households with and without Internet access. Only persons sampled through these probability-based techniques are eligible to participate on KnowledgePanel. Unless invited to do so as part of these national samples, no one on their own can volunteer to be on the panel.

APPENDIX E1: Knowledge Networks Project Report**RDD and ABS Sample Frames**

KnowledgePanel members today could have been recruited by either the former random digit dialing (RDD) sampling or the current address-based sampling (ABS) methodologies. In this section, we will describe the RDD-based methodology; the ABS methodology is described in a separate section below. To offset attrition, multiple recruitment samples are fielded evenly throughout the calendar year.

KnowledgePanel recruitment methodology has used the quality standards established by selected RDD surveys conducted for the Federal government (such as the CDC-sponsored National Immunization Survey).

KN employed list-assisted RDD sampling techniques based on a sample frame of the U.S. residential landline telephone universe. For purposes of efficiency, KN excludes only those banks of telephone numbers (a bank consists of 100 numbers) that had fewer than two directory listings. Additionally, an oversampling was conducted within a stratum of telephone exchanges that had high concentrations of African American and Hispanic households based on Census data. Note that recruitment sampling is done without replacement, thus numbers already fielded do not get fielded again.

A telephone number for which a valid postal address can be matched occurred in about 67-70% of each sample. These address-matched cases were all mailed an advance letter informing them that they had been selected to participate in KnowledgePanel. For purposes of efficiency, the unmatched numbers were most recently under-sampled at a rate of 0.75 relative to the matched numbers. Both the minority oversampling mentioned above and this under-sampling of non-address households are adjusted appropriately in the panel's weighting procedures.

Following the mailings, telephone recruitment by trained interviewers/recruiters begins for all sampled telephone numbers. Telephone numbers for cases sent to recruiters were dialed for up to 90 days, with at least 14 dial attempts for cases in which no one answers the phone, and for numbers known to be associated with households. Extensive refusal conversion was also performed. The recruitment interview, about 10 minutes in length, begins with informing the household member that the household had been selected to join KnowledgePanel. If the household does not have a computer and access to the Internet, the household member is told that in return for completing a short survey weekly, the household will be provided with free monthly Internet access and a laptop computer (in the past, the household was provided with a WebTV device). All members of the household are enumerated, and some initial demographic and background information on prior computer and Internet use was collected.

Households that informed recruiters that they had a home computer and Internet access were asked to take KN surveys using their own equipment and Internet connection. Incentive points per survey, redeemable for cash, are given to these "PC" (personal computer) respondents for completing their surveys. Panel members provided with a laptop computer and free Internet access do not participate in this per-survey points-incentive program. However, all panel members do receive special incentive points for select surveys to improve response rates and/or

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for all longer surveys as a modest compensation for the extra burden of their time and participation.

For those panel members receiving a laptop computer, each unit is custom-configured prior to shipment with individual email accounts so that it is ready for immediate use by the household. Most households are able to install the hardware without additional assistance, although KN maintains a toll-free telephone line for technical support. The KN Call Center contacts household members who do not respond to e-mail and attempts to restore both contact and participation. PC panel members provide their own e-mail addresses, and we send their weekly survey invitations to that e-mail account.

All new panel members receive an initial survey for the dual purpose of welcoming them as new panel members and introducing them to how online survey questionnaires work. New panel members also complete a separate profile survey that collects essential demographic information such as gender, age, race, income, and education to create a personal member profile. This information can be used to determine eligibility for specific studies and is factored in for weighting purposes. Operationally, once the profile information is stored, it does not need to be re-collected as a part of each and every survey. This information is also updated annually for all panel members. Once new members have completed their profile surveys, they are designated as “active,” and considered ready to be sampled for client studies. [Note: Parental or legal guardian consent is also collected for the purpose of conducting surveys with teenage panel members, aged 13 to 17.]

Once a household is recruited and each household member’s e-mail address is either obtained or provided, panel members are sent survey invitations linked through a personalized e-mail message (instead of by phone or postal mail). This contact method permits surveys to be fielded quickly and economically, and also facilitates longitudinal research. In addition, this approach reduces the burden placed on respondents, since e-mail notification is less intrusive than telephone calls and allows research subjects to participate in research when it is convenient for them.

Address-Based Sampling (ABS) Methodology

When KN first started panel recruitment in 1999, the conventional opinion among survey experts was that probability-based sampling could be carried out cost effectively through the use of a national RDD samples. The RDD landline frame at the time allowed access to 96% of U.S. households. This is no longer the case. In 2009, Knowledge Networks introduced use of the ABS sample frame to panel recruitment to reflect the real changes in society and telephony over recent years. Those changes that have reduced the long-term scientific viability of landline RDD sampling methodology are as follows: declining respondent cooperation in telephone surveys as reflected in “do not call” lists, call screening, caller-ID devices, and answering machines; dilution of the RDD sample frame as measured by the working telephone number rate; and finally, the emergence of cell phone-only households (CPOHH) because such households are excluded from the RDD frame because they have no landline telephone.

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According to the Centers for Disease Control and Prevention (January-June 2010), approximately 28.6% of all U.S. households cannot be contacted through RDD sampling—26.6% as a result of CPOHH status and 2% because they have no telephone service whatsoever. Among some age segments, the RDD non-coverage would be substantial: 40% of young adults, ages 18–24, reside in CPOHHs, 51% of those ages 25–29, and 40% of those ages 30–34.¹

After conducting an extensive pilot project in 2008, KN made the decision to move toward address-based sample (ABS) frame in response to the growing number of cell-phone-only households that are outside the RDD frame. Before conducting the ABS pilot, we also experimented with supplementing its RDD samples with cell-phone samples. However, this approach would not be cost effective—and raised a number of other operational, data quality, and liability issues (for example, calling cell phones while respondents were driving).

The key advantage of the ABS sample frame is that it allows sampling of almost all U.S. households. An estimated 97% of households is “covered” in sampling nomenclature. Regardless of household telephone status, those households can be reached and contacted through postal mail. Second, the KNABS pilot project revealed several additional advantages beyond expected improvement in recruiting adults from CPOHHs:

- Improved sample representativeness for minority racial and ethnic groups
- Improved inclusion of lower educated and low income households
- Exclusive inclusion of the fraction of CPOHHs that have neither a landline telephone nor Internet access (approximately four to six percent of US households).

ABS involves probability-based sampling of addresses from the U.S. Postal Service’s Delivery Sequence File. Randomly sampled addresses are invited to join KnowledgePanel through a series of mailings and, in some cases, telephone follow-up calls to non-responders when a telephone number can be matched to the sampled address. Operationally, invited households have the option to join the panel by one of several ways:

- Completing and returning a paper form in a postage-paid envelope,
- Calling a toll-free hotline maintained by Knowledge Networks, or
- Going to a dedicated KN web site and completing an online recruitment form.

After initially accepting the invitation to join the panel, respondents are then “profiled” online by answering key demographic questions about themselves. This profile is maintained through the same procedures that were previously established for RDD-recruited panel members. Respondents not having an Internet connection are provided a laptop computer and free Internet service. Respondents sampled from the ABS frame, like those sampled from the RDD frame, are

¹ Blumberg SJ, Luke JV. Wireless substitution: Early release of estimates from the National Health Interview Survey, January–June 2010. National Center for Health Statistics. December 2010. Available from: <http://www.cdc.gov/nchs/nhis.htm>.

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offered the same privacy terms and confidentiality protections that we have developed over the years and that have been reviewed by dozens of Institutional Review Boards.

Large-scale ABS sampling for KnowledgePanel recruitment began in April 2009. As a result, sample coverage on KnowledgePanel of CPOHHs, young adults, and non-whites has been increasing steadily since that time.

Because KnowledgePanel members have been recruited from two different sample frames, RDD and ABS, KN implemented several technical processes to merge samples sourced from these frames. KN's approach preserves the representative structure of the overall panel for the selection of individual client study samples. An advantage of mixing ABS frame panel members in any KnowledgePanel sample is a reduction in the variance of the weights. ABS-sourced samples tend to align more closely to the overall demographic distributions in the population, and thus the associated adjustment weights are somewhat more uniform and less varied. This variance reduction efficaciously attenuates the sample's design effect and confirms a real advantage for study samples drawn from KnowledgePanel with its dual frame construction.

Sampling and Recruitment Procedures for KnowledgePanel LatinoSM

In addition to the above-documented English-based panel recruitment, in 2008 Knowledge Networks constructed KnowledgePanel LatinoSM to provide researchers with the capability to conduct representative online surveys in the U.S. Hispanic community. Prior to the advent of KnowledgePanel Latino, there did not exist anywhere in the U.S. an online panel that represented Hispanics with and without Internet access and that reached that part of the U.S. population able to participate in surveys only in Spanish.

The sample for KnowledgePanel Latino was originally recruited through a hybrid telephone recruitment design based on a random-digit dialing sample of U.S. Latinos and Hispanic-surnames. It is a geographically balanced sample that covers areas that, when aggregated, encompass approximately 93% of the nation's 45.5 million Latinos.

KnowledgePanel Latino sample Latinos residing in 70 DMAs having Latino populations. The DMA-sampling approach was dedicated to the recruitment of Spanish-Language-Dominant adults, having been categorized as "unassimilated" on the basis of frequency of viewing Spanish-language television and use of Spanish as their primary spoken language at home. The 70 DMAs are grouped into five regions (Northeast, West, Midwest, Southeast, and Southwest). Each region is further divided into two groupings of census tracts, those that have a "high-density" Latino population and those remaining, which have a "low-density" Latino population. The threshold percent for "high density" varies by region. The five regions, each divided into the two density groups, constitute 10 unique sample frames (5 x 2).

Using a geographic targeting approach, an RDD landline sample was generated to cover the high-density census tracts within each region. Due to the inaccuracy of telephone exchange coverage, there is always some spillage outside these tracts and a smaller degree of non-coverage within these tracts. About 32% of the Latino population across these five regions is covered

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theoretically by this targeted RDD landline sample. All the numbers generated were screened to locate a Latino, Spanish-speaking household.

The remaining 68% of the Latinos in these five regions were addressed through a listed-surname sample. Listed surnames include only those households where the telephone subscriber has a surname that has been pre-identified as likely to be a Latino surname. It is important to note that excluded from this low-density listed sample frame are: (a) the mixed Latino/non-Latino households where the subscriber does not have a Latino surname and (b) all the unlisted landline Latino households. The percent of listed vs. unlisted varies at the DMA level. The use of the listed surname was intended to utilize cost-effective screening to locate Latino households in these low-density areas since the rate of finding Latino households on this list, although not 100%, is still very high.

In 2011, the above described hybrid design was replaced with national RDD samples targeting telephone exchanges that penetrate census blocks with a 50% or greater Latino population density. Households are screened in the Spanish language to recruit only those homes where Spanish is spoken at least half the time. This 100% probability-based RDD Spanish-language sample supplements the Latino households (English and Spanish) that are now recruited through KN's general ABS recruitment sample.

Survey Administration

For client surveys, samples are drawn at random from among active panel members. Depending on the study, eligibility criteria will be applied or in-field screening of the sample will be carried out. Sample sizes can range widely depending on the objectives and design of the study.

Once assigned to a survey, members receive a notification e-mail letting them know there is a new survey available for them to take. This email notification contains a link that sends them to the survey questionnaire. No login name or password is required. The field period depends on the client's needs and can range anywhere from a few hours to several weeks.

After three days, automatic email reminders are sent to all non-responding panel members in the sample. If email reminders do not generate a sufficient response, an automated telephone reminder call can be initiated. The usual protocol is to wait at least three to four days after the e-mail reminder before calling. To assist panel members with their survey taking, each individual has a personalized "home page" that lists all the surveys that were assigned to that member and have yet to be completed.

Knowledge Networks also operates an ongoing modest incentive program to encourage participation and create member loyalty. Members can enter special raffles or can be entered into special sweepstakes with both cash rewards and other prizes to be won.

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The typical survey commitment for panel members is one survey per week or four per month with duration of 10 to 15 minutes per survey. Some client surveys exceed this time, and in the case of longer surveys, an additional incentive can be provided.

Survey Sampling from KnowledgePanel

Once Panel Members are recruited and profiled, they become eligible for selection for specific client surveys. In most cases, the specific survey sample represents a simple random sample from the panel, for example, a general population survey. Customized stratified random sampling based on profile data can also be conducted as required by the study design.

The general sampling rule is to assign no more than one survey per week to members. Allowing for rare exceptions during some weeks, this limits a member's total assignments per month to four or six surveys. In certain cases, a survey sample calls for pre-screening, that is, members are drawn from a subsample of the panel (such as females, Republicans, grocery shoppers, etc.). In such cases, care is taken to ensure that all subsequent survey samples drawn that week are selected in such a way as to result in a sample that remains representative of the panel distributions.

For this survey, the following samples were selected and invited to participate:

- Current smokers above the 200% federal poverty level aged 18 and over
- Current smokers at or below the 200% federal poverty level aged 18 and over
- Former or non-smokers above the 200% federal poverty level aged 18 and over
- Former or non-smokers at or below the 200% federal poverty level aged 18 and over
- African Americans aged 18 and over
- Predominantly Spanish speaking Hispanics aged 18 and over
- Teenagers aged 14 to 17

Sample Weighting

The design for KnowledgePanel[®] recruitment begins as an equal probability sample with several enhancements incorporated to improve efficiency. Since any alteration in the selection process is a deviation from a pure equal probability sample design, statistical weighting adjustments are made to the data to offset known selection deviations. These adjustments are incorporated in the sample's **base weight**.

There are also several sources of survey error that are an inherent part of any survey process, such as non-coverage and non-response due to panel recruitment methods and to inevitable panel attrition. We address these sources of sampling and non-sampling error by using a **panel demographic post-stratification weight** as an additional adjustment.

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Prior to this adjustment, Spanish-speaking Latinos are separately weighted before they are merged and re-weighted with the overall panel. This ethnic group is augmented with an independent, geographically targeted, dual frame sample screened for Spanish-language-dominant households. A **Spanish-language base weight** incorporating selection and language usage adjustments will be described in more detail below. The overall panel demographic post-stratification weight, when calculated for all panel members, proportionally adjusts for the Spanish-speaking U.S. population.

All the above weighting is done before the study sample is drawn. Once a study sample is finalized (all data collected and a final data set made), a set of **study-specific post-stratification weights** are constructed so that the study data can be adjusted for the study's sample design and for survey non-response.

A description of these types of weights follows.

The Base Weight

In a KnowledgePanel sample there are seven known sources of deviation from an equal probability of selection design. These are corrected in the Base Weight and are described below.

1. Under-sampling of telephone numbers unmatched to a valid mailing address

An address match is attempted on all the Random Digit Dial (RDD)-generated telephone numbers in the sample after the sample has been purged of business and institutional numbers and screened for non-working numbers. The success rate for address matching is in the 60 to 70% range. Households having telephone numbers with valid addresses are sent an advance letter, notifying them that they will be contacted by phone to join KnowledgePanel. The remaining, unmatched numbers are under-sampled as a recruitment efficiency strategy. Advance letters improve recruitment success rates. Under-sampling was suspended between July 2005 and April 2007. It was resumed in May 2007, using a sampling rate of 0.75. RDD recruitment ended in July 2009.

2. RDD selection proportional to the number of telephone landlines reaching the household

As part of the field data collection operation, information is collected on the number of separate telephone landlines in each selected household. The probability of selecting a multiple-line household is down-weighted by the inverse of the number of landlines. RDD recruitment ended in July 2009.

3. Some minor oversampling of Chicago and Los Angeles in early pilot surveys

Two pilot surveys carried out in Chicago and Los Angeles when the panel was initially being built increased the relative size of the sample from these two cities. With natural attrition and growth in size, that impact is disappearing over time. It remains part of our

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base adjustment weighting because of a small number of extant panel members from that initial panel cohort.

4. Early oversampling the four largest states and central region states

At the time when the panel was first being built, survey demand in the four largest states (California, New York, Florida, and Texas) necessitated oversampling during January–October 2000. Similarly, the central region states were oversampled for a brief period of time. These now diminishing effects still remain in the panel membership and thus weighting adjustments are required for these geographic areas.

5. Under-sampling of households not covered by the MSN[®] TV service network

Certain small areas of the U.S. are not serviced by MSN[®], thus the MSN[®]TV units distributed to non-Internet households prior to January 2009 could not be used for those recruited non-Internet households. Overall, the result is a small residual under-sample in those geographic areas which requires a minor weighting adjustment for those locations. Since January 2010, laptop computers with dial-up access are being distributed to non-Internet households thus eliminating this under-coverage component.

6. RDD oversampling of African American and Hispanic telephone exchanges

As of October 2001, oversampling of telephone exchanges with a higher density of minority households (specifically, African American and Hispanic) was implemented to increase panel membership for those groups. These exchanges were oversampled at approximately twice the rate of other exchanges. This oversampling is corrected in the base weight. RDD recruitment ended in July 2009.

7. Address-based sample phone match adjustment

Toward the end of 2008, Knowledge Networks began recruiting panel members by using an address-based sample (ABS) frame in addition to RDD recruitment. Once recruitment through the mail, including follow-up mailings to ABS non-respondents was completed, telephone recruitment was added. Non-responding ABS households where a landline telephone number could be matched to an address were subsequently called and telephone recruitment was initiated. This effort resulted in a slight overall disproportionate number of landline households being recruited in a given ABS sample. A base weight adjustment is applied to return the ABS recruitment panel members to the sample's correct national proportion of phone-match and no phone-match households.

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8. ABS oversample stratification adjustment

In late 2009 the ABS sample began incorporating a geographic stratification design. Census blocks with high density minority communities were oversampled (Stratum 1) and the balance of the census blocks (Stratum 2) were relatively under-sampled. The definition of high density and minority community and the relative proportion between strata differed among specific ABS samples. An appropriate base weight adjustment is applied to each sample to correct for this stratified design.

The Spanish Language Base Weight

In 2008, as an augmentation to KnowledgePanel, Spanish language-specific panel members were recruited through a geographically targeted dual frame sample that was screened for Spanish-language dominant households. Generally, these are households in which members speak Spanish and completed the recruitment interview in Spanish. Eleven geographic regions covering approximately 95% of the national Latino population was screened. Each region had both high and low density Hispanic population areas. High density areas were screened by using RDD methods, whereas low density areas were screened by using Hispanic surname listed samples. Two adjustments are incorporated in the Spanish language base weight.

1. Selection proportional to the number of telephone landlines reaching the household

As part of the field data collection operation, information was collected on the number of separate telephone landlines in each eligible (Spanish-speaking) household. A multiple-line household's selection probability is down-weighted by the inverse of its number of landlines.

2. Geographic frame balancing for RDD and listed surname samples

The recruitment sample frame has a given proportional distribution across 11 regions, each consisting of both a high and low Hispanic population density area (ranging from 0.3% density to 13.9%; average = 4.6%). This adjustment factor returns the recruited households by area to their correct relative proportion across the 22 geographic density areas.

Study-Specific Post-Stratification Weights

Once all the study data are collected and made final, a post-stratification process is used to adjust for any survey non-response as well as any non-coverage or under- and over-sampling resulting from the study-specific sample design. Demographic and geographic distributions for the non-institutionalized, civilian population ages 14+ from the most recent CPS (March 2010 Supplemental) are used as benchmarks in this adjustment. The Spanish language proficiency distributions are from the most currently available Pew Hispanic Center Survey (2007). The benchmark distributions for Internet access among the U.S. population of adults are obtained

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from the most recent special CPS supplemental survey measuring Internet access (October 2009).

For the adult sample, the following variables are utilized for the post-stratification adjustment to the benchmarks of adults aged 18 and over in the U.S. to create weight1:

- Gender (Male/Female)
- Age (18–29, 30–44, 45–59, and 60+)
- Race/Hispanic ethnicity (White/Non-Hispanic, Black/Non-Hispanic, Other/Non-Hispanic, 2+ Races/Non-Hispanic, Hispanic)
- Primary Language (Non-Hispanic, Hispanic English Proficient, Hispanic Bilingual, Hispanic Spanish Proficient)
- Education (Less than High School, High School, Some College, Bachelors and higher)
- Census Region (Northeast, Midwest, South, West)
- Metropolitan Area (Yes, No)
- Internet Access (Yes, No)
- Parents of 14 to 17 years old (Yes, No)²
- Smoking and Poverty Status (Current smokers above 200% federal poverty level, Former/Non smokers above 200% federal poverty level, Current smokers at or below 200% federal poverty level, Former/Non smokers at or below 200% federal poverty level)³

For the teenage sample, KN adjusted probability of selection based on the number of children aged 14 to 17 in the household before post-stratification. The following variables are utilized for the post-stratification adjustment to the benchmarks of teens aged 14 to 17 in the U.S. to create weight2:

- Gender (Male/Female)
- Age (14, 15, 16, 17)
- Race/Hispanic ethnicity (White/Non-Hispanic, Black/Non-Hispanic, Other/Non-Hispanic, 2+ Races/Non-Hispanic, Hispanic)
- Census Region (Northeast, Midwest, South, West)
- Metropolitan Area (Yes, No)
- Internet Access (Yes, No)
- Federal Poverty Level (Above 200%, At or below 200%)

For the adult and teen sample combined, the following variables are utilized for the post-stratification adjustment to the benchmarks of adults aged 14 and over in the U.S. to create weight3:

- Gender (Male/Female)
- Age (14-17,18–29, 30–44, 45–59, and 60+)

² Based on the benchmarks from the KnowledgePanel®

³ ³ Based on the benchmarks from the KnowledgePanel®

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- Race/Hispanic ethnicity (White/Non-Hispanic, Black/Non-Hispanic, Other/Non-Hispanic, 2+ Races/Non-Hispanic, Hispanic)
- Primary Language (Non-Hispanic, Hispanic English Proficient, Hispanic Bilingual, Hispanic Spanish Proficient, Teens)
- Education (Less than High School, High School, Some College, Bachelors and higher)
- Census Region (Northeast, Midwest, South, West)
- Metropolitan Area (Yes, No)
- Internet Access (Yes, No)
- Parents of 14 to 17 years old (Yes, No, Teens)⁴
- Smoking and Poverty Status (Current smokers above 200% federal poverty level, Former/Non smokers above 200% federal poverty level, Current smokers at or below 200% federal poverty level, Former/Non smokers at or below 200% federal poverty level, Teens above 200% federal poverty level, Teens at or below 200% federal poverty level)⁵

Comparable distributions are calculated by using all consented cases from the field data. Since study sample sizes are typically too small to accommodate a complete cross-tabulation of all the survey variables with the benchmark variables, a raking procedure is used for the post-stratification weighting adjustment. This procedure adjusts the sample data back to the selected benchmark proportions. Through an iterative convergence process, the weighted sample data are optimally fitted to the marginal distributions.

After this final post-stratification adjustment, the distribution of the calculated weights are examined to identify and, if necessary, trim outliers at the extreme upper and lower tails of the weight distribution. The post-stratified and trimmed weights are then scaled to the sum of the total sample size of all consented respondents for adults, teens, and teens and adults combined.

⁴ Based on the benchmarks from the KnowledgePanel®

⁵ ⁵ Based on the benchmarks from the KnowledgePanel®

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Appendix A: Questionnaire

Section A: Adult Consent

[RADIO]

[PROMPT IF SKIP]

ADULT_CONSENT.

You are invited to be part of a KnowledgePanel® Members study. The survey focuses on health issues. It will take about 20 minutes.

You get to speak out on issues that are important to Americans, and your feedback will help us learn how to reach other people like you with important messages about health. You can skip any questions you don't want to answer or stop anytime.

Participation is completely voluntary. You may withdraw your consent or discontinue participation at any time without penalty. As always, your identity will be unknown in all data resulting from the study. The researchers will not have access to your name or any of your identifying information. If you have questions contact Knowledge Networks at (800) 782-6899.

(SHOW IF XSMSMOKE=5,7) In appreciation of your time, you will be given 5,000 points.

S4a. If you decide to participate, the survey will follow. Would you like to participate in this survey?

1. Yes
2. No

[TERMINATE IF S4A=2, NO OR SKIP]

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Section A: Parental Consent and Youth Assent

[DISPLAY IF XSMOKE=6]

YOUTH_CONSENT.

This survey focuses on attitudes and behaviors of teens aged 14 through 17. We're contacting you because our records show that there is at least one child in that age range living in your household.

The survey will take approximately 20 minutes. We would like your permission for your child to complete this survey. Your decision to allow your child to take part in this research study is completely voluntary. Your child can refuse to answer any question and can stop the survey at any time. If you decide to allow your child to take part but later change your mind, you and your child will not be contacted again or asked for further information.

As always, your child's identity will be unknown in all data resulting from the study. The researchers will not have access to your child's name or any identifying information. If you have questions contact Knowledge Networks at (800) 782-6899.

Your child will receive 5,000 points as an appreciation for completing the survey.

[NUMBER BOX, 0-20]

[PROMPT, TERMINATE IF 0 OR REFUSED]

S2. To be sure that we have the most current information, please let us know how many children between ages 14 through 17 live in your household for whom you are the legal guardian.

_____ **[NUMBOX 0-20]** _____

[TERMINATE IF S2=0]

[GRID/TEXT BOX; PROMPT]

S2A. Now, please enter the first name or initial and age for **[IF S2=1, INSERT "the child"; IF S2 > 1, INSERT "each of the children age 14 through 17"]** below.

[TERMIANTE IF REFUSED TO ANY FIELDS]

	FIRST NAME or INITIALS	AGE	GENDER [SP]	
Child #1	[TEXT BOX]	[NUMBOX 14-17]	<input type="radio"/> Male	<input type="radio"/> Female
Child #2			<input type="radio"/> Male	<input type="radio"/> Female
....			<input type="radio"/> Male	<input type="radio"/> Female
Child #20			<input type="radio"/> Male	<input type="radio"/> Female

[IF S2>1, THE RANDOMLY SELECT ONE CHILD ABOVE AND RECORD CHILD NAME, AGE, AND GENDER OF THE CHILD SELECTED]

[SP]

[IF S2>0]

S1. Do you agree to allow **[INSERT CHILD NAME]** to participate in this survey?

Yes 1
 No **TERMINATE**
TERMINATE if skip

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Section B: Demographics {only ask for youth; use Knowledge Networks standard questions}

[IF S1=1]

[RADIO]

TD2. What grade is **[INSERT CHILD NAME]** in?

- 6th grade or less 1
- 7th grade..... 2
- 8th grade..... 3
- 9th grade..... 4
- 10th grade..... 5
- 11th grade..... 6
- 12th grade..... 7
- College student..... 8
- Not in school..... 9

[T PPETHM]

The questions for race/ethnicity vary slightly from Panel version as the Panel is adjusting to match census. Currently the categories are collapsed back down to those asked here.

QRACE1

[SP]

This is about Hispanic ethnicity. Is **[INSERT CHILD NAME]** of Spanish, Hispanic, or Latino descent?

- No,..... 1
- Yes, Mexican, Mexican-American,
Chicano..... 2
- Yes, Puerto Rican 3
- Yes, Cuban 4
- Yes, Central American 5
- Yes, South American 6
- Yes, Caribbean 7
- Yes, Other
Spanish/Hispanic/Latino..... 8

[TEXT ONLY]

Please indicate what you consider **[INSERT CHILD NAME]**'s racial background to be. We greatly appreciate your effort to describe your child's background using the standard categories provided. These race categories may not fully describe your child, but they do match those used by the Census Bureau. It helps us compare our survey respondents to the U.S. population.

QRACE2

[MP]

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Please check one or more categories below to indicate what race(s) you consider **[INSERT CHILD NAME]** to be.

- White 1
- Black or African American 2
- American Indian or Alaska Native 3
- Asian/Pacific Islander 4

Create Data-only variable PPETHM by using the below logic involving responses to QRACE1 and QRACE2

Variable name: T_PPETHM

Type: SP

Variable Text: Census Ethnicity demographic

Response list:

1. White, Non-Hispanic
2. Black, Non-Hispanic
3. Other, Non-Hispanic
4. Hispanic
5. 2+ Races, Non-Hispanic

QRACE1	QRACE2	T_PPETHM
1	1 (ONLY)	1
1	2 (ONLY)	2
1	3 OR 4	3
1	1 AND 2 OR	5
	1 AND 3 OR	
	1 AND 4 OR	
	2 AND 3 OR	
	2 AND 4 OR	
	3 AND 4	
2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8	1 OR 2 OR 3 OR 4 (ANYTHING)	4

[IF S1=1]

Please ask **[INSERT CHILD NAME]** to complete the rest of this survey. Thank you.

[IF S1=1]

ChildReady. Is **[INSERT CHILD NAME]** ready to complete the rest of the survey now?

Yes

No

[DISPLAY]

[IF CHILDREADY=NO OR SKIP]

This is not a problem. When your child is available you can come back to this survey by accessing your panel member page. You will see the study with the title "Social Issues".

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Thanks so much for your help up to this point, please remember to come back to this study when your child is available.

[LOOP BACK TO THE SCREEN BEFORE CHILDREADY]

[IF CHILDREADY=1]

ChildLang. Would you like **[INSERT CHILD NAME]** to take the survey in English or Spanish?

English
Spanish

[IF ENGLISH OR SKIP, CONTINUE IN ENGLISH]

[IF SPANISH, CONTINUE IN SPANISH]

[DISPLAY]

YOUTH_ASSENT.

You are invited to be part of a group of KnowledgePanel® Members study. The survey focuses on attitudes and behaviors of young people. It will take about 20 minutes.

You get to speak out on issues that are important to young people, and your feedback will help us learn how to reach other young people like you with important information about health topics. You can skip any questions you don't want to answer or stop anytime.

Participation is completely voluntary. You may withdraw your consent or discontinue participation at any time without penalty. As always, your identity will be unknown in all data resulting from the study. The researchers will not have access to your name or any of your identifying information. If you have questions contact Knowledge Networks at (800) 782-6899. In appreciation of your time, you will be given 5,000 points.

S4b. If you decide to participate, the survey will follow. Would you like to participate in this survey?

1. Yes
2. No

[TERMINATE IF S4B=2, NO OR SKIP]

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Section 1: Introduction

[DISPLAY]

Some people smoke cigarettes while others do not. Please answer the following questions about smoking and cigarettes.

[THIS INITIAL QUESTION SERIES (Q1-4) IS DIFFERENT FOR ADULTS AND YOUTH. PLEASE NOTE SMOKING STATUS CLASSIFICATIONS. SEVERAL QUESTIONS LATER IN THE INSTRUMENT MAKE USE OF THESE TO SHOW/HIDE DIFFERENT QUESTIONS.]

[SHOW Q1A-Q4A IF XSMSMOKE~=6]

[RADIO]

Q1a. Have you smoked at least 100 cigarettes in your entire life? (One hundred cigarettes is equal to 5 packs of cigarettes.)

- a. Yes
- b. No [NON-SMOKER, SKIP TO Q5]

[IF Q1A=A “YES”]

[RADIO]

Q2a. Do you now smoke cigarettes every day, some days, or not at all?

- a. Everyday [CURRENT SMOKER]
- b. Some days [CURRENT SMOKER]
- c. Not at all [FORMER SMOKER, SKIP TO Q5]

[IF Q2A= A OR B; “EVERYDAY” OR SOME DAYS”]

[RADIO]

Q3a. When did you smoke your last cigarette? Was it...

- a. I am smoking right now
- b. Within the last hour
- c. Today, but more than an hour ago
- d. I have not smoked today
- e. Don't know

[IF Q2A= A OR B; “EVERYDAY” OR SOME DAYS”]

[RADIO]

Q4a. Have you ever stopped smoking for one day or longer because you were trying to quit smoking?

- a. Yes
- b. No
- c. Don't know

[IF XSMSMOKE=6]

[RADIO]

T1b. Have you ever tried cigarette smoking, even one or two puffs?

- a. Yes
- b. No [NON-SMOKER, SKIP TO Q5]

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[IF T1B=A, "YES"]

[RADIO]

- T2b. During the past 30 days, on how many days did you smoke cigarettes?
- a. 0 days [EVER-SMOKER, YOUTH]
 - b. 1-2 days [CURRENT SMOKER]
 - c. 3-5 days [CURRENT SMOKER]
 - d. 6-9 days [CURRENT SMOKER]
 - e. 10-19 days [CURRENT SMOKER]
 - f. 20-29 days [CURRENT SMOKER]
 - g. All 30 days [CURRENT SMOKER]

[IF T1B=A, "YES"]

[RADIO]

- T3b. When did you smoke your last cigarette? Was it...
- a. I am smoking right now
 - b. Within the last hour
 - c. Today, but more than an hour ago
 - d. I have not smoked today
 - e. Don't know

[IF QT1B=A, "YES"]

[RADIO]

- T4b. Have you ever stopped smoking for one day or longer because you were trying to quit smoking?
- a. Yes
 - b. No
 - c. Don't know

PROGRAMMING NOTES: CREATE DOV_SMOKER

IF Q2A=A, B, OR T2B=B THRU G," DOV_SMOKER=1 "CURRENT SMOKER"

IF Q2A=C OR SKIP, OR T2B=A OR SKIP, DOV_SMOKER=2 "FORMER SMOKER"

IF Q1A=B OR SKIP OR T1B = B OR SKIP, DOV_SMOKER=3 "NON-SMOKER"

[SHOW TO ALL]

[SP]

5. Do you agree or disagree with the following statement? Whether a person gets lung cancer depends more on genes than anything else.
- a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree
 - e. Don't Know

[SP]

6. Do you agree or disagree with the following statement? Smoking and nicotine are addictive.
- a. Strongly Agree
 - b. Agree
 - c. Disagree

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- d. Strongly Disagree
- e. Don't Know

[SP]

7. Do you believe that some cigarettes are less harmful than others?
- a. Yes
 - b. No
 - c. Don't know

[SP]

8. Do you believe that cigarettes have been designed to make it harder for smokers to stop smoking?
- a. Yes
 - b. No
 - c. Don't know

[SP]

9. Do you believe that secondhand smoke is harmful to non-smokers?
- a. Yes
 - b. No
 - c. Don't know

[IF DOV_SMOKER=1, "CURRENT SMOKER"; SP]

- Q10a. Which statement best describes you? Choose only one.
- a. I am seriously thinking about quitting smoking in the next 30 days.
 - b. I am seriously thinking about quitting smoking in the next 6 months.
 - c. I am thinking about quitting smoking some day, but I don't know when.
 - d. I am not thinking of quitting smoking.
 - e. Don't know.

{FORMER SMOKERS AND EVER-SMOKER}

[IF DOV_SMOKER=2, "FORMER SMOKER"; SP]

- Q10b. How confident are you that you will not smoke for the next six months?
- a. Very confident
 - b. Somewhat confident
 - c. Not very confident
 - d. Not at all confident
 - e. Don't know

{NEVER SMOKERS ONLY}

[IF DOV_SMOKER=3, "NON-SMOKER"; SP]

- Q10c. Which statement best describes you? Choose only one.
- a. I am seriously thinking about starting to smoke in the next 30 days.
 - b. I am seriously thinking about starting to smoke in the next 6 months.
 - c. I am thinking about starting to smoke some day, but I don't know when.
 - d. I am not thinking of starting to smoke.
 - e. Don't know.

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Section 2: Communication Statements

[DISPLAY]

For the next part of the survey you will read several statements about smoking. Please provide your opinions about each one.

[THIS SECTION OF THE SURVEY WILL REPEAT THREE TIMES. SELECT THREE RANDOM TOPIC AREAS TO SHOW PARTICIPANTS, BALANCING ACROSS CONDITIONS.]

[REPEATING AREA STARTS HERE]

[DISPLAY]

Please read the following statement about smoking. After you read the statement, you will answer a series of questions about it. Please select next when you have finished reading the statement and are ready to answer the questions.

[RANDOMLY SELECT THREE TOPICS]

[RECORD TOPICS SELECTED IN TOPIC1, TOPIC2, TOPIC3]

[FOR EACH TOPIC, RANDOMLY SELECT ONE STATEMENT. RECORD STATEMENT SELECTED IN STATEMENT1, STATEMENT2, STATEMENT3]

[‘CONTROL’ STATEMENT CAN ONLY APPEAR FOR ONE TOPIC]

[THIS PART OF THE SURVEY REQUIRES TWO RANDOM SELECTIONS. FIRST, RANDOMLY DETERMINE THE TOPIC ORDER FOR THE REPEATING SERIES. FOR EXAMPLE: A,E,C. WITHIN EACH TOPIC AREA, FURTHER RANDOMLY SELECT ONE OF FIVE STATEMENTS (PER TOPIC) TO SHOW (FOUR EXPERIMENTAL AND ONE CONTROL). PLEASE BALANCE DESIGN SO THAT THE SAME NUMBER OF PEOPLE ARE ASSIGNED TO EACH CONDITION (TOPIC AND STATEMENT), AND EQUALIZE THESE ASSIGNMENTS ACROSS OUR SAMPLE DESIGN. SEE ATTACHED DOCUMENT “STATEMENTS TO TEST” FOR TOPIC AREAS AND TEST STATEMENTS.]

[SHOW ONE RANDOMLY SELECTED STATEMENT. AFTER RESPONDENT SELECTS CONTINUE, SHOW QUESTIONS ON A NEW SCREEN AND DO NOT SHOW STATEMENT AGAIN.]

[PLEASE NOTE: QUESTIONS ARE LARGELY CONSISTENT FOR TOPICS A-E, BUT THERE ARE SOME DIFFERENCES WHERE NOTED. THUS, THE QUESTIONS BEING ASKED WILL VARY SLIGHTLY AS THIS SERIES IS REPEATED THREE TIMES. THE VARIATION DEPENDS ON THE TOPIC AREA A-E, BUT NOT ON THE STATEMENT SELECTED. THERE IS ALSO VARIATION BASED ON SMOKER STATUS AS DERIVED IN SECTION 1.]

[DISPLAY SELECTED STATEMENT FOR TOPIC1, TOPIC2, OR TOPIC3]

[RADIO]

New1. How confusing, if at all, would you say that this statement was for you to understand?

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Very confusing
Somewhat confusing

Not at all confusing

[GRID]

[DISPLAY SELECTED STATEMENT FOR TOPIC1, TOPIC2, OR TOPIC3]

Thinking about this statement, how much do you agree or disagree with the following?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
11. Reading this statement gives me an urge for a cigarette.					
12. Reading this statement makes me want a cigarette right now.					
[IF DOV_SMOKER=1, "CURRENT SMOKER"; SP] Q13a. Reading this statement makes me think about quitting smoking.					
[IF DOV_SMOKER=2, "FORMER SMOKER"; SP] Q13b. Reading this statement makes me want to stay smokefree.					
[IF DOV_SMOKER=3, "NON-SMOKER"; SP] Q13c. Reading this statement makes me want to stay a non-smoker.					

[THE NEXT SEVERAL QUESTIONS ARE ENTIRLY DIFFERENT BY TOPIC AREA. PLEASE SEE CORRECT SERIES IDENTIFIED BY LETTER BELOW AND ONLY SHOW APPROPRIATE SET BASED ON TOPIC BEING QUERIED.]

- A: Negative health effects of smoking;
- B: Addictiveness of smoking and nicotine;
- C: "Low tar," "light," "ultra light," "mild," and "natural" cigarettes;
- D: Design and manipulation;
- E: Secondhand smoke]

[IF TOPIC1 OR TOPIC2 OR TOPIC3=A]

[GRID]

A: [FOR THOSE PARTICIPANTS SEEING NEGATIVE HEALTH EFFECTS OF SMOKING STATEMENTS.]

[DISPLAY SELECTED STATEMENT FOR TOPIC1, TOPIC2, OR TOPIC3]

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Thinking about this statement, how much do you agree or disagree with the following?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
14a. Cigarette smoking is bad for your health.					
15a. Smoking cigarettes causes lung cancer, heart disease, and other diseases.					

[IF TOPIC1 OR TOPIC2 OR TOPIC3=B]

B: [FOR THOSE RESPONDENTS SEEING ADDICTION STATEMENTS]

[IF DOV_SMOKER=3, "NON-SMOKER"; SP]

14b.1. How likely do you think it is that you would become addicted to nicotine if you started smoking cigarettes?

- a. Very likely
- b. Likely
- c. Somewhat likely
- d. Not at all likely
- e. Don't know

[IF DOV_SMOKER=1, "CURRENT SMOKER"; SP]

14b.2. Do you think you are addicted to nicotine?

- a. Yes
- b. No
- c. Don't know

[IF DOV_SMOKER=2, "FORMER SMOKER"; SP]

14b.3 Do you think you were addicted to nicotine when you smoked?

- a. Yes
- b. No
- c. Don't know

[IF DOV_SMOKER=3, "NON-SMOKER"; SP]

14b.4. If I started smoking, I could stop smoking easily if I wanted to:

- a. Strongly Agree
- b. Agree
- c. Disagree
- d. Strongly Disagree
- e. Don't know

[IF DOV_SMOKER=1, "CURRENT SMOKER"; SP]

14b.5. I could stop smoking easily if I wanted to:

- a. Strongly Agree
- b. Agree
- c. Disagree
- d. Strongly Disagree
- e. Don't know

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[IF DOV_SMOKER=2, "FORMER SMOKER"; SP]

- 14b.6. If I started smoking again, it would be easy to quit:
- a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree
 - e. Don't know

[RADIO]

16. Do you agree or disagree with the following statement? Smoking and nicotine are addictive
- i. Strongly Agree
 - ii. Agree
 - iii. Disagree
 - iv. Strongly Disagree
 - v. Don't Know

[RADIO]

17. Cigarette smoking is not just a bad habit, it's an addiction.
- a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree
 - e. Don't know

[IF TOPIC1 OR TOPIC2 OR TOPIC3=C]

C: [FOR THOSE RESPONDENTS SEEING "low tar," "light," "ultra light," "mild," and "natural" STATEMENTS]

[RADIO]

- 14c. Do you believe that some cigarettes are less harmful than others?
- a. Yes
 - b. No
 - c. Don't know

[GRID]

[DISPLAY SELECTED STATEMENT FOR TOPIC1, TOPIC2, OR TOPIC3]

Thinking about this statement, how much do you agree or disagree with the following?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
15c. Full flavor cigarettes are more harmful than "low tar," "light," "ultra light," "mild," and "natural" cigarettes.					
16c. People who smoke "low tar," "light," "ultra light," "mild," or "natural" cigarettes are less likely to get cancer than people who smoke full-flavor cigarettes.					

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17c. People who smoke “low tar,” “light,” “ultra light,” “mild,” or “natural” cigarettes are less likely to get heart disease than people who smoke full-flavor cigarettes.					
---	--	--	--	--	--

[IF TOPIC1 OR TOPIC2 OR TOPIC3=D]

D: [FOR RESPONDENTS SEEING MANIPULATION STATEMENTS.]

[GRID]

[DISPLAY SELECTED STATEMENT FOR TOPIC1, TOPIC2, OR TOPIC3]

Thinking about this statement, how much do you agree or disagree with the following?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
14d. Cigarette makers add chemicals to cigarettes to make it easier for a smoker to get nicotine.					
15d. Cigarettes have been designed to make it harder for smokers to stop smoking.					

[IF TOPIC1 OR TOPIC2 OR TOPIC3=E]

E: [FOR THOSE RESPONDENTS SEEING SECONDHAND SMOKE STATEMENTS]

[GRID]

[DISPLAY SELECTED STATEMENT FOR TOPIC1, TOPIC2, OR TOPIC3]

Thinking about this statement, how much do you agree or disagree with the following?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
14e. Secondhand smoke is harmful to non-smokers.					
15e. Secondhand smoke causes lung cancer and heart attacks in adults.					
16e. Secondhand smoke causes asthma and ear infections in children.					

[QUESTIONS NOW SAME FOR ALL TOPICS, EXCEPT WHERE NOTED.]

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[RADIO]

[DISPLAY SELECTED STATEMENT FOR TOPIC1, TOPIC2, OR TOPIC3]

18. After seeing this statement, if you were later to hear an **opposite** claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?
- I would believe an opposite claim.
 - I would not believe an opposite claim.
 - This statement would have no impact on whether I would believe an opposite claim I may hear in the future.
 - Not sure

DELETE NEW 2

[RADIO]

[DISPLAY SELECTED STATEMENT FOR TOPIC1, TOPIC2, OR TOPIC3]

19. After seeing this statement, if you were later to hear that it **has not been proven** that [IF TOPIC =A, INSERT: smoking cigarettes is bad for your health; IF TOPIC=B, INSERT: smoking and nicotine are addictive; IF TOPIC=C, INSERT: smoking “low tar,” “light,” “ultra light,” “mild,” and “natural” cigarettes has the same health risks as smoking full-flavor cigarettes; IF TOPIC=D, INSERT: tobacco companies manipulate cigarette design; IF TOPIC=E, INSERT: secondhand smoke is harmful to other people], would you:
- Believe that it is **not proven** that [IF TOPIC =A, INSERT: smoking cigarettes is bad for your health; IF TOPIC=B, INSERT: smoking and nicotine are addictive; IF TOPIC=C, INSERT: smoking “low tar,” “light,” “ultra light,” “mild,” and “natural” cigarettes has the same health risks as smoking full-flavor cigarettes; IF TOPIC=D, INSERT: tobacco companies manipulate cigarette design; IF TOPIC=E, INSERT: secondhand smoke is harmful to other people].
 - Believe that it is **proven** that [IF TOPIC =A, INSERT: smoking cigarettes is bad for your health; IF TOPIC=B, INSERT: smoking and nicotine are addictive; IF TOPIC=C, INSERT: smoking “low tar,” “light,” “ultra light,” “mild,” and “natural” cigarettes has the same health risks as smoking full-flavor cigarettes; IF TOPIC=D, INSERT: tobacco companies manipulate cigarette design; IF TOPIC=E, INSERT: secondhand smoke is harmful to other people].
 - This statement would have no impact on whether I believe that [IF TOPIC =A, INSERT: smoking cigarettes is bad for your health; IF TOPIC=B, INSERT: smoking and nicotine are addictive; IF TOPIC=C, INSERT: smoking “low tar,” “light,” “ultra light,” “mild,” and “natural” cigarettes has the same health risks as smoking full-flavor cigarettes; IF TOPIC=D, INSERT: tobacco companies manipulate cigarette design; IF TOPIC=E, INSERT: secondhand smoke is harmful to other people].
 - Not sure

[[REPEATING AREA ENDS HERE; REPEAT SECTIONTHREE TIMES FOR TOPIC1, TOPIC2, AND TOPIC 3]]

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Section 3: Statement Review

[RANDOMLY PICK ONE OF THE TWO TOPIC AREAS NOT ALREADY SELECTED, BALANCE ACROSS TOPIC AREAS; RECORD AS TOPIC4]

[DISPLAY]

Now you will see several statements, all on the same topic. These statements are designed to communicate **[IF TOPIC4=A, INSERT: the dangers of smoking; IF TOPIC4=B, INSERT: the addictiveness of smoking and nicotine; IF TOPIC4=C, INSERT: the lack of any significant health benefit from smoking “low tar,” “light,” “ultra light,” “mild,” and “natural,” cigarettes; IF TOPIC4=D, INSERT: that cigarette manufacturers manipulate cigarette design and composition to ensure optimum nicotine delivery; IF TOPIC4=E, INSERT the negative health effects of exposure to secondhand smoke].**

[[START OF REPEATING SECTION FOR EACH STATEMENT]]

[REPEAT FOR FIVE STATEMENTS]

[RANDOMIZE AND RECORD ORDER OF STATEMENTS]

[DISPLAY]

Here is the **{INSERT “first/second/third/fourth/fifth”}** statement:

{INSERT STATEMENT}

[GRID, SP]

Please indicate whether you agree or disagree with the following.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
20. This statement grabbed my attention.					
21. This statement made me curious to know more.					
22. This statement would be good for [IF TOPIC4=A, INSERT: educating the public about the dangers of smoking; IF TOPIC4=B, INSERT: educating the public about the addictiveness of smoking and nicotine; IF TOPIC4=C: educating the public about “low tar,” “light,” “ultra light,” “mild,” and “natural” cigarettes; IF TOPIC4=D, INSERT: educating the public about cigarette design; IF TOPIC4=E: educating the public about secondhand smoke].					
23. This statement may change <u>other</u> people's attitudes about smoking.					
24. This statement provides accurate information about [IF TOPIC4=A: the dangers of smoking cigarettes; IF TOPIC4=B: the addictiveness of smoking and nicotine; IF TOPIC4=C: “low tar,” “light,” “ultra light,” “mild,” and “natural” cigarettes; IF TOPIC4=D: cigarette design; IF TOPIC4=E: secondhand smoke].					
25. This statement is believable.					

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[[WHEN ALL FIVE STATEMENTS HAVE BEEN SHOWN, CONTINUE.]]

[DISPLAY]

Now, looking at all five statements together, please rank the statements from 1 to 5, with 1 being the one that most clearly communicates about **[IF TOPIC4=A: the dangers of smoking; IF TOPIC4=B: the addictiveness of smoking and nicotine; IF TOPIC4=C: “low tar,” “light,” “ultra light,” “mild,” and “natural” cigarettes; IF TOPIC4=D: cigarette design; IF TOPIC4=E: secondhand smoke]**, and with 5 being the one that least clearly communicates about that topic. In making your determination, please consider whether you would pay attention to it and how easy it is to understand.

Question from client: On the page where they see all 5 statements together (q26) to compare them, is there any way to better distinguish them from one another (e.g., larger header breaks, darker table lines, more dramatic color changes)?

[PROMPT]

[RANDOMIZE AND RECORD ORDER OF STATEMENTS; RANK 1-5]

26..

Statement [RANDOMIZE AND RECORD ORDER]	Please rank statements from 1 to 5

Section 4: Conclusion

[DISPLAY]

Imagine that you were to see some of the statements you’ve seen in this survey in a newspaper advertisement, on TV, online, or in a store. The statements may **start** with the following introduction:

[RANDOMLY SHOW ONE INTRODUCTION FROM BULLETED LIST BELOW. BALANCE NUMBER OF RESPONDENTS WHO VIEW EACH INTRODUCTION ACROSS CONDITIONS.]

[RECORD VARIABLE AS “LEADTEXT”]

- The following statement is made by [Cigarette Company Name] pursuant to a Court Order in *United States v. [Cigarette Manufacturer Name]*, 449 F. Supp. 2d 1, 928, 938-39 (D.D.C. 2006), *aff’d in part and vacated in part*, 566 F.3d 1095 (D.C. Cir. 2009) (*per curiam*), *cert. denied*, 561 U.S. ____, 130 S. Ct. 3501 (2010).
- A federal court is requiring tobacco companies to tell the truth about smoking. Here’s the truth:
 - The Surgeon General has concluded:
 - A United States District Court has found that:
 - Here’s the truth from the U.S. Surgeon General and the National Cancer Institute:

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[RADIO]

[REPEAT INTRODUCTION]

[SHOW Q27 AND Q28 ON THE SAME SCREEN]

Thinking about this introduction, please answer the following questions:

27. This introduction grabbed my attention.

- a. Strongly Agree
- b. Agree
- c. Disagree
- d. Strongly Disagree
- e. Don't know

[RADIO]

28. How likely would you be to trust the statement based on that introduction?

- a. Very likely
- b. Likely
- c. Somewhat likely
- d. Not at all likely
- e. Don't know

[DISPLAY]

Again, please imagine that you were to see some of the statements you've seen in this survey in a newspaper advertisement, on TV, online, or in a store. The statements may **end** with the following sentence:

[RANDOMLY SHOW ONE ATTRIBUTION FROM BULLETED LIST BELOW. BALANCE NUMBER OF RESPONDENTS WHO VIEW EACH INTRODUCTION ACROSS CONDITIONS.]
[RECORD VARIABLE AS "ENDTEXT"]

- Paid for by [Cigarette Company Name] under order of a United States District Court.
- This message is furnished by [Cigarette Company Name] pursuant to a Court Order and is taken from the 2004 Surgeon General's Report.
- These conclusions are contained in the 1988 Surgeon General's Report. [Cigarette Company Name] encourages consumers to rely upon the conclusions of the Surgeon General in making decisions about smoking.
- This message is furnished pursuant to a Court Order by [Cigarette Company Name].

[RADIO]

[REPEAT INTRODUCTION]

[SHOW Q29 AND Q30 ON THE SAME SCREEN]

Thinking about this sentence, how much do you agree or disagree with the following?

29. This information would make me trust the statements.

- a. Strongly Agree
- b. Agree
- c. Disagree
- d. Strongly Disagree

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- e. Don't know

[RADIO]

30. This information would make me question the accuracy of the statements.
- a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree
 - e. Don't know

[DISPLAY]

Thank you! This concludes our study. We appreciate your time and assistance.

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Topics (A, B, C, D, E) and Statements for section 2:

Topic A: Health effects.

A-2: Philip Morris

Cigarette smoking causes lung cancer, heart disease, emphysema, and other serious diseases in smokers. Smokers are far more likely to develop serious diseases, like lung cancer, than non-smokers. Smoking by pregnant women increases the risks for fetal injury, premature birth, and low birth weight. There is no safe cigarette.

A-3: RJ Reynolds

The Surgeon General has concluded that cigarette smoking causes the following diseases and adverse health effects:

- Bladder cancer, cervical cancer, cancers of the esophagus, renal cell and renal pelvis cancers, cancer of the larynx, acute myeloid leukemia, lung cancer, cancers of the oral cavity and pharynx, pancreatic cancer, gastric cancers, abdominal aortic aneurysm, atherosclerosis, stroke, coronary heart disease, chronic obstructive pulmonary diseases such as emphysema and chronic bronchitis, pneumonia, respiratory effects in utero, respiratory effects in children, adolescents, and adults, respiratory symptoms among adults including coughing, phlegm, wheezing, and dyspnea, poor asthma control, fetal death and stillbirths, reduced fertility in women, fetal growth restrictions and low birth weight, pre-mature rupture of the membranes, placenta previa, placental abruption, preterm delivery and shortened gestation, cataracts, diminished health status/morbidity, hip fractures, low bone density in postmenopausal women, and peptic ulcer disease.

This message is furnished by [Cigarette Manufacturer Name] pursuant to a Court Order and is taken from the 2004 Surgeon General's Report.

You should rely upon your medical provider and the Surgeon General in making decisions regarding smoking.

A-5: Interveners

For decades, we denied that smoking was dangerous. Here's the truth:

- 1200 Americans die every day from smoking--it harms almost every organ in the body, causing heart attacks, strokes, emphysema and almost one third of all cancers.
- More people die from smoking than from murder, AIDS, suicide, drugs, car crashes and alcohol combined.
- In fact, cigarettes kill one half of all lifelong smokers. That means if you, your spouse, and your parents are lifelong smokers, the chances are that two of you will die from it.
- For every death from smoking, there are another 20 people living with at least one serious illness from smoking. That's over 8 million Americans at any given time.

Paid for by [Cigarette Manufacturer Name] under order of a federal district court.

A-6: Salter>Mitchell

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A federal court is requiring tobacco companies to tell the truth about cigarette smoking.

Here's the truth:

- Smoking reduces circulation, triggers asthma, and can cause infertility and erectile dysfunction.
- Smoking during pregnancy can cause stillbirth, low birth weight, and sudden infant death syndrome.
- Smoking causes heart disease, emphysema, chronic bronchitis, acute myeloid leukemia, and cancers of the mouth, esophagus, throat, voice box, lung, stomach, kidney, bladder, pancreas, cervix and uterus.
- Smoking kills 1,200 Americans. Every day.

Control-1.

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

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Topic B: Addictiveness.

B-2: Philip Morris

Cigarette smoking is addictive. The nicotine in cigarette smoke is addictive. It can be difficult to quit smoking, but this should not deter smokers who want to quit from trying to do so.

B-4: Lorillard

The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in *United States v. [Cigarette Manufacturer Name]*, 449 F. Supp. 2d 1, 928, 938-39 (D.D.C. 2006), *aff'd in part and vacated in part*, 566 F.3d 1095 (D.C. Cir. 2009) (*per curiam*), *cert. denied*, 561 U.S. ____, 130 S. Ct. 3501 (2010).

The Surgeon General has concluded:

- Cigarettes and other forms of tobacco are addicting. Nicotine is the drug in tobacco that causes addiction.

These conclusions are contained in the 1988 Surgeon General's Report. [Cigarette Manufacturer Name] encourages consumers to rely upon the conclusions of the Surgeon General in making decisions about smoking.

B-5: Interveners

We told Congress under oath that we believed nicotine is not addictive. We told you that smoking is not an addiction and all it takes to quit is willpower.

Here's the truth:

- Smoking is very addictive. And it's not easy to quit.
- We manipulated cigarettes to make them more addictive.
- When you smoke, the nicotine actually changes the brain—that's why quitting is so hard.

Paid for by [Cigarette Manufacturer Name] under order of a federal district court.

B-6: Salter>Mitchell

Tobacco companies testified before Congress that nicotine isn't addictive. Now a federal court is requiring them to tell the truth about smoking.

Here's the truth:

- The nicotine in cigarettes is highly addictive. Cigarettes can be harder to quit than heroin and cocaine.
- Nicotine changes people's brains so they crave cigarettes the same way they want food when they're hungry and water when they're thirsty.
- The result: People keep buying cigarettes long after they wish they had quit.

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Control-1.

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

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Topic C: Low tar.

C-2: Philip Morris

There is no safe cigarette. "Low tar," "light," "ultra light," "medium," and "mild" brands are no exception. You should not assume that these brands are safe or safer than full flavor brands or that smoking these brands will help you quit. If you are concerned about the health risks of smoking, you should quit.

C-4: Lorillard

The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in *United States v. [Cigarette Manufacturer Name]*, 449 F. Supp. 2d 1, 928, 938-39 (D.D.C. 2006), *aff'd in part and vacated in part*, 566 F.3d 1095 (D.C. Cir. 2009) (*per curiam*), *cert. denied*, 561 U.S. ___, 130 S. Ct. 3501 (2010).

The Surgeon General has concluded:

- Smoking cigarettes with lower machine-measured yields of tar and nicotine (including those that have been labeled "low tar," "light," "ultra light," "mild" and "natural") provides no clear benefit to health in comparison to smoking cigarettes with higher machine-measured yields of tar and nicotine.

This conclusion is contained in the 2004 Surgeon General's Report. [Cigarette Manufacturer Name] encourages consumers to rely upon the conclusions of the Surgeon General in making decisions about smoking.

C-5: Interveners

We falsely marketed low tar and light cigarettes as less harmful than regular cigarettes to keep people smoking and sustain our profits.

We knew that many smokers switch to low tar and light cigarettes rather than quitting because they believe low tar and lights are less harmful. They are NOT.

Here's the truth:

- Just because lights and low-tar cigarettes feel smoother, that doesn't mean they are any better for you. Light cigarettes can deliver the same amounts of tar and nicotine as regular cigarettes.
- ALL cigarettes cause cancer, lung disease, heart attacks and premature death—lights, low-tar, ultra lights and naturals.

Paid for by [Cigarette Manufacturer Name] under order of a federal district court.

C-6: Salter>Mitchell

For years, tobacco companies have tried to make people think some cigarettes were less harmful than others. Now a federal court is requiring them to tell the truth about smoking.

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Here's the truth:

- Cigarettes marketed as "light," "ultra light," "low-tar," "mild," or "natural" are just as bad for you and just as hard to quit as full-flavor cigarettes, even if some people are fooled.
- All cigarettes cause cancer, heart disease, emphysema and many other health problems. Choosing "light," "ultra light," "low-tar," "mild," or "natural" cigarettes does not reduce your health risks.

Control-1.

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

APPENDIX E1: Knowledge Networks Project Report

Topic D: Manipulation.

D-2: Philip Morris

Cigarettes deliver tar and nicotine. Well known design features affect the delivery of tar and nicotine. The amount of tar and nicotine you inhale will vary, depending upon how you smoke. Generally speaking, the more intensely you smoke a cigarette, the more tar and nicotine you will inhale.

D-3: RJ Reynolds

A United States District Court has found that:

- “Cigarettes are specifically designed to deliver a range of nicotine doses so that a smoker can obtain her optimal dose from virtually any cigarette on the market, regardless of that cigarette’s nicotine delivery level as measured by the FTC method.”
- “Cigarette manufacturers controlled the amount and form of nicotine delivery in commercial products by controlling the physical and chemical make-up of the tobacco blend and filler.”

This message is furnished pursuant to a Court Order by [Cigarette Manufacturer Name].

You should rely upon your medical provider and the Surgeon General in making decisions regarding smoking.

D-5: Interveners

For decades, we denied that we controlled the level of nicotine delivered in cigarettes.

Here’s the truth:

- Cigarettes are a finely-tuned nicotine delivery device designed to addict people.
- We control nicotine delivery to create and sustain smokers’ addiction, because that’s how we keep customers coming back.
- We also add chemicals, such as ammonia, to enhance the impact of nicotine and make cigarettes taste less harsh.
- When you smoke, the nicotine actually changes the brain—that’s why quitting is so hard.

Paid for by [Cigarette Manufacturer Name] under order of a federal district court.

D-6: Salter>Mitchell

A federal court is requiring tobacco companies to tell the truth about cigarette smoking.

Here’s the truth:

- Tobacco companies intentionally design cigarettes to maximize our addiction to them.
- They add chemicals to cigarettes and manipulate the level of nicotine so that it’s delivered to our brains in doses that get us addicted and keep us hooked.
- The result: People keep buying cigarettes long after they wish they had quit.

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Control-1.

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

APPENDIX E1: Knowledge Networks Project Report

Topic E: Secondhand smoke.

E-2: Philip Morris

Public health officials have concluded that secondhand smoke from cigarettes causes disease, including lung cancer and heart disease, in non-smoking adults, as well as causes conditions in children such as asthma, respiratory infections, cough, wheeze, otitis media (middle ear infection) and Sudden Infant Death Syndrome.

E-3: RJ Reynolds

The Surgeon General has concluded:

- Exposure to environmental tobacco smoke has been proven to cause premature death and disease in children and in adults who do not smoke. Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children. Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer. The scientific evidence indicates that there is no risk-free level of exposure to second-hand smoke.

This message is furnished by [Cigarette Manufacturer Name] pursuant to a Court Order and is taken from the 2006 Surgeon General's Report.

You should rely upon your medical provider and the Surgeon General in making decisions regarding smoking.

E-5: Interveners

For decades we denied the harms of secondhand smoke.

Here's the truth from the U.S. Surgeon General and National Cancer Institute:

- Secondhand smoke contains 4,800 chemicals and more than 50 cancer-causing substances. Chemicals include formaldehyde, benzene, vinyl chloride, arsenic, ammonia, and hydrogen cyanide.
- Secondhand smoke has been proven to cause lung cancer and heart attacks and kills over 38,000 Americans each year.
- There is no risk-free exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke.

Paid for by [Cigarette Manufacturer Name] under order of a federal district court.

E-6: Salter>Mitchell

A federal court is requiring tobacco companies to tell the truth about cigarette smoking.

Here's the truth:

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- Secondhand smoke kills 38,000 Americans every year.
- Children exposed to cigarette smoke suffer more from asthma, pneumonia, bronchitis and ear infections. Adults exposed also suffer because they inhale the same chemicals from secondhand smoke that kill and disable smokers.

Control-1.

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

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Appendix B: Codebook

xsmsmoke samvar: xsmsmoke - Sample Source

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Current Smoker above 200% federal poverty level	469	13.0	13.0	13.0
	2 Current smokers living at or below the 200% federal poverty level	364	10.1	10.1	23.0
	3 Former/never Smokers living above 200% federal poverty level	499	13.8	13.8	36.8
	4 Former/never Smokers living at or below the 200% federal poverty level	359	9.9	9.9	46.8
	5 Spanish proficient	322	8.9	8.9	55.7
	6 Teens 14-17	613	16.9	16.9	72.6
	7 African American Oversample	991	27.4	27.4	100.0
	Total	3617	100.0	100.0	

xsmoke samvar: xsmoke - Current Smoker?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Every day	802	22.2	22.2	22.2
	2 Some days	268	7.4	7.4	29.6
	3 Not at all	791	21.9	21.9	51.5
	5 Missing	1756	48.5	48.5	100.0
	Total	3617	100.0	100.0	

xfpl200 samvar: xfpl200 - Federal Poverty 200% Level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1429	39.5	39.5	39.5
	2 No	2188	60.5	60.5	100.0
	Total	3617	100.0	100.0	

APPENDIX E1: Knowledge Networks Project Report**DOV_SMOKER dataonly: DOV_SMOKER**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 CURRENT SMOKER	1014	28.0	28.0	28.0
	2 FORMER SMOKER	794	22.0	22.0	50.0
	3 NON-SMOKER	1809	50.0	50.0	100.0
	Total	3617	100.0	100.0	

TAGE dataonly: Age of Selected Teen

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 14	179	4.9	29.2	29.2
	2 15	161	4.5	26.3	55.5
	3 16	141	3.9	23.0	78.5
	4 17	132	3.6	21.5	100.0
	Total	613	16.9	100.0	
Missing	System	3004	83.1		
Total		3617	100.0		

TGEN dataonly: Gender of Selected Teen

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Male	298	8.2	48.6	48.6
	2 Female	315	8.7	51.4	100.0
	Total	613	16.9	100.0	
Missing	System	3004	83.1		
Total		3617	100.0		

T_PPETHM dataonly: Selected Teen's Race/Ethnicity, Census categories

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 White, Non-Hispanic	415	11.5	67.7	67.7
	2 Black, Non-Hispanic	52	1.4	8.5	76.2
	3 Other, Non-Hispanic	35	1.0	5.7	81.9
	4 Hispanic	88	2.4	14.4	96.2
	5 2+ Races, Non-Hispanic	23	.6	3.8	100.0
	Total	613	16.9	100.0	
Missing	System	3004	83.1		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**TOPIC1 dataonly: topic 1**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Topic A: Health effects	726	20.1	20.1	20.1
	2 Topic B: Addictiveness	723	20.0	20.0	40.1
	3 Topic C: Low tar	723	20.0	20.0	60.0
	4 Topic D: Manipulation	721	19.9	19.9	80.0
	5 Topic E: Secondhand smoke	724	20.0	20.0	100.0
	Total	3617	100.0	100.0	

TOPIC2 dataonly: topic 2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Topic A: Health effects	725	20.0	20.0	20.0
	2 Topic B: Addictiveness	723	20.0	20.0	40.0
	3 Topic C: Low tar	721	19.9	19.9	60.0
	4 Topic D: Manipulation	723	20.0	20.0	80.0
	5 Topic E: Secondhand smoke	725	20.0	20.0	100.0
	Total	3617	100.0	100.0	

TOPIC3 dataonly: topic 3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Topic A: Health effects	721	19.9	19.9	19.9
	2 Topic B: Addictiveness	723	20.0	20.0	39.9
	3 Topic C: Low tar	725	20.0	20.0	60.0
	4 Topic D: Manipulation	726	20.1	20.1	80.0
	5 Topic E: Secondhand smoke	722	20.0	20.0	100.0
	Total	3617	100.0	100.0	

TOPIC4 dataonly: topic 4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Topic A: Health effects	722	20.0	20.0	20.0
	2 Topic B: Addictiveness	726	20.1	20.1	40.0
	3 Topic C: Low tar	724	20.0	20.0	60.0
	4 Topic D: Manipulation	723	20.0	20.0	80.0
	5 Topic E: Secondhand smoke	722	20.0	20.0	100.0
	Total	3617	100.0	100.0	

APPENDIX E1: Knowledge Networks Project Report

Statement1 dataonly: statement1 assigned

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Cigarette smoking causes lung cancer, heart disease, emphysema, and other serious diseases in smokers. Smokers are far m	158	4.4	4.4	4.4
2 The Surgeon General has concluded that cigarette smoking causes the following diseases and adverse health effects:	140	3.9	3.9	8.2
3 For decades, we denied that smoking was dangerous. Here's the truth:1200 Americans die every day from smoking--i	104	2.9	2.9	11.1
4 A federal court is requiring tobacco companies to tell the truth about cigarette smoking. Here's the truth:	173	4.8	4.8	15.9
5 SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.	151	4.2	4.2	20.1
6 Cigarette smoking is addictive. The nicotine in cigarette smoke is addictive. It can be difficult to quit smoking, but t	134	3.7	3.7	23.8
7 The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States v. [Cigar	123	3.4	3.4	27.2
8 We told Congress under oath that we believed nicotine is not addictive. We told you that smoking is not an addiction and	130	3.6	3.6	30.8
9 Tobacco companies testified before Congress that nicotine isn't addictive. Now a federal court is requiring them to tell	145	4.0	4.0	34.8
10 SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.	191	5.3	5.3	40.1
11 There is no safe cigarette. "Low tar," "light," "ultra light," "medium," and "mild" brands are no exception. You should	123	3.4	3.4	43.5
12 The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States v. [Cigar	132	3.6	3.6	47.1
13 We falsely marketed low tar and light cigarettes as less harmful than regular cigarettes to keep people smoking and sust	135	3.7	3.7	50.8
14 For years, tobacco				

APPENDIX E1: Knowledge Networks Project Report

Statement2 dataonly: statement2 assigned

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Cigarette smoking causes lung cancer, heart disease, emphysema, and other serious diseases in smokers. Smokers are far m	122	3.4	3.4	3.4
2 The Surgeon General has concluded that cigarette smoking causes the following diseases and adverse health effects:	160	4.4	4.4	7.8
3 For decades, we denied that smoking was dangerous. Here's the truth:1200 Americans die every day from smoking--i	157	4.3	4.3	12.1
4 A federal court is requiring tobacco companies to tell the truth about cigarette smoking. Here's the truth:	124	3.4	3.4	15.6
5 SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.	162	4.5	4.5	20.0
6 Cigarette smoking is addictive. The nicotine in cigarette smoke is addictive. It can be difficult to quit smoking, but t	139	3.8	3.8	23.9
7 The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States v. [Cigar	150	4.1	4.1	28.0
8 We told Congress under oath that we believed nicotine is not addictive. We told you that smoking is not an addiction and	185	5.1	5.1	33.1
9 Tobacco companies testified before Congress that nicotine isn't addictive. Now a federal court is requiring them to tell	131	3.6	3.6	36.8
10 SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.	118	3.3	3.3	40.0
11 There is no safe cigarette. "Low tar," "light," "ultra light," "medium," and "mild" brands are no exception. You should	153	4.2	4.2	44.3
12 The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States v. [Cigar	140	3.9	3.9	48.1
13 We falsely marketed low tar and light cigarettes as less harmful than regular cigarettes to keep people smoking and sust	126	3.5	3.5	51.6
14 For years, tobacco				

APPENDIX E1: Knowledge Networks Project Report

Statement3 dataonly: statement3 assigned

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Cigarette smoking causes lung cancer, heart disease, emphysema, and other serious diseases in smokers. Smokers are far m	155	4.3	4.3	4.3
2 The Surgeon General has concluded that cigarette smoking causes the following diseases and adverse health effects:	134	3.7	3.7	8.0
3 For decades, we denied that smoking was dangerous. Here's the truth:1200 Americans die every day from smoking--i	175	4.8	4.8	12.8
4 A federal court is requiring tobacco companies to tell the truth about cigarette smoking. Here's the truth:	136	3.8	3.8	16.6
5 SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.	121	3.3	3.3	19.9
6 Cigarette smoking is addictive. The nicotine in cigarette smoke is addictive. It can be difficult to quit smoking, but t	161	4.5	4.5	24.4
7 The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States v. [Cigar	160	4.4	4.4	28.8
8 We told Congress under oath that we believed nicotine is not addictive. We told you that smoking is not an addiction and	118	3.3	3.3	32.1
9 Tobacco companies testified before Congress that nicotine isn't addictive. Now a federal court is requiring them to tell	159	4.4	4.4	36.5
10 SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.	125	3.5	3.5	39.9
11 There is no safe cigarette. "Low tar," "light," "ultra light," "medium," and "mild" brands are no exception. You should	160	4.4	4.4	44.3
12 The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States v. [Cigar	161	4.5	4.5	48.8
13 We falsely marketed low tar and light cigarettes as less harmful than regular cigarettes to keep people smoking and sust	172	4.8	4.8	53.6
14 For years, tobacco				

APPENDIX E1: Knowledge Networks Project Report

T4_Statement1 dataonly: statement 1 for Topic 4

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Cigarette smoking causes lung cancer, heart disease, emphysema, and other serious diseases in smokers. Smokers are far m	156	4.3	4.3	4.3
2 The Surgeon General has concluded that cigarette smoking causes the following diseases and adverse health effects:	139	3.8	3.8	8.2
3 For decades, we denied that smoking was dangerous. Here's the truth:1200 Americans die every day from smoking--i	141	3.9	3.9	12.1
4 A federal court is requiring tobacco companies to tell the truth about cigarette smoking. Here's the truth:	139	3.8	3.8	15.9
5 SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.	148	4.1	4.1	20.0
6 Cigarette smoking is addictive. The nicotine in cigarette smoke is addictive. It can be difficult to quit smoking, but t	145	4.0	4.0	24.0
7 The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States v. [Cigar	156	4.3	4.3	28.3
8 We told Congress under oath that we believed nicotine is not addictive. We told you that smoking is not an addiction and	139	3.8	3.8	32.2
9 Tobacco companies testified before Congress that nicotine isn't addictive. Now a federal court is requiring them to tell	138	3.8	3.8	36.0
10 SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.	147	4.1	4.1	40.0
11 There is no safe cigarette. "Low tar," "light," "ultra light," "medium," and "mild" brands are no exception. You should	129	3.6	3.6	43.6
12 The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States v. [Cigar	163	4.5	4.5	48.1
13 We falsely marketed low tar and light cigarettes as less harmful than regular cigarettes to keep people smoking and sust	149	4.1	4.1	52.2
14 For years, tobacco				

APPENDIX E1: Knowledge Networks Project Report

T4_Statement2 dataonly: statement 2 for Topic 4

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Cigarette smoking causes lung cancer, heart disease, emphysema, and other serious diseases in smokers. Smokers are far m	158	4.4	4.4	4.4
2 The Surgeon General has concluded that cigarette smoking causes the following diseases and adverse health effects:	130	3.6	3.6	8.0
3 For decades, we denied that smoking was dangerous. Here's the truth:1200 Americans die every day from smoking--i	126	3.5	3.5	11.4
4 A federal court is requiring tobacco companies to tell the truth about cigarette smoking. Here's the truth:	155	4.3	4.3	15.7
5 SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.	154	4.3	4.3	20.0
6 Cigarette smoking is addictive. The nicotine in cigarette smoke is addictive. It can be difficult to quit smoking, but t	140	3.9	3.9	23.9
7 The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States v. [Cigar	149	4.1	4.1	28.0
8 We told Congress under oath that we believed nicotine is not addictive. We told you that smoking is not an addiction and	155	4.3	4.3	32.3
9 Tobacco companies testified before Congress that nicotine isn't addictive. Now a federal court is requiring them to tell	145	4.0	4.0	36.3
10 SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.	136	3.8	3.8	40.0
11 There is no safe cigarette. "Low tar," "light," "ultra light," "medium," and "mild" brands are no exception. You should	154	4.3	4.3	44.3
12 The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States v. [Cigar	138	3.8	3.8	48.1
13 We falsely marketed low tar and light cigarettes as less harmful than regular cigarettes to keep people smoking and sust	145	4.0	4.0	52.1
14 For years, tobacco				

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T4_Statement3 dataonly: statement 3 for Topic 4

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Cigarette smoking causes lung cancer, heart disease, emphysema, and other serious diseases in smokers. Smokers are far m	148	4.1	4.1	4.1
2 The Surgeon General has concluded that cigarette smoking causes the following diseases and adverse health effects:	152	4.2	4.2	8.3
3 For decades, we denied that smoking was dangerous. Here's the truth:1200 Americans die every day from smoking--i	159	4.4	4.4	12.7
4 A federal court is requiring tobacco companies to tell the truth about cigarette smoking. Here's the truth:	146	4.0	4.0	16.7
5 SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.	118	3.3	3.3	20.0
6 Cigarette smoking is addictive. The nicotine in cigarette smoke is addictive. It can be difficult to quit smoking, but t	155	4.3	4.3	24.3
7 The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States v. [Cigar	145	4.0	4.0	28.3
8 We told Congress under oath that we believed nicotine is not addictive. We told you that smoking is not an addiction and	137	3.8	3.8	32.1
9 Tobacco companies testified before Congress that nicotine isn't addictive. Now a federal court is requiring them to tell	142	3.9	3.9	36.0
10 SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.	146	4.0	4.0	40.0
11 There is no safe cigarette. "Low tar," "light," "ultra light," "medium," and "mild" brands are no exception. You should	128	3.5	3.5	43.6
12 The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States v. [Cigar	150	4.1	4.1	47.7
13 We falsely marketed low tar and light cigarettes as less harmful than regular cigarettes to keep people smoking and sust	147	4.1	4.1	51.8
14 For years, tobacco				

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T4_Statement4 dataonly: statement 4 for Topic 4

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Cigarette smoking causes lung cancer, heart disease, emphysema, and other serious diseases in smokers. Smokers are far m	136	3.8	3.8	3.8
2 The Surgeon General has concluded that cigarette smoking causes the following diseases and adverse health effects:	135	3.7	3.7	7.5
3 For decades, we denied that smoking was dangerous. Here's the truth:1200 Americans die every day from smoking--i	162	4.5	4.5	12.0
4 A federal court is requiring tobacco companies to tell the truth about cigarette smoking. Here's the truth:	134	3.7	3.7	15.7
5 SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.	156	4.3	4.3	20.0
6 Cigarette smoking is addictive. The nicotine in cigarette smoke is addictive. It can be difficult to quit smoking, but t	152	4.2	4.2	24.2
7 The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States v. [Cigar	128	3.5	3.5	27.7
8 We told Congress under oath that we believed nicotine is not addictive. We told you that smoking is not an addiction and	140	3.9	3.9	31.6
9 Tobacco companies testified before Congress that nicotine isn't addictive. Now a federal court is requiring them to tell	146	4.0	4.0	35.6
10 SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.	159	4.4	4.4	40.0
11 There is no safe cigarette. "Low tar," "light," "ultra light," "medium," and "mild" brands are no exception. You should	150	4.1	4.1	44.2
12 The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States v. [Cigar	138	3.8	3.8	48.0
13 We falsely marketed low tar and light cigarettes as less harmful than regular cigarettes to keep people smoking and sust	139	3.8	3.8	51.8
14 For years, tobacco				

APPENDIX E1: Knowledge Networks Project Report

T4_Statement5 dataonly: statement 5 for Topic 4

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Cigarette smoking causes lung cancer, heart disease, emphysema, and other serious diseases in smokers. Smokers are far m	125	3.5	3.5	3.5
2 The Surgeon General has concluded that cigarette smoking causes the following diseases and adverse health effects:	167	4.6	4.6	8.1
3 For decades, we denied that smoking was dangerous. Here's the truth:1200 Americans die every day from smoking--i	135	3.7	3.7	11.8
4 A federal court is requiring tobacco companies to tell the truth about cigarette smoking. Here's the truth:	149	4.1	4.1	15.9
5 SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.	147	4.1	4.1	20.0
6 Cigarette smoking is addictive. The nicotine in cigarette smoke is addictive. It can be difficult to quit smoking, but t	133	3.7	3.7	23.7
7 The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States v. [Cigar	147	4.1	4.1	27.7
8 We told Congress under oath that we believed nicotine is not addictive. We told you that smoking is not an addiction and	154	4.3	4.3	32.0
9 Tobacco companies testified before Congress that nicotine isn't addictive. Now a federal court is requiring them to tell	154	4.3	4.3	36.2
10 SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.	137	3.8	3.8	40.0
11 There is no safe cigarette. "Low tar," "light," "ultra light," "medium," and "mild" brands are no exception. You should	163	4.5	4.5	44.5
12 The following statement is made by [Cigarette Manufacturer Name] pursuant to a Court Order in United States v. [Cigar	135	3.7	3.7	48.3
13 We falsely marketed low tar and light cigarettes as less harmful than regular cigarettes to keep people smoking and sust	144	4.0	4.0	52.3
14 For years, tobacco				

APPENDIX E1: Knowledge Networks Project Report**Q26_order_A2 A-2: Philip Morris : Order shown**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	156	4.3	21.6	21.6
	2	158	4.4	21.9	43.4
	3	148	4.1	20.5	63.9
	4	136	3.8	18.8	82.7
	5	125	3.5	17.3	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

Q26_order_A3 A-3: RJ Reynolds : Order shown

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	139	3.8	19.2	19.2
	2	130	3.6	18.0	37.2
	3	152	4.2	21.0	58.2
	4	135	3.7	18.7	76.9
	5	167	4.6	23.1	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

Q26_order_A5 A-5: Interveners : Order shown

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	141	3.9	19.5	19.5
	2	126	3.5	17.4	36.9
	3	159	4.4	22.0	58.9
	4	162	4.5	22.4	81.3
	5	135	3.7	18.7	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**Q26_order_A6 A-6: Salter>Mitchell : Order shown**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	139	3.8	19.2	19.2
	2	155	4.3	21.4	40.7
	3	146	4.0	20.2	60.9
	4	134	3.7	18.5	79.4
	5	149	4.1	20.6	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

Q26_order_A_control A - Control-1 : Order shown

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	148	4.1	20.5	20.5
	2	154	4.3	21.3	41.8
	3	118	3.3	16.3	58.1
	4	156	4.3	21.6	79.7
	5	147	4.1	20.3	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

Q26_order_B2 B-2: Philip Morris : Order shown

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	145	4.0	20.0	20.0
	2	140	3.9	19.3	39.3
	3	155	4.3	21.4	60.7
	4	152	4.2	21.0	81.7
	5	133	3.7	18.3	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**Q26_order_B4 B-4: Lorillard : Order shown**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	156	4.3	21.5	21.5
	2	149	4.1	20.6	42.1
	3	145	4.0	20.0	62.1
	4	128	3.5	17.7	79.7
	5	147	4.1	20.3	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

Q26_order_B5 B-5: Interveners : Order shown

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	139	3.8	19.2	19.2
	2	155	4.3	21.4	40.6
	3	137	3.8	18.9	59.4
	4	140	3.9	19.3	78.8
	5	154	4.3	21.2	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

Q26_order_B6 B-6: Salter>Mitchell : Order shown

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	138	3.8	19.0	19.0
	2	145	4.0	20.0	39.0
	3	142	3.9	19.6	58.6
	4	146	4.0	20.1	78.8
	5	154	4.3	21.2	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**Q26_order_B_control B - Control-1 : Order shown**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	147	4.1	20.3	20.3
	2	136	3.8	18.8	39.0
	3	146	4.0	20.1	59.2
	4	159	4.4	21.9	81.1
	5	137	3.8	18.9	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

Q26_order_C2 C-2: Philip Morris : Order shown

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	129	3.6	17.8	17.8
	2	154	4.3	21.3	39.1
	3	128	3.5	17.7	56.8
	4	150	4.1	20.7	77.5
	5	163	4.5	22.5	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

Q26_order_C4 C-4: Lorillard : Order shown

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	163	4.5	22.5	22.5
	2	138	3.8	19.1	41.6
	3	150	4.1	20.7	62.3
	4	138	3.8	19.1	81.4
	5	135	3.7	18.6	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**Q26_order_C5 C-5: Interveners : Order shown**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	149	4.1	20.6	20.6
	2	145	4.0	20.0	40.6
	3	147	4.1	20.3	60.9
	4	139	3.8	19.2	80.1
	5	144	4.0	19.9	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

Q26_order_C6 C-6: Salter>Mitchell : Order shown

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	151	4.2	20.9	20.9
	2	139	3.8	19.2	40.1
	3	137	3.8	18.9	59.0
	4	159	4.4	22.0	80.9
	5	138	3.8	19.1	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

Q26_order_C_control C - Control-1 : Order shown

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	132	3.6	18.2	18.2
	2	148	4.1	20.4	38.7
	3	162	4.5	22.4	61.0
	4	138	3.8	19.1	80.1
	5	144	4.0	19.9	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**Q26_order_D2 D-2: Philip Morris : Order shown**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	128	3.5	17.7	17.7
	2	146	4.0	20.2	37.9
	3	151	4.2	20.9	58.8
	4	152	4.2	21.0	79.8
	5	146	4.0	20.2	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

Q26_order_D3 D-3: RJ Reynolds : Order shown

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	145	4.0	20.1	20.1
	2	141	3.9	19.5	39.6
	3	140	3.9	19.4	58.9
	4	138	3.8	19.1	78.0
	5	159	4.4	22.0	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

Q26_order_D5 D-5: Interveners : Order shown

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	155	4.3	21.4	21.4
	2	152	4.2	21.0	42.5
	3	146	4.0	20.2	62.7
	4	130	3.6	18.0	80.6
	5	140	3.9	19.4	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**Q26_order_D6 D-6: Salter>Mitchell : Order shown**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	158	4.4	21.9	21.9
	2	128	3.5	17.7	39.6
	3	120	3.3	16.6	56.2
	4	161	4.5	22.3	78.4
	5	156	4.3	21.6	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

Q26_order_D_control D - Control-1 : Order shown

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	137	3.8	18.9	18.9
	2	156	4.3	21.6	40.5
	3	166	4.6	23.0	63.5
	4	142	3.9	19.6	83.1
	5	122	3.4	16.9	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

Q26_order_E2 E-2: Philip Morris : Order shown

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	152	4.2	21.1	21.1
	2	152	4.2	21.1	42.1
	3	131	3.6	18.1	60.2
	4	149	4.1	20.6	80.9
	5	138	3.8	19.1	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**Q26_order_E3 E-3: RJ Reynolds : Order shown**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	141	3.9	19.5	19.5
	2	143	4.0	19.8	39.3
	3	154	4.3	21.3	60.7
	4	125	3.5	17.3	78.0
	5	159	4.4	22.0	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

Q26_order_E5 E-5: Interveners : Order shown

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	137	3.8	19.0	19.0
	2	145	4.0	20.1	39.1
	3	146	4.0	20.2	59.3
	4	147	4.1	20.4	79.6
	5	147	4.1	20.4	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

Q26_order_E6 E-6: Salter>Mitchell : Order shown

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	152	4.2	21.1	21.1
	2	136	3.8	18.8	39.9
	3	148	4.1	20.5	60.4
	4	157	4.3	21.7	82.1
	5	129	3.6	17.9	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**Q26_order_E_control E - Control-1 : Order shown**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	140	3.9	19.4	19.4
	2	146	4.0	20.2	39.6
	3	143	4.0	19.8	59.4
	4	144	4.0	19.9	79.4
	5	149	4.1	20.6	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

LEADTEXT dataonly: LEADTEXT - ONE INTRODUCTION FROM BULLETED LIST

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 The following statement is made by [Cigarette Company Name] pursuant to a Court Order in United States v. [Ci	724	20.0	20.0	20.0
	2 A federal court is requiring tobacco companies to tell the truth about smoking. Here's the truth:	724	20.0	20.0	40.0
	3 The Surgeon General has concluded:	722	20.0	20.0	60.0
	4 A United States District Court has found that:	723	20.0	20.0	80.0
	5 Here's the truth from the U. S. Surgeon General and the National Cancer Institute:	724	20.0	20.0	100.0
Total		3617	100.0	100.0	

APPENDIX E1: Knowledge Networks Project Report**ENDTEXT dataonly: ENDTEXT - ONE ending FROM BULLETED LIST**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Paid for by [Cigarette Company Name] under order of a United States District Court.	904	25.0	25.0	25.0
	2 This message is furnished by [Cigarette Company Name] pursuant to a Court Order and is taken from the 2004 Surge	904	25.0	25.0	50.0
	3 These conclusions are contained in the 1988 Surgeon General's Report. [Cigarette Company Name] encourages consum	905	25.0	25.0	75.0
	4 This message is furnished pursuant to a Court Order by [Cigarette Company Name].	904	25.0	25.0	100.0
	Total	3617	100.0	100.0	

Q1a Have you smoked at least 100 cigarettes in your entire life? (One hundred cigarettes is equal to 5 packs of cigarettes.)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	6	.2	.2	.2
	1 Yes	1685	46.6	56.1	56.3
	2 No	1313	36.3	43.7	100.0
	Total	3004	83.1	100.0	
Missing	System	613	16.9		
Total		3617	100.0		

Q2a Do you now smoke cigarettes every day, some days, or not at all?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	.1	.2	.2
	1 Everyday	741	20.5	44.0	44.2
	2 Some days	232	6.4	13.8	58.0
	3 Not at all	708	19.6	42.0	100.0
	Total	1685	46.6	100.0	
Missing	System	1932	53.4		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**Q3a When did you smoke your last cigarette? Was it...**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	1	.0	.1	.1
	1 I am smoking right now	188	5.2	19.3	19.4
	2 Within the last hour	427	11.8	43.9	63.3
	3 Today, but more than an hour ago	181	5.0	18.6	81.9
	4 I have not smoked today	160	4.4	16.4	98.4
	5 Don't know	16	.4	1.6	100.0
	Total	973	26.9	100.0	
Missing	System	2644	73.1		
Total		3617	100.0		

Q4a Have you ever stopped smoking for one day or longer because you were trying to quit smoking?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	.1	.4	.4
	1 Yes	752	20.8	77.3	77.7
	2 No	213	5.9	21.9	99.6
	3 Don't know	4	.1	.4	100.0
	Total	973	26.9	100.0	
Missing	System	2644	73.1		
Total		3617	100.0		

T1b Have you ever tried cigarette smoking, even one or two puffs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	.1	.5	.5
	1 Yes	123	3.4	20.1	20.6
	2 No	487	13.5	79.4	100.0
	Total	613	16.9	100.0	
Missing	System	3004	83.1		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**T2b During the past 30 days, on how many days did you smoke cigarettes?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 0 days	82	2.3	66.7	66.7
	2 1-2 days	19	.5	15.4	82.1
	3 3-5 days	7	.2	5.7	87.8
	4 6-9 days	2	.1	1.6	89.4
	5 10-19 days	3	.1	2.4	91.9
	6 20-29 days	3	.1	2.4	94.3
	7 All 30 days	7	.2	5.7	100.0
	Total	123	3.4	100.0	
Missing	System	3494	96.6		
Total		3617	100.0		

T3b When did you smoke your last cigarette? Was it...

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2 Within the last hour	5	.1	4.1	4.1
	3 Today, but more than an hour ago	8	.2	6.5	10.6
	4 I have not smoked today	74	2.0	60.2	70.7
	5 Don't know	36	1.0	29.3	100.0
	Total	123	3.4	100.0	
Missing	System	3494	96.6		
Total		3617	100.0		

T4b Have you ever stopped smoking for one day or longer because you were trying to quit smoking?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	51	1.4	41.5	41.5
	2 No	63	1.7	51.2	92.7
	3 Don't know	9	.2	7.3	100.0
	Total	123	3.4	100.0	
Missing	System	3494	96.6		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

Q5 Do you agree or disagree with the following statement? Whether a person gets lung cancer depends more on genes than anything else.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	13	.4	.4	.4
	1 Strongly Agree	124	3.4	3.4	3.8
	2 Agree	546	15.1	15.1	18.9
	3 Disagree	1496	41.4	41.4	60.2
	4 Strongly Disagree	793	21.9	21.9	82.2
	5 Don't Know	645	17.8	17.8	100.0
	Total	3617	100.0	100.0	

Q6 Do you believe that smoking and nicotine are addictive?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	.6	.6
	1 Strongly Agree	2374	65.6	65.6	66.2
	2 Agree	1086	30.0	30.0	96.2
	3 Disagree	52	1.4	1.4	97.6
	4 Strongly Disagree	22	.6	.6	98.3
	5 Don't Know	63	1.7	1.7	100.0
	Total	3617	100.0	100.0	

Q7 Do you believe that some cigarettes are less harmful than others?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	12	.3	.3	.3
	1 Yes	539	14.9	14.9	15.2
	2 No	2554	70.6	70.6	85.8
	3 Don't know	512	14.2	14.2	100.0
	Total	3617	100.0	100.0	

Q8 Do you believe that cigarettes have been designed to make it harder for smokers to stop smoking?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	.6	.6
	1 Yes	2512	69.4	69.4	70.0
	2 No	473	13.1	13.1	83.1
	3 Don't know	612	16.9	16.9	100.0
	Total	3617	100.0	100.0	

APPENDIX E1: Knowledge Networks Project Report

Q9 Do you believe that secondhand smoke is harmful to non-smokers?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	10	.3	.3	.3
	1 Yes	3201	88.5	88.5	88.8
	2 No	182	5.0	5.0	93.8
	3 Don't know	224	6.2	6.2	100.0
	Total	3617	100.0	100.0	

Q10a Which statement best describes you? Choose only one.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	.1	.5	.5
	1 I am seriously thinking about quitting smoking in the next 30 days.	264	7.3	26.0	26.5
	2 I am seriously thinking about quitting smoking in the next 6 months.	166	4.6	16.4	42.9
	3 I am thinking about quitting smoking some day, but I don't know when.	378	10.5	37.3	80.2
	4 I am not thinking of quitting smoking.	158	4.4	15.6	95.8
	5 Don't know.	43	1.2	4.2	100.0
	Total	1014	28.0	100.0	
Missing	System	2603	72.0		
Total		3617	100.0		

Q10b How confident are you that you will not smoke for the next six months?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	.1	.3	.3
	1 Very confident	712	19.7	89.7	89.9
	2 Somewhat confident	62	1.7	7.8	97.7
	3 Not very confident	7	.2	.9	98.6
	4 Not at all confident	6	.2	.8	99.4
	5 Don't know.	5	.1	.6	100.0
	Total	794	22.0	100.0	
Missing	System	2823	78.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**Q10c Which statement best describes you? Choose only one.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	1.0	1.0
	1 I am seriously thinking about starting to smoke in the next 30 days.	2	.1	.1	1.1
	2 I am seriously thinking about starting to smoke in the next 6 months.	1	.0	.1	1.2
	3 I am thinking about starting to smoke some day, but I don't know when.	7	.2	.4	1.5
	4 I am not thinking of starting to smoke.	1751	48.4	96.8	98.3
	5 Don't know.	30	.8	1.7	100.0
	Total	1809	50.0	100.0	
Missing	System	1808	50.0		
Total		3617	100.0		

A2_New1 [A-2: Philip Morris] How difficult, if at all, would you say that this statement was for you to understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	1 Very confusing	7	.2	1.6	6.2
	2 Somewhat confusing	24	.7	5.5	11.8
	3 Not at all confusing	383	10.6	88.2	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

A3_New1 [A-3: RJ Reynolds] How difficult, if at all, would you say that this statement was for you to understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	15	.4	3.5	3.5
	1 Very confusing	27	.7	6.2	9.7
	2 Somewhat confusing	113	3.1	26.0	35.7
	3 Not at all confusing	279	7.7	64.3	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**A5_New1 [A-5: Interveners] How difficult, if at all, would you say that this statement was for you to understand?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	22	.6	5.0	5.0
	1 Very confusing	10	.3	2.3	7.3
	2 Somewhat confusing	64	1.8	14.6	22.0
	3 Not at all confusing	341	9.4	78.0	100.0
	Total	437	12.1	100.0	
Missing	System	3180	87.9		
Total		3617	100.0		

A6_New1 [A-6: Salter>Mitchell] How difficult, if at all, would you say that this statement was for you to understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 Very confusing	5	.1	1.2	5.1
	2 Somewhat confusing	47	1.3	10.9	15.9
	3 Not at all confusing	364	10.1	84.1	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

A_control_New1 [A - Control-1] How difficult, if at all, would you say that this statement was for you to understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	26	.7	6.0	6.0
	1 Very confusing	3	.1	.7	6.7
	2 Somewhat confusing	16	.4	3.7	10.4
	3 Not at all confusing	389	10.8	89.6	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**B2_New1 [B-2: Philip Morris] How difficult, if at all, would you say that this statement was for you to understand?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	22	.6	5.1	5.1
	1 Very confusing	6	.2	1.4	6.5
	2 Somewhat confusing	68	1.9	15.7	22.1
	3 Not at all confusing	338	9.3	77.9	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

B4_New1 [B-4: Lorillard] How difficult, if at all, would you say that this statement was for you to understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.2	4.2
	1 Very confusing	26	.7	6.0	10.2
	2 Somewhat confusing	81	2.2	18.7	28.9
	3 Not at all confusing	308	8.5	71.1	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

B5_New1 [B-5: Interveners] How difficult, if at all, would you say that this statement was for you to understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	16	.4	3.7	3.7
	1 Very confusing	19	.5	4.4	8.1
	2 Somewhat confusing	76	2.1	17.6	25.6
	3 Not at all confusing	322	8.9	74.4	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**B6_New1 [B-6: Salter>Mitchell] How difficult, if at all, would you say that this statement was for you to understand?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	16	.4	3.7	3.7
	1 Very confusing	9	.2	2.1	5.7
	2 Somewhat confusing	42	1.2	9.7	15.4
	3 Not at all confusing	368	10.2	84.6	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

B_control_New1 [B - Control-1] How difficult, if at all, would you say that this statement was for you to understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	24	.7	5.5	5.5
	1 Very confusing	9	.2	2.1	7.6
	2 Somewhat confusing	11	.3	2.5	10.1
	3 Not at all confusing	390	10.8	89.9	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

C2_New1 [C-2: Philip Morris] How difficult, if at all, would you say that this statement was for you to understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	1 Very confusing	16	.4	3.7	8.3
	2 Somewhat confusing	49	1.4	11.2	19.5
	3 Not at all confusing	351	9.7	80.5	100.0
	Total	436	12.1	100.0	
Missing	System	3181	87.9		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C4_New1 [C-4: Lorillard] How difficult, if at all, would you say that this statement was for you to understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	22	.6	5.1	5.1
	1 Very confusing	45	1.2	10.4	15.5
	2 Somewhat confusing	144	4.0	33.3	48.7
	3 Not at all confusing	222	6.1	51.3	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

C5_New1 [C-5: Interveners] How difficult, if at all, would you say that this statement was for you to understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 Very confusing	16	.4	3.7	7.6
	2 Somewhat confusing	52	1.4	12.0	19.6
	3 Not at all confusing	348	9.6	80.4	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

C6_New1 [C-6: Salter>Mitchell] How difficult, if at all, would you say that this statement was for you to understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	13	.4	3.0	3.0
	1 Very confusing	9	.2	2.1	5.1
	2 Somewhat confusing	55	1.5	12.6	17.7
	3 Not at all confusing	358	9.9	82.3	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**C_control_New1 [C - Control-1] How difficult, if at all, would you say that this statement was for you to understand?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	15	.4	3.5	3.5
	1 Very confusing	3	.1	.7	4.2
	2 Somewhat confusing	14	.4	3.2	7.4
	3 Not at all confusing	401	11.1	92.6	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

D2_New1 [D-2: Philip Morris] How difficult, if at all, would you say that this statement was for you to understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 Very confusing	13	.4	3.0	6.9
	2 Somewhat confusing	104	2.9	24.0	30.9
	3 Not at all confusing	300	8.3	69.1	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

D3_New1 [D-3: RJ Reynolds] How difficult, if at all, would you say that this statement was for you to understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	16	.4	3.7	3.7
	1 Very confusing	67	1.9	15.4	19.1
	2 Somewhat confusing	177	4.9	40.8	59.9
	3 Not at all confusing	174	4.8	40.1	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**D5_New1 [D-5: Interveners] How difficult, if at all, would you say that this statement was for you to understand?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 Very confusing	19	.5	4.4	8.3
	2 Somewhat confusing	83	2.3	19.1	27.4
	3 Not at all confusing	316	8.7	72.6	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

D6_New1 [D-6: Salter>Mitchell] How difficult, if at all, would you say that this statement was for you to understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.1	4.1
	1 Very confusing	8	.2	1.8	6.0
	2 Somewhat confusing	51	1.4	11.8	17.7
	3 Not at all confusing	357	9.9	82.3	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

D_control_New1 [D - Control-1] How difficult, if at all, would you say that this statement was for you to understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	1 Very confusing	2	.1	.5	5.1
	2 Somewhat confusing	19	.5	4.4	9.5
	3 Not at all confusing	392	10.8	90.5	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**E2_New1 [E-2: Philip Morris] How difficult, if at all, would you say that this statement was for you to understand?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	22	.6	5.1	5.1
	1 Very confusing	4	.1	.9	6.0
	2 Somewhat confusing	48	1.3	11.0	17.0
	3 Not at all confusing	361	10.0	83.0	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

E3_New1 [E-3: RJ Reynolds] How difficult, if at all, would you say that this statement was for you to understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	9	.2	2.1	2.1
	1 Very confusing	13	.4	3.0	5.1
	2 Somewhat confusing	88	2.4	20.3	25.3
	3 Not at all confusing	324	9.0	74.7	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

E5_New1 [E-5: Interveners] How difficult, if at all, would you say that this statement was for you to understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	19	.5	4.4	4.4
	1 Very confusing	14	.4	3.2	7.6
	2 Somewhat confusing	87	2.4	20.0	27.6
	3 Not at all confusing	314	8.7	72.4	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**E6_New1 [E-6: Salter>Mitchell] How difficult, if at all, would you say that this statement was for you to understand?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	22	.6	5.1	5.1
	1 Very confusing	6	.2	1.4	6.5
	2 Somewhat confusing	36	1.0	8.3	14.7
	3 Not at all confusing	370	10.2	85.3	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

E_control_New1 [E - Control-1] How difficult, if at all, would you say that this statement was for you to understand?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	7	.2	1.6	1.6
	1 Very confusing	5	.1	1.2	2.8
	2 Somewhat confusing	14	.4	3.2	6.0
	3 Not at all confusing	408	11.3	94.0	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

A2_Q11 [A-2: Philip Morris] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	24	.7	5.5	5.5
	1 Strongly Agree	4	.1	.9	6.5
	2 Agree	6	.2	1.4	7.8
	3 Disagree	95	2.6	21.9	29.7
	4 Strongly Disagree	297	8.2	68.4	98.2
	5 Don't Know	8	.2	1.8	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A2_Q12 [A-2: Philip Morris] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	24	.7	5.5	5.5
	1 Strongly Agree	3	.1	.7	6.2
	2 Agree	6	.2	1.4	7.6
	3 Disagree	87	2.4	20.0	27.6
	4 Strongly Disagree	305	8.4	70.3	97.9
	5 Don't Know	9	.2	2.1	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

A2_Q13a [A-2: Philip Morris] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	6	.2	5.1	5.1
	1 Strongly Agree	15	.4	12.7	17.8
	2 Agree	43	1.2	36.4	54.2
	3 Disagree	35	1.0	29.7	83.9
	4 Strongly Disagree	9	.2	7.6	91.5
	5 Don't Know	10	.3	8.5	100.0
	Total	118	3.3	100.0	
Missing	System	3499	96.7		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A2_Q13b [A-2: Philip Morris] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	.1	5.4	5.4
	1 Strongly Agree	66	1.8	71.0	76.3
	2 Agree	16	.4	17.2	93.5
	3 Disagree	3	.1	3.2	96.8
	4 Strongly Disagree	1	.0	1.1	97.8
	5 Don't Know	2	.1	2.2	100.0
	Total	93	2.6	100.0	
Missing	System	3524	97.4		
Total		3617	100.0		

A2_Q13c [A-2: Philip Morris] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	.1	2.2	2.2
	1 Strongly Agree	179	4.9	80.3	82.5
	2 Agree	22	.6	9.9	92.4
	3 Disagree	7	.2	3.1	95.5
	4 Strongly Disagree	7	.2	3.1	98.7
	5 Don't Know	3	.1	1.3	100.0
	Total	223	6.2	100.0	
Missing	System	3394	93.8		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A3_Q11 [A-3: RJ Reynolds] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	1 Strongly Agree	5	.1	1.2	5.8
	2 Agree	7	.2	1.6	7.4
	3 Disagree	109	3.0	25.1	32.5
	4 Strongly Disagree	285	7.9	65.7	98.2
	5 Don't Know	8	.2	1.8	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

A3_Q12 [A-3: RJ Reynolds] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	21	.6	4.8	4.8
	1 Strongly Agree	9	.2	2.1	6.9
	2 Agree	3	.1	.7	7.6
	3 Disagree	110	3.0	25.3	32.9
	4 Strongly Disagree	282	7.8	65.0	97.9
	5 Don't Know	9	.2	2.1	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A3_Q13a [A-3: RJ Reynolds] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	.1	2.3	2.3
	1 Strongly Agree	23	.6	17.8	20.2
	2 Agree	46	1.3	35.7	55.8
	3 Disagree	35	1.0	27.1	82.9
	4 Strongly Disagree	13	.4	10.1	93.0
	5 Don't Know	9	.2	7.0	100.0
	Total	129	3.6	100.0	
Missing	System	3488	96.4		
Total		3617	100.0		

A3_Q13b [A-3: RJ Reynolds] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	.1	3.3	3.3
	1 Strongly Agree	65	1.8	72.2	75.6
	2 Agree	14	.4	15.6	91.1
	3 Disagree	5	.1	5.6	96.7
	4 Strongly Disagree	2	.1	2.2	98.9
	5 Don't Know	1	.0	1.1	100.0
	Total	90	2.5	100.0	
Missing	System	3527	97.5		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A3_Q13c [A-3: RJ Reynolds] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	10	.3	4.7	4.7
	1 Strongly Agree	166	4.6	77.2	81.9
	2 Agree	13	.4	6.0	87.9
	3 Disagree	6	.2	2.8	90.7
	4 Strongly Disagree	13	.4	6.0	96.7
	5 Don't Know	7	.2	3.3	100.0
	Total	215	5.9	100.0	
Missing	System	3402	94.1		
Total		3617	100.0		

A5_Q11 [A-5: Interveners] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	25	.7	5.7	5.7
	1 Strongly Agree	6	.2	1.4	7.1
	2 Agree	9	.2	2.1	9.2
	3 Disagree	83	2.3	19.0	28.1
	4 Strongly Disagree	300	8.3	68.6	96.8
	5 Don't Know	14	.4	3.2	100.0
	Total	437	12.1	100.0	
Missing	System	3180	87.9		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A5_Q12 [A-5: Interveners] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	30	.8	6.9	6.9
	1 Strongly Agree	3	.1	.7	7.6
	2 Agree	5	.1	1.1	8.7
	3 Disagree	81	2.2	18.5	27.2
	4 Strongly Disagree	307	8.5	70.3	97.5
	5 Don't Know	11	.3	2.5	100.0
	Total	437	12.1	100.0	
Missing	System	3180	87.9		
Total		3617	100.0		

A5_Q13a [A-5: Interveners] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	.1	3.9	3.9
	1 Strongly Agree	30	.8	23.6	27.6
	2 Agree	50	1.4	39.4	66.9
	3 Disagree	27	.7	21.3	88.2
	4 Strongly Disagree	8	.2	6.3	94.5
	5 Don't Know	7	.2	5.5	100.0
	Total	127	3.5	100.0	
Missing	System	3490	96.5		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A5_Q13b [A-5: Interveners] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	8	.2	8.5	8.5
	1 Strongly Agree	58	1.6	61.7	70.2
	2 Agree	22	.6	23.4	93.6
	3 Disagree	1	.0	1.1	94.7
	4 Strongly Disagree	2	.1	2.1	96.8
	5 Don't Know	3	.1	3.2	100.0
	Total	94	2.6	100.0	
Missing	System	3523	97.4		
Total		3617	100.0		

A5_Q13c [A-5: Interveners] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	11	.3	5.1	5.1
	1 Strongly Agree	168	4.6	77.8	82.9
	2 Agree	17	.5	7.9	90.7
	3 Disagree	1	.0	.5	91.2
	4 Strongly Disagree	10	.3	4.6	95.8
	5 Don't Know	9	.2	4.2	100.0
	Total	216	6.0	100.0	
Missing	System	3401	94.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A6_Q11 [A-6: Salter>Mitchell] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	21	.6	4.8	4.8
	1 Strongly Agree	9	.2	2.1	6.9
	2 Agree	8	.2	1.8	8.8
	3 Disagree	82	2.3	18.9	27.7
	4 Strongly Disagree	307	8.5	70.9	98.6
	5 Don't Know	6	.2	1.4	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

A6_Q12 [A-6: Salter>Mitchell] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	1 Strongly Agree	5	.1	1.2	5.8
	2 Agree	8	.2	1.8	7.6
	3 Disagree	80	2.2	18.5	26.1
	4 Strongly Disagree	316	8.7	73.0	99.1
	5 Don't Know	4	.1	.9	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A6_Q13a [A-6: Salter>Mitchell] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	8	.2	6.3	6.3
	1 Strongly Agree	40	1.1	31.5	37.8
	2 Agree	43	1.2	33.9	71.7
	3 Disagree	28	.8	22.0	93.7
	4 Strongly Disagree	4	.1	3.1	96.9
	5 Don't Know	4	.1	3.1	100.0
	Total	127	3.5	100.0	
Missing	System	3490	96.5		
Total		3617	100.0		

A6_Q13b [A-6: Salter>Mitchell] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	.1	4.7	4.7
	1 Strongly Agree	68	1.9	79.1	83.7
	2 Agree	9	.2	10.5	94.2
	3 Disagree	2	.1	2.3	96.5
	4 Strongly Disagree	1	.0	1.2	97.7
	5 Don't Know	2	.1	2.3	100.0
	Total	86	2.4	100.0	
Missing	System	3531	97.6		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A6_Q13c [A-6: Salter>Mitchell] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	6	.2	2.7	2.7
	1 Strongly Agree	181	5.0	82.3	85.0
	2 Agree	17	.5	7.7	92.7
	3 Disagree	5	.1	2.3	95.0
	4 Strongly Disagree	9	.2	4.1	99.1
	5 Don't Know	2	.1	.9	100.0
	Total	220	6.1	100.0	
Missing	System	3397	93.9		
Total		3617	100.0		

A_control_Q11 [A - Control-1] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	27	.7	6.2	6.2
	1 Strongly Agree	3	.1	.7	6.9
	2 Agree	11	.3	2.5	9.4
	3 Disagree	78	2.2	18.0	27.4
	4 Strongly Disagree	306	8.5	70.5	97.9
	5 Don't Know	9	.2	2.1	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A_control_Q12 [A - Control-2] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	30	.8	6.9	6.9
	1 Strongly Agree	4	.1	.9	7.8
	2 Agree	5	.1	1.2	9.0
	3 Disagree	80	2.2	18.4	27.4
	4 Strongly Disagree	307	8.5	70.7	98.2
	5 Don't Know	8	.2	1.8	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

A_control_Q13a [A - Control-3] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	6	.2	5.4	5.4
	1 Strongly Agree	16	.4	14.4	19.8
	2 Agree	43	1.2	38.7	58.6
	3 Disagree	32	.9	28.8	87.4
	4 Strongly Disagree	10	.3	9.0	96.4
	5 Don't Know	4	.1	3.6	100.0
	Total	111	3.1	100.0	
Missing	System	3506	96.9		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A_control_Q13b [A - Control-4] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	.1	4.5	4.5
	1 Strongly Agree	74	2.0	66.7	71.2
	2 Agree	20	.6	18.0	89.2
	3 Disagree	5	.1	4.5	93.7
	4 Strongly Disagree	4	.1	3.6	97.3
	5 Don't Know	3	.1	2.7	100.0
	Total	111	3.1	100.0	
Missing	System	3506	96.9		
Total		3617	100.0		

A_control_Q13c [A - Control-5] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	12	.3	5.7	5.7
	1 Strongly Agree	162	4.5	76.4	82.1
	2 Agree	19	.5	9.0	91.0
	3 Disagree	3	.1	1.4	92.5
	4 Strongly Disagree	12	.3	5.7	98.1
	5 Don't Know	4	.1	1.9	100.0
	Total	212	5.9	100.0	
Missing	System	3405	94.1		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B2_Q11 [B-2: Philip Morris] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	25	.7	5.8	5.8
	1 Strongly Agree	6	.2	1.4	7.1
	2 Agree	14	.4	3.2	10.4
	3 Disagree	100	2.8	23.0	33.4
	4 Strongly Disagree	285	7.9	65.7	99.1
	5 Don't Know	4	.1	.9	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

B2_Q12 [B-2: Philip Morris] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	30	.8	6.9	6.9
	1 Strongly Agree	5	.1	1.2	8.1
	2 Agree	14	.4	3.2	11.3
	3 Disagree	93	2.6	21.4	32.7
	4 Strongly Disagree	287	7.9	66.1	98.8
	5 Don't Know	5	.1	1.2	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B2_Q13a [B-2: Philip Morris] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	6	.2	4.8	4.8
	1 Strongly Agree	13	.4	10.3	15.1
	2 Agree	47	1.3	37.3	52.4
	3 Disagree	40	1.1	31.7	84.1
	4 Strongly Disagree	12	.3	9.5	93.7
	5 Don't Know	8	.2	6.3	100.0
	Total	126	3.5	100.0	
Missing	System	3491	96.5		
Total		3617	100.0		

B2_Q13b [B-2: Philip Morris] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	.1	5.1	5.1
	1 Strongly Agree	68	1.9	69.4	74.5
	2 Agree	18	.5	18.4	92.9
	3 Disagree	3	.1	3.1	95.9
	4 Strongly Disagree	4	.1	4.1	100.0
	Total	98	2.7	100.0	
Missing	System	3519	97.3		
Total		3617	100.0		

B2_Q13c [B-2: Philip Morris] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	10	.3	4.8	4.8
	1 Strongly Agree	157	4.3	74.8	79.5
	2 Agree	33	.9	15.7	95.2
	3 Disagree	5	.1	2.4	97.6
	4 Strongly Disagree	4	.1	1.9	99.5
	5 Don't Know	1	.0	.5	100.0
	Total	210	5.8	100.0	
Missing	System	3407	94.2		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B4_Q11 [B-4: Lorillard] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	1 Strongly Agree	7	.2	1.6	6.2
	2 Agree	5	.1	1.2	7.4
	3 Disagree	106	2.9	24.5	31.9
	4 Strongly Disagree	285	7.9	65.8	97.7
	5 Don't Know	10	.3	2.3	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

B4_Q12 [B-4: Lorillard] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	23	.6	5.3	5.3
	1 Strongly Agree	3	.1	.7	6.0
	2 Agree	3	.1	.7	6.7
	3 Disagree	106	2.9	24.5	31.2
	4 Strongly Disagree	290	8.0	67.0	98.2
	5 Don't Know	8	.2	1.8	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B4_Q13a [B-4: Lorillard] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	.1	3.9	3.9
	1 Strongly Agree	15	.4	11.7	15.6
	2 Agree	36	1.0	28.1	43.8
	3 Disagree	50	1.4	39.1	82.8
	4 Strongly Disagree	10	.3	7.8	90.6
	5 Don't Know	12	.3	9.4	100.0
	Total	128	3.5	100.0	
Missing	System	3489	96.5		
Total		3617	100.0		

B4_Q13b [B-4: Lorillard] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	.1	2.4	2.4
	1 Strongly Agree	61	1.7	74.4	76.8
	2 Agree	8	.2	9.8	86.6
	3 Disagree	3	.1	3.7	90.2
	4 Strongly Disagree	6	.2	7.3	97.6
	5 Don't Know	2	.1	2.4	100.0
	Total	82	2.3	100.0	
Missing	System	3535	97.7		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B4_Q13c [B-4: Lorillard] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	11	.3	4.9	4.9
	1 Strongly Agree	157	4.3	70.4	75.3
	2 Agree	22	.6	9.9	85.2
	3 Disagree	11	.3	4.9	90.1
	4 Strongly Disagree	14	.4	6.3	96.4
	5 Don't Know	8	.2	3.6	100.0
	Total	223	6.2	100.0	
Missing	System	3394	93.8		
Total		3617	100.0		

B5_Q11 [B-5: Interveners] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.2	4.2
	1 Strongly Agree	9	.2	2.1	6.2
	2 Agree	11	.3	2.5	8.8
	3 Disagree	104	2.9	24.0	32.8
	4 Strongly Disagree	283	7.8	65.4	98.2
	5 Don't Know	8	.2	1.8	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B5_Q12 [B-5: Interveners] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	19	.5	4.4	4.4
	1 Strongly Agree	6	.2	1.4	5.8
	2 Agree	13	.4	3.0	8.8
	3 Disagree	99	2.7	22.9	31.6
	4 Strongly Disagree	289	8.0	66.7	98.4
	5 Don't Know	7	.2	1.6	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

B5_Q13a [B-5: Interveners] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	6	.2	4.8	4.8
	1 Strongly Agree	26	.7	20.6	25.4
	2 Agree	47	1.3	37.3	62.7
	3 Disagree	34	.9	27.0	89.7
	4 Strongly Disagree	5	.1	4.0	93.7
	5 Don't Know	8	.2	6.3	100.0
	Total	126	3.5	100.0	
Missing	System	3491	96.5		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B5_Q13b [B-5: Interveners] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	9	.2	7.8	7.8
	1 Strongly Agree	80	2.2	69.6	77.4
	2 Agree	17	.5	14.8	92.2
	3 Disagree	2	.1	1.7	93.9
	4 Strongly Disagree	5	.1	4.3	98.3
	5 Don't Know	2	.1	1.7	100.0
	Total	115	3.2	100.0	
Missing	System	3502	96.8		
Total		3617	100.0		

B5_Q13c [B-5: Interveners] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	.1	2.6	2.6
	1 Strongly Agree	152	4.2	79.2	81.8
	2 Agree	17	.5	8.9	90.6
	3 Disagree	7	.2	3.6	94.3
	4 Strongly Disagree	6	.2	3.1	97.4
	5 Don't Know	5	.1	2.6	100.0
	Total	192	5.3	100.0	
Missing	System	3425	94.7		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B6_Q11 [B-6: Salter>Mitchell] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.1	4.1
	1 Strongly Agree	6	.2	1.4	5.5
	2 Agree	12	.3	2.8	8.3
	3 Disagree	86	2.4	19.8	28.0
	4 Strongly Disagree	306	8.5	70.3	98.4
	5 Don't Know	7	.2	1.6	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

B6_Q12 [B-6: Salter>Mitchell] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	21	.6	4.8	4.8
	1 Strongly Agree	2	.1	.5	5.3
	2 Agree	14	.4	3.2	8.5
	3 Disagree	80	2.2	18.4	26.9
	4 Strongly Disagree	313	8.7	72.0	98.9
	5 Don't Know	5	.1	1.1	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B6_Q13a [B-6: Salter>Mitchell] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	.1	3.4	3.4
	1 Strongly Agree	25	.7	21.2	24.6
	2 Agree	46	1.3	39.0	63.6
	3 Disagree	31	.9	26.3	89.8
	4 Strongly Disagree	6	.2	5.1	94.9
	5 Don't Know	6	.2	5.1	100.0
	Total	118	3.3	100.0	
Missing	System	3499	96.7		
Total		3617	100.0		

B6_Q13b [B-6: Salter>Mitchell] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	6	.2	6.1	6.1
	1 Strongly Agree	68	1.9	68.7	74.7
	2 Agree	14	.4	14.1	88.9
	3 Disagree	2	.1	2.0	90.9
	4 Strongly Disagree	7	.2	7.1	98.0
	5 Don't Know	2	.1	2.0	100.0
	Total	99	2.7	100.0	
Missing	System	3518	97.3		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B6_Q13c [B-6: Salter>Mitchell] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	9	.2	4.1	4.1
	1 Strongly Agree	177	4.9	81.2	85.3
	2 Agree	20	.6	9.2	94.5
	3 Disagree	2	.1	.9	95.4
	4 Strongly Disagree	6	.2	2.8	98.2
	5 Don't Know	4	.1	1.8	100.0
	Total	218	6.0	100.0	
Missing	System	3399	94.0		
Total		3617	100.0		

B_control_Q11 [B - Control-1] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	28	.8	6.5	6.5
	1 Strongly Agree	3	.1	.7	7.1
	2 Agree	5	.1	1.2	8.3
	3 Disagree	91	2.5	21.0	29.3
	4 Strongly Disagree	302	8.3	69.6	98.8
	5 Don't Know	5	.1	1.2	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B_control_Q12 [B - Control-2] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	7.4	7.4
	1 Strongly Agree	2	.1	.5	7.8
	2 Agree	3	.1	.7	8.5
	3 Disagree	96	2.7	22.1	30.6
	4 Strongly Disagree	296	8.2	68.2	98.8
	5 Don't Know	5	.1	1.2	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

B_control_Q13a [B - Control-3] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	7	.2	5.6	5.6
	1 Strongly Agree	22	.6	17.5	23.0
	2 Agree	56	1.5	44.4	67.5
	3 Disagree	23	.6	18.3	85.7
	4 Strongly Disagree	7	.2	5.6	91.3
	5 Don't Know	11	.3	8.7	100.0
	Total	126	3.5	100.0	
Missing	System	3491	96.5		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B_control_Q13b [B - Control-4] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	.1	3.2	3.2
	1 Strongly Agree	67	1.9	70.5	73.7
	2 Agree	14	.4	14.7	88.4
	3 Disagree	6	.2	6.3	94.7
	4 Strongly Disagree	2	.1	2.1	96.8
	5 Don't Know	3	.1	3.2	100.0
	Total	95	2.6	100.0	
Missing	System	3522	97.4		
Total		3617	100.0		

B_control_Q13c [B - Control-5] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	12	.3	5.6	5.6
	1 Strongly Agree	164	4.5	77.0	82.6
	2 Agree	25	.7	11.7	94.4
	3 Disagree	4	.1	1.9	96.2
	4 Strongly Disagree	6	.2	2.8	99.1
	5 Don't Know	2	.1	.9	100.0
	Total	213	5.9	100.0	
Missing	System	3404	94.1		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C2_Q11 [C-2: Philip Morris] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	26	.7	6.0	6.0
	1 Strongly Agree	6	.2	1.4	7.3
	2 Agree	14	.4	3.2	10.6
	3 Disagree	87	2.4	20.0	30.5
	4 Strongly Disagree	295	8.2	67.7	98.2
	5 Don't Know	8	.2	1.8	100.0
	Total	436	12.1	100.0	
Missing	System	3181	87.9		
Total		3617	100.0		

C2_Q12 [C-2: Philip Morris] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	28	.8	6.4	6.4
	1 Strongly Agree	4	.1	.9	7.3
	2 Agree	8	.2	1.8	9.2
	3 Disagree	89	2.5	20.4	29.6
	4 Strongly Disagree	299	8.3	68.6	98.2
	5 Don't Know	8	.2	1.8	100.0
	Total	436	12.1	100.0	
Missing	System	3181	87.9		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C2_Q13a [C-2: Philip Morris] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	.1	4.4	4.4
	1 Strongly Agree	18	.5	15.9	20.4
	2 Agree	36	1.0	31.9	52.2
	3 Disagree	34	.9	30.1	82.3
	4 Strongly Disagree	9	.2	8.0	90.3
	5 Don't Know	11	.3	9.7	100.0
	Total	113	3.1	100.0	
Missing	System	3504	96.9		
Total		3617	100.0		

C2_Q13b [C-2: Philip Morris] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	7	.2	6.3	6.3
	1 Strongly Agree	74	2.0	66.7	73.0
	2 Agree	16	.4	14.4	87.4
	3 Disagree	4	.1	3.6	91.0
	4 Strongly Disagree	7	.2	6.3	97.3
	5 Don't Know	3	.1	2.7	100.0
	Total	111	3.1	100.0	
Missing	System	3506	96.9		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C2_Q13c [C-2: Philip Morris] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	7	.2	3.3	3.3
	1 Strongly Agree	155	4.3	73.1	76.4
	2 Agree	23	.6	10.8	87.3
	3 Disagree	9	.2	4.2	91.5
	4 Strongly Disagree	12	.3	5.7	97.2
	5 Don't Know	6	.2	2.8	100.0
	Total	212	5.9	100.0	
Missing	System	3405	94.1		
Total		3617	100.0		

C4_Q11 [C-4: Lorillard] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	26	.7	6.0	6.0
	1 Strongly Agree	1	.0	.2	6.2
	2 Agree	6	.2	1.4	7.6
	3 Disagree	115	3.2	26.6	34.2
	4 Strongly Disagree	279	7.7	64.4	98.6
	5 Don't Know	6	.2	1.4	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C4_Q12 [C-4: Lorillard] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	29	.8	6.7	6.7
	1 Strongly Agree	1	.0	.2	6.9
	2 Agree	7	.2	1.6	8.5
	3 Disagree	113	3.1	26.1	34.6
	4 Strongly Disagree	278	7.7	64.2	98.8
	5 Don't Know	5	.1	1.2	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

C4_Q13a [C-4: Lorillard] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	1	.0	.8	.8
	1 Strongly Agree	10	.3	8.2	9.0
	2 Agree	45	1.2	36.9	45.9
	3 Disagree	48	1.3	39.3	85.2
	4 Strongly Disagree	8	.2	6.6	91.8
	5 Don't Know	10	.3	8.2	100.0
	Total	122	3.4	100.0	
Missing	System	3495	96.6		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C4_Q13b [C-4: Lorillard] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	8	.2	9.1	9.1
	1 Strongly Agree	52	1.4	59.1	68.2
	2 Agree	20	.6	22.7	90.9
	3 Disagree	4	.1	4.5	95.5
	4 Strongly Disagree	1	.0	1.1	96.6
	5 Don't Know	3	.1	3.4	100.0
	Total	88	2.4	100.0	
Missing	System	3529	97.6		
Total		3617	100.0		

C4_Q13c [C-4: Lorillard] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	15	.4	6.7	6.7
	1 Strongly Agree	166	4.6	74.4	81.2
	2 Agree	27	.7	12.1	93.3
	3 Disagree	5	.1	2.2	95.5
	4 Strongly Disagree	5	.1	2.2	97.8
	5 Don't Know	5	.1	2.2	100.0
	Total	223	6.2	100.0	
Missing	System	3394	93.8		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C5_Q11 [C-5: Interveners] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	25	.7	5.8	5.8
	1 Strongly Agree	1	.0	.2	6.0
	2 Agree	8	.2	1.8	7.9
	3 Disagree	91	2.5	21.0	28.9
	4 Strongly Disagree	301	8.3	69.5	98.4
	5 Don't Know	7	.2	1.6	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

C5_Q12 [C-5: Interveners] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	24	.7	5.5	5.5
	1 Strongly Agree	1	.0	.2	5.8
	2 Agree	8	.2	1.8	7.6
	3 Disagree	88	2.4	20.3	27.9
	4 Strongly Disagree	305	8.4	70.4	98.4
	5 Don't Know	7	.2	1.6	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C5_Q13a [C-5: Interveners] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	6	.2	5.0	5.0
	1 Strongly Agree	29	.8	24.2	29.2
	2 Agree	37	1.0	30.8	60.0
	3 Disagree	31	.9	25.8	85.8
	4 Strongly Disagree	12	.3	10.0	95.8
	5 Don't Know	5	.1	4.2	100.0
	Total	120	3.3	100.0	
Missing	System	3497	96.7		
Total		3617	100.0		

C5_Q13b [C-5: Interveners] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	.1	4.3	4.3
	1 Strongly Agree	64	1.8	69.6	73.9
	2 Agree	18	.5	19.6	93.5
	3 Disagree	3	.1	3.3	96.7
	4 Strongly Disagree	1	.0	1.1	97.8
	5 Don't Know	2	.1	2.2	100.0
	Total	92	2.5	100.0	
Missing	System	3525	97.5		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C5_Q13c [C-5: Interveners] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	8	.2	3.6	3.6
	1 Strongly Agree	168	4.6	76.0	79.6
	2 Agree	23	.6	10.4	90.0
	3 Disagree	6	.2	2.7	92.8
	4 Strongly Disagree	11	.3	5.0	97.7
	5 Don't Know	5	.1	2.3	100.0
	Total	221	6.1	100.0	
Missing	System	3396	93.9		
Total		3617	100.0		

C6_Q11 [C-6: Salter>Mitchell] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	15	.4	3.4	3.4
	1 Strongly Agree	9	.2	2.1	5.5
	2 Agree	11	.3	2.5	8.0
	3 Disagree	97	2.7	22.3	30.3
	4 Strongly Disagree	293	8.1	67.4	97.7
	5 Don't Know	10	.3	2.3	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C6_Q12 [C-6: Salter>Mitchell] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 Strongly Agree	4	.1	.9	4.8
	2 Agree	12	.3	2.8	7.6
	3 Disagree	92	2.5	21.1	28.7
	4 Strongly Disagree	298	8.2	68.5	97.2
	5 Don't Know	12	.3	2.8	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

C6_Q13a [C-6: Salter>Mitchell] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	6	.2	4.6	4.6
	1 Strongly Agree	23	.6	17.7	22.3
	2 Agree	39	1.1	30.0	52.3
	3 Disagree	35	1.0	26.9	79.2
	4 Strongly Disagree	11	.3	8.5	87.7
	5 Don't Know	16	.4	12.3	100.0
	Total	130	3.6	100.0	
Missing	System	3487	96.4		
Total		3617	100.0		

C6_Q13b [C-6: Salter>Mitchell] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	.1	4.5	4.5
	1 Strongly Agree	62	1.7	69.7	74.2
	2 Agree	19	.5	21.3	95.5
	3 Disagree	2	.1	2.2	97.8
	4 Strongly Disagree	2	.1	2.2	100.0
	Total	89	2.5	100.0	
Missing	System	3528	97.5		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C6_Q13c [C-6: Salter>Mitchell] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	.1	1.4	1.4
	1 Strongly Agree	167	4.6	77.3	78.7
	2 Agree	23	.6	10.6	89.4
	3 Disagree	5	.1	2.3	91.7
	4 Strongly Disagree	11	.3	5.1	96.8
	5 Don't Know	7	.2	3.2	100.0
	Total	216	6.0	100.0	
Missing	System	3401	94.0		
Total		3617	100.0		

C_control_Q11 [C - Control-1] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	1 Strongly Agree	1	.0	.2	4.8
	2 Agree	11	.3	2.5	7.4
	3 Disagree	94	2.6	21.7	29.1
	4 Strongly Disagree	298	8.2	68.8	97.9
	5 Don't Know	9	.2	2.1	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C_control_Q12 [C - Control-2] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	22	.6	5.1	5.1
	1 Strongly Agree	2	.1	.5	5.5
	2 Agree	7	.2	1.6	7.2
	3 Disagree	89	2.5	20.6	27.7
	4 Strongly Disagree	305	8.4	70.4	98.2
	5 Don't Know	8	.2	1.8	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

C_control_Q13a [C - Control-3] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	.1	3.2	3.2
	1 Strongly Agree	23	.6	18.4	21.6
	2 Agree	51	1.4	40.8	62.4
	3 Disagree	28	.8	22.4	84.8
	4 Strongly Disagree	7	.2	5.6	90.4
	5 Don't Know	12	.3	9.6	100.0
	Total	125	3.5	100.0	
Missing	System	3492	96.5		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C_control_Q13b [C - Control-4] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	.1	4.3	4.3
	1 Strongly Agree	64	1.8	68.8	73.1
	2 Agree	15	.4	16.1	89.2
	3 Disagree	3	.1	3.2	92.5
	4 Strongly Disagree	5	.1	5.4	97.8
	5 Don't Know	2	.1	2.2	100.0
	Total	93	2.6	100.0	
Missing	System	3524	97.4		
Total		3617	100.0		

C_control_Q13c [C - Control-5] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	7	.2	3.3	3.3
	1 Strongly Agree	166	4.6	77.2	80.5
	2 Agree	19	.5	8.8	89.3
	3 Disagree	7	.2	3.3	92.6
	4 Strongly Disagree	15	.4	7.0	99.5
	5 Don't Know	1	.0	.5	100.0
	Total	215	5.9	100.0	
Missing	System	3402	94.1		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D2_Q11 [D-2: Philip Morris] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.1	4.1
	1 Strongly Agree	3	.1	.7	4.8
	2 Agree	6	.2	1.4	6.2
	3 Disagree	92	2.5	21.2	27.4
	4 Strongly Disagree	309	8.5	71.2	98.6
	5 Don't Know	6	.2	1.4	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

D2_Q12 [D-2: Philip Morris] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	21	.6	4.8	4.8
	1 Strongly Agree	2	.1	.5	5.3
	2 Agree	5	.1	1.2	6.5
	3 Disagree	93	2.6	21.4	27.9
	4 Strongly Disagree	308	8.5	71.0	98.8
	5 Don't Know	5	.1	1.2	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D2_Q13a [D-2: Philip Morris] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	8	.2	7.1	7.1
	1 Strongly Agree	19	.5	17.0	24.1
	2 Agree	29	.8	25.9	50.0
	3 Disagree	39	1.1	34.8	84.8
	4 Strongly Disagree	8	.2	7.1	92.0
	5 Don't Know	9	.2	8.0	100.0
	Total	112	3.1	100.0	
Missing	System	3505	96.9		
Total		3617	100.0		

D2_Q13b [D-2: Philip Morris] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	.1	4.9	4.9
	1 Strongly Agree	71	2.0	68.9	73.8
	2 Agree	15	.4	14.6	88.3
	3 Disagree	6	.2	5.8	94.2
	4 Strongly Disagree	4	.1	3.9	98.1
	5 Don't Know	2	.1	1.9	100.0
	Total	103	2.8	100.0	
Missing	System	3514	97.2		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D2_Q13c [D-2: Philip Morris] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	6	.2	2.7	2.7
	1 Strongly Agree	167	4.6	76.3	79.0
	2 Agree	29	.8	13.2	92.2
	3 Disagree	3	.1	1.4	93.6
	4 Strongly Disagree	13	.4	5.9	99.5
	5 Don't Know	1	.0	.5	100.0
	Total	219	6.1	100.0	
Missing	System	3398	93.9		
Total		3617	100.0		

D3_Q11 [D-3: RJ Reynolds] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.1	4.1
	1 Strongly Agree	4	.1	.9	5.1
	2 Agree	8	.2	1.8	6.9
	3 Disagree	105	2.9	24.2	31.1
	4 Strongly Disagree	289	8.0	66.6	97.7
	5 Don't Know	10	.3	2.3	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

D3_Q12 [D-3: RJ Reynolds] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	2 Agree	8	.2	1.8	6.5
	3 Disagree	106	2.9	24.4	30.9
	4 Strongly Disagree	292	8.1	67.3	98.2
	5 Don't Know	8	.2	1.8	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D3_Q13a [D-3: RJ Reynolds] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	.1	3.9	3.9
	1 Strongly Agree	21	.6	16.5	20.5
	2 Agree	33	.9	26.0	46.5
	3 Disagree	46	1.3	36.2	82.7
	4 Strongly Disagree	8	.2	6.3	89.0
	5 Don't Know	14	.4	11.0	100.0
	Total	127	3.5	100.0	
Missing	System	3490	96.5		
Total		3617	100.0		

D3_Q13b [D-3: RJ Reynolds] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	.1	6.0	6.0
	1 Strongly Agree	48	1.3	57.1	63.1
	2 Agree	19	.5	22.6	85.7
	3 Disagree	6	.2	7.1	92.9
	4 Strongly Disagree	4	.1	4.8	97.6
	5 Don't Know	2	.1	2.4	100.0
	Total	84	2.3	100.0	
Missing	System	3533	97.7		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D3_Q13c [D-3: RJ Reynolds] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	7	.2	3.1	3.1
	1 Strongly Agree	143	4.0	64.1	67.3
	2 Agree	41	1.1	18.4	85.7
	3 Disagree	16	.4	7.2	92.8
	4 Strongly Disagree	10	.3	4.5	97.3
	5 Don't Know	6	.2	2.7	100.0
	Total	223	6.2	100.0	
Missing	System	3394	93.8		
Total		3617	100.0		

D5_Q11 [D-5: Interveners] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 Strongly Agree	7	.2	1.6	5.5
	2 Agree	11	.3	2.5	8.0
	3 Disagree	96	2.7	22.1	30.1
	4 Strongly Disagree	294	8.1	67.6	97.7
	5 Don't Know	10	.3	2.3	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D5_Q12 [D-5: Interveners] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	1 Strongly Agree	8	.2	1.8	6.4
	2 Agree	8	.2	1.8	8.3
	3 Disagree	87	2.4	20.0	28.3
	4 Strongly Disagree	302	8.3	69.4	97.7
	5 Don't Know	10	.3	2.3	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

D5_Q13a [D-5: Interveners] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	.1	2.3	2.3
	1 Strongly Agree	28	.8	21.9	24.2
	2 Agree	48	1.3	37.5	61.7
	3 Disagree	35	1.0	27.3	89.1
	4 Strongly Disagree	10	.3	7.8	96.9
	5 Don't Know	4	.1	3.1	100.0
	Total	128	3.5	100.0	
Missing	System	3489	96.5		
Total		3617	100.0		

D5_Q13b [D-5: Interveners] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	.1	3.9	3.9
	1 Strongly Agree	78	2.2	75.7	79.6
	2 Agree	14	.4	13.6	93.2
	3 Disagree	1	.0	1.0	94.2
	4 Strongly Disagree	6	.2	5.8	100.0
	Total	103	2.8	100.0	
Missing	System	3514	97.2		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D5_Q13c [D-5: Interveners] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	11	.3	5.4	5.4
	1 Strongly Agree	155	4.3	76.0	81.4
	2 Agree	20	.6	9.8	91.2
	3 Disagree	2	.1	1.0	92.2
	4 Strongly Disagree	9	.2	4.4	96.6
	5 Don't Know	7	.2	3.4	100.0
	Total	204	5.6	100.0	
Missing	System	3413	94.4		
Total		3617	100.0		

D6_Q11 [D-6: Salter>Mitchell] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	1 Strongly Agree	3	.1	.7	5.3
	2 Agree	9	.2	2.1	7.4
	3 Disagree	91	2.5	21.0	28.3
	4 Strongly Disagree	306	8.5	70.5	98.8
	5 Don't Know	5	.1	1.2	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D6_Q12 [D-6: Salter>Mitchell] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	1 Strongly Agree	2	.1	.5	5.1
	2 Agree	6	.2	1.4	6.5
	3 Disagree	92	2.5	21.2	27.6
	4 Strongly Disagree	310	8.6	71.4	99.1
	5 Don't Know	4	.1	.9	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

D6_Q13a [D-6: Salter>Mitchell] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	.1	4.2	4.2
	1 Strongly Agree	29	.8	24.2	28.3
	2 Agree	43	1.2	35.8	64.2
	3 Disagree	26	.7	21.7	85.8
	4 Strongly Disagree	11	.3	9.2	95.0
	5 Don't Know	6	.2	5.0	100.0
	Total	120	3.3	100.0	
Missing	System	3497	96.7		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D6_Q13b [D-6: Salter>Mitchell] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	.1	3.3	3.3
	1 Strongly Agree	63	1.7	69.2	72.5
	2 Agree	15	.4	16.5	89.0
	3 Disagree	4	.1	4.4	93.4
	4 Strongly Disagree	3	.1	3.3	96.7
	5 Don't Know	3	.1	3.3	100.0
	Total	91	2.5	100.0	
Missing	System	3526	97.5		
Total		3617	100.0		

D6_Q13c [D-6: Salter>Mitchell] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	11	.3	4.9	4.9
	1 Strongly Agree	174	4.8	78.0	83.0
	2 Agree	20	.6	9.0	91.9
	3 Disagree	7	.2	3.1	95.1
	4 Strongly Disagree	10	.3	4.5	99.6
	5 Don't Know	1	.0	.4	100.0
	Total	223	6.2	100.0	
Missing	System	3394	93.8		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D_control_Q11 [D - Control-1] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	21	.6	4.8	4.8
	1 Strongly Agree	6	.2	1.4	6.2
	2 Agree	15	.4	3.5	9.7
	3 Disagree	89	2.5	20.6	30.3
	4 Strongly Disagree	295	8.2	68.1	98.4
	5 Don't Know	7	.2	1.6	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

D_control_Q12 [D - Control-2] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	22	.6	5.1	5.1
	1 Strongly Agree	5	.1	1.2	6.2
	2 Agree	10	.3	2.3	8.5
	3 Disagree	94	2.6	21.7	30.3
	4 Strongly Disagree	295	8.2	68.1	98.4
	5 Don't Know	7	.2	1.6	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D_control_Q13a [D - Control-3] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	6	.2	4.9	4.9
	1 Strongly Agree	19	.5	15.6	20.5
	2 Agree	40	1.1	32.8	53.3
	3 Disagree	40	1.1	32.8	86.1
	4 Strongly Disagree	12	.3	9.8	95.9
	5 Don't Know	5	.1	4.1	100.0
	Total	122	3.4	100.0	
Missing	System	3495	96.6		
Total		3617	100.0		

D_control_Q13b [D - Control-4] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	8	.2	8.2	8.2
	1 Strongly Agree	68	1.9	70.1	78.4
	2 Agree	15	.4	15.5	93.8
	3 Disagree	2	.1	2.1	95.9
	4 Strongly Disagree	1	.0	1.0	96.9
	5 Don't Know	3	.1	3.1	100.0
	Total	97	2.7	100.0	
Missing	System	3520	97.3		
Total		3617	100.0		

D_control_Q13c [D - Control-5] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	7	.2	3.3	3.3
	1 Strongly Agree	166	4.6	77.6	80.8
	2 Agree	26	.7	12.1	93.0
	3 Disagree	6	.2	2.8	95.8
	4 Strongly Disagree	9	.2	4.2	100.0
	Total	214	5.9	100.0	
Missing	System	3403	94.1		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E2_Q11 [E-2: Philip Morris] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	29	.8	6.7	6.7
	1 Strongly Agree	1	.0	.2	6.9
	2 Agree	5	.1	1.1	8.0
	3 Disagree	82	2.3	18.9	26.9
	4 Strongly Disagree	312	8.6	71.7	98.6
	5 Don't Know	6	.2	1.4	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

E2_Q12 [E-2: Philip Morris] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	7.4	7.4
	1 Strongly Agree	1	.0	.2	7.6
	2 Agree	5	.1	1.1	8.7
	3 Disagree	78	2.2	17.9	26.7
	4 Strongly Disagree	311	8.6	71.5	98.2
	5 Don't Know	8	.2	1.8	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E2_Q13a [E-2: Philip Morris] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	7	.2	5.3	5.3
	1 Strongly Agree	28	.8	21.1	26.3
	2 Agree	43	1.2	32.3	58.6
	3 Disagree	34	.9	25.6	84.2
	4 Strongly Disagree	11	.3	8.3	92.5
	5 Don't Know	10	.3	7.5	100.0
	Total	133	3.7	100.0	
Missing	System	3484	96.3		
Total		3617	100.0		

E2_Q13b [E-2: Philip Morris] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	.1	3.9	3.9
	1 Strongly Agree	56	1.5	73.7	77.6
	2 Agree	11	.3	14.5	92.1
	3 Disagree	2	.1	2.6	94.7
	4 Strongly Disagree	3	.1	3.9	98.7
	5 Don't Know	1	.0	1.3	100.0
	Total	76	2.1	100.0	
Missing	System	3541	97.9		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E2_Q13c [E-2: Philip Morris] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	12	.3	5.3	5.3
	1 Strongly Agree	181	5.0	80.1	85.4
	2 Agree	19	.5	8.4	93.8
	3 Disagree	1	.0	.4	94.2
	4 Strongly Disagree	10	.3	4.4	98.7
	5 Don't Know	3	.1	1.3	100.0
	Total	226	6.2	100.0	
Missing	System	3391	93.8		
Total		3617	100.0		

E3_Q11 [E-3: RJ Reynolds] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.1	4.1
	1 Strongly Agree	4	.1	.9	5.1
	2 Agree	6	.2	1.4	6.5
	3 Disagree	85	2.4	19.6	26.0
	4 Strongly Disagree	311	8.6	71.7	97.7
	5 Don't Know	10	.3	2.3	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E3_Q12 [E-3: RJ Reynolds] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.1	4.1
	1 Strongly Agree	4	.1	.9	5.1
	2 Agree	5	.1	1.2	6.2
	3 Disagree	84	2.3	19.4	25.6
	4 Strongly Disagree	313	8.7	72.1	97.7
	5 Don't Know	10	.3	2.3	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

E3_Q13a [E-3: RJ Reynolds] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Strongly Agree	23	.6	20.2	20.2
	2 Agree	35	1.0	30.7	50.9
	3 Disagree	37	1.0	32.5	83.3
	4 Strongly Disagree	9	.2	7.9	91.2
	5 Don't Know	10	.3	8.8	100.0
	Total	114	3.2	100.0	
Missing	System	3503	96.8		
Total		3617	100.0		

E3_Q13b [E-3: RJ Reynolds] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	.1	3.1	3.1
	1 Strongly Agree	74	2.0	75.5	78.6
	2 Agree	14	.4	14.3	92.9
	3 Disagree	3	.1	3.1	95.9
	4 Strongly Disagree	3	.1	3.1	99.0
	5 Don't Know	1	.0	1.0	100.0
	Total	98	2.7	100.0	
Missing	System	3519	97.3		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E3_Q13c [E-3: RJ Reynolds] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	9	.2	4.1	4.1
	1 Strongly Agree	176	4.9	79.3	83.3
	2 Agree	17	.5	7.7	91.0
	3 Disagree	7	.2	3.2	94.1
	4 Strongly Disagree	9	.2	4.1	98.2
	5 Don't Know	4	.1	1.8	100.0
	Total	222	6.1	100.0	
Missing	System	3395	93.9		
Total		3617	100.0		

E5_Q11 [E-5: Interveners] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	21	.6	4.8	4.8
	1 Strongly Agree	3	.1	.7	5.5
	2 Agree	9	.2	2.1	7.6
	3 Disagree	98	2.7	22.6	30.2
	4 Strongly Disagree	299	8.3	68.9	99.1
	5 Don't Know	4	.1	.9	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E5_Q12 [E-5: Interveners] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	23	.6	5.3	5.3
	1 Strongly Agree	1	.0	.2	5.5
	2 Agree	11	.3	2.5	8.1
	3 Disagree	91	2.5	21.0	29.0
	4 Strongly Disagree	305	8.4	70.3	99.3
	5 Don't Know	3	.1	.7	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

E5_Q13a [E-5: Interveners] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	.1	3.7	3.7
	1 Strongly Agree	13	.4	11.9	15.6
	2 Agree	48	1.3	44.0	59.6
	3 Disagree	32	.9	29.4	89.0
	4 Strongly Disagree	5	.1	4.6	93.6
	5 Don't Know	7	.2	6.4	100.0
	Total	109	3.0	100.0	
Missing	System	3508	97.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E5_Q13b [E-5: Interveners] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	7	.2	6.1	6.1
	1 Strongly Agree	76	2.1	66.7	72.8
	2 Agree	23	.6	20.2	93.0
	3 Disagree	5	.1	4.4	97.4
	4 Strongly Disagree	2	.1	1.8	99.1
	5 Don't Know	1	.0	.9	100.0
	Total	114	3.2	100.0	
Missing	System	3503	96.8		
Total		3617	100.0		

E5_Q13c [E-5: Interveners] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	8	.2	3.8	3.8
	1 Strongly Agree	171	4.7	81.0	84.8
	2 Agree	15	.4	7.1	91.9
	3 Disagree	4	.1	1.9	93.8
	4 Strongly Disagree	11	.3	5.2	99.1
	5 Don't Know	2	.1	.9	100.0
	Total	211	5.8	100.0	
Missing	System	3406	94.2		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E6_Q11 [E-6: Salter>Mitchell] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	25	.7	5.8	5.8
	1 Strongly Agree	3	.1	.7	6.5
	2 Agree	10	.3	2.3	8.8
	3 Disagree	89	2.5	20.5	29.3
	4 Strongly Disagree	301	8.3	69.4	98.6
	5 Don't Know	6	.2	1.4	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

E6_Q12 [E-6: Salter>Mitchell] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	30	.8	6.9	6.9
	1 Strongly Agree	2	.1	.5	7.4
	2 Agree	7	.2	1.6	9.0
	3 Disagree	89	2.5	20.5	29.5
	4 Strongly Disagree	301	8.3	69.4	98.8
	5 Don't Know	5	.1	1.2	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E6_Q13a [E-6: Salter>Mitchell] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	6	.2	4.8	4.8
	1 Strongly Agree	31	.9	25.0	29.8
	2 Agree	48	1.3	38.7	68.5
	3 Disagree	28	.8	22.6	91.1
	4 Strongly Disagree	7	.2	5.6	96.8
	5 Don't Know	4	.1	3.2	100.0
	Total	124	3.4	100.0	
Missing	System	3493	96.6		
Total		3617	100.0		

E6_Q13b [E-6: Salter>Mitchell] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	7	.2	8.2	8.2
	1 Strongly Agree	61	1.7	71.8	80.0
	2 Agree	11	.3	12.9	92.9
	3 Disagree	3	.1	3.5	96.5
	4 Strongly Disagree	2	.1	2.4	98.8
	5 Don't Know	1	.0	1.2	100.0
	Total	85	2.4	100.0	
Missing	System	3532	97.6		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E6_Q13c [E-6: Salter>Mitchell] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	9	.2	4.0	4.0
	1 Strongly Agree	178	4.9	79.1	83.1
	2 Agree	26	.7	11.6	94.7
	3 Disagree	6	.2	2.7	97.3
	4 Strongly Disagree	2	.1	.9	98.2
	5 Don't Know	4	.1	1.8	100.0
	Total	225	6.2	100.0	
Missing	System	3392	93.8		
Total		3617	100.0		

E_control_Q11 [E - Control-1] [Reading this statement gives me an urge for a cigarette.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	12	.3	2.8	2.8
	1 Strongly Agree	9	.2	2.1	4.8
	2 Agree	4	.1	.9	5.8
	3 Disagree	88	2.4	20.3	26.0
	4 Strongly Disagree	318	8.8	73.3	99.3
	5 Don't Know	3	.1	.7	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E_control_Q12 [E - Control-2] [Reading this statement makes me want a cigarette right now.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	13	.4	3.0	3.0
	1 Strongly Agree	3	.1	.7	3.7
	2 Agree	5	.1	1.2	4.8
	3 Disagree	85	2.4	19.6	24.4
	4 Strongly Disagree	325	9.0	74.9	99.3
	5 Don't Know	3	.1	.7	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

E_control_Q13a [E - Control-3] [Reading this statement makes me think about quitting smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	1	.0	.9	.9
	1 Strongly Agree	15	.4	14.0	15.0
	2 Agree	46	1.3	43.0	57.9
	3 Disagree	25	.7	23.4	81.3
	4 Strongly Disagree	15	.4	14.0	95.3
	5 Don't Know	5	.1	4.7	100.0
	Total	107	3.0	100.0	
Missing	System	3510	97.0		
Total		3617	100.0		

E_control_Q13b [E - Control-4] [Reading this statement makes me want to stay smokefree.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	.1	4.2	4.2
	1 Strongly Agree	63	1.7	66.3	70.5
	2 Agree	20	.6	21.1	91.6
	3 Disagree	4	.1	4.2	95.8
	4 Strongly Disagree	4	.1	4.2	100.0
	Total	95	2.6	100.0	
Missing	System	3522	97.4		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E_control_Q13c [E - Control-5] [Reading this statement makes me want to stay a non-smoker.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	.1	.9	.9
	1 Strongly Agree	186	5.1	80.2	81.0
	2 Agree	25	.7	10.8	91.8
	3 Disagree	4	.1	1.7	93.5
	4 Strongly Disagree	11	.3	4.7	98.3
	5 Don't Know	4	.1	1.7	100.0
	Total	232	6.4	100.0	
Missing	System	3385	93.6		
Total		3617	100.0		

A2_Q14a [A-2: Philip Morris] [Cigarette smoking is bad for your health.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.1	4.1
	1 Strongly Agree	311	8.6	71.7	75.8
	2 Agree	89	2.5	20.5	96.3
	3 Disagree	7	.2	1.6	97.9
	4 Strongly Disagree	2	.1	.5	98.4
	5 Don't Know	7	.2	1.6	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A2_Q15a [A-2: Philip Morris] [Smoking cigarettes causes lung cancer, heart disease, and other diseases.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	19	.5	4.4	4.4
	1 Strongly Agree	284	7.9	65.4	69.8
	2 Agree	104	2.9	24.0	93.8
	3 Disagree	8	.2	1.8	95.6
	4 Strongly Disagree	2	.1	.5	96.1
	5 Don't Know	17	.5	3.9	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

A3_Q14a [A-3: RJ Reynolds] [Cigarette smoking is bad for your health.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 Strongly Agree	310	8.6	71.4	75.3
	2 Agree	85	2.4	19.6	94.9
	3 Disagree	7	.2	1.6	96.5
	4 Strongly Disagree	6	.2	1.4	97.9
	5 Don't Know	9	.2	2.1	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A3_Q15a [A-3: RJ Reynolds] [Smoking cigarettes causes lung cancer, heart disease, and other diseases.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	19	.5	4.4	4.4
	1 Strongly Agree	293	8.1	67.5	71.9
	2 Agree	92	2.5	21.2	93.1
	3 Disagree	7	.2	1.6	94.7
	4 Strongly Disagree	4	.1	.9	95.6
	5 Don't Know	19	.5	4.4	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

A5_Q14a [A-5: Interveners] [Cigarette smoking is bad for your health.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	25	.7	5.7	5.7
	1 Strongly Agree	315	8.7	72.2	78.0
	2 Agree	84	2.3	19.3	97.2
	3 Disagree	2	.1	.5	97.7
	4 Strongly Disagree	2	.1	.5	98.2
	5 Don't Know	8	.2	1.8	100.0
	Total	436	12.1	100.0	
Missing	System	3181	87.9		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A5_Q15a [A-5: Interveners] [Smoking cigarettes causes lung cancer, heart disease, and other diseases.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	29	.8	6.7	6.7
	1 Strongly Agree	290	8.0	66.5	73.2
	2 Agree	88	2.4	20.2	93.3
	3 Disagree	9	.2	2.1	95.4
	4 Strongly Disagree	2	.1	.5	95.9
	5 Don't Know	18	.5	4.1	100.0
	Total	436	12.1	100.0	
Missing	System	3181	87.9		
Total		3617	100.0		

A6_Q14a [A-6: Salter>Mitchell] [Cigarette smoking is bad for your health.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 Strongly Agree	340	9.4	78.5	82.4
	2 Agree	64	1.8	14.8	97.2
	3 Disagree	2	.1	.5	97.7
	4 Strongly Disagree	7	.2	1.6	99.3
	5 Don't Know	3	.1	.7	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A6_Q15a [A-6: Salter>Mitchell] [Smoking cigarettes causes lung cancer, heart disease, and other diseases.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.2	4.2
	1 Strongly Agree	316	8.7	73.0	77.1
	2 Agree	76	2.1	17.6	94.7
	3 Disagree	5	.1	1.2	95.8
	4 Strongly Disagree	6	.2	1.4	97.2
	5 Don't Know	12	.3	2.8	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

A_control_Q14a [A - Control-1] [Cigarette smoking is bad for your health.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	25	.7	5.8	5.8
	1 Strongly Agree	309	8.5	71.2	77.0
	2 Agree	81	2.2	18.7	95.6
	3 Disagree	9	.2	2.1	97.7
	4 Strongly Disagree	4	.1	.9	98.6
	5 Don't Know	6	.2	1.4	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A_control_Q15a [A - Control-2] [Smoking cigarettes causes lung cancer, heart disease, and other diseases.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	28	.8	6.5	6.5
	1 Strongly Agree	286	7.9	65.9	72.4
	2 Agree	90	2.5	20.7	93.1
	3 Disagree	11	.3	2.5	95.6
	4 Strongly Disagree	5	.1	1.2	96.8
	5 Don't Know	14	.4	3.2	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

B2_Q14b1 [B-2: Philip Morris] How likely do you think it is that you would become addicted to nicotine if you started smoking cigarettes?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	8	.2	3.8	3.8
	1 Very likely	78	2.2	37.1	41.0
	2 Likely	46	1.3	21.9	62.9
	3 Somewhat likely	20	.6	9.5	72.4
	4 Not at all likely	40	1.1	19.0	91.4
	5 Don't Know	18	.5	8.6	100.0
	Total	210	5.8	100.0	
Missing	System	3407	94.2		
Total		3617	100.0		

B4_Q14b1 [B-4: Lorillard] How likely do you think it is that you would become addicted to nicotine if you started smoking cigarettes?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	10	.3	4.5	4.5
	1 Very likely	83	2.3	37.2	41.7
	2 Likely	44	1.2	19.7	61.4
	3 Somewhat likely	27	.7	12.1	73.5
	4 Not at all likely	38	1.1	17.0	90.6
	5 Don't Know	21	.6	9.4	100.0
	Total	223	6.2	100.0	
Missing	System	3394	93.8		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B5_Q14b1 [B-5: Interveners] How likely do you think it is that you would become addicted to nicotine if you started smoking cigarettes?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	1	.0	.5	.5
	1 Very likely	84	2.3	43.8	44.3
	2 Likely	45	1.2	23.4	67.7
	3 Somewhat likely	16	.4	8.3	76.0
	4 Not at all likely	28	.8	14.6	90.6
	5 Don't Know	18	.5	9.4	100.0
	Total	192	5.3	100.0	
Missing	System	3425	94.7		
Total		3617	100.0		

B6_Q14b1 [B-6: Salter>Mitchell] How likely do you think it is that you would become addicted to nicotine if you started smoking cigarettes?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	7	.2	3.2	3.2
	1 Very likely	107	3.0	49.1	52.3
	2 Likely	34	.9	15.6	67.9
	3 Somewhat likely	24	.7	11.0	78.9
	4 Not at all likely	27	.7	12.4	91.3
	5 Don't Know	19	.5	8.7	100.0
	Total	218	6.0	100.0	
Missing	System	3399	94.0		
Total		3617	100.0		

B_control_Q14b1 [B - Control-1] How likely do you think it is that you would become addicted to nicotine if you started smoking cigarettes?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	13	.4	6.1	6.1
	1 Very likely	85	2.4	39.9	46.0
	2 Likely	45	1.2	21.1	67.1
	3 Somewhat likely	16	.4	7.5	74.6
	4 Not at all likely	33	.9	15.5	90.1
	5 Don't Know	21	.6	9.9	100.0
	Total	213	5.9	100.0	
Missing	System	3404	94.1		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**B2_Q14b2 [B-2: Philip Morris] Do you think you are addicted to nicotine?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	.1	4.0	4.0
	1 Yes	87	2.4	69.0	73.0
	2 No	24	.7	19.0	92.1
	3 Don't know	10	.3	7.9	100.0
	Total	126	3.5	100.0	
Missing	System	3491	96.5		
Total		3617	100.0		

B4_Q14b2 [B-4: Lorillard] Do you think you are addicted to nicotine?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	.1	3.9	3.9
	1 Yes	95	2.6	74.2	78.1
	2 No	17	.5	13.3	91.4
	3 Don't know	11	.3	8.6	100.0
	Total	128	3.5	100.0	
Missing	System	3489	96.5		
Total		3617	100.0		

B5_Q14b2 [B-5: Interveners] Do you think you are addicted to nicotine?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	.1	4.0	4.0
	1 Yes	95	2.6	75.4	79.4
	2 No	20	.6	15.9	95.2
	3 Don't know	6	.2	4.8	100.0
	Total	126	3.5	100.0	
Missing	System	3491	96.5		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**B6_Q14b2 [B-6: Salter>Mitchell] Do you think you are addicted to nicotine?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	.1	3.4	3.4
	1 Yes	87	2.4	73.7	77.1
	2 No	18	.5	15.3	92.4
	3 Don't know	9	.2	7.6	100.0
	Total	118	3.3	100.0	
Missing	System	3499	96.7		
Total		3617	100.0		

B_control_Q14b2 [B - Control-1] Do you think you are addicted to nicotine?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	8	.2	6.3	6.3
	1 Yes	90	2.5	71.4	77.8
	2 No	21	.6	16.7	94.4
	3 Don't know	7	.2	5.6	100.0
	Total	126	3.5	100.0	
Missing	System	3491	96.5		
Total		3617	100.0		

B2_Q14b3 [B-2: Philip Morris] Do you think you were addicted to nicotine when you smoked?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	.1	5.1	5.1
	1 Yes	55	1.5	56.1	61.2
	2 No	29	.8	29.6	90.8
	3 Don't know	9	.2	9.2	100.0
	Total	98	2.7	100.0	
Missing	System	3519	97.3		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**B4_Q14b3 [B-4: Lorillard] Do you think you were addicted to nicotine when you smoked?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	.1	2.4	2.4
	1 Yes	44	1.2	53.7	56.1
	2 No	28	.8	34.1	90.2
	3 Don't know	8	.2	9.8	100.0
	Total	82	2.3	100.0	
Missing	System	3535	97.7		
Total		3617	100.0		

B5_Q14b3 [B-5: Interveners] Do you think you were addicted to nicotine when you smoked?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	8	.2	7.0	7.0
	1 Yes	69	1.9	60.0	67.0
	2 No	30	.8	26.1	93.0
	3 Don't know	8	.2	7.0	100.0
	Total	115	3.2	100.0	
Missing	System	3502	96.8		
Total		3617	100.0		

B6_Q14b3 [B-6: Salter>Mitchell] Do you think you were addicted to nicotine when you smoked?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	6	.2	6.1	6.1
	1 Yes	55	1.5	55.6	61.6
	2 No	36	1.0	36.4	98.0
	3 Don't know	2	.1	2.0	100.0
	Total	99	2.7	100.0	
Missing	System	3518	97.3		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B_control_Q14b3 [B - Control-1] Do you think you were addicted to nicotine when you smoked?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	.1	3.2	3.2
	1 Yes	58	1.6	61.1	64.2
	2 No	28	.8	29.5	93.7
	3 Don't know	6	.2	6.3	100.0
	Total	95	2.6	100.0	
Missing	System	3522	97.4		
Total		3617	100.0		

B2_Q14b4 [B-2: Philip Morris] If I started smoking, I could stop smoking easily if I wanted to:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	8	.2	3.8	3.8
	1 Strongly Agree	17	.5	8.1	11.9
	2 Agree	29	.8	13.8	25.7
	3 Disagree	58	1.6	27.6	53.3
	4 Strongly Disagree	42	1.2	20.0	73.3
	5 Don't Know	56	1.5	26.7	100.0
	Total	210	5.8	100.0	
Missing	System	3407	94.2		
Total		3617	100.0		

B4_Q14b4 [B-4: Lorillard] If I started smoking, I could stop smoking easily if I wanted to:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	12	.3	5.4	5.4
	1 Strongly Agree	18	.5	8.1	13.5
	2 Agree	39	1.1	17.5	30.9
	3 Disagree	48	1.3	21.5	52.5
	4 Strongly Disagree	47	1.3	21.1	73.5
	5 Don't Know	59	1.6	26.5	100.0
	Total	223	6.2	100.0	
Missing	System	3394	93.8		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**B5_Q14b4 [B-5: Interveners] If I started smoking, I could stop smoking easily if I wanted to:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	.1	1.0	1.0
	1 Strongly Agree	14	.4	7.3	8.3
	2 Agree	15	.4	7.8	16.1
	3 Disagree	60	1.7	31.3	47.4
	4 Strongly Disagree	47	1.3	24.5	71.9
	5 Don't Know	54	1.5	28.1	100.0
	Total	192	5.3	100.0	
Missing	System	3425	94.7		
Total		3617	100.0		

B6_Q14b4 [B-6: Salter>Mitchell] If I started smoking, I could stop smoking easily if I wanted to:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	9	.2	4.1	4.1
	1 Strongly Agree	18	.5	8.3	12.4
	2 Agree	17	.5	7.8	20.2
	3 Disagree	66	1.8	30.3	50.5
	4 Strongly Disagree	60	1.7	27.5	78.0
	5 Don't Know	48	1.3	22.0	100.0
	Total	218	6.0	100.0	
Missing	System	3399	94.0		
Total		3617	100.0		

B_control_Q14b4 [B - Control-1] If I started smoking, I could stop smoking easily if I wanted to:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	12	.3	5.6	5.6
	1 Strongly Agree	17	.5	8.0	13.6
	2 Agree	28	.8	13.1	26.8
	3 Disagree	56	1.5	26.3	53.1
	4 Strongly Disagree	44	1.2	20.7	73.7
	5 Don't Know	56	1.5	26.3	100.0
	Total	213	5.9	100.0	
Missing	System	3404	94.1		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B2_Q14b5 [B-2: Philip Morris] I could stop smoking easily if I wanted to:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	6	.2	4.8	4.8
	1 Strongly Agree	13	.4	10.3	15.1
	2 Agree	25	.7	19.8	34.9
	3 Disagree	40	1.1	31.7	66.7
	4 Strongly Disagree	32	.9	25.4	92.1
	5 Don't Know	10	.3	7.9	100.0
	Total	126	3.5	100.0	
Missing	System	3491	96.5		
Total		3617	100.0		

B4_Q14b5 [B-4: Lorillard] I could stop smoking easily if I wanted to:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	6	.2	4.7	4.7
	1 Strongly Agree	9	.2	7.0	11.7
	2 Agree	29	.8	22.7	34.4
	3 Disagree	50	1.4	39.1	73.4
	4 Strongly Disagree	27	.7	21.1	94.5
	5 Don't Know	7	.2	5.5	100.0
	Total	128	3.5	100.0	
Missing	System	3489	96.5		
Total		3617	100.0		

B5_Q14b5 [B-5: Interveners] I could stop smoking easily if I wanted to:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	.1	4.0	4.0
	1 Strongly Agree	12	.3	9.5	13.5
	2 Agree	18	.5	14.3	27.8
	3 Disagree	39	1.1	31.0	58.7
	4 Strongly Disagree	38	1.1	30.2	88.9
	5 Don't Know	14	.4	11.1	100.0
	Total	126	3.5	100.0	
Missing	System	3491	96.5		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**B6_Q14b5 [B-6: Salter>Mitchell] I could stop smoking easily if I wanted to:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	3	.1	2.5	2.5
	1 Strongly Agree	11	.3	9.3	11.9
	2 Agree	19	.5	16.1	28.0
	3 Disagree	41	1.1	34.7	62.7
	4 Strongly Disagree	32	.9	27.1	89.8
	5 Don't Know	12	.3	10.2	100.0
	Total	118	3.3	100.0	
Missing	System	3499	96.7		
Total		3617	100.0		

B_control_Q14b5 [B - Control-1] I could stop smoking easily if I wanted to:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	7	.2	5.6	5.6
	1 Strongly Agree	9	.2	7.1	12.7
	2 Agree	25	.7	19.8	32.5
	3 Disagree	40	1.1	31.7	64.3
	4 Strongly Disagree	35	1.0	27.8	92.1
	5 Don't Know	10	.3	7.9	100.0
	Total	126	3.5	100.0	
Missing	System	3491	96.5		
Total		3617	100.0		

B2_Q14b6 [B-2: Philip Morris] If I started smoking again, it would be easy to quit:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	5	.1	5.1	5.1
	1 Strongly Agree	17	.5	17.3	22.4
	2 Agree	11	.3	11.2	33.7
	3 Disagree	18	.5	18.4	52.0
	4 Strongly Disagree	27	.7	27.6	79.6
	5 Don't Know	20	.6	20.4	100.0
	Total	98	2.7	100.0	
Missing	System	3519	97.3		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**B4_Q14b6 [B-4: Lorillard] If I started smoking again, it would be easy to quit:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	2	.1	2.4	2.4
	1 Strongly Agree	18	.5	22.0	24.4
	2 Agree	5	.1	6.1	30.5
	3 Disagree	17	.5	20.7	51.2
	4 Strongly Disagree	23	.6	28.0	79.3
	5 Don't Know	17	.5	20.7	100.0
	Total	82	2.3	100.0	
Missing	System	3535	97.7		
Total		3617	100.0		

B5_Q14b6 [B-5: Interveners] If I started smoking again, it would be easy to quit:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	8	.2	7.0	7.0
	1 Strongly Agree	15	.4	13.0	20.0
	2 Agree	8	.2	7.0	27.0
	3 Disagree	19	.5	16.5	43.5
	4 Strongly Disagree	42	1.2	36.5	80.0
	5 Don't Know	23	.6	20.0	100.0
	Total	115	3.2	100.0	
Missing	System	3502	96.8		
Total		3617	100.0		

B6_Q14b6 [B-6: Salter>Mitchell] If I started smoking again, it would be easy to quit:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	6	.2	6.1	6.1
	1 Strongly Agree	15	.4	15.2	21.2
	2 Agree	12	.3	12.1	33.3
	3 Disagree	15	.4	15.2	48.5
	4 Strongly Disagree	33	.9	33.3	81.8
	5 Don't Know	18	.5	18.2	100.0
	Total	99	2.7	100.0	
Missing	System	3518	97.3		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**B_control_Q14b6 [B - Control-1] If I started smoking again, it would be easy to quit:**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	4	.1	4.2	4.2
	1 Strongly Agree	11	.3	11.6	15.8
	2 Agree	12	.3	12.6	28.4
	3 Disagree	22	.6	23.2	51.6
	4 Strongly Disagree	27	.7	28.4	80.0
	5 Don't Know	19	.5	20.0	100.0
	Total	95	2.6	100.0	
Missing	System	3522	97.4		
Total		3617	100.0		

B2_Q16 [B-2: Philip Morris] Do you believe that smoking and nicotine are addictive?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	19	.5	4.4	4.4
	1 Strongly Agree	264	7.3	60.8	65.2
	2 Agree	133	3.7	30.6	95.9
	3 Disagree	10	.3	2.3	98.2
	4 Strongly Disagree	4	.1	.9	99.1
	5 Don't Know	4	.1	.9	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

B4_Q16 [B-4: Lorillard] Do you believe that smoking and nicotine are addictive?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	19	.5	4.4	4.4
	1 Strongly Agree	263	7.3	60.7	65.1
	2 Agree	126	3.5	29.1	94.2
	3 Disagree	6	.2	1.4	95.6
	4 Strongly Disagree	5	.1	1.2	96.8
	5 Don't Know	14	.4	3.2	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**B5_Q16 [B-5: Interveners] Do you believe that smoking and nicotine are addictive?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	16	.4	3.7	3.7
	1 Strongly Agree	292	8.1	67.4	71.1
	2 Agree	108	3.0	24.9	96.1
	3 Disagree	8	.2	1.8	97.9
	5 Don't Know	9	.2	2.1	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

B6_Q16 [B-6: Salter>Mitchell] Do you believe that smoking and nicotine are addictive?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	1 Strongly Agree	295	8.2	67.8	72.4
	2 Agree	105	2.9	24.1	96.6
	3 Disagree	3	.1	.7	97.2
	4 Strongly Disagree	3	.1	.7	97.9
	5 Don't Know	9	.2	2.1	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

B_control_Q16 [B - Control-1] Do you believe that smoking and nicotine are addictive?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	23	.6	5.3	5.3
	1 Strongly Agree	274	7.6	63.1	68.4
	2 Agree	118	3.3	27.2	95.6
	3 Disagree	6	.2	1.4	97.0
	4 Strongly Disagree	1	.0	.2	97.2
	5 Don't Know	12	.3	2.8	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**B2_Q17 [B-2: Philip Morris] Cigarette smoking is not just a bad habit, it's an addiction.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	1 Strongly Agree	247	6.8	56.9	61.5
	2 Agree	139	3.8	32.0	93.5
	3 Disagree	17	.5	3.9	97.5
	4 Strongly Disagree	2	.1	.5	97.9
	5 Don't Know	9	.2	2.1	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

B4_Q17 [B-4: Lorillard] Cigarette smoking is not just a bad habit, it's an addiction.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 Strongly Agree	260	7.2	60.0	64.0
	2 Agree	128	3.5	29.6	93.5
	3 Disagree	15	.4	3.5	97.0
	4 Strongly Disagree	5	.1	1.2	98.2
	5 Don't Know	8	.2	1.8	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

B5_Q17 [B-5: Interveners] Cigarette smoking is not just a bad habit, it's an addiction.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 Strongly Agree	282	7.8	65.1	69.1
	2 Agree	110	3.0	25.4	94.5
	3 Disagree	11	.3	2.5	97.0
	4 Strongly Disagree	2	.1	.5	97.5
	5 Don't Know	11	.3	2.5	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**B6_Q17 [B-6: Salter>Mitchell] Cigarette smoking is not just a bad habit, it's an addiction.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 Strongly Agree	293	8.1	67.4	71.3
	2 Agree	101	2.8	23.2	94.5
	3 Disagree	13	.4	3.0	97.5
	4 Strongly Disagree	5	.1	1.1	98.6
	5 Don't Know	6	.2	1.4	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

B_control_Q17 [B - Control-1] Cigarette smoking is not just a bad habit, it's an addiction.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	23	.6	5.3	5.3
	1 Strongly Agree	254	7.0	58.5	63.8
	2 Agree	126	3.5	29.0	92.9
	3 Disagree	15	.4	3.5	96.3
	4 Strongly Disagree	5	.1	1.2	97.5
	5 Don't Know	11	.3	2.5	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

C2_Q14c [C-2: Philip Morris] Do you believe that some cigarettes are less harmful than others?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	19	.5	4.4	4.4
	1 Yes	40	1.1	9.2	13.5
	2 No	329	9.1	75.5	89.0
	3 Don't know	48	1.3	11.0	100.0
	Total	436	12.1	100.0	
Missing	System	3181	87.9		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**C4_Q14c [C-4: Lorillard] Do you believe that some cigarettes are less harmful than others?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	22	.6	5.1	5.1
	1 Yes	49	1.4	11.3	16.4
	2 No	325	9.0	75.1	91.5
	3 Don't know	37	1.0	8.5	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

C5_Q14c [C-5: Interveners] Do you believe that some cigarettes are less harmful than others?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.2	4.2
	1 Yes	40	1.1	9.2	13.4
	2 No	345	9.5	79.7	93.1
	3 Don't know	30	.8	6.9	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

C6_Q14c [C-6: Salter>Mitchell] Do you believe that some cigarettes are less harmful than others?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	13	.4	3.0	3.0
	1 Yes	42	1.2	9.7	12.6
	2 No	342	9.5	78.6	91.3
	3 Don't know	38	1.1	8.7	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C_control_Q14c [C - Control-1] Do you believe that some cigarettes are less harmful than others?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	13	.4	3.0	3.0
	1 Yes	57	1.6	13.2	16.2
	2 No	306	8.5	70.7	86.8
	3 Don't know	57	1.6	13.2	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

C2_Q15c [C-2: Philip Morris] [Full flavor cigarettes are more harmful than 'low tar,' 'light,' 'ultra light,' 'mild,' and 'natural' cigarettes.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.1	4.1
	1 Strongly Agree	11	.3	2.5	6.7
	2 Agree	57	1.6	13.1	19.7
	3 Disagree	133	3.7	30.5	50.2
	4 Strongly Disagree	145	4.0	33.3	83.5
	5 Don't Know	72	2.0	16.5	100.0
	Total	436	12.1	100.0	
Missing	System	3181	87.9		
Total		3617	100.0		

C2_Q16c [C-2: Philip Morris] [People who smoke 'low tar,' 'light,' 'ultra light,' 'mild,' or 'natural' cigarettes are less likely to get cancer than people who smoke full-flavor cigarettes.] Thinking about this statement, how much do you agree or disagree with the

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.1	4.1
	1 Strongly Agree	7	.2	1.6	5.7
	2 Agree	21	.6	4.8	10.6
	3 Disagree	142	3.9	32.6	43.1
	4 Strongly Disagree	201	5.6	46.1	89.2
	5 Don't Know	47	1.3	10.8	100.0
	Total	436	12.1	100.0	
Missing	System	3181	87.9		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C2_Q17c [C-2: Philip Morris] [People who smoke 'low tar,' 'light,' 'ultra light,' 'mild,' or 'natural' cigarettes are less likely to get heart disease than people who smoke full-flavor cigarettes.] Thinking about this statement, how much do you agree or disagree w

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 Strongly Agree	3	.1	.7	4.6
	2 Agree	20	.6	4.6	9.2
	3 Disagree	147	4.1	33.7	42.9
	4 Strongly Disagree	195	5.4	44.7	87.6
	5 Don't Know	54	1.5	12.4	100.0
	Total	436	12.1	100.0	
Missing	System	3181	87.9		
Total		3617	100.0		

C4_Q15c [C-4: Lorillard] [Full flavor cigarettes are more harmful than 'low tar,' 'light,' 'ultra light,' 'mild,' and 'natural' cigarettes.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	22	.6	5.1	5.1
	1 Strongly Agree	20	.6	4.6	9.7
	2 Agree	39	1.1	9.0	18.7
	3 Disagree	159	4.4	36.7	55.4
	4 Strongly Disagree	111	3.1	25.6	81.1
	5 Don't Know	82	2.3	18.9	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C4_Q16c [C-4: Lorillard] [People who smoke 'low tar,' 'light,' 'ultra light,' 'mild,' or 'natural' cigarettes are less likely to get cancer than people who smoke full-flavor cigarettes.] Thinking about this statement, how much do you agree or disagree with the fol

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	23	.6	5.3	5.3
	1 Strongly Agree	6	.2	1.4	6.7
	2 Agree	14	.4	3.2	9.9
	3 Disagree	170	4.7	39.3	49.2
	4 Strongly Disagree	161	4.5	37.2	86.4
	5 Don't Know	59	1.6	13.6	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

C4_Q17c [C-4: Lorillard] [People who smoke 'low tar,' 'light,' 'ultra light,' 'mild,' or 'natural' cigarettes are less likely to get heart disease than people who smoke full-flavor cigarettes.] Thinking about this statement, how much do you agree or disagree with

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	22	.6	5.1	5.1
	1 Strongly Agree	6	.2	1.4	6.5
	2 Agree	12	.3	2.8	9.2
	3 Disagree	171	4.7	39.5	48.7
	4 Strongly Disagree	158	4.4	36.5	85.2
	5 Don't Know	64	1.8	14.8	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C5_Q15c [C-5: Interveners] [Full flavor cigarettes are more harmful than 'low tar,' 'light,' 'ultra light,' 'mild,' and 'natural' cigarettes.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	22	.6	5.1	5.1
	1 Strongly Agree	18	.5	4.2	9.2
	2 Agree	27	.7	6.2	15.5
	3 Disagree	146	4.0	33.7	49.2
	4 Strongly Disagree	170	4.7	39.3	88.5
	5 Don't Know	50	1.4	11.5	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

C5_Q16c [C-5: Interveners] [People who smoke 'low tar,' 'light,' 'ultra light,' 'mild,' or 'natural' cigarettes are less likely to get cancer than people who smoke full-flavor cigarettes.] Thinking about this statement, how much do you agree or disagree with the f

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	23	.6	5.3	5.3
	1 Strongly Agree	5	.1	1.2	6.5
	2 Agree	14	.4	3.2	9.7
	3 Disagree	147	4.1	33.9	43.6
	4 Strongly Disagree	208	5.8	48.0	91.7
	5 Don't Know	36	1.0	8.3	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C5_Q17c [C-5: Interveners] [People who smoke 'low tar,' 'light,' 'ultra light,' 'mild,' or 'natural' cigarettes are less likely to get heart disease than people who smoke full-flavor cigarettes.] Thinking about this statement, how much do you agree or disagree wit

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	23	.6	5.3	5.3
	1 Strongly Agree	4	.1	.9	6.2
	2 Agree	17	.5	3.9	10.2
	3 Disagree	142	3.9	32.8	43.0
	4 Strongly Disagree	209	5.8	48.3	91.2
	5 Don't Know	38	1.1	8.8	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

C6_Q15c [C-6: Salter>Mitchell] [Full flavor cigarettes are more harmful than 'low tar,' 'light,' 'ultra light,' 'mild,' and 'natural' cigarettes.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	12	.3	2.8	2.8
	1 Strongly Agree	20	.6	4.6	7.4
	2 Agree	44	1.2	10.1	17.5
	3 Disagree	134	3.7	30.8	48.3
	4 Strongly Disagree	166	4.6	38.2	86.4
	5 Don't Know	59	1.6	13.6	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C6_Q16c [C-6: Salter>Mitchell] [People who smoke 'low tar,' 'light,' 'ultra light,' 'mild,' or 'natural' cigarettes are less likely to get cancer than people who smoke full-flavor cigarettes.] Thinking about this statement, how much do you agree or disagree with t

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	13	.4	3.0	3.0
	1 Strongly Agree	6	.2	1.4	4.4
	2 Agree	19	.5	4.4	8.7
	3 Disagree	139	3.8	32.0	40.7
	4 Strongly Disagree	211	5.8	48.5	89.2
	5 Don't Know	47	1.3	10.8	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

C6_Q17c [C-6: Salter>Mitchell] [People who smoke 'low tar,' 'light,' 'ultra light,' 'mild,' or 'natural' cigarettes are less likely to get heart disease than people who smoke full-flavor cigarettes.] Thinking about this statement, how much do you agree or disagree

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 Strongly Agree	9	.2	2.1	6.0
	2 Agree	23	.6	5.3	11.3
	3 Disagree	132	3.6	30.3	41.6
	4 Strongly Disagree	207	5.7	47.6	89.2
	5 Don't Know	47	1.3	10.8	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C_control_Q15c [C - Control-1] [Full flavor cigarettes are more harmful than 'low tar,' 'light,' 'ultra light,' 'mild,' and 'natural' cigarettes.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	14	.4	3.2	3.2
	1 Strongly Agree	18	.5	4.2	7.4
	2 Agree	49	1.4	11.3	18.7
	3 Disagree	131	3.6	30.3	49.0
	4 Strongly Disagree	109	3.0	25.2	74.1
	5 Don't Know	112	3.1	25.9	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

C_control_Q16c [C - Control-2] [People who smoke 'low tar,' 'light,' 'ultra light,' 'mild,' or 'natural' cigarettes are less likely to get cancer than people who smoke full-flavor cigarettes.] Thinking about this statement, how much do you agree or disagree with the foll

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	15	.4	3.5	3.5
	1 Strongly Agree	5	.1	1.2	4.6
	2 Agree	14	.4	3.2	7.9
	3 Disagree	158	4.4	36.5	44.3
	4 Strongly Disagree	153	4.2	35.3	79.7
	5 Don't Know	88	2.4	20.3	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C_control_Q17c [C - Control-3] [People who smoke 'low tar,' 'light,' 'ultra light,' 'mild,' or 'natural' cigarettes are less likely to get heart disease than people who smoke full-flavor cigarettes.] Thinking about this statement, how much do you agree or disagree with t

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 Strongly Agree	4	.1	.9	4.8
	2 Agree	15	.4	3.5	8.3
	3 Disagree	156	4.3	36.0	44.3
	4 Strongly Disagree	151	4.2	34.9	79.2
	5 Don't Know	90	2.5	20.8	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

D2_Q14d [D-2: Philip Morris] [Cigarette makers add chemicals to cigarettes to make it easier for a smoker to get nicotine.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	1 Strongly Agree	123	3.4	28.3	32.9
	2 Agree	145	4.0	33.4	66.4
	3 Disagree	24	.7	5.5	71.9
	4 Strongly Disagree	4	.1	.9	72.8
	5 Don't Know	118	3.3	27.2	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D2_Q15d [D-2: Philip Morris] [Cigarettes have been designed to make it harder for smokers to stop smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.1	4.1
	1 Strongly Agree	176	4.9	40.6	44.7
	2 Agree	141	3.9	32.5	77.2
	3 Disagree	29	.8	6.7	83.9
	4 Strongly Disagree	6	.2	1.4	85.3
	5 Don't Know	64	1.8	14.7	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

D3_Q14d [D-3: RJ Reynolds] [Cigarette makers add chemicals to cigarettes to make it easier for a smoker to get nicotine.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	1 Strongly Agree	142	3.9	32.7	37.3
	2 Agree	186	5.1	42.9	80.2
	3 Disagree	15	.4	3.5	83.6
	4 Strongly Disagree	5	.1	1.2	84.8
	5 Don't Know	66	1.8	15.2	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D3_Q15d [D-3: RJ Reynolds] [Cigarettes have been designed to make it harder for smokers to stop smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	21	.6	4.8	4.8
	1 Strongly Agree	162	4.5	37.3	42.2
	2 Agree	163	4.5	37.6	79.7
	3 Disagree	29	.8	6.7	86.4
	4 Strongly Disagree	5	.1	1.2	87.6
	5 Don't Know	54	1.5	12.4	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

D5_Q14d [D-5: Interveners] [Cigarette makers add chemicals to cigarettes to make it easier for a smoker to get nicotine.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.1	4.1
	1 Strongly Agree	178	4.9	40.9	45.1
	2 Agree	152	4.2	34.9	80.0
	3 Disagree	27	.7	6.2	86.2
	4 Strongly Disagree	8	.2	1.8	88.0
	5 Don't Know	52	1.4	12.0	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D5_Q15d [D-5: Interveners] [Cigarettes have been designed to make it harder for smokers to stop smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.1	4.1
	1 Strongly Agree	212	5.9	48.7	52.9
	2 Agree	134	3.7	30.8	83.7
	3 Disagree	29	.8	6.7	90.3
	4 Strongly Disagree	13	.4	3.0	93.3
	5 Don't Know	29	.8	6.7	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

D6_Q14d [D-6: Salter-Mitchell] [Cigarette makers add chemicals to cigarettes to make it easier for a smoker to get nicotine.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	19	.5	4.4	4.4
	1 Strongly Agree	174	4.8	40.1	44.5
	2 Agree	152	4.2	35.0	79.5
	3 Disagree	20	.6	4.6	84.1
	4 Strongly Disagree	8	.2	1.8	85.9
	5 Don't Know	61	1.7	14.1	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D6_Q15d [D-6: Salter>Mitchell] [Cigarettes have been designed to make it harder for smokers to stop smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	19	.5	4.4	4.4
	1 Strongly Agree	201	5.6	46.3	50.7
	2 Agree	153	4.2	35.3	85.9
	3 Disagree	17	.5	3.9	89.9
	4 Strongly Disagree	5	.1	1.2	91.0
	5 Don't Know	39	1.1	9.0	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

D_control_Q14d [D - Control-1] [Cigarette makers add chemicals to cigarettes to make it easier for a smoker to get nicotine.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.2	4.2
	1 Strongly Agree	116	3.2	26.8	30.9
	2 Agree	134	3.7	30.9	61.9
	3 Disagree	27	.7	6.2	68.1
	4 Strongly Disagree	9	.2	2.1	70.2
	5 Don't Know	129	3.6	29.8	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D_control_Q15d [D - Control-2] [Cigarettes have been designed to make it harder for smokers to stop smoking.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	19	.5	4.4	4.4
	1 Strongly Agree	146	4.0	33.7	38.1
	2 Agree	144	4.0	33.3	71.4
	3 Disagree	39	1.1	9.0	80.4
	4 Strongly Disagree	12	.3	2.8	83.1
	5 Don't Know	73	2.0	16.9	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

E2_Q14e [E-2: Philip Morris] [Secondhand smoke is harmful to non-smokers.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	26	.7	6.0	6.0
	1 Strongly Agree	262	7.2	60.2	66.2
	2 Agree	105	2.9	24.1	90.3
	3 Disagree	20	.6	4.6	94.9
	4 Strongly Disagree	4	.1	.9	95.9
	5 Don't Know	18	.5	4.1	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E2_Q15e [E-2: Philip Morris] [Secondhand smoke causes lung cancer and heart attacks in adults.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	25	.7	5.7	5.7
	1 Strongly Agree	212	5.9	48.7	54.5
	2 Agree	123	3.4	28.3	82.8
	3 Disagree	29	.8	6.7	89.4
	4 Strongly Disagree	3	.1	.7	90.1
	5 Don't Know	43	1.2	9.9	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

E2_Q16e [E-2: Philip Morris] [Secondhand smoke causes asthma and ear infections in children.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	24	.7	5.5	5.5
	1 Strongly Agree	212	5.9	48.7	54.3
	2 Agree	125	3.5	28.7	83.0
	3 Disagree	23	.6	5.3	88.3
	4 Strongly Disagree	5	.1	1.1	89.4
	5 Don't Know	46	1.3	10.6	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E3_Q14e [E-3: RJ Reynolds] [Secondhand smoke is harmful to non-smokers.]
Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	12	.3	2.8	2.8
	1 Strongly Agree	260	7.2	59.9	62.7
	2 Agree	108	3.0	24.9	87.6
	3 Disagree	18	.5	4.1	91.7
	4 Strongly Disagree	9	.2	2.1	93.8
	5 Don't Know	27	.7	6.2	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

E3_Q15e [E-3: RJ Reynolds] [Secondhand smoke causes lung cancer and heart attacks in adults.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	11	.3	2.5	2.5
	1 Strongly Agree	199	5.5	45.9	48.4
	2 Agree	142	3.9	32.7	81.1
	3 Disagree	27	.7	6.2	87.3
	4 Strongly Disagree	7	.2	1.6	88.9
	5 Don't Know	48	1.3	11.1	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E3_Q16e [E-3: RJ Reynolds] [Secondhand smoke causes asthma and ear infections in children.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	12	.3	2.8	2.8
	1 Strongly Agree	200	5.5	46.1	48.8
	2 Agree	141	3.9	32.5	81.3
	3 Disagree	20	.6	4.6	85.9
	4 Strongly Disagree	6	.2	1.4	87.3
	5 Don't Know	55	1.5	12.7	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

E5_Q14e [E-5: Interveners] [Secondhand smoke is harmful to non-smokers.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	19	.5	4.4	4.4
	1 Strongly Agree	270	7.5	62.2	66.6
	2 Agree	112	3.1	25.8	92.4
	3 Disagree	18	.5	4.1	96.5
	4 Strongly Disagree	5	.1	1.2	97.7
	5 Don't Know	10	.3	2.3	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E5_Q15e [E-5: Interveners] [Secondhand smoke causes lung cancer and heart attacks in adults.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	21	.6	4.8	4.8
	1 Strongly Agree	230	6.4	53.0	57.8
	2 Agree	124	3.4	28.6	86.4
	3 Disagree	26	.7	6.0	92.4
	4 Strongly Disagree	5	.1	1.2	93.5
	5 Don't Know	28	.8	6.5	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

E5_Q16e [E-5: Interveners] [Secondhand smoke causes asthma and ear infections in children.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	21	.6	4.8	4.8
	1 Strongly Agree	159	4.4	36.6	41.5
	2 Agree	118	3.3	27.2	68.7
	3 Disagree	31	.9	7.1	75.8
	4 Strongly Disagree	7	.2	1.6	77.4
	5 Don't Know	98	2.7	22.6	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E6_Q14e [E-6: Salter>Mitchell] [Secondhand smoke is harmful to non-smokers.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	21	.6	4.8	4.8
	1 Strongly Agree	263	7.3	60.6	65.4
	2 Agree	116	3.2	26.7	92.2
	3 Disagree	12	.3	2.8	94.9
	4 Strongly Disagree	10	.3	2.3	97.2
	5 Don't Know	12	.3	2.8	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

E6_Q15e [E-6: Salter>Mitchell] [Secondhand smoke causes lung cancer and heart attacks in adults.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	22	.6	5.1	5.1
	1 Strongly Agree	194	5.4	44.7	49.8
	2 Agree	144	4.0	33.2	82.9
	3 Disagree	23	.6	5.3	88.2
	4 Strongly Disagree	7	.2	1.6	89.9
	5 Don't Know	44	1.2	10.1	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E6_Q16e [E-6: Salter>Mitchell] [Secondhand smoke causes asthma and ear infections in children.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	26	.7	6.0	6.0
	1 Strongly Agree	222	6.1	51.2	57.1
	2 Agree	131	3.6	30.2	87.3
	3 Disagree	14	.4	3.2	90.6
	4 Strongly Disagree	3	.1	.7	91.2
	5 Don't Know	38	1.1	8.8	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

E_control_Q14e [E - Control-0] [Secondhand smoke is harmful to non-smokers.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	10	.3	2.3	2.3
	1 Strongly Agree	244	6.7	56.2	58.5
	2 Agree	125	3.5	28.8	87.3
	3 Disagree	20	.6	4.6	91.9
	4 Strongly Disagree	7	.2	1.6	93.5
	5 Don't Know	28	.8	6.5	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E_control_Q15e [E - Control-1] [Secondhand smoke causes lung cancer and heart attacks in adults.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	10	.3	2.3	2.3
	1 Strongly Agree	168	4.6	38.7	41.0
	2 Agree	143	4.0	32.9	74.0
	3 Disagree	32	.9	7.4	81.3
	4 Strongly Disagree	10	.3	2.3	83.6
	5 Don't Know	71	2.0	16.4	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

E_control_Q16e [E - Control-2] [Secondhand smoke causes asthma and ear infections in children.] Thinking about this statement, how much do you agree or disagree with the following?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	10	.3	2.3	2.3
	1 Strongly Agree	162	4.5	37.3	39.6
	2 Agree	122	3.4	28.1	67.7
	3 Disagree	29	.8	6.7	74.4
	4 Strongly Disagree	7	.2	1.6	76.0
	5 Don't Know	104	2.9	24.0	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A2_Q18 [A-2: Philip Morris] [A-2: Philip Morris] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.1	4.1
	1 I would believe an opposite claim.	5	.1	1.2	5.3
	2 I would not believe an opposite claim.	245	6.8	56.5	61.8
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	116	3.2	26.7	88.5
	4 Not sure	50	1.4	11.5	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

A3_Q18 [A-3: RJ Reynolds] [A-3: RJ Reynolds] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 I would believe an opposite claim.	8	.2	1.8	5.8
	2 I would not believe an opposite claim.	224	6.2	51.6	57.4
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	129	3.6	29.7	87.1
	4 Not sure	56	1.5	12.9	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A5_Q18 [A-5: Interveners] [A-5: Interveners] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	23	.6	5.3	5.3
	1 I would believe an opposite claim.	13	.4	3.0	8.3
	2 I would not believe an opposite claim.	247	6.8	56.7	64.9
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	101	2.8	23.2	88.1
	4 Not sure	52	1.4	11.9	100.0
	Total	436	12.1	100.0	
Missing	System	3181	87.9		
Total		3617	100.0		

A6_Q18 [A-6: Salter>Mitchell] [A-6: Salter>Mitchell] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.2	4.2
	1 I would believe an opposite claim.	9	.2	2.1	6.2
	2 I would not believe an opposite claim.	251	6.9	58.0	64.2
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	106	2.9	24.5	88.7
	4 Not sure	49	1.4	11.3	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A_control_Q18 [A - Control-1] [A - Control-1] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	24	.7	5.5	5.5
	1 I would believe an opposite claim.	11	.3	2.5	8.1
	2 I would not believe an opposite claim.	258	7.1	59.4	67.5
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	95	2.6	21.9	89.4
	4 Not sure	46	1.3	10.6	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

B2_Q18 [B-2: Philip Morris] [B-2: Philip Morris] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	1 I would believe an opposite claim.	12	.3	2.8	7.4
	2 I would not believe an opposite claim.	243	6.7	56.0	63.4
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	116	3.2	26.7	90.1
	4 Not sure	43	1.2	9.9	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B4_Q18 [B-4: Lorillard] [B-4: Lorillard] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 I would believe an opposite claim.	12	.3	2.8	6.7
	2 I would not believe an opposite claim.	212	5.9	49.0	55.7
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	126	3.5	29.1	84.8
	4 Not sure	66	1.8	15.2	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

B5_Q18 [B-5: Interveners] [B-5: Interveners] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.2	4.2
	1 I would believe an opposite claim.	20	.6	4.6	8.8
	2 I would not believe an opposite claim.	219	6.1	50.6	59.4
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	122	3.4	28.2	87.5
	4 Not sure	54	1.5	12.5	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B6_Q18 [B-6: Salter>Mitchell] [B-6: Salter>Mitchell] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 I would believe an opposite claim.	13	.4	3.0	6.9
	2 I would not believe an opposite claim.	229	6.3	52.6	59.5
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	124	3.4	28.5	88.0
	4 Not sure	52	1.4	12.0	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

B_control_Q18 [B - Control-1] [B - Control-1] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	24	.7	5.5	5.5
	1 I would believe an opposite claim.	15	.4	3.5	9.0
	2 I would not believe an opposite claim.	277	7.7	63.8	72.8
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	78	2.2	18.0	90.8
	4 Not sure	40	1.1	9.2	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C2_Q18 [C-2: Philip Morris] [C-2: Philip Morris] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	19	.5	4.4	4.4
	1 I would believe an opposite claim.	11	.3	2.5	6.9
	2 I would not believe an opposite claim.	204	5.6	46.8	53.7
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	150	4.1	34.4	88.1
	4 Not sure	52	1.4	11.9	100.0
	Total	436	12.1	100.0	
Missing	System	3181	87.9		
Total		3617	100.0		

C4_Q18 [C-4: Lorillard] [C-4: Lorillard] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	22	.6	5.1	5.1
	1 I would believe an opposite claim.	22	.6	5.1	10.2
	2 I would not believe an opposite claim.	172	4.8	39.7	49.9
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	149	4.1	34.4	84.3
	4 Not sure	68	1.9	15.7	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C5_Q18 [C-5: Interveners] [C-5: Interveners] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.2	4.2
	1 I would believe an opposite claim.	12	.3	2.8	6.9
	2 I would not believe an opposite claim.	230	6.4	53.1	60.0
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	120	3.3	27.7	87.8
	4 Not sure	53	1.5	12.2	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

C6_Q18 [C-6: Salter>Mitchell] [C-6: Salter>Mitchell] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	15	.4	3.4	3.4
	1 I would believe an opposite claim.	15	.4	3.4	6.9
	2 I would not believe an opposite claim.	238	6.6	54.7	61.6
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	117	3.2	26.9	88.5
	4 Not sure	50	1.4	11.5	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C_control_Q18 [C - Control-1] [C - Control-1] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	15	.4	3.5	3.5
	1 I would believe an opposite claim.	5	.1	1.2	4.6
	2 I would not believe an opposite claim.	240	6.6	55.4	60.0
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	114	3.2	26.3	86.4
	4 Not sure	59	1.6	13.6	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

D2_Q18 [D-2: Philip Morris] [D-2: Philip Morris] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	16	.4	3.7	3.7
	1 I would believe an opposite claim.	15	.4	3.5	7.1
	2 I would not believe an opposite claim.	183	5.1	42.2	49.3
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	154	4.3	35.5	84.8
	4 Not sure	66	1.8	15.2	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D3_Q18 [D-3: RJ Reynolds] [D-3: RJ Reynolds] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 I would believe an opposite claim.	9	.2	2.1	6.0
	2 I would not believe an opposite claim.	158	4.4	36.4	42.4
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	163	4.5	37.6	80.0
	4 Not sure	87	2.4	20.0	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

D5_Q18 [D-5: Interveners] [D-5: Interveners] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.1	4.1
	1 I would believe an opposite claim.	11	.3	2.5	6.7
	2 I would not believe an opposite claim.	210	5.8	48.3	54.9
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	127	3.5	29.2	84.1
	4 Not sure	69	1.9	15.9	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D6_Q18 [D-6: Salter>Mitchell] [D-6: Salter>Mitchell] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.1	4.1
	1 I would believe an opposite claim.	14	.4	3.2	7.4
	2 I would not believe an opposite claim.	215	5.9	49.5	56.9
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	124	3.4	28.6	85.5
	4 Not sure	63	1.7	14.5	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

D_control_Q18 [D - Control-1] [D - Control-1] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	1 I would believe an opposite claim.	6	.2	1.4	6.0
	2 I would not believe an opposite claim.	243	6.7	56.1	62.1
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	114	3.2	26.3	88.5
	4 Not sure	50	1.4	11.5	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E2_Q18 [E-2: Philip Morris] [E-2: Philip Morris] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	24	.7	5.5	5.5
	1 I would believe an opposite claim.	13	.4	3.0	8.5
	2 I would not believe an opposite claim.	224	6.2	51.5	60.0
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	112	3.1	25.7	85.7
	4 Not sure	62	1.7	14.3	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

E3_Q18 [E-3: RJ Reynolds] [E-3: RJ Reynolds] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	10	.3	2.3	2.3
	1 I would believe an opposite claim.	5	.1	1.2	3.5
	2 I would not believe an opposite claim.	229	6.3	52.8	56.2
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	121	3.3	27.9	84.1
	4 Not sure	69	1.9	15.9	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E5_Q18 [E-5: Interveners] [E-5: Interveners] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	19	.5	4.4	4.4
	1 I would believe an opposite claim.	11	.3	2.5	6.9
	2 I would not believe an opposite claim.	227	6.3	52.3	59.2
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	118	3.3	27.2	86.4
	4 Not sure	59	1.6	13.6	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

E6_Q18 [E-6: Salter>Mitchell] [E-6: Salter>Mitchell] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	25	.7	5.8	5.8
	1 I would believe an opposite claim.	11	.3	2.5	8.3
	2 I would not believe an opposite claim.	227	6.3	52.3	60.6
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	108	3.0	24.9	85.5
	4 Not sure	63	1.7	14.5	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E_control_Q18 [E - Control-1] [E - Control-1] After seeing this statement, if you were later to hear an opposite claim, would you believe it, not believe it, or would having seen this statement make no difference on your future beliefs?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	9	.2	2.1	2.1
	1 I would believe an opposite claim.	14	.4	3.2	5.3
	2 I would not believe an opposite claim.	238	6.6	54.8	60.1
	3 This statement would have no impact on whether I would believe an opposite claim I may hear in the future.	124	3.4	28.6	88.7
	4 Not sure	49	1.4	11.3	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

A2_Q19 [A-2: Philip Morris] [A-2: Philip Morris] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	19	.5	4.4	4.4
	1 Believe that it is not proven that {#Q19_insert}?	16	.4	3.7	8.1
	2 Believe that it is proven that {#Q19_insert}?	237	6.6	54.6	62.7
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	116	3.2	26.7	89.4
	4 Not sure	46	1.3	10.6	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A3_Q19 [A-3: RJ Reynolds] [A-3: RJ Reynolds] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 Believe that it is not proven that {#Q19_insert}?	16	.4	3.7	7.6
	2 Believe that it is proven that {#Q19_insert}?	254	7.0	58.5	66.1
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	108	3.0	24.9	91.0
	4 Not sure	39	1.1	9.0	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

A5_Q19 [A-5: Interveners] [A-5: Interveners] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	26	.7	6.0	6.0
	1 Believe that it is not proven that {#Q19_insert}?	15	.4	3.4	9.4
	2 Believe that it is proven that {#Q19_insert}?	264	7.3	60.6	70.0
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	98	2.7	22.5	92.4
	4 Not sure	33	.9	7.6	100.0
	Total	436	12.1	100.0	
Missing	System	3181	87.9		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

A6_Q19 [A-6: Salter>Mitchell] [A-6: Salter>Mitchell] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	18	.5	4.2	4.2
	1 Believe that it is not proven that {#Q19_insert}?	11	.3	2.5	6.7
	2 Believe that it is proven that {#Q19_insert}?	258	7.1	59.6	66.3
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	111	3.1	25.6	91.9
	4 Not sure	35	1.0	8.1	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

A_control_Q19 [A - Control-1] [A - Control-1] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	25	.7	5.8	5.8
	1 Believe that it is not proven that {#Q19_insert}?	16	.4	3.7	9.4
	2 Believe that it is proven that {#Q19_insert}?	253	7.0	58.3	67.7
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	100	2.8	23.0	90.8
	4 Not sure	40	1.1	9.2	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B2_Q19 [B-2: Philip Morris] [B-2: Philip Morris] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	24	.7	5.5	5.5
	1 Believe that it is not proven that {#Q19_insert}?	14	.4	3.2	8.8
	2 Believe that it is proven that {#Q19_insert}?	236	6.5	54.4	63.1
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	125	3.5	28.8	91.9
	4 Not sure	35	1.0	8.1	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

B4_Q19 [B-4: Lorillard] [B-4: Lorillard] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 Believe that it is not proven that {#Q19_insert}?	7	.2	1.6	5.5
	2 Believe that it is proven that {#Q19_insert}?	234	6.5	54.0	59.6
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	132	3.6	30.5	90.1
	4 Not sure	43	1.2	9.9	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B5_Q19 [B-5: Interveners] [B-5: Interveners] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	1 Believe that it is not proven that {#Q19_insert}?	10	.3	2.3	6.9
	2 Believe that it is proven that {#Q19_insert}?	233	6.4	53.8	60.7
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	128	3.5	29.6	90.3
	4 Not sure	42	1.2	9.7	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

B6_Q19 [B-6: Salter>Mitchell] [B-6: Salter>Mitchell] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	24	.7	5.5	5.5
	1 Believe that it is not proven that {#Q19_insert}?	19	.5	4.4	9.9
	2 Believe that it is proven that {#Q19_insert}?	238	6.6	54.7	64.6
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	115	3.2	26.4	91.0
	4 Not sure	39	1.1	9.0	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

B_control_Q19 [B - Control-1] [B - Control-1] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	26	.7	6.0	6.0
	1 Believe that it is not proven that {#Q19_insert}?	10	.3	2.3	8.3
	2 Believe that it is proven that {#Q19_insert}?	242	6.7	55.8	64.1
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	111	3.1	25.6	89.6
	4 Not sure	45	1.2	10.4	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

C2_Q19 [C-2: Philip Morris] [C-2: Philip Morris] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 Believe that it is not proven that {#Q19_insert}?	27	.7	6.2	10.1
	2 Believe that it is proven that {#Q19_insert}?	167	4.6	38.3	48.4
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	167	4.6	38.3	86.7
	4 Not sure	58	1.6	13.3	100.0
	Total	436	12.1	100.0	
Missing	System	3181	87.9		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C4_Q19 [C-4: Lorillard] [C-4: Lorillard] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	24	.7	5.5	5.5
	1 Believe that it is not proven that {#Q19_insert}?	39	1.1	9.0	14.5
	2 Believe that it is proven that {#Q19_insert}?	149	4.1	34.4	49.0
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	154	4.3	35.6	84.5
	4 Not sure	67	1.9	15.5	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

C5_Q19 [C-5: Interveners] [C-5: Interveners] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	22	.6	5.1	5.1
	1 Believe that it is not proven that {#Q19_insert}?	17	.5	3.9	9.0
	2 Believe that it is proven that {#Q19_insert}?	203	5.6	46.9	55.9
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	141	3.9	32.6	88.5
	4 Not sure	50	1.4	11.5	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

C6_Q19 [C-6: Salter>Mitchell] [C-6: Salter>Mitchell] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	14	.4	3.2	3.2
	1 Believe that it is not proven that {#Q19_insert}?	22	.6	5.1	8.3
	2 Believe that it is proven that {#Q19_insert}?	214	5.9	49.2	57.5
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	133	3.7	30.6	88.0
	4 Not sure	52	1.4	12.0	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

C_control_Q19 [C - Control-1] [C - Control-1] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	22	.6	5.1	5.1
	1 Believe that it is not proven that {#Q19_insert}?	43	1.2	9.9	15.0
	2 Believe that it is proven that {#Q19_insert}?	141	3.9	32.6	47.6
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	157	4.3	36.3	83.8
	4 Not sure	70	1.9	16.2	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D2_Q19 [D-2: Philip Morris] [D-2: Philip Morris] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	17	.5	3.9	3.9
	1 Believe that it is not proven that {#Q19_insert}?	17	.5	3.9	7.8
	2 Believe that it is proven that {#Q19_insert}?	184	5.1	42.4	50.2
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	146	4.0	33.6	83.9
	4 Not sure	70	1.9	16.1	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

D3_Q19 [D-3: RJ Reynolds] [D-3: RJ Reynolds] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	22	.6	5.1	5.1
	1 Believe that it is not proven that {#Q19_insert}?	17	.5	3.9	9.0
	2 Believe that it is proven that {#Q19_insert}?	163	4.5	37.6	46.5
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	152	4.2	35.0	81.6
	4 Not sure	80	2.2	18.4	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D5_Q19 [D-5: Interveners] [D-5: Interveners] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	22	.6	5.1	5.1
	1 Believe that it is not proven that {#Q19_insert}?	17	.5	3.9	9.0
	2 Believe that it is proven that {#Q19_insert}?	222	6.1	51.0	60.0
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	110	3.0	25.3	85.3
	4 Not sure	64	1.8	14.7	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

D6_Q19 [D-6: Salter>Mitchell] [D-6: Salter>Mitchell] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	1 Believe that it is not proven that {#Q19_insert}?	32	.9	7.4	12.0
	2 Believe that it is proven that {#Q19_insert}?	189	5.2	43.5	55.5
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	128	3.5	29.5	85.0
	4 Not sure	65	1.8	15.0	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

D_control_Q19 [D - Control-1] [D - Control-1] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	19	.5	4.4	4.4
	1 Believe that it is not proven that {#Q19_insert}?	23	.6	5.3	9.7
	2 Believe that it is proven that {#Q19_insert}?	157	4.3	36.3	46.0
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	164	4.5	37.9	83.8
	4 Not sure	70	1.9	16.2	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

E2_Q19 [E-2: Philip Morris] [E-2: Philip Morris] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	27	.7	6.2	6.2
	1 Believe that it is not proven that {#Q19_insert}?	18	.5	4.1	10.3
	2 Believe that it is proven that {#Q19_insert}?	211	5.8	48.5	58.9
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	131	3.6	30.1	89.0
	4 Not sure	48	1.3	11.0	100.0
	Total	435	12.0	100.0	
Missing	System	3182	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E3_Q19 [E-3: RJ Reynolds] [E-3: RJ Reynolds] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	10	.3	2.3	2.3
	1 Believe that it is not proven that {#Q19_insert}?	21	.6	4.8	7.1
	2 Believe that it is proven that {#Q19_insert}?	232	6.4	53.5	60.6
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	119	3.3	27.4	88.0
	4 Not sure	52	1.4	12.0	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

E5_Q19 [E-5: Interveners] [E-5: Interveners] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	20	.6	4.6	4.6
	1 Believe that it is not proven that {#Q19_insert}?	20	.6	4.6	9.2
	2 Believe that it is proven that {#Q19_insert}?	229	6.3	52.8	62.0
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	113	3.1	26.0	88.0
	4 Not sure	52	1.4	12.0	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

E6_Q19 [E-6: Salter>Mitchell] [E-6: Salter>Mitchell] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	23	.6	5.3	5.3
	1 Believe that it is not proven that {#Q19_insert}?	23	.6	5.3	10.6
	2 Believe that it is proven that {#Q19_insert}?	222	6.1	51.2	61.8
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	105	2.9	24.2	85.9
	4 Not sure	61	1.7	14.1	100.0
	Total	434	12.0	100.0	
Missing	System	3183	88.0		
Total		3617	100.0		

E_control_Q19 [E - Control-1] [E - Control-1] After seeing this statement, if you were later to hear that it has not been proven that {Q19_insert}, would you:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	9	.2	2.1	2.1
	1 Believe that it is not proven that {#Q19_insert}?	30	.8	6.9	9.0
	2 Believe that it is proven that {#Q19_insert}?	207	5.7	47.8	56.8
	3 This statement would have no impact on whether I believe that {#Q19_insert}.	138	3.8	31.9	88.7
	4 Not sure	49	1.4	11.3	100.0
	Total	433	12.0	100.0	
Missing	System	3184	88.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_A2_Q20 [A-2: Philip Morris] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	34	.9	4.7	4.7
	1 Strongly Agree	206	5.7	28.5	33.2
	2 Agree	354	9.8	49.0	82.2
	3 Disagree	79	2.2	10.9	93.1
	4 Strongly Disagree	18	.5	2.5	95.6
	5 Don't Know	32	.9	4.4	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_A2_Q21 [A-2: Philip Morris] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	35	1.0	4.8	4.8
	1 Strongly Agree	153	4.2	21.2	26.0
	2 Agree	271	7.5	37.5	63.5
	3 Disagree	192	5.3	26.6	90.0
	4 Strongly Disagree	19	.5	2.6	92.7
	5 Don't Know	53	1.5	7.3	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_A2_Q22 [A-2: Philip Morris] [This statement would be good for {educating the public about the dangers of smoking}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	33	.9	4.6	4.6
	1 Strongly Agree	267	7.4	36.9	41.5
	2 Agree	348	9.6	48.1	89.6
	3 Disagree	29	.8	4.0	93.6
	4 Strongly Disagree	6	.2	.8	94.5
	5 Don't Know	40	1.1	5.5	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_A2_Q23 [A-2: Philip Morris] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	219	6.1	30.3	34.6
	2 Agree	348	9.6	48.1	82.7
	3 Disagree	53	1.5	7.3	90.0
	4 Strongly Disagree	6	.2	.8	90.9
	5 Don't Know	66	1.8	9.1	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_A2_Q24 [A-2: Philip Morris] [This statement provides accurate information about {the dangers of smoking cigarettes}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	252	7.0	34.9	39.1
	2 Agree	342	9.5	47.3	86.4
	3 Disagree	22	.6	3.0	89.5
	4 Strongly Disagree	5	.1	.7	90.2
	5 Don't Know	71	2.0	9.8	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_A2_Q25 [A-2: Philip Morris] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	4.4	4.4
	1 Strongly Agree	269	7.4	37.2	41.6
	2 Agree	354	9.8	49.0	90.6
	3 Disagree	13	.4	1.8	92.4
	4 Strongly Disagree	8	.2	1.1	93.5
	5 Don't Know	47	1.3	6.5	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_A3_Q20 [A-3: RJ Reynolds] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	29	.8	4.0	4.0
	1 Strongly Agree	235	6.5	32.5	36.5
	2 Agree	296	8.2	40.9	77.5
	3 Disagree	101	2.8	14.0	91.4
	4 Strongly Disagree	26	.7	3.6	95.0
	5 Don't Know	36	1.0	5.0	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_A3_Q21 [A-3: RJ Reynolds] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	30	.8	4.1	4.1
	1 Strongly Agree	163	4.5	22.5	26.7
	2 Agree	248	6.9	34.3	61.0
	3 Disagree	203	5.6	28.1	89.1
	4 Strongly Disagree	26	.7	3.6	92.7
	5 Don't Know	53	1.5	7.3	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_A3_Q22 [A-3: RJ Reynolds] [This statement would be good for {educating the public about the dangers of smoking}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	30	.8	4.1	4.1
	1 Strongly Agree	271	7.5	37.5	41.6
	2 Agree	291	8.0	40.2	81.9
	3 Disagree	68	1.9	9.4	91.3
	4 Strongly Disagree	17	.5	2.4	93.6
	5 Don't Know	46	1.3	6.4	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_A3_Q23 [A-3: RJ Reynolds] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	29	.8	4.0	4.0
	1 Strongly Agree	235	6.5	32.5	36.5
	2 Agree	319	8.8	44.1	80.6
	3 Disagree	59	1.6	8.2	88.8
	4 Strongly Disagree	10	.3	1.4	90.2
	5 Don't Know	71	2.0	9.8	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_A3_Q24 [A-3: RJ Reynolds] [This statement provides accurate information about (the dangers of smoking cigarettes).] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	29	.8	4.0	4.0
	1 Strongly Agree	241	6.7	33.3	37.3
	2 Agree	314	8.7	43.4	80.8
	3 Disagree	26	.7	3.6	84.4
	4 Strongly Disagree	11	.3	1.5	85.9
	5 Don't Know	102	2.8	14.1	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_A3_Q25 [A-3: RJ Reynolds] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	28	.8	3.9	3.9
	1 Strongly Agree	253	7.0	35.0	38.9
	2 Agree	326	9.0	45.1	84.0
	3 Disagree	27	.7	3.7	87.7
	4 Strongly Disagree	14	.4	1.9	89.6
	5 Don't Know	75	2.1	10.4	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_A5_Q20 [A-5: Interveners] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	266	7.4	36.8	41.1
	2 Agree	324	9.0	44.8	85.9
	3 Disagree	57	1.6	7.9	93.8
	4 Strongly Disagree	10	.3	1.4	95.2
	5 Don't Know	35	1.0	4.8	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_A5_Q21 [A-5: Interveners] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	34	.9	4.7	4.7
	1 Strongly Agree	182	5.0	25.2	29.9
	2 Agree	276	7.6	38.2	68.0
	3 Disagree	167	4.6	23.1	91.1
	4 Strongly Disagree	16	.4	2.2	93.4
	5 Don't Know	48	1.3	6.6	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_A5_Q22 [A-5: Interveners] [This statement would be good for {educating the public about the dangers of smoking}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	36	1.0	5.0	5.0
	1 Strongly Agree	297	8.2	41.1	46.1
	2 Agree	317	8.8	43.8	89.9
	3 Disagree	34	.9	4.7	94.6
	4 Strongly Disagree	4	.1	.6	95.2
	5 Don't Know	35	1.0	4.8	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_A5_Q23 [A-5: Interveners] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	34	.9	4.7	4.7
	1 Strongly Agree	255	7.1	35.3	40.0
	2 Agree	332	9.2	45.9	85.9
	3 Disagree	43	1.2	5.9	91.8
	4 Strongly Disagree	3	.1	.4	92.3
	5 Don't Know	56	1.5	7.7	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_A5_Q24 [A-5: Interveners] [This statement provides accurate information about {the dangers of smoking cigarettes}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	34	.9	4.7	4.7
	1 Strongly Agree	265	7.3	36.7	41.4
	2 Agree	308	8.5	42.6	84.0
	3 Disagree	25	.7	3.5	87.4
	4 Strongly Disagree	8	.2	1.1	88.5
	5 Don't Know	83	2.3	11.5	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_A5_Q25 [A-5: Interveners] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	4.4	4.4
	1 Strongly Agree	290	8.0	40.1	44.5
	2 Agree	314	8.7	43.4	88.0
	3 Disagree	26	.7	3.6	91.6
	4 Strongly Disagree	8	.2	1.1	92.7
	5 Don't Know	53	1.5	7.3	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_A6_Q20 [A-6: Salter>Mitchell] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	27	.7	3.7	3.7
	1 Strongly Agree	262	7.2	36.2	40.0
	2 Agree	330	9.1	45.6	85.6
	3 Disagree	61	1.7	8.4	94.1
	4 Strongly Disagree	13	.4	1.8	95.9
	5 Don't Know	30	.8	4.1	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_A6_Q21 [A-6: Salter>Mitchell] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	28	.8	3.9	3.9
	1 Strongly Agree	176	4.9	24.3	28.2
	2 Agree	283	7.8	39.1	67.4
	3 Disagree	162	4.5	22.4	89.8
	4 Strongly Disagree	19	.5	2.6	92.4
	5 Don't Know	55	1.5	7.6	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_A6_Q22 [A-6: Salter>Mitchell] [This statement would be good for {educating the public about the dangers of smoking}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	27	.7	3.7	3.7
	1 Strongly Agree	292	8.1	40.4	44.1
	2 Agree	331	9.2	45.8	89.9
	3 Disagree	37	1.0	5.1	95.0
	4 Strongly Disagree	4	.1	.6	95.6
	5 Don't Know	32	.9	4.4	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_A6_Q23 [A-6: Salter>Mitchell] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	29	.8	4.0	4.0
	1 Strongly Agree	251	6.9	34.7	38.7
	2 Agree	336	9.3	46.5	85.2
	3 Disagree	45	1.2	6.2	91.4
	4 Strongly Disagree	6	.2	.8	92.3
	5 Don't Know	56	1.5	7.7	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_A6_Q24 [A-6: Salter>Mitchell] [This statement provides accurate information about {the dangers of smoking cigarettes}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	26	.7	3.6	3.6
	1 Strongly Agree	281	7.8	38.9	42.5
	2 Agree	312	8.6	43.2	85.6
	3 Disagree	22	.6	3.0	88.7
	4 Strongly Disagree	8	.2	1.1	89.8
	5 Don't Know	74	2.0	10.2	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_A6_Q25 [A-6: Salter>Mitchell] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	28	.8	3.9	3.9
	1 Strongly Agree	289	8.0	40.0	43.8
	2 Agree	321	8.9	44.4	88.2
	3 Disagree	27	.7	3.7	92.0
	4 Strongly Disagree	7	.2	1.0	92.9
	5 Don't Know	51	1.4	7.1	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_A_control_Q20 [A - Control-1] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	29	.8	4.0	4.0
	1 Strongly Agree	200	5.5	27.7	31.7
	2 Agree	322	8.9	44.5	76.2
	3 Disagree	121	3.3	16.7	92.9
	4 Strongly Disagree	20	.6	2.8	95.7
	5 Don't Know	31	.9	4.3	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_A_control_Q21 [A - Control-2] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	4.4	4.4
	1 Strongly Agree	149	4.1	20.6	25.0
	2 Agree	237	6.6	32.8	57.8
	3 Disagree	232	6.4	32.1	89.9
	4 Strongly Disagree	24	.7	3.3	93.2
	5 Don't Know	49	1.4	6.8	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_A_control_Q22 [A - Control-3] [This statement would be good for {educating the public about the dangers of smoking}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	33	.9	4.6	4.6
	1 Strongly Agree	235	6.5	32.5	37.1
	2 Agree	341	9.4	47.2	84.2
	3 Disagree	66	1.8	9.1	93.4
	4 Strongly Disagree	10	.3	1.4	94.7
	5 Don't Know	38	1.1	5.3	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_A_control_Q23 [A - Control-4] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	33	.9	4.6	4.6
	1 Strongly Agree	191	5.3	26.4	31.0
	2 Agree	336	9.3	46.5	77.5
	3 Disagree	92	2.5	12.7	90.2
	4 Strongly Disagree	10	.3	1.4	91.6
	5 Don't Know	61	1.7	8.4	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_A_control_Q24 [A - Control-5] [This statement provides accurate information about (the dangers of smoking cigarettes).] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	30	.8	4.1	4.1
	1 Strongly Agree	231	6.4	32.0	36.1
	2 Agree	353	9.8	48.8	84.9
	3 Disagree	45	1.2	6.2	91.1
	4 Strongly Disagree	7	.2	1.0	92.1
	5 Don't Know	57	1.6	7.9	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_A_control_Q25 [A - Control-6] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	4.4	4.4
	1 Strongly Agree	255	7.1	35.3	39.7
	2 Agree	364	10.1	50.3	90.0
	3 Disagree	25	.7	3.5	93.5
	4 Strongly Disagree	6	.2	.8	94.3
	5 Don't Know	41	1.1	5.7	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_B2_Q20 [B-2: Philip Morris] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	33	.9	4.6	4.6
	1 Strongly Agree	140	3.9	19.3	23.9
	2 Agree	374	10.3	51.6	75.4
	3 Disagree	127	3.5	17.5	93.0
	4 Strongly Disagree	17	.5	2.3	95.3
	5 Don't Know	34	.9	4.7	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

T4_B2_Q21 [B-2: Philip Morris] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	30	.8	4.1	4.1
	1 Strongly Agree	107	3.0	14.8	18.9
	2 Agree	289	8.0	39.9	58.8
	3 Disagree	231	6.4	31.9	90.6
	4 Strongly Disagree	27	.7	3.7	94.3
	5 Don't Know	41	1.1	5.7	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

T4_B2_Q22 [B-2: Philip Morris] [This statement would be good for {educating the public about the addictiveness of smoking and nicotine}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	193	5.3	26.6	30.9
	2 Agree	370	10.2	51.0	81.9
	3 Disagree	79	2.2	10.9	92.8
	4 Strongly Disagree	18	.5	2.5	95.3
	5 Don't Know	34	.9	4.7	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_B2_Q23 [B-2: Philip Morris] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	4.4	4.4
	1 Strongly Agree	150	4.1	20.7	25.1
	2 Agree	368	10.2	50.8	75.9
	3 Disagree	79	2.2	10.9	86.8
	4 Strongly Disagree	22	.6	3.0	89.8
	5 Don't Know	74	2.0	10.2	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

T4_B2_Q24 [B-2: Philip Morris] [This statement provides accurate information about {the addictiveness of smoking and nicotine}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	4.4	4.4
	1 Strongly Agree	179	4.9	24.7	29.1
	2 Agree	345	9.5	47.6	76.7
	3 Disagree	77	2.1	10.6	87.3
	4 Strongly Disagree	22	.6	3.0	90.3
	5 Don't Know	70	1.9	9.7	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_B2_Q25 [B-2: Philip Morris] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	37	1.0	5.1	5.1
	1 Strongly Agree	202	5.6	27.9	33.0
	2 Agree	392	10.8	54.1	87.0
	3 Disagree	42	1.2	5.8	92.8
	4 Strongly Disagree	16	.4	2.2	95.0
	5 Don't Know	36	1.0	5.0	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

T4_B4_Q20 [B-4: Lorillard] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	36	1.0	5.0	5.0
	1 Strongly Agree	133	3.7	18.3	23.3
	2 Agree	336	9.3	46.3	69.7
	3 Disagree	163	4.5	22.5	92.1
	4 Strongly Disagree	25	.7	3.4	95.6
	5 Don't Know	32	.9	4.4	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

T4_B4_Q21 [B-4: Lorillard] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	39	1.1	5.4	5.4
	1 Strongly Agree	108	3.0	14.9	20.3
	2 Agree	277	7.7	38.2	58.5
	3 Disagree	226	6.2	31.2	89.7
	4 Strongly Disagree	34	.9	4.7	94.3
	5 Don't Know	41	1.1	5.7	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_B4_Q22 [B-4: Lorillard] [This statement would be good for {educating the public about the addictiveness of smoking and nicotine}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	34	.9	4.7	4.7
	1 Strongly Agree	191	5.3	26.3	31.0
	2 Agree	342	9.5	47.2	78.2
	3 Disagree	96	2.7	13.2	91.4
	4 Strongly Disagree	17	.5	2.3	93.8
	5 Don't Know	45	1.2	6.2	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

T4_B4_Q23 [B-4: Lorillard] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	33	.9	4.6	4.6
	1 Strongly Agree	145	4.0	20.0	24.6
	2 Agree	350	9.7	48.3	72.8
	3 Disagree	100	2.8	13.8	86.6
	4 Strongly Disagree	18	.5	2.5	89.1
	5 Don't Know	79	2.2	10.9	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_B4_Q24 [B-4: Lorillard] [This statement provides accurate information about (the addictiveness of smoking and nicotine).] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	4.4	4.4
	1 Strongly Agree	181	5.0	25.0	29.4
	2 Agree	362	10.0	49.9	79.3
	3 Disagree	65	1.8	9.0	88.3
	4 Strongly Disagree	16	.4	2.2	90.5
	5 Don't Know	69	1.9	9.5	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

T4_B4_Q25 [B-4: Lorillard] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	212	5.9	29.2	33.5
	2 Agree	377	10.4	52.0	85.5
	3 Disagree	45	1.2	6.2	91.7
	4 Strongly Disagree	11	.3	1.5	93.2
	5 Don't Know	49	1.4	6.8	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

T4_B5_Q20 [B-5: Interveners] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	29	.8	4.0	4.0
	1 Strongly Agree	219	6.1	30.2	34.2
	2 Agree	349	9.6	48.1	82.3
	3 Disagree	86	2.4	11.9	94.2
	4 Strongly Disagree	18	.5	2.5	96.7
	5 Don't Know	24	.7	3.3	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_B5_Q21 [B-5: Interveners] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	33	.9	4.6	4.6
	1 Strongly Agree	163	4.5	22.5	27.0
	2 Agree	293	8.1	40.4	67.4
	3 Disagree	165	4.6	22.8	90.2
	4 Strongly Disagree	31	.9	4.3	94.5
	5 Don't Know	40	1.1	5.5	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

T4_B5_Q22 [B-5: Interveners] [This statement would be good for {educating the public about the addictiveness of smoking and nicotine}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	34	.9	4.7	4.7
	1 Strongly Agree	237	6.6	32.7	37.4
	2 Agree	334	9.2	46.1	83.4
	3 Disagree	57	1.6	7.9	91.3
	4 Strongly Disagree	23	.6	3.2	94.5
	5 Don't Know	40	1.1	5.5	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

T4_B5_Q23 [B-5: Interveners] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	4.4	4.4
	1 Strongly Agree	182	5.0	25.1	29.5
	2 Agree	367	10.1	50.6	80.1
	3 Disagree	66	1.8	9.1	89.2
	4 Strongly Disagree	14	.4	1.9	91.2
	5 Don't Know	64	1.8	8.8	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_B5_Q24 [B-5: Interveners] [This statement provides accurate information about (the addictiveness of smoking and nicotine).] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	34	.9	4.7	4.7
	1 Strongly Agree	216	6.0	29.8	34.5
	2 Agree	316	8.7	43.6	78.1
	3 Disagree	58	1.6	8.0	86.1
	4 Strongly Disagree	26	.7	3.6	89.7
	5 Don't Know	75	2.1	10.3	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

T4_B5_Q25 [B-5: Interveners] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	36	1.0	5.0	5.0
	1 Strongly Agree	238	6.6	32.8	37.8
	2 Agree	333	9.2	45.9	83.7
	3 Disagree	52	1.4	7.2	90.9
	4 Strongly Disagree	21	.6	2.9	93.8
	5 Don't Know	45	1.2	6.2	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

T4_B6_Q20 [B-6: Salter>Mitchell] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	4.4	4.4
	1 Strongly Agree	221	6.1	30.5	34.9
	2 Agree	363	10.0	50.1	85.0
	3 Disagree	79	2.2	10.9	95.9
	4 Strongly Disagree	10	.3	1.4	97.2
	5 Don't Know	20	.6	2.8	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_B6_Q21 [B-6: Salter>Mitchell] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	163	4.5	22.5	26.8
	2 Agree	314	8.7	43.3	70.1
	3 Disagree	160	4.4	22.1	92.1
	4 Strongly Disagree	19	.5	2.6	94.8
	5 Don't Know	38	1.1	5.2	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

T4_B6_Q22 [B-6: Salter>Mitchell] [This statement would be good for (educating the public about the addictiveness of smoking and nicotine).] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	28	.8	3.9	3.9
	1 Strongly Agree	269	7.4	37.1	41.0
	2 Agree	339	9.4	46.8	87.7
	3 Disagree	50	1.4	6.9	94.6
	4 Strongly Disagree	9	.2	1.2	95.9
	5 Don't Know	30	.8	4.1	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_B6_Q23 [B-6: Salter>Mitchell] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	207	5.7	28.6	32.8
	2 Agree	367	10.1	50.6	83.4
	3 Disagree	53	1.5	7.3	90.8
	4 Strongly Disagree	10	.3	1.4	92.1
	5 Don't Know	57	1.6	7.9	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

T4_B6_Q24 [B-6: Salter>Mitchell] [This statement provides accurate information about {the addictiveness of smoking and nicotine.}] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	4.4	4.4
	1 Strongly Agree	251	6.9	34.6	39.0
	2 Agree	316	8.7	43.6	82.6
	3 Disagree	56	1.5	7.7	90.3
	4 Strongly Disagree	9	.2	1.2	91.6
	5 Don't Know	61	1.7	8.4	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

T4_B6_Q25 [B-6: Salter>Mitchell] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	29	.8	4.0	4.0
	1 Strongly Agree	272	7.5	37.5	41.5
	2 Agree	331	9.2	45.7	87.2
	3 Disagree	50	1.4	6.9	94.1
	4 Strongly Disagree	9	.2	1.2	95.3
	5 Don't Know	34	.9	4.7	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_B_control_Q20 [B - Control-0] [This statement grabbed my attention.]
Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	187	5.2	25.8	30.1
	2 Agree	367	10.1	50.6	80.7
	3 Disagree	110	3.0	15.2	95.9
	4 Strongly Disagree	11	.3	1.5	97.4
	5 Don't Know	19	.5	2.6	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

T4_B_control_Q21 [B - Control-1] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	35	1.0	4.8	4.8
	1 Strongly Agree	125	3.5	17.2	22.1
	2 Agree	279	7.7	38.5	60.6
	3 Disagree	222	6.1	30.6	91.2
	4 Strongly Disagree	23	.6	3.2	94.3
	5 Don't Know	41	1.1	5.7	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

T4_B_control_Q22 [B - Control-2] [This statement would be good for (educating the public about the addictiveness of smoking and nicotine).]
Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	227	6.3	31.3	35.6
	2 Agree	359	9.9	49.5	85.1
	3 Disagree	71	2.0	9.8	94.9
	4 Strongly Disagree	8	.2	1.1	96.0
	5 Don't Know	29	.8	4.0	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_B_control_Q23 [B - Control-3] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	33	.9	4.6	4.6
	1 Strongly Agree	181	5.0	25.0	29.5
	2 Agree	368	10.2	50.8	80.3
	3 Disagree	65	1.8	9.0	89.2
	4 Strongly Disagree	11	.3	1.5	90.8
	5 Don't Know	67	1.9	9.2	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

T4_B_control_Q24 [B - Control-4] [This statement provides accurate information about (the addictiveness of smoking and nicotine).] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	33	.9	4.6	4.6
	1 Strongly Agree	213	5.9	29.4	33.9
	2 Agree	321	8.9	44.3	78.2
	3 Disagree	85	2.4	11.7	89.9
	4 Strongly Disagree	14	.4	1.9	91.9
	5 Don't Know	59	1.6	8.1	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_B_control_Q25 [B - Control-5] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	36	1.0	5.0	5.0
	1 Strongly Agree	249	6.9	34.3	39.3
	2 Agree	365	10.1	50.3	89.7
	3 Disagree	32	.9	4.4	94.1
	4 Strongly Disagree	6	.2	.8	94.9
	5 Don't Know	37	1.0	5.1	100.0
	Total	725	20.0	100.0	
Missing	System	2892	80.0		
Total		3617	100.0		

T4_C2_Q20 [C-2: Philip Morris] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	4.4	4.4
	1 Strongly Agree	170	4.7	23.5	27.9
	2 Agree	340	9.4	47.0	74.9
	3 Disagree	129	3.6	17.8	92.7
	4 Strongly Disagree	24	.7	3.3	96.0
	5 Don't Know	29	.8	4.0	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

T4_C2_Q21 [C-2: Philip Morris] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	36	1.0	5.0	5.0
	1 Strongly Agree	109	3.0	15.1	20.0
	2 Agree	259	7.2	35.8	55.8
	3 Disagree	242	6.7	33.4	89.2
	4 Strongly Disagree	36	1.0	5.0	94.2
	5 Don't Know	42	1.2	5.8	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_C2_Q22 [C-2: Philip Morris] [This statement would be good for {educating the public about 'low tar,' 'light,' 'ultra light,' 'mild,' and 'natural' cigarettes}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	33	.9	4.6	4.6
	1 Strongly Agree	236	6.5	32.6	37.2
	2 Agree	337	9.3	46.5	83.7
	3 Disagree	59	1.6	8.1	91.9
	4 Strongly Disagree	20	.6	2.8	94.6
	5 Don't Know	39	1.1	5.4	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

T4_C2_Q23 [C-2: Philip Morris] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	184	5.1	25.4	29.7
	2 Agree	358	9.9	49.4	79.1
	3 Disagree	81	2.2	11.2	90.3
	4 Strongly Disagree	10	.3	1.4	91.7
	5 Don't Know	60	1.7	8.3	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_C2_Q24 [C-2: Philip Morris] [This statement provides accurate information about {'low tar,' 'light,' 'ultra light,' 'mild,' and 'natural' cigarettes}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	30	.8	4.1	4.1
	1 Strongly Agree	196	5.4	27.1	31.2
	2 Agree	308	8.5	42.5	73.8
	3 Disagree	61	1.7	8.4	82.2
	4 Strongly Disagree	25	.7	3.5	85.6
	5 Don't Know	104	2.9	14.4	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

T4_C2_Q25 [C-2: Philip Morris] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	246	6.8	34.0	38.3
	2 Agree	330	9.1	45.6	83.8
	3 Disagree	45	1.2	6.2	90.1
	4 Strongly Disagree	19	.5	2.6	92.7
	5 Don't Know	53	1.5	7.3	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

T4_C4_Q20 [C-4: Lorillard] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	39	1.1	5.4	5.4
	1 Strongly Agree	120	3.3	16.6	22.0
	2 Agree	289	8.0	39.9	61.9
	3 Disagree	196	5.4	27.1	89.0
	4 Strongly Disagree	36	1.0	5.0	93.9
	5 Don't Know	44	1.2	6.1	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_C4_Q21 [C-4: Lorillard] [This statement made me curious to know more.]
Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	33	.9	4.6	4.6
	1 Strongly Agree	92	2.5	12.7	17.3
	2 Agree	260	7.2	35.9	53.2
	3 Disagree	253	7.0	34.9	88.1
	4 Strongly Disagree	41	1.1	5.7	93.8
	5 Don't Know	45	1.2	6.2	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

T4_C4_Q22 [C-4: Lorillard] [This statement would be good for (educating the public about 'low tar,' 'light,' 'ultra light,' 'mild,' and 'natural' cigarettes).]
Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	29	.8	4.0	4.0
	1 Strongly Agree	178	4.9	24.6	28.6
	2 Agree	327	9.0	45.2	73.8
	3 Disagree	105	2.9	14.5	88.3
	4 Strongly Disagree	27	.7	3.7	92.0
	5 Don't Know	58	1.6	8.0	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

T4_C4_Q23 [C-4: Lorillard] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	35	1.0	4.8	4.8
	1 Strongly Agree	134	3.7	18.5	23.3
	2 Agree	333	9.2	46.0	69.3
	3 Disagree	122	3.4	16.9	86.2
	4 Strongly Disagree	21	.6	2.9	89.1
	5 Don't Know	79	2.2	10.9	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_C4_Q24 [C-4: Lorillard] [This statement provides accurate information about ('low tar,' 'light,' 'ultra light,' 'mild,' and 'natural' cigarettes).] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	143	4.0	19.8	24.0
	2 Agree	292	8.1	40.3	64.4
	3 Disagree	108	3.0	14.9	79.3
	4 Strongly Disagree	31	.9	4.3	83.6
	5 Don't Know	119	3.3	16.4	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

T4_C4_Q25 [C-4: Lorillard] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	33	.9	4.6	4.6
	1 Strongly Agree	174	4.8	24.0	28.6
	2 Agree	340	9.4	47.0	75.6
	3 Disagree	74	2.0	10.2	85.8
	4 Strongly Disagree	33	.9	4.6	90.3
	5 Don't Know	70	1.9	9.7	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

T4_C5_Q20 [C-5: Interveners] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	198	5.5	27.3	31.6
	2 Agree	326	9.0	45.0	76.7
	3 Disagree	114	3.2	15.7	92.4
	4 Strongly Disagree	23	.6	3.2	95.6
	5 Don't Know	32	.9	4.4	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_C5_Q21 [C-5: Interveners] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	34	.9	4.7	4.7
	1 Strongly Agree	136	3.8	18.8	23.5
	2 Agree	280	7.7	38.7	62.2
	3 Disagree	198	5.5	27.3	89.5
	4 Strongly Disagree	34	.9	4.7	94.2
	5 Don't Know	42	1.2	5.8	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

T4_C5_Q22 [C-5: Interveners] [This statement would be good for (educating the public about 'low tar,' 'light,' 'ultra light,' 'mild,' and 'natural' cigarettes).] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	35	1.0	4.8	4.8
	1 Strongly Agree	256	7.1	35.4	40.2
	2 Agree	316	8.7	43.6	83.8
	3 Disagree	59	1.6	8.1	92.0
	4 Strongly Disagree	22	.6	3.0	95.0
	5 Don't Know	36	1.0	5.0	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_C5_Q23 [C-5: Interveners] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	33	.9	4.6	4.6
	1 Strongly Agree	201	5.6	27.8	32.3
	2 Agree	350	9.7	48.3	80.7
	3 Disagree	67	1.9	9.3	89.9
	4 Strongly Disagree	19	.5	2.6	92.5
	5 Don't Know	54	1.5	7.5	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

T4_C5_Q24 [C-5: Interveners] [This statement provides accurate information about {'low tar,' 'light,' 'ultra light,' 'mild,' and 'natural' cigarettes}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	34	.9	4.7	4.7
	1 Strongly Agree	213	5.9	29.4	34.1
	2 Agree	279	7.7	38.5	72.7
	3 Disagree	66	1.8	9.1	81.8
	4 Strongly Disagree	24	.7	3.3	85.1
	5 Don't Know	108	3.0	14.9	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

T4_C5_Q25 [C-5: Interveners] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	246	6.8	34.0	38.3
	2 Agree	326	9.0	45.0	83.3
	3 Disagree	46	1.3	6.4	89.6
	4 Strongly Disagree	25	.7	3.5	93.1
	5 Don't Know	50	1.4	6.9	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_C6_Q20 [C-6: Salter>Mitchell] [This statement grabbed my attention.]
Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	29	.8	4.0	4.0
	1 Strongly Agree	167	4.6	23.1	27.1
	2 Agree	332	9.2	45.9	72.9
	3 Disagree	142	3.9	19.6	92.5
	4 Strongly Disagree	18	.5	2.5	95.0
	5 Don't Know	36	1.0	5.0	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

T4_C6_Q21 [C-6: Salter>Mitchell] [This statement made me curious to know more.]
Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	34	.9	4.7	4.7
	1 Strongly Agree	118	3.3	16.3	21.0
	2 Agree	264	7.3	36.5	57.5
	3 Disagree	224	6.2	30.9	88.4
	4 Strongly Disagree	36	1.0	5.0	93.4
	5 Don't Know	48	1.3	6.6	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_C6_Q22 [C-6: Salter>Mitchell] [This statement would be good for educating the public about 'low tar,' 'light,' 'ultra light,' 'mild,' and 'natural' cigarettes]. Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	34	.9	4.7	4.7
	1 Strongly Agree	265	7.3	36.6	41.3
	2 Agree	309	8.5	42.7	84.0
	3 Disagree	61	1.7	8.4	92.4
	4 Strongly Disagree	15	.4	2.1	94.5
	5 Don't Know	40	1.1	5.5	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

T4_C6_Q23 [C-6: Salter>Mitchell] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	198	5.5	27.3	31.6
	2 Agree	335	9.3	46.3	77.9
	3 Disagree	80	2.2	11.0	89.0
	4 Strongly Disagree	12	.3	1.7	90.6
	5 Don't Know	68	1.9	9.4	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_C6_Q24 [C-6: Salter>Mitchell] [This statement provides accurate information about {'low tar,' 'light,' 'ultra light,' 'mild,' and 'natural' cigarettes}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	30	.8	4.1	4.1
	1 Strongly Agree	205	5.7	28.3	32.5
	2 Agree	301	8.3	41.6	74.0
	3 Disagree	62	1.7	8.6	82.6
	4 Strongly Disagree	23	.6	3.2	85.8
	5 Don't Know	103	2.8	14.2	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

T4_C6_Q25 [C-6: Salter>Mitchell] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	4.4	4.4
	1 Strongly Agree	235	6.5	32.5	36.9
	2 Agree	339	9.4	46.8	83.7
	3 Disagree	50	1.4	6.9	90.6
	4 Strongly Disagree	18	.5	2.5	93.1
	5 Don't Know	50	1.4	6.9	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

T4_C_control_Q20 [C - Control-1] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	33	.9	4.6	4.6
	1 Strongly Agree	176	4.9	24.3	28.9
	2 Agree	321	8.9	44.3	73.2
	3 Disagree	146	4.0	20.2	93.4
	4 Strongly Disagree	22	.6	3.0	96.4
	5 Don't Know	26	.7	3.6	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_C_control_Q21 [C - Control-2] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	34	.9	4.7	4.7
	1 Strongly Agree	116	3.2	16.0	20.7
	2 Agree	225	6.2	31.1	51.8
	3 Disagree	263	7.3	36.3	88.1
	4 Strongly Disagree	42	1.2	5.8	93.9
	5 Don't Know	44	1.2	6.1	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

T4_C_control_Q22 [C - Control-3] [This statement would be good for {educating the public about 'low tar,' 'light,' 'ultra light,' 'mild,' and 'natural' cigarettes}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	4.4	4.4
	1 Strongly Agree	186	5.1	25.7	30.1
	2 Agree	260	7.2	35.9	66.0
	3 Disagree	141	3.9	19.5	85.5
	4 Strongly Disagree	44	1.2	6.1	91.6
	5 Don't Know	61	1.7	8.4	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_C_control_Q23 [C - Control-4] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	175	4.8	24.2	28.5
	2 Agree	326	9.0	45.0	73.5
	3 Disagree	106	2.9	14.6	88.1
	4 Strongly Disagree	16	.4	2.2	90.3
	5 Don't Know	70	1.9	9.7	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

T4_C_control_Q24 [C - Control-5] [This statement provides accurate information about {'low tar,' 'light,' 'ultra light,' 'mild,' and 'natural' cigarettes}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	29	.8	4.0	4.0
	1 Strongly Agree	159	4.4	22.0	26.0
	2 Agree	227	6.3	31.4	57.3
	3 Disagree	148	4.1	20.4	77.8
	4 Strongly Disagree	62	1.7	8.6	86.3
	5 Don't Know	99	2.7	13.7	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

T4_C_control_Q25 [C - Control-6] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	29	.8	4.0	4.0
	1 Strongly Agree	247	6.8	34.1	38.1
	2 Agree	346	9.6	47.8	85.9
	3 Disagree	42	1.2	5.8	91.7
	4 Strongly Disagree	14	.4	1.9	93.6
	5 Don't Know	46	1.3	6.4	100.0
	Total	724	20.0	100.0	
Missing	System	2893	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_D2_Q20 [D-2: Philip Morris] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	29	.8	4.0	4.0
	1 Strongly Agree	143	4.0	19.8	23.8
	2 Agree	338	9.3	46.7	70.5
	3 Disagree	147	4.1	20.3	90.9
	4 Strongly Disagree	28	.8	3.9	94.7
	5 Don't Know	38	1.1	5.3	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_D2_Q21 [D-2: Philip Morris] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	119	3.3	16.5	20.7
	2 Agree	280	7.7	38.7	59.5
	3 Disagree	209	5.8	28.9	88.4
	4 Strongly Disagree	37	1.0	5.1	93.5
	5 Don't Know	47	1.3	6.5	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_D2_Q22 [D-2: Philip Morris] [This statement would be good for {educating the public about cigarette design}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	4.4	4.4
	1 Strongly Agree	181	5.0	25.0	29.5
	2 Agree	331	9.2	45.8	75.2
	3 Disagree	93	2.6	12.9	88.1
	4 Strongly Disagree	22	.6	3.0	91.1
	5 Don't Know	64	1.8	8.9	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_D2_Q23 [D-2: Philip Morris] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	28	.8	3.9	3.9
	1 Strongly Agree	152	4.2	21.0	24.9
	2 Agree	306	8.5	42.3	67.2
	3 Disagree	116	3.2	16.0	83.3
	4 Strongly Disagree	19	.5	2.6	85.9
	5 Don't Know	102	2.8	14.1	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_D2_Q24 [D-2: Philip Morris] [This statement provides accurate information about {cigarette design}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	34	.9	4.7	4.7
	1 Strongly Agree	147	4.1	20.3	25.0
	2 Agree	293	8.1	40.5	65.6
	3 Disagree	86	2.4	11.9	77.5
	4 Strongly Disagree	16	.4	2.2	79.7
	5 Don't Know	147	4.1	20.3	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_D2_Q25 [D-2: Philip Morris] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	34	.9	4.7	4.7
	1 Strongly Agree	189	5.2	26.1	30.8
	2 Agree	337	9.3	46.6	77.5
	3 Disagree	65	1.8	9.0	86.4
	4 Strongly Disagree	18	.5	2.5	88.9
	5 Don't Know	80	2.2	11.1	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_D3_Q20 [D-3: RJ Reynolds] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	27	.7	3.7	3.7
	1 Strongly Agree	152	4.2	21.0	24.8
	2 Agree	328	9.1	45.4	70.1
	3 Disagree	155	4.3	21.4	91.6
	4 Strongly Disagree	29	.8	4.0	95.6
	5 Don't Know	32	.9	4.4	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_D3_Q21 [D-3: RJ Reynolds] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	30	.8	4.1	4.1
	1 Strongly Agree	122	3.4	16.9	21.0
	2 Agree	290	8.0	40.1	61.1
	3 Disagree	203	5.6	28.1	89.2
	4 Strongly Disagree	38	1.1	5.3	94.5
	5 Don't Know	40	1.1	5.5	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_D3_Q22 [D-3: RJ Reynolds] [This statement would be good for {educating the public about cigarette design}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	26	.7	3.6	3.6
	1 Strongly Agree	196	5.4	27.1	30.7
	2 Agree	340	9.4	47.0	77.7
	3 Disagree	82	2.3	11.3	89.1
	4 Strongly Disagree	15	.4	2.1	91.1
	5 Don't Know	64	1.8	8.9	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_D3_Q23 [D-3: RJ Reynolds] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	34	.9	4.7	4.7
	1 Strongly Agree	164	4.5	22.7	27.4
	2 Agree	325	9.0	45.0	72.3
	3 Disagree	94	2.6	13.0	85.3
	4 Strongly Disagree	16	.4	2.2	87.6
	5 Don't Know	90	2.5	12.4	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_D3_Q24 [D-3: RJ Reynolds] [This statement provides accurate information about {cigarette design}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	26	.7	3.6	3.6
	1 Strongly Agree	161	4.5	22.3	25.9
	2 Agree	303	8.4	41.9	67.8
	3 Disagree	77	2.1	10.7	78.4
	4 Strongly Disagree	14	.4	1.9	80.4
	5 Don't Know	142	3.9	19.6	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_D3_Q25 [D-3: RJ Reynolds] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	4.4	4.4
	1 Strongly Agree	200	5.5	27.7	32.1
	2 Agree	347	9.6	48.0	80.1
	3 Disagree	47	1.3	6.5	86.6
	4 Strongly Disagree	23	.6	3.2	89.8
	5 Don't Know	74	2.0	10.2	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_D5_Q20 [D-5: Interveners] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	4.4	4.4
	1 Strongly Agree	238	6.6	32.9	37.3
	2 Agree	337	9.3	46.6	84.0
	3 Disagree	74	2.0	10.2	94.2
	4 Strongly Disagree	19	.5	2.6	96.8
	5 Don't Know	23	.6	3.2	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_D5_Q21 [D-5: Interveners] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	184	5.1	25.4	29.7
	2 Agree	290	8.0	40.1	69.8
	3 Disagree	162	4.5	22.4	92.3
	4 Strongly Disagree	26	.7	3.6	95.9
	5 Don't Know	30	.8	4.1	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_D5_Q22 [D-5: Interveners] [This statement would be good for {educating the public about cigarette design}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	33	.9	4.6	4.6
	1 Strongly Agree	271	7.5	37.5	42.0
	2 Agree	323	8.9	44.7	86.7
	3 Disagree	43	1.2	5.9	92.7
	4 Strongly Disagree	11	.3	1.5	94.2
	5 Don't Know	42	1.2	5.8	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_D5_Q23 [D-5: Interveners] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	27	.7	3.7	3.7
	1 Strongly Agree	226	6.2	31.3	35.0
	2 Agree	335	9.3	46.3	81.3
	3 Disagree	50	1.4	6.9	88.2
	4 Strongly Disagree	13	.4	1.8	90.0
	5 Don't Know	72	2.0	10.0	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_D5_Q24 [D-5: Interveners] [This statement provides accurate information about {cigarette design}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	215	5.9	29.7	34.0
	2 Agree	269	7.4	37.2	71.2
	3 Disagree	54	1.5	7.5	78.7
	4 Strongly Disagree	13	.4	1.8	80.5
	5 Don't Know	141	3.9	19.5	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_D5_Q25 [D-5: Interveners] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	4.4	4.4
	1 Strongly Agree	259	7.2	35.8	40.2
	2 Agree	316	8.7	43.7	84.0
	3 Disagree	46	1.3	6.4	90.3
	4 Strongly Disagree	10	.3	1.4	91.7
	5 Don't Know	60	1.7	8.3	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_D6_Q20 [D-6: Salter>Mitchell] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	26	.7	3.6	3.6
	1 Strongly Agree	212	5.9	29.3	32.9
	2 Agree	366	10.1	50.6	83.5
	3 Disagree	79	2.2	10.9	94.5
	4 Strongly Disagree	16	.4	2.2	96.7
	5 Don't Know	24	.7	3.3	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_D6_Q21 [D-6: Salter>Mitchell] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	30	.8	4.1	4.1
	1 Strongly Agree	158	4.4	21.9	26.0
	2 Agree	300	8.3	41.5	67.5
	3 Disagree	178	4.9	24.6	92.1
	4 Strongly Disagree	25	.7	3.5	95.6
	5 Don't Know	32	.9	4.4	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_D6_Q22 [D-6: Salter>Mitchell] [This statement would be good for {educating the public about cigarette design}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	29	.8	4.0	4.0
	1 Strongly Agree	256	7.1	35.4	39.4
	2 Agree	343	9.5	47.4	86.9
	3 Disagree	42	1.2	5.8	92.7
	4 Strongly Disagree	10	.3	1.4	94.1
	5 Don't Know	43	1.2	5.9	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_D6_Q23 [D-6: Salter>Mitchell] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	28	.8	3.9	3.9
	1 Strongly Agree	205	5.7	28.4	32.2
	2 Agree	342	9.5	47.3	79.5
	3 Disagree	57	1.6	7.9	87.4
	4 Strongly Disagree	12	.3	1.7	89.1
	5 Don't Know	79	2.2	10.9	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_D6_Q24 [D-6: Salter>Mitchell] [This statement provides accurate information about {cigarette design}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	28	.8	3.9	3.9
	1 Strongly Agree	202	5.6	27.9	31.8
	2 Agree	307	8.5	42.5	74.3
	3 Disagree	53	1.5	7.3	81.6
	4 Strongly Disagree	13	.4	1.8	83.4
	5 Don't Know	120	3.3	16.6	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_D6_Q25 [D-6: Salter>Mitchell] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	31	.9	4.3	4.3
	1 Strongly Agree	254	7.0	35.1	39.4
	2 Agree	338	9.3	46.7	86.2
	3 Disagree	37	1.0	5.1	91.3
	4 Strongly Disagree	10	.3	1.4	92.7
	5 Don't Know	53	1.5	7.3	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_D_control_Q20 [D - Control-1] [This statement grabbed my attention.]
Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	28	.8	3.9	3.9
	1 Strongly Agree	185	5.1	25.6	29.5
	2 Agree	339	9.4	46.9	76.3
	3 Disagree	136	3.8	18.8	95.2
	4 Strongly Disagree	18	.5	2.5	97.6
	5 Don't Know	17	.5	2.4	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_D_control_Q21 [D - Control-2] [This statement made me curious to know more.]
Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	29	.8	4.0	4.0
	1 Strongly Agree	133	3.7	18.4	22.4
	2 Agree	240	6.6	33.2	55.6
	3 Disagree	246	6.8	34.0	89.6
	4 Strongly Disagree	35	1.0	4.8	94.5
	5 Don't Know	40	1.1	5.5	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_D_control_Q22 [D - Control-3] [This statement would be good for (educating the public about cigarette design).]
Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	33	.9	4.6	4.6
	1 Strongly Agree	207	5.7	28.6	33.2
	2 Agree	344	9.5	47.6	80.8
	3 Disagree	93	2.6	12.9	93.6
	4 Strongly Disagree	11	.3	1.5	95.2
	5 Don't Know	35	1.0	4.8	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_D_control_Q23 [D - Control-4] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	30	.8	4.1	4.1
	1 Strongly Agree	193	5.3	26.7	30.8
	2 Agree	323	8.9	44.7	75.5
	3 Disagree	91	2.5	12.6	88.1
	4 Strongly Disagree	12	.3	1.7	89.8
	5 Don't Know	74	2.0	10.2	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_D_control_Q24 [D - Control-5] [This statement provides accurate information about {cigarette design}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	32	.9	4.4	4.4
	1 Strongly Agree	183	5.1	25.3	29.7
	2 Agree	296	8.2	40.9	70.7
	3 Disagree	104	2.9	14.4	85.1
	4 Strongly Disagree	19	.5	2.6	87.7
	5 Don't Know	89	2.5	12.3	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_D_control_Q25 [D - Control-6] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	26	.7	3.6	3.6
	1 Strongly Agree	266	7.4	36.8	40.4
	2 Agree	352	9.7	48.7	89.1
	3 Disagree	35	1.0	4.8	93.9
	4 Strongly Disagree	6	.2	.8	94.7
	5 Don't Know	38	1.1	5.3	100.0
	Total	723	20.0	100.0	
Missing	System	2894	80.0		
Total		3617	100.0		

T4_E2_Q20 [E-2: Philip Morris] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	37	1.0	5.1	5.1
	1 Strongly Agree	219	6.1	30.3	35.5
	2 Agree	325	9.0	45.0	80.5
	3 Disagree	103	2.8	14.3	94.7
	4 Strongly Disagree	9	.2	1.2	96.0
	5 Don't Know	29	.8	4.0	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

T4_E2_Q21 [E-2: Philip Morris] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	35	1.0	4.8	4.8
	1 Strongly Agree	171	4.7	23.7	28.5
	2 Agree	273	7.5	37.8	66.3
	3 Disagree	187	5.2	25.9	92.2
	4 Strongly Disagree	9	.2	1.2	93.5
	5 Don't Know	47	1.3	6.5	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_E2_Q22 [E-2: Philip Morris] [This statement would be good for {educating the public about secondhand smoke}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	35	1.0	4.8	4.8
	1 Strongly Agree	257	7.1	35.6	40.4
	2 Agree	339	9.4	47.0	87.4
	3 Disagree	48	1.3	6.6	94.0
	4 Strongly Disagree	8	.2	1.1	95.2
	5 Don't Know	35	1.0	4.8	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

T4_E2_Q23 [E-2: Philip Morris] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	38	1.1	5.3	5.3
	1 Strongly Agree	209	5.8	28.9	34.2
	2 Agree	339	9.4	47.0	81.2
	3 Disagree	53	1.5	7.3	88.5
	4 Strongly Disagree	10	.3	1.4	89.9
	5 Don't Know	73	2.0	10.1	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_E2_Q24 [E-2: Philip Morris] [This statement provides accurate information about {secondhand smoke}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	38	1.1	5.3	5.3
	1 Strongly Agree	214	5.9	29.6	34.9
	2 Agree	304	8.4	42.1	77.0
	3 Disagree	57	1.6	7.9	84.9
	4 Strongly Disagree	10	.3	1.4	86.3
	5 Don't Know	99	2.7	13.7	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

T4_E2_Q25 [E-2: Philip Morris] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	36	1.0	5.0	5.0
	1 Strongly Agree	258	7.1	35.7	40.7
	2 Agree	331	9.2	45.8	86.6
	3 Disagree	47	1.3	6.5	93.1
	4 Strongly Disagree	8	.2	1.1	94.2
	5 Don't Know	42	1.2	5.8	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

T4_E3_Q20 [E-3: RJ Reynolds] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	36	1.0	5.0	5.0
	1 Strongly Agree	214	5.9	29.6	34.6
	2 Agree	314	8.7	43.5	78.1
	3 Disagree	114	3.2	15.8	93.9
	4 Strongly Disagree	11	.3	1.5	95.4
	5 Don't Know	33	.9	4.6	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_E3_Q21 [E-3: RJ Reynolds] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	35	1.0	4.8	4.8
	1 Strongly Agree	175	4.8	24.2	29.1
	2 Agree	254	7.0	35.2	64.3
	3 Disagree	200	5.5	27.7	92.0
	4 Strongly Disagree	11	.3	1.5	93.5
	5 Don't Know	47	1.3	6.5	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

T4_E3_Q22 [E-3: RJ Reynolds] [This statement would be good for {educating the public about secondhand smoke}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	41	1.1	5.7	5.7
	1 Strongly Agree	266	7.4	36.8	42.5
	2 Agree	309	8.5	42.8	85.3
	3 Disagree	57	1.6	7.9	93.2
	4 Strongly Disagree	11	.3	1.5	94.7
	5 Don't Know	38	1.1	5.3	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

T4_E3_Q23 [E-3: RJ Reynolds] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	37	1.0	5.1	5.1
	1 Strongly Agree	212	5.9	29.4	34.5
	2 Agree	334	9.2	46.3	80.7
	3 Disagree	59	1.6	8.2	88.9
	4 Strongly Disagree	9	.2	1.2	90.2
	5 Don't Know	71	2.0	9.8	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_E3_Q24 [E-3: RJ Reynolds] [This statement provides accurate information about (secondhand smoke).] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	37	1.0	5.1	5.1
	1 Strongly Agree	225	6.2	31.2	36.3
	2 Agree	294	8.1	40.7	77.0
	3 Disagree	53	1.5	7.3	84.3
	4 Strongly Disagree	14	.4	1.9	86.3
	5 Don't Know	99	2.7	13.7	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

T4_E3_Q25 [E-3: RJ Reynolds] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	43	1.2	6.0	6.0
	1 Strongly Agree	249	6.9	34.5	40.4
	2 Agree	323	8.9	44.7	85.2
	3 Disagree	42	1.2	5.8	91.0
	4 Strongly Disagree	11	.3	1.5	92.5
	5 Don't Know	54	1.5	7.5	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

T4_E5_Q20 [E-5: Interveners] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	34	.9	4.7	4.7
	1 Strongly Agree	236	6.5	32.7	37.4
	2 Agree	315	8.7	43.6	81.0
	3 Disagree	95	2.6	13.2	94.2
	4 Strongly Disagree	10	.3	1.4	95.6
	5 Don't Know	32	.9	4.4	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_E5_Q21 [E-5: Interveners] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	35	1.0	4.8	4.8
	1 Strongly Agree	176	4.9	24.4	29.2
	2 Agree	276	7.6	38.2	67.5
	3 Disagree	172	4.8	23.8	91.3
	4 Strongly Disagree	18	.5	2.5	93.8
	5 Don't Know	45	1.2	6.2	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

T4_E5_Q22 [E-5: Interveners] [This statement would be good for {educating the public about secondhand smoke}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	35	1.0	4.8	4.8
	1 Strongly Agree	266	7.4	36.8	41.7
	2 Agree	318	8.8	44.0	85.7
	3 Disagree	51	1.4	7.1	92.8
	4 Strongly Disagree	14	.4	1.9	94.7
	5 Don't Know	38	1.1	5.3	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_E5_Q23 [E-5: Interveners] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	39	1.1	5.4	5.4
	1 Strongly Agree	215	5.9	29.8	35.2
	2 Agree	341	9.4	47.2	82.4
	3 Disagree	50	1.4	6.9	89.3
	4 Strongly Disagree	7	.2	1.0	90.3
	5 Don't Know	70	1.9	9.7	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

T4_E5_Q24 [E-5: Interveners] [This statement provides accurate information about (secondhand smoke).] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	38	1.1	5.3	5.3
	1 Strongly Agree	217	6.0	30.1	35.3
	2 Agree	299	8.3	41.4	76.7
	3 Disagree	54	1.5	7.5	84.2
	4 Strongly Disagree	15	.4	2.1	86.3
	5 Don't Know	99	2.7	13.7	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

T4_E5_Q25 [E-5: Interveners] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	44	1.2	6.1	6.1
	1 Strongly Agree	247	6.8	34.2	40.3
	2 Agree	321	8.9	44.5	84.8
	3 Disagree	43	1.2	6.0	90.7
	4 Strongly Disagree	17	.5	2.4	93.1
	5 Don't Know	50	1.4	6.9	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_E6_Q20 [E-6: Salter>Mitchell] [This statement grabbed my attention.]
Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	36	1.0	5.0	5.0
	1 Strongly Agree	239	6.6	33.1	38.1
	2 Agree	312	8.6	43.2	81.3
	3 Disagree	103	2.8	14.3	95.6
	4 Strongly Disagree	9	.2	1.2	96.8
	5 Don't Know	23	.6	3.2	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

T4_E6_Q21 [E-6: Salter>Mitchell] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	38	1.1	5.3	5.3
	1 Strongly Agree	181	5.0	25.1	30.3
	2 Agree	263	7.3	36.4	66.8
	3 Disagree	192	5.3	26.6	93.4
	4 Strongly Disagree	14	.4	1.9	95.3
	5 Don't Know	34	.9	4.7	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

T4_E6_Q22 [E-6: Salter>Mitchell] [This statement would be good for {educating the public about secondhand smoke}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	40	1.1	5.5	5.5
	1 Strongly Agree	267	7.4	37.0	42.5
	2 Agree	342	9.5	47.4	89.9
	3 Disagree	39	1.1	5.4	95.3
	4 Strongly Disagree	8	.2	1.1	96.4
	5 Don't Know	26	.7	3.6	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_E6_Q23 [E-6: Salter>Mitchell] [This statement may change other people's attitudes about smoking.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	36	1.0	5.0	5.0
	1 Strongly Agree	224	6.2	31.0	36.0
	2 Agree	347	9.6	48.1	84.1
	3 Disagree	54	1.5	7.5	91.6
	4 Strongly Disagree	7	.2	1.0	92.5
	5 Don't Know	54	1.5	7.5	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

T4_E6_Q24 [E-6: Salter>Mitchell] [This statement provides accurate information about {secondhand smoke}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	34	.9	4.7	4.7
	1 Strongly Agree	233	6.4	32.3	37.0
	2 Agree	303	8.4	42.0	78.9
	3 Disagree	44	1.2	6.1	85.0
	4 Strongly Disagree	12	.3	1.7	86.7
	5 Don't Know	96	2.7	13.3	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_E6_Q25 [E-6: Salter>Mitchell] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	37	1.0	5.1	5.1
	1 Strongly Agree	264	7.3	36.6	41.7
	2 Agree	334	9.2	46.3	88.0
	3 Disagree	34	.9	4.7	92.7
	4 Strongly Disagree	10	.3	1.4	94.0
	5 Don't Know	43	1.2	6.0	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

T4_E_control_Q20 [E - Control-0] [This statement grabbed my attention.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	34	.9	4.7	4.7
	1 Strongly Agree	197	5.4	27.3	32.0
	2 Agree	324	9.0	44.9	76.9
	3 Disagree	127	3.5	17.6	94.5
	4 Strongly Disagree	13	.4	1.8	96.3
	5 Don't Know	27	.7	3.7	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

T4_E_control_Q21 [E - Control-1] [This statement made me curious to know more.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	34	.9	4.7	4.7
	1 Strongly Agree	146	4.0	20.2	24.9
	2 Agree	237	6.6	32.8	57.8
	3 Disagree	242	6.7	33.5	91.3
	4 Strongly Disagree	18	.5	2.5	93.8
	5 Don't Know	45	1.2	6.2	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

**T4_E_control_Q22 [E - Control-2] [This statement would be good for
{educating the public about secondhand smoke}.] Please indicate whether
you agree or disagree with the following.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	36	1.0	5.0	5.0
	1 Strongly Agree	211	5.8	29.2	34.2
	2 Agree	338	9.3	46.8	81.0
	3 Disagree	77	2.1	10.7	91.7
	4 Strongly Disagree	24	.7	3.3	95.0
	5 Don't Know	36	1.0	5.0	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

**T4_E_control_Q23 [E - Control-3] [This statement may change other people's
attitudes about smoking.] Please indicate whether you agree or disagree
with the following.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	37	1.0	5.1	5.1
	1 Strongly Agree	191	5.3	26.5	31.6
	2 Agree	336	9.3	46.5	78.1
	3 Disagree	83	2.3	11.5	89.6
	4 Strongly Disagree	17	.5	2.4	92.0
	5 Don't Know	58	1.6	8.0	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

T4_E_control_Q24 [E - Control-4] [This statement provides accurate information about {secondhand smoke}.] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	38	1.1	5.3	5.3
	1 Strongly Agree	193	5.3	26.7	32.0
	2 Agree	282	7.8	39.1	71.1
	3 Disagree	105	2.9	14.5	85.6
	4 Strongly Disagree	30	.8	4.2	89.8
	5 Don't Know	74	2.0	10.2	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

T4_E_control_Q25 [E - Control-5] [This statement is believable] Please indicate whether you agree or disagree with the following.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	37	1.0	5.1	5.1
	1 Strongly Agree	238	6.6	33.0	38.1
	2 Agree	372	10.3	51.5	89.6
	3 Disagree	35	1.0	4.8	94.5
	4 Strongly Disagree	8	.2	1.1	95.6
	5 Don't Know	32	.9	4.4	100.0
	Total	722	20.0	100.0	
Missing	System	2895	80.0		
Total		3617	100.0		

q26ranking_item2 USE THIS FOR Q26: Ranking for Item 2 in each topic

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	498	13.8	14.2	14.2
	2.00	712	19.7	20.3	34.6
	3.00	802	22.2	22.9	57.5
	4.00	932	25.8	26.6	84.1
	5.00	556	15.4	15.9	100.0
	Total	3500	96.8	100.0	
Missing	System	117	3.2		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**q26ranking_item3 USE THIS FOR Q26: Ranking for Item 3 in each topic**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	457	12.6	13.1	13.1
	2.00	582	16.1	16.6	29.7
	3.00	690	19.1	19.7	49.4
	4.00	780	21.6	22.3	71.7
	5.00	991	27.4	28.3	100.0
	Total	3500	96.8	100.0	
Missing	System	117	3.2		
Total		3617	100.0		

q26ranking_item5 USE THIS FOR Q26: Ranking for Item 5 in each topic

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	929	25.7	26.5	26.5
	2.00	803	22.2	22.9	49.5
	3.00	702	19.4	20.1	69.5
	4.00	612	16.9	17.5	87.0
	5.00	454	12.6	13.0	100.0
	Total	3500	96.8	100.0	
Missing	System	117	3.2		
Total		3617	100.0		

q26ranking_item6 USE THIS FOR Q26: Ranking for Item 6 in each topic

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	712	19.7	20.3	20.3
	2.00	960	26.5	27.4	47.8
	3.00	848	23.4	24.2	72.0
	4.00	642	17.7	18.3	90.3
	5.00	338	9.3	9.7	100.0
	Total	3500	96.8	100.0	
Missing	System	117	3.2		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**q26ranking_item_control USE THIS FOR Q26: Ranking for Control in each topic**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	904	25.0	25.8	25.8
	2.00	443	12.2	12.7	38.5
	3.00	458	12.7	13.1	51.6
	4.00	534	14.8	15.3	66.8
	5.00	1161	32.1	33.2	100.0
	Total	3500	96.8	100.0	
Missing	System	117	3.2		
Total		3617	100.0		

Q26_1_Ranking {T4_Statment1} : Rank Order

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1078	29.8	30.8	30.8
	2	599	16.6	17.1	47.9
	3	555	15.3	15.9	63.8
	4	537	14.8	15.3	79.1
	5	731	20.2	20.9	100.0
	Total	3500	96.8	100.0	
Missing	System	117	3.2		
Total		3617	100.0		

Q26_2_Ranking {T4_Statment2} : Rank Order

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	675	18.7	19.3	19.3
	2	848	23.4	24.2	43.5
	3	703	19.4	20.1	63.6
	4	681	18.8	19.5	83.1
	5	593	16.4	16.9	100.0
	Total	3500	96.8	100.0	
Missing	System	117	3.2		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report**Q26_3_Ranking {T4_Statment3} : Rank Order**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	570	15.8	16.3	16.3
	2	754	20.8	21.5	37.8
	3	936	25.9	26.7	64.6
	4	706	19.5	20.2	84.7
	5	534	14.8	15.3	100.0
	Total	3500	96.8	100.0	
Missing	System	117	3.2		
Total		3617	100.0		

Q26_4_Ranking {T4_Statment4} : Rank Order

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	502	13.9	14.3	14.3
	2	748	20.7	21.4	35.7
	3	721	19.9	20.6	56.3
	4	924	25.5	26.4	82.7
	5	605	16.7	17.3	100.0
	Total	3500	96.8	100.0	
Missing	System	117	3.2		
Total		3617	100.0		

Q26_5_Ranking {T4_Statment5} : Rank Order

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	675	18.7	19.3	19.3
	2	551	15.2	15.7	35.0
	3	585	16.2	16.7	51.7
	4	652	18.0	18.6	70.4
	5	1037	28.7	29.6	100.0
	Total	3500	96.8	100.0	
Missing	System	117	3.2		
Total		3617	100.0		

APPENDIX E1: Knowledge Networks Project Report

Q27 {LEADTEXT} Thinking about this introduction, please answer the following questions: This introduction grabbed my attention.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	24	.7	.7	.7
	1 Strongly Agree	890	24.6	24.6	25.3
	2 Agree	1560	43.1	43.1	68.4
	3 Disagree	681	18.8	18.8	87.2
	4 Strongly Disagree	225	6.2	6.2	93.4
	5 Don't Know	237	6.6	6.6	100.0
	Total	3617	100.0	100.0	

Q28 How likely would you be to trust the statement based on that introduction?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	39	1.1	1.1	1.1
	1 Very likely	1018	28.1	28.1	29.2
	2 Likely	1091	30.2	30.2	59.4
	3 Somewhat likely	887	24.5	24.5	83.9
	4 Not at all likely	353	9.8	9.8	93.7
	5 Don't Know	229	6.3	6.3	100.0
	Total	3617	100.0	100.0	

Q29 {ENDTEXT} Thinking about this sentence, how much do you agree or disagree with the following? This information would make me trust the statements.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	28	.8	.8	.8
	1 Strongly Agree	571	15.8	15.8	16.6
	2 Agree	1583	43.8	43.8	60.3
	3 Disagree	710	19.6	19.6	80.0
	4 Strongly Disagree	171	4.7	4.7	84.7
	5 Don't Know	554	15.3	15.3	100.0
	Total	3617	100.0	100.0	

APPENDIX E1: Knowledge Networks Project Report

Q30 This information would make me question the accuracy of the statements.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-1 Refused	43	1.2	1.2	1.2
	1 Strongly Agree	385	10.6	10.6	11.8
	2 Agree	1240	34.3	34.3	46.1
	3 Disagree	1095	30.3	30.3	76.4
	4 Strongly Disagree	319	8.8	8.8	85.2
	5 Don't Know	535	14.8	14.8	100.0
	Total	3617	100.0	100.0	

APPENDIX E1: Knowledge Networks Project Report

		PPAGE Age			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18	13	.4	.4	.4
	19	20	.6	.6	.9
	20	12	.3	.3	1.2
	21	20	.6	.6	1.8
	22	29	.8	.8	2.6
	23	32	.9	.9	3.5
	24	33	.9	.9	4.4
	25	28	.8	.8	5.2
	26	37	1.0	1.0	6.2
	27	40	1.1	1.1	7.3
	28	44	1.2	1.2	8.5
	29	62	1.7	1.7	10.2
	30	49	1.4	1.4	11.6
	31	43	1.2	1.2	12.8
	32	57	1.6	1.6	14.3
	33	54	1.5	1.5	15.8
	34	58	1.6	1.6	17.4
	35	55	1.5	1.5	19.0
	36	63	1.7	1.7	20.7
	37	65	1.8	1.8	22.5
	38	75	2.1	2.1	24.6
	39	81	2.2	2.2	26.8
	40	83	2.3	2.3	29.1
	41	68	1.9	1.9	31.0
	42	95	2.6	2.6	33.6
	43	109	3.0	3.0	36.6
	44	106	2.9	2.9	39.6
	45	94	2.6	2.6	42.2
	46	80	2.2	2.2	44.4
	47	85	2.4	2.4	46.7
	48	81	2.2	2.2	49.0
	49	82	2.3	2.3	51.2
	50	102	2.8	2.8	54.1
	51	100	2.8	2.8	56.8
	52	92	2.5	2.5	59.4
	53	110	3.0	3.0	62.4
	54	100	2.8	2.8	65.2
	55	90	2.5	2.5	67.7
	56	117	3.2	3.2	70.9
	57	80	2.2	2.2	73.1
	58	84	2.3	2.3	75.4
	59	82	2.3	2.3	77.7
	60	77	2.1	2.1	79.8
	61	64	1.8	1.8	81.6
	62	69	1.9	1.9	83.5
	63	71	2.0	2.0	85.5
	64	67	1.9	1.9	87.3

APPENDIX E1: Knowledge Networks Project Report**ppagecat Age - 7 Categories**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 18-24	159	4.4	4.4	4.4
	2 25-34	472	13.0	13.0	17.4
	3 35-44	800	22.1	22.1	39.6
	4 45-54	926	25.6	25.6	65.2
	5 55-64	801	22.1	22.1	87.3
	6 65-74	350	9.7	9.7	97.0
	7 75+	109	3.0	3.0	100.0
	Total	3617	100.0	100.0	

ppagect4 Age - 4 Categories

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 18-29	370	10.2	10.2	10.2
	2 30-44	1061	29.3	29.3	39.6
	3 45-59	1379	38.1	38.1	77.7
	4 60+	807	22.3	22.3	100.0
	Total	3617	100.0	100.0	

PPEDUC Education (Highest Degree Received)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 No formal education	3	.1	.1	.1
	2 1st, 2nd, 3rd, or 4th grade	15	.4	.4	.5
	3 5th or 6th grade	45	1.2	1.2	1.7
	4 7th or 8th grade	30	.8	.8	2.6
	5 9th grade	51	1.4	1.4	4.0
	6 10th grade	56	1.5	1.5	5.5
	7 11th grade	42	1.2	1.2	6.7
	8 12th grade NO DIPLOMA	79	2.2	2.2	8.9
	9 HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (GED)	923	25.5	25.5	34.4
	10 Some college, no degree	893	24.7	24.7	59.1
	11 Associate degree	336	9.3	9.3	68.4
	12 Bachelors degree	739	20.4	20.4	88.8
	13 Masters degree	302	8.3	8.3	97.2
	14 Professional or Doctorate degree	103	2.8	2.8	100.0
	Total	3617	100.0	100.0	

APPENDIX E1: Knowledge Networks Project Report**PPEDUCAT Education (Categorical)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Less than high school	321	8.9	8.9	8.9
	2 High school	923	25.5	25.5	34.4
	3 Some college	1229	34.0	34.0	68.4
	4 Bachelor's degree or higher	1144	31.6	31.6	100.0
	Total	3617	100.0	100.0	

PPETHM Race / Ethnicity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 White, Non-Hispanic	1702	47.1	47.1	47.1
	2 Black, Non-Hispanic	1189	32.9	32.9	79.9
	3 Other, Non-Hispanic	107	3.0	3.0	82.9
	4 Hispanic	545	15.1	15.1	98.0
	5 2+ Races, Non-Hispanic	74	2.0	2.0	100.0
	Total	3617	100.0	100.0	

PPGENDER Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Male	1512	41.8	41.8	41.8
	2 Female	2105	58.2	58.2	100.0
	Total	3617	100.0	100.0	

PPHHHEAD Household Head

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	636	17.6	17.6	17.6
	1 Yes	2981	82.4	82.4	100.0
	Total	3617	100.0	100.0	

APPENDIX E1: Knowledge Networks Project Report**PPHHSIZE Household Size**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	707	19.5	19.5	19.5
	2	1087	30.1	30.1	49.6
	3	627	17.3	17.3	66.9
	4	607	16.8	16.8	83.7
	5	340	9.4	9.4	93.1
	6	138	3.8	3.8	96.9
	7	60	1.7	1.7	98.6
	8	30	.8	.8	99.4
	9	12	.3	.3	99.8
	10	5	.1	.1	99.9
	11	3	.1	.1	100.0
	13	1	.0	.0	100.0
	Total	3617	100.0	100.0	

PPHOUSE Housing Type

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 A one-family house detached from any other house	2360	65.2	65.2	65.2
	2 A one-family house attached to one or more houses	348	9.6	9.6	74.9
	3 A building with 2 or more apartments	752	20.8	20.8	95.7
	4 A mobile home	154	4.3	4.3	99.9
	5 Boat, RV, van, etc.	3	.1	.1	100.0
	Total	3617	100.0	100.0	

APPENDIX E1: Knowledge Networks Project Report**PPINCIMP Household Income**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Less than \$5,000	102	2.8	2.8	2.8
	2 \$5,000 to \$7,499	72	2.0	2.0	4.8
	3 \$7,500 to \$9,999	111	3.1	3.1	7.9
	4 \$10,000 to \$12,499	136	3.8	3.8	11.6
	5 \$12,500 to \$14,999	138	3.8	3.8	15.5
	6 \$15,000 to \$19,999	217	6.0	6.0	21.5
	7 \$20,000 to \$24,999	246	6.8	6.8	28.3
	8 \$25,000 to \$29,999	234	6.5	6.5	34.7
	9 \$30,000 to \$34,999	217	6.0	6.0	40.7
	10 \$35,000 to \$39,999	250	6.9	6.9	47.6
	11 \$40,000 to \$49,999	323	8.9	8.9	56.6
	12 \$50,000 to \$59,999	299	8.3	8.3	64.8
	13 \$60,000 to \$74,999	404	11.2	11.2	76.0
	14 \$75,000 to \$84,999	179	4.9	4.9	81.0
	15 \$85,000 to \$99,999	236	6.5	6.5	87.5
	16 \$100,000 to \$124,999	214	5.9	5.9	93.4
	17 \$125,000 to \$149,999	112	3.1	3.1	96.5
	18 \$150,000 to \$174,999	56	1.5	1.5	98.0
	19 \$175,000 or more	71	2.0	2.0	100.0
	Total	3617	100.0	100.0	

PPMARIT Marital Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Married	1875	51.8	51.8	51.8
	2 Widowed	159	4.4	4.4	56.2
	3 Divorced	540	14.9	14.9	71.2
	4 Separated	118	3.3	3.3	74.4
	5 Never married	648	17.9	17.9	92.3
	6 Living with partner	277	7.7	7.7	100.0
	Total	3617	100.0	100.0	

PPMSACAT MSA Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Non-Metro	478	13.2	13.2	13.2
	1 Metro	3139	86.8	86.8	100.0
	Total	3617	100.0	100.0	

APPENDIX E1: Knowledge Networks Project Report**PPREG4 Region 4 - Based on State of Residence**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Northeast	594	16.4	16.4	16.4
	2 Midwest	816	22.6	22.6	39.0
	3 South	1410	39.0	39.0	78.0
	4 West	797	22.0	22.0	100.0
	Total	3617	100.0	100.0	

ppreg9 Region 9 - Based on State of Residence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 New England	124	3.4	3.4	3.4
	2 Mid-Atlantic	470	13.0	13.0	16.4
	3 East-North Central	583	16.1	16.1	32.5
	4 West-North Central	233	6.4	6.4	39.0
	5 South Atlantic	764	21.1	21.1	60.1
	6 East-South Central	232	6.4	6.4	66.5
	7 West-South Central	414	11.4	11.4	78.0
	8 Mountain	231	6.4	6.4	84.4
	9 Pacific	566	15.6	15.6	100.0
	Total	3617	100.0	100.0	

PPRENT Ownership Status of Living Quarters

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Owned or being bought by you or someone in your household	2479	68.5	68.5	68.5
	2 Rented for cash	1077	29.8	29.8	98.3
	3 Occupied without payment of cash rent	61	1.7	1.7	100.0
	Total	3617	100.0	100.0	

APPENDIX E1: Knowledge Networks Project Report

PPSTATEN State					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	11 ME	12	.3	.3	.3
	12 NH	11	.3	.3	.6
	13 VT	9	.2	.2	.9
	14 MA	62	1.7	1.7	2.6
	15 RI	7	.2	.2	2.8
	16 CT	23	.6	.6	3.4
	21 NY	229	6.3	6.3	9.8
	22 NJ	85	2.4	2.4	12.1
	23 PA	156	4.3	4.3	16.4
	31 OH	156	4.3	4.3	20.7
	32 IN	57	1.6	1.6	22.3
	33 IL	181	5.0	5.0	27.3
	34 MI	128	3.5	3.5	30.9
	35 WI	61	1.7	1.7	32.5
	41 MN	65	1.8	1.8	34.3
	42 IA	27	.7	.7	35.1
	43 MO	58	1.6	1.6	36.7
	44 ND	12	.3	.3	37.0
	45 SD	16	.4	.4	37.5
	46 NE	28	.8	.8	38.2
	47 KS	27	.7	.7	39.0
	51 DE	15	.4	.4	39.4
	52 MD	78	2.2	2.2	41.6
	53 DC	17	.5	.5	42.0
	54 VA	98	2.7	2.7	44.7
	55 WV	8	.2	.2	45.0
	56 NC	121	3.3	3.3	48.3
	57 SC	48	1.3	1.3	49.6
	58 GA	169	4.7	4.7	54.3
	59 FL	210	5.8	5.8	60.1
	61 KY	41	1.1	1.1	61.2
	62 TN	91	2.5	2.5	63.8
	63 AL	60	1.7	1.7	65.4
	64 MS	40	1.1	1.1	66.5
	71 AR	25	.7	.7	67.2
	72 LA	33	.9	.9	68.1
	73 OK	40	1.1	1.1	69.2
	74 TX	316	8.7	8.7	78.0
	81 MT	4	.1	.1	78.1
	82 ID	16	.4	.4	78.5
	83 WY	2	.1	.1	78.6
	84 CO	44	1.2	1.2	79.8
	85 NM	29	.8	.8	80.6
	86 AZ	73	2.0	2.0	82.6
	87 UT	21	.6	.6	83.2
	88 NV	42	1.2	1.2	84.4
	91 WA	70	1.9	1.9	86.3

APPENDIX E1: Knowledge Networks Project Report**PPT01 Presence of Household Members - Children 0-2**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3454	95.5	95.5	95.5
	1	158	4.4	4.4	99.9
	2	5	.1	.1	100.0
	Total	3617	100.0	100.0	

PPT25 Presence of Household Members - Children 2-5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3195	88.3	88.3	88.3
	1	348	9.6	9.6	98.0
	2	70	1.9	1.9	99.9
	3	4	.1	.1	100.0
	Total	3617	100.0	100.0	

PPT612 Presence of Household Members - Children 6-12

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2831	78.3	78.3	78.3
	1	520	14.4	14.4	92.6
	2	219	6.1	6.1	98.7
	3	40	1.1	1.1	99.8
	4	5	.1	.1	99.9
	5	2	.1	.1	100.0
	Total	3617	100.0	100.0	

PPT1317 Presence of Household Members - Children 13-17

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2698	74.6	74.6	74.6
	1	683	18.9	18.9	93.5
	2	207	5.7	5.7	99.2
	3	23	.6	.6	99.8
	4	5	.1	.1	100.0
	5	1	.0	.0	100.0
	Total	3617	100.0	100.0	

APPENDIX E1: Knowledge Networks Project Report**PPT18OV Presence of Household Members - Adults 18+**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	887	24.5	24.5	24.5
	2	1889	52.2	52.2	76.7
	3	556	15.4	15.4	92.1
	4	190	5.3	5.3	97.4
	5	64	1.8	1.8	99.1
	6	20	.6	.6	99.7
	7	7	.2	.2	99.9
	8	3	.1	.1	100.0
	9	1	.0	.0	100.0
	Total	3617	100.0	100.0	

PPWORK Current Employment Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Working - as a paid employee	1777	49.1	49.1	49.1
	2 Working - self-employed	263	7.3	7.3	56.4
	3 Not working - on temporary layoff from a job	64	1.8	1.8	58.2
	4 Not working - looking for work	317	8.8	8.8	66.9
	5 Not working - retired	522	14.4	14.4	81.4
	6 Not working - disabled	363	10.0	10.0	91.4
	7 Not working - other	311	8.6	8.6	100.0
	Total	3617	100.0	100.0	

PPNET HH Internet Access

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 No	675	18.7	18.7	18.7
	1 Yes	2942	81.3	81.3	100.0
	Total	3617	100.0	100.0	

APPENDIX E1: Knowledge Networks Project Report**ppracem Race, Census categories**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 White	1162	32.1	52.0	52.0
	2 Black or African American	982	27.1	43.9	95.9
	3 American Indian or Alaska Native	17	.5	.8	96.6
	4 Asian	20	.6	.9	97.5
	5 Native Hawaiian/Pacific Islander	7	.2	.3	97.9
	6 2+ races	48	1.3	2.1	100.0
	Total	2236	61.8	100.0	
Missing	System	1381	38.2		
Total		3617	100.0		

pphispan Are you of Spanish, Hispanic, or Latino descent?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 No, I am not	2208	61.0	96.9	96.9
	2 Yes, Mexican, Mexican-American, Chicano	35	1.0	1.5	98.5
	3 Yes, Puerto Rican	9	.2	.4	98.9
	4 Yes, Cuban	6	.2	.3	99.1
	5 Yes, Central American	4	.1	.2	99.3
	6 Yes, South American	7	.2	.3	99.6
	7 Yes, Caribbean	1	.0	.0	99.6
	8 Yes, Other Spanish/Hispanic/Latino	8	.2	.4	100.0
	Total	2278	63.0	100.0	
Missing	System	1339	37.0		
Total		3617	100.0		

E2: Spanish Survey Instrument



Corrective Smoking Ads Survey

December 2010

- Study Details -

Note: This page may be removed when the questionnaire is sent to the client. However, it must exist in the version sent to OSD.

SNO	s14473
Survey Name	Corrective Smoking Ads
Client Name	SalterMitchell
Great Plains Project Number	K2939
Project Director Name	Li
Team/Area Name	Dennis

Samvar (Include name, type and response values. "None" means none. Blank means standard demos. This must match SurveyMan.)	XSMSMOKE (1-7), XSMOKE(1-5) XFPL200(1-2)
Specified Pre-coding Required	None
Timing Template Required (y/n)	Enabled by default
Multi-Media	None

E2: Spanish Survey Instrument



Encuesta sobre Anuncios Correctivos sobre el Hábito de Fumar
Diciembre de 2010
Cuestionario

Sección A: Consentimiento de Adultos:

[RADIO]

[PROMPT IF SKIP]

ADULT_CONSENT.

Le invitamos a participar en un estudio para afiliados del KnowledgePanel®. La encuesta es sobre temas de salud. Tomará alrededor de 20 minutos.

Usted hablará sobre temas que son importantes para los estadounidenses y su opinión nos ayudará a saber cómo llegar a otras personas como usted con mensajes importantes sobre la salud. Puede saltar cualquier pregunta que no quiera contestar o detenerse en cualquier momento.

La participación es totalmente voluntaria. Usted puede retirar su consentimiento o dejar de participar en cualquier momento sin ninguna penalidad. Como siempre, su identidad será anónima en todos los datos resultantes del estudio. Los investigadores no tendrán acceso a su nombre ni a ningún otro dato que lo identifique. En caso que tenga alguna pregunta, comuníquese con Knowledge Networks al (800) 782-6899.

(SHOW IF XSMSMOKE=5,7) Como agradecimiento por su tiempo, se le darán 5,000 puntos.

S4a. Si usted decide participar, comenzará la encuesta próximamente. ¿Le gustaría participar en esta encuesta?

1. Sí
2. No

[TERMINATE IF S4A=2, NO OR SKIP]

- 2 -

E2: Spanish Survey Instrument

Sección A: Consentimiento Paterno y Asentimiento de Menores de Edad

[DISPLAY IF XSMOKE=6]

YOUTH_CONSENT.

Esta encuesta es sobre las actitudes y el comportamiento de adolescentes entre 14 y 17 años de edad. Nos estamos comunicando con usted porque, según nuestros registros, en su familia hay por lo menos un niño(a) en ese rango de edad que vive en su hogar.

La encuesta le tomará aproximadamente 20 minutos. Nos gustaría contar con su permiso para que su hijo(a) llene esta encuesta. Su decisión de permitir que su hijo(a) participe en este estudio es totalmente voluntaria. Su hijo(a) puede negarse a responder cualquier pregunta y puede dejar de responder la encuesta en cualquier momento. Si usted decide permitir la participación de su hijo(a) pero luego cambia de opinión, usted y su hijo(a) no volverán a ser contactados ni se les pedirá ninguna otra información.

Como siempre, la identidad de su hijo(a) será anónima en todos los datos resultantes del estudio. Los investigadores no tendrán acceso al nombre de su hijo(a) ni a ningún otro dato que lo identifique. En caso de usted tenga alguna pregunta, comuníquese con Knowledge Networks al (800) 782-6899.

Su hijo(a) recibirá 5,000 puntos como agradecimiento por llenar la encuesta.

[NUMBER BOX, 0-20]

[PROMPT, TERMINATE IF 0 OR REFUSED]

S2. Para estar seguros de que tenemos la información más actualizada, por favor, indique cuántos de sus hijos/hijas entre los 14 y 17 años viven en su hogar para los cuales usted es el tutor.

_____ **[NUMBOX 0-20]** _____

[TERMINATE IF S2=0]

[GRID/TEXT BOX; PROMPT]

S2A. Ahora, por favor, ingrese el primer nombre o inicial y la edad de **[IF S2=1, INSERT “el niño/la niña”;** **IF S2 > 2, INSERT “de cada niño/niña entre los 14 y 17 años”]** a continuación.

[TERMINATE IF REFUSED TO ANY FIELDS]

	PRIMER NOMBRE o INICIALES	EDAD	GÉNERO [SP]	
Hijo 1	[TEXT BOX]	[NUMBOX 14-17]	<input type="radio"/> Hombre	<input type="radio"/> Mujer
Hijo 2			<input type="radio"/> Hombre	<input type="radio"/> Mujer
....			<input type="radio"/> Hombre	<input type="radio"/> Mujer
Hijo 20			<input type="radio"/> Hombre	<input type="radio"/> Mujer

[IF S2>1, THE RANDOMLY SELECT ONE CHILD ABOVE AND RECORD CHILD NAME, AGE, AND GENDER OF THE CHILD SELECTED]

[SP]

[IF S2>0]

S1. ¿Está de acuerdo en permitir que **[INSERT CHILD NAME]** participe en esta encuesta?

Sí 1

No **TERMINATE**
TERMINATE if skip

E2: Spanish Survey Instrument

Sección B: Datos Demográficos {only ask for youth; use Knowledge Networks standard questions}

[IF S1=1]

[RADIO]

TD2. ¿En qué grado está **[INSERT CHILD NAME]**?

- 6° grado o menos 1
- 7° grado 2
- 8° grado 3
- 9° grado 4
- 10° grado 5
- 11° grado 6
- 12° grado 7
- Estudiante universitario 8
- No va a la escuela 9

[T PPETHM]

The questions for race/ethnicity vary slightly from Panel version as the Panel is adjusting to match census. Currently the categories are collapsed back down to those asked here.

QRACE1

[SP]

Esta pregunta es sobre la étnica hispana. ¿Es **[INSERT CHILD NAME]** de descendencia española, hispana o latina?

- No..... 1
- Sí, mexicano, mexicano-americano,
chicano 2
- Sí, puertorriqueño 3
- Sí, cubano 4
- Sí, centroamericano 5
- Sí, sudamericano 6
- Sí, caribeño 7
- Sí, otra española/hispana/latina de otro
origen 8

[TEXT ONLY]

Por favor, indique cuál es el origen racial al cual considera que pertenece **[INSERT CHILD NAME]**. Le agradecemos el esfuerzo que realiza para describir el origen de su hijo(a) usando las categorías estándar que le damos. Es posible que estas categorías raciales no describan totalmente a su hijo(a), pero son las que utiliza la Oficina del Censo. Nos ayuda a comparar a quienes responden nuestras encuestas con la población de los Estados Unidos.

QRACE2

[MP]

E2: Spanish Survey Instrument

Por favor, marque una o más de las siguientes categorías para indicar de qué raza(s) considera que es [INSERT CHILD NAME].

- Blanca 1
- Negra o afroamericana 2
- Indio americana o nativo de Alaska 3
- Asiática/de una isla del Pacífico..... 4

Create Data-only variable PPETHM by using the below logic involving responses to QRACE1 and QRACE2

Variable name: T_PPETHM

Type: SP

Variable Text: Census Ethnicity demographic

Response list:

- 1. White, Non-Hispanic
- 2. Black, Non-Hispanic
- 3. Other, Non-Hispanic
- 4. Hispanic
- 5. 2+ Races, Non-Hispanic

QRACE1	QRACE2	T_PPETHM
1	1 (ONLY)	1
1	2 (ONLY)	2
1	3 OR 4	3
1	1 AND 2 OR	5
	1 AND 3 OR	
	1 AND 4 OR	
	2 AND 3 OR	
	2 AND 4 OR	
	3 AND 4	
2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8	1 OR 2 OR 3 OR 4 (ANYTHING)	4

[IF S1=1]

Por favor, pídale a [INSERT CHILD NAME] que responda el resto de esta encuesta. Muchas gracias.

[IF S1=1]

ChildReady. ¿Está [INSERT CHILD NAME] listo/a para llenar el resto de la encuesta ahora?

Sí

No

[IF No, LOOP BACK TO PREVIOUS SCREEN]

[DISPLAY]

[IF CHILDREADY=NO OR SKIP]

E2: Spanish Survey Instrument

Esto no representa ningún problema. Cuando su hijo(a) esté disponible, usted podrá volver a esta encuesta accediendo a su página de Afiliado al Panel. Usted verá el estudio con el título "Temas sociales". Le agradecemos mucho por su ayuda hasta este momento. Por favor recuérdese de volver a este estudio cuando su hijo(a) ya esté disponible.

[LOOP BACK TO THE SCREEN BEFORE CHILDREADY]

[IF CHILDREADY=1]

ChildLang. ¿Le gustaría que **[INSERT CHILD NAME]** llene la encuesta en inglés o español?

Inglés

Español

[IF ENGLISH OR SKIP, CONTINUE IN ENGLISH]

[IF SPANISH, CONTINUE IN SPANISH]

E2: Spanish Survey Instrument

[DISPLAY]

YOUTH_ASSENT.

Le invitamos a formar parte de un grupo de estudio para afiliados al KnowledgePanel®. La encuesta es sobre las actitudes y el comportamiento de los jóvenes. Tomará alrededor de 20 minutos.

Usted opinará sobre temas que son importantes para los jóvenes, y su opinión nos ayudará a saber cómo llegar a otros jóvenes como usted con mensajes importantes sobre temas de salud. Puede saltar cualquier pregunta que no quiera contestar o detenerse en cualquier momento.

La participación es totalmente voluntaria. Usted puede retirar su consentimiento o dejar de participar en cualquier momento sin ninguna penalidad. Como siempre, su identidad será anónima en los datos resultantes del estudio. Los investigadores no tendrán acceso a su nombre ni a ningún otro dato que lo identifique. En caso de que tenga alguna pregunta, comuníquese con Knowledge Networks al (800) 782-6899.

Como agradecimiento por su tiempo, se le darán 5,000 puntos.

S4b. Si decide participar, comenzará la encuesta próximamente. ¿Le gustaría participar en esta encuesta?

1. Sí
2. No

[TERMINATE IF S4B=2, NO OR SKIP]

E2: Spanish Survey Instrument**Sección 1 Introducción****[DISPLAY]**

Algunas personas fuman cigarrillos mientras que otras no. Por favor, responda a las siguientes preguntas sobre el hábito de fumar y los cigarrillos.

[THIS INITIAL QUESTION SERIES (Q1-4) IS DIFFERENT FOR ADULTS AND YOUTH. PLEASE NOTE SMOKING STATUS CLASSIFICATIONS. SEVERAL QUESTIONS LATER IN THE INSTRUMENT MAKE USE OF THESE TO SHOW/HIDE DIFFERENT QUESTIONS.]

[SHOW Q1A-Q4A IF XSMSMOKE~=6]**[RADIO]**

P1a. ¿Ha fumado al menos 100 cigarrillos en toda su vida? (Cien cigarrillos equivalen a 5 paquetes de cigarrillos)

- a. Sí
- b. No [NON-SMOKER, SKIP TO Q5]

[IF Q1A=A "YES]**[RADIO]**

P2a. Actualmente, ¿fuma cigarrillos todos los días, algunos días o nunca?

- a. Todos los días [CURRENT SMOKER]
- b. Algunos días [CURRENT SMOKER]
- c. Nunca [FORMER SMOKER, SKIP TO Q5]

[IF Q2A= A OR B; "EVERYDAY" OR SOME DAYS"]**[RADIO]**

P3a. ¿Cuándo fumó su último cigarrillo? ¿Fue...?

- a. Estoy fumando ahora mismo
- b. Hace menos de una hora
- c. Hoy, pero hace más de una hora
- d. No he fumado hoy
- e. No sé

[IF Q2A= A OR B; "EVERYDAY" OR SOME DAYS"]**[RADIO]**

P4a. ¿Alguna vez ha dejado de fumar durante un día o más porque estaba tratando de dejar de fumar?

- a. Sí
- b. No
- c. No sé

[IF XSMSMOKE=6]**[RADIO]**

T1b. ¿Alguna vez ha probado fumar un cigarrillo, aunque sea una o dos pitadas?

- a. Sí
- b. No [NON-SMOKER, SKIP TO Q5]

[IF T1B=A, "YES"]**[RADIO]**

E2: Spanish Survey Instrument

T2b. En los últimos 30 días, ¿en cuántos de ellos fumó cigarrillos?

- a. 0 días [[EVER-SMOKER, YOUTH]
- b. 1-2 días [CURRENT SMOKER]
- c. 3-5 días [CURRENT SMOKER]
- d. 6-9 días [CURRENT SMOKER]
- e. 10-19 días [CURRENT SMOKER]
- f. 20-29 días [CURRENT SMOKER]
- g. Todos los 30 días CURRENT SMOKER]

[IF T1B=A, "YES"]

[RADIO]

T3b. ¿Cuándo fumó su último cigarrillo? ¿Fue...?

- a. Estoy fumando ahora mismo
- b. Hace menos de una hora
- c. Hoy, pero hace más de una hora
- d. No he fumado hoy
- e. No sé

[IF QTB=A, "YES"]

[RADIO]

T4b. ¿Alguna vez ha dejado de fumar durante un día o más porque estaba tratando de dejar de fumar?

- a. Sí
- b. No
- c. No sé

PROGRAMMING NOTES: CREATE DOV_SMOKER

IF Q2A=A, B, OR T2B=B THRU G," DOV_SMOKER=1 "CURRENT SMOKER"

IF Q2A=C OR SKIP, OR T2B=A OR SKIP, DOV_SMOKER=2 "FORMER SMOKER"

IF Q1A=A OR SKIP OR T1B = B OR SKIP, DOV_SMOKER=3 "NON-SMOKER"

[SHOW TO ALL]

[SP]

5. ¿Está de acuerdo o en desacuerdo con la siguiente afirmación? Que una persona tenga cáncer de pulmón depende más de los genes que de cualquier otra cosa.

- a. Muy de acuerdo
- b. De acuerdo
- c. En desacuerdo
- d. Muy en desacuerdo
- e. No lo sé

[SP]

6. ¿Está de acuerdo o en desacuerdo con la siguiente afirmación? Fumar y la nicotina son adictivos.

- a. Muy de acuerdo
- b. De acuerdo
- c. En desacuerdo
- d. Muy en desacuerdo
- e. No lo sé

[SP]

7. ¿Cree que algunos cigarrillos son menos dañinos que otros?

- a. Sí

E2: Spanish Survey Instrument

- b. No
- c. No lo sé

[SP]

8. ¿Piensa que los cigarrillos están diseñados para que a los fumadores les sea más difícil dejar de fumar?
- a. Sí
 - b. No
 - c. No sé

[SP]

9. ¿Piensa que el humo ajeno es perjudicial para los que no fuman?
- a. Sí
 - b. No
 - c. No sé

[IF DOV_SMOKER=1, "CURRENT SMOKER"; SP]

- P10a. ¿Qué afirmación lo/la describe mejor? Elija sólo una.
- a. Estoy pensando seriamente en dejar de fumar en los próximos 30 días.
 - b. Estoy pensando seriamente en dejar de fumar en los próximos 6 meses.
 - c. Estoy pensando en dejar de fumar algún día, pero no sé cuándo.
 - d. No estoy pensando en dejar de fumar.
 - e. No sé.

{FORMER SMOKERS AND EVER-SMOKER}

[IF DOV_SMOKER=2, "FORMER SMOKER"; SP]

- P10b. ¿Qué tan seguro(a) está usted de que no fumará en los próximos seis meses?
- a. Tengo mucha seguridad
 - b. Tengo bastante seguridad
 - c. No tengo mucha seguridad
 - d. No tengo ninguna seguridad
 - e. No sé

{NEVER SMOKERS ONLY}

[IF DOV_SMOKER=3, "NON-SMOKER"; SP]

- P10c. ¿Qué afirmación lo/la describe mejor? Elija sólo una.
- a. Estoy pensando seriamente en comenzar a fumar en los próximos 30 días.
 - b. Estoy pensando seriamente en comenzar a fumar en los próximos 6 meses.
 - c. Estoy pensando en comenzar a fumar algún día, pero no sé cuándo.
 - d. No estoy pensando en comenzar a fumar.
 - e. No sé.

E2: Spanish Survey Instrument**Sección 2 Afirmaciones sobre comunicación.****[DISPLAY]**

En la siguiente parte de la encuesta, leerá algunas afirmaciones sobre fumar. Por favor, díganos sus opiniones sobre cada una de ellas.

[THIS SECTION OF THE SURVEY WILL REPEAT THREE TIMES. SELECT THREE RANDOM TOPIC AREAS TO SHOW PARTICIPANTS, BALANCING ACROSS CONDITIONS.]

[REPEATING AREA STARTS HERE]**[DISPLAY]**

Por favor, lea la siguiente afirmación sobre fumar. Después de leer la afirmación, responderá a una serie de preguntas al respecto. Por favor, seleccione 'Siguiente' una vez que haya terminado de leer la afirmación y esté listo(a) para responder a las preguntas.

[RANDOMLY SELECT THREE TOPICS]**[RECORD TOPICS SELECTED IN TOPIC1, TOPIC2, TOPIC3]****[FOR EACH TOPIC, RANDOMLY SELECT ONE STATEMENT. RECORD STATEMENT SELECTED IN STATEMENT1, STATEMENT2, STATEMENT3]****['CONTROL' STATEMENT CAN ONLY APPEAR FOR ONE TOPIC]**

[THIS PART OF THE SURVEY REQUIRES TWO RANDOM SELECTIONS. FIRST, RANDOMLY DETERMINE THE TOPIC ORDER FOR THE REPEATING SERIES. FOR EXAMPLE: A,E,C. WITHIN EACH TOPIC AREA, FURTHER RANDOMLY SELECT ONE OF FIVE STATEMENTS (PER TOPIC) TO SHOW (FOUR EXPERIMENTAL AND ONE CONTROL). PLEASE BALANCE DESIGN SO THAT THE SAME NUMBER OF PEOPLE ARE ASSIGNED TO EACH CONDITION (TOPIC AND STATEMENT), AND EQUALIZE THESE ASSIGNMENTS ACROSS OUR SAMPLE DESIGN. SEE ATTACHED DOCUMENT "STATEMENTS TO TEST" FOR TOPIC AREAS AND TEST STATEMENTS.]

[SHOW ONE RANDOMLY SELECTED STATEMENT. AFTER RESPONDENT SELECTS CONTINUE, SHOW QUESTIONS ON A NEW SCREEN AND DO NOT SHOW STATEMENT AGAIN.]

[PLEASE NOTE: QUESTIONS ARE LARGELY CONSISTENT FOR TOPICS A-E, BUT THERE ARE SOME DIFFERENCES WHERE NOTED. THUS, THE QUESTIONS BEING ASKED WILL VARY SLIGHTLY AS THIS SERIES IS REPEATED THREE TIMES. THE VARIATION DEPENDS ON THE TOPIC AREA A-E, BUT NOT ON THE STATEMENT SELECTED. THERE IS ALSO VARIATION BASED ON SMOKER STATUS AS DERIVED IN SECTION 1.]

[DISPLAY SELECTED STATEMENT FOR TOPIC1, TOPIC2, OR TOPIC3]**[RADIO]**

New1. ¿Qué tan confusa, diría usted que fue esta afirmación para que usted la entendiera, si es que fue confusa?

Muy confusa

Algo confusa

Para nada confusa

E2: Spanish Survey Instrument**[GRID]****[DISPLAY SELECTED STATEMENT FOR TOPIC1, TOPIC2, OR TOPIC3]**

Pensando en esta afirmación, ¿qué tan de acuerdo o en desacuerdo está usted con lo siguiente?

	Muy de acuerdo	De acuerdo	En desacuerdo	Muy en desacuerdo	No lo sé
11. Leer esta afirmación me da ganas infrenables de fumar.					
12. Leer esta afirmación me hace desear un cigarrillo ahora mismo.					
[IF DOV_SMOKER=1, "CURRENT SMOKER"; SP] P13a. Leer esta afirmación me hace pensar en dejar de fumar.					
[IF DOV_SMOKER=2, "FORMER SMOKER"; SP] P13b. Leer esta afirmación me hace querer estar libre de fumar.					
[IF DOV_SMOKER=3, "NON-SMOKER"; SP] P13c. Leer esta afirmación me hace querer seguir siendo un no fumador.					

[THE NEXT SEVERAL QUESTIONS ARE ENTIRLY DIFFERENT BY TOPIC AREA. PLEASE SEE CORRECT SERIES IDENTIFIED BY LETTER BELOW AND ONLY SHOW APPROPRIATE SET BASED ON TOPIC BEING QUERIED.]

A: Negative health effects of smoking;

B: Addictiveness of smoking and nicotine;

C: "Low tar," "light," "ultra light," "mild," and "natural" cigarettes;

D: Design and manipulation;

E: Secondhand smoke]

[IF TOPIC1 OR TOPIC2 OR TOPIC3=A]**[GRID]**

A: [FOR THOSE PARTICIPANTS SEEING NEGATIVE HEALTH EFFECTS OF SMOKING STATEMENTS.]

[DISPLAY SELECTED STATEMENT FOR TOPIC1, TOPIC2, OR TOPIC3]

Pensando en esta afirmación, ¿qué tan de acuerdo o en desacuerdo está usted con lo siguiente?

	Muy de acuerdo	De acuerdo	En desacuerdo	Muy en desacuerdo	No sé
14a. Fumar cigarrillos es malo para la salud.					

E2: Spanish Survey Instrument

15a. Fumar cigarrillos causa cáncer de pulmón, enfermedades cardíacas y otras enfermedades.					
---	--	--	--	--	--

[IF TOPIC1 OR TOPIC2 OR TOPIC3=B]**B: [FOR THOSE RESPONDENTS SEEING ADDICTION STATEMENTS]****[IF DOV_SMOKER=3, "NON-SMOKER"; SP]**

14b.1. ¿Hasta qué punto considera probable que se volviera adicto(a) a la nicotina si comenzara a fumar cigarrillos?

- a. Muy probable
- b. Bastante probable
- c. Algo probable
- d. Nada probable

[IF DOV_SMOKER=1, "CURRENT SMOKER"; SP]

14b.2. ¿Se considera adicto(a) a la nicotina cuando fumaba?

- a. Sí
- b. No
- c. No sé

[IF DOV_SMOKER=2, "FORMER SMOKER"; SP]

14b.3. ¿Considera que era adicto(a) a la nicotina cuando fumaba?

- a. Sí
- b. No
- c. No sé

[IF DOV_SMOKER=3, "NON-SMOKER"; SP]

14b.4. Si comenzara a fumar, podría fácilmente dejar de fumar si lo quisiera:

- a. Muy de acuerdo
- b. De acuerdo
- c. En desacuerdo
- d. Muy en desacuerdo
- e. No sé

[IF DOV_SMOKER=1, "CURRENT SMOKER"; SP]

14b.5. Podría fácilmente dejar de fumar si lo quisiera:

- a. Muy de acuerdo
- b. De acuerdo
- c. En desacuerdo
- d. Muy en desacuerdo
- e. No sé

[IF DOV_SMOKER=2, "FORMER SMOKER"; SP]

14b.6. Si comenzará a fumar otra vez, me sería fácil dejarlo:

- a. Muy de acuerdo
- b. De acuerdo
- c. En desacuerdo
- d. Muy en desacuerdo
- e. No sé

[RADIO]

E2: Spanish Survey Instrument

16. ¿Está de acuerdo usted o en desacuerdo con la declaración siguiente? Fumar y la nicotina son adictivos
- Muy de acuerdo
 - De acuerdo
 - En desacuerdo
 - Muy en desacuerdo
 - No sé

[RADIO]

- f. Fumar cigarrillos no sólo es un mal hábito, es una adicción.
- Muy de acuerdo
 - De acuerdo
 - En desacuerdo
 - Muy en desacuerdo
 - No sé

[IF TOPIC1 OR TOPIC2 OR TOPIC3=C]

C: [FOR THOSE RESPONDENTS SEEING "low tar," "light," "ultra light," "mild," and "natural" STATEMENTS]

[RADIO]

- 14c. ¿Cree que algunos cigarrillos son menos dañinos que otros?
- Sí
 - No
 - No lo sé

[GRID]**[DISPLAY SELECTED STATEMENT FOR TOPIC1, TOPIC2, OR TOPIC3]**

Pensando en esta afirmación, ¿qué tan de acuerdo o en desacuerdo está usted con lo siguiente?

	Muy de acuerdo	De acuerdo	En desacuerdo	Muy en desacuerdo	No lo sé
15c. Los cigarrillos de sabor pleno son más dañinos que los cigarrillos "de bajo contenido de alquitrán (chapopote)", "suaves", "ultra suaves" y "naturales".					
16c. La gente que fuma cigarrillos "de bajo contenido de alquitrán (chapopote) (chapopote)", "suaves", "ultra suaves" o "naturales" tiene menos probabilidades de contraer cáncer que la gente que fuma cigarrillos de sabor pleno.					
17c. La gente que fuma cigarrillos "de bajo contenido de alquitrán (chapopote) (chapopote)", "suaves", "ultra suaves" o "naturales" tiene menos probabilidades de contraer enfermedades cardíacas que la gente que fuma cigarrillos de sabor pleno.					

E2: Spanish Survey Instrument**[IF TOPIC1 OR TOPIC2 OR TOPIC3=D]**D: [FOR RESPONDENTS SEEING MANIPULATION STATEMENTS.]**[GRID]****[DISPLAY SELECTED STATEMENT FOR TOPIC1, TOPIC2, OR TOPIC3]**

Pensando en esta afirmación, ¿qué tan de acuerdo o en desacuerdo está usted con lo siguiente?

	Muy de acuerdo	De acuerdo	En desacuerdo	Muy en desacuerdo	No sé
14d. Los fabricantes de cigarrillos les agregan químicos para que al fumador le sea más fácil absorber la nicotina.					
15d. Los cigarrillos están diseñados para que a los fumadores les sea más difícil dejar de fumar.					

[IF TOPIC1 OR TOPIC2 OR TOPIC3=E]E: [FOR THOSE RESPONDENTS SEEING SECONDHAND SMOKE STATEMENTS]**[GRID]****[DISPLAY SELECTED STATEMENT FOR TOPIC1, TOPIC2, OR TOPIC3]**

Pensando en esta afirmación, ¿qué tan de acuerdo o en desacuerdo está usted con lo siguiente?

	Muy de acuerdo	De acuerdo	En desacuerdo	Muy en desacuerdo	No lo sé
14e. El humo ajeno es perjudicial para los no fumadores.					
15e. El humo ajeno provoca cáncer de pulmón e infartos en los adultos.					
16e. El humo ajeno provoca asma e infecciones en los oídos en los niños.					

[QUESTIONS NOW SAME FOR ALL TOPICS, EXCEPT WHERE NOTED.]**[RADIO]****[DISPLAY SELECTED STATEMENT FOR TOPIC1, TOPIC2, OR TOPIC3]**

18. Después de leer esta afirmación, si escuchará después una afirmación **contraria**, ¿la creería, no la creería, o el haber visto esta afirmación no cambiaría lo que creerá en el futuro?

E2: Spanish Survey Instrument

- a. Creería una afirmación contraria.
- b. No creería una afirmación contraria.
- c. Esta afirmación no influiría en si creería o no otra afirmación contraria que pudiera escuchar en el futuro.
- d. No estoy seguro

[RADIO]

[SHOW IF SNO=14473]

[RADIO]

[DISPLAY SELECTED STATEMENT FOR TOPIC1, TOPIC2, OR TOPIC3]

19. Después de ver esta afirmación, si escuchara luego que **no está comprobado** que [IF TOPIC =A, INSERT "fumar cigarrillos es malo para la salud"; IF TOPIC=B, INSERT "el hábito de fumar y la nicotina son adictivos"; IF TOPIC=C, INSERT "fumar cigarrillos “de bajo contenido de alquitrán (chapopote”, “suaves”, “ultra suaves” y “naturales” tiene los mismos riesgos para la salud que fumar cigarrillos de sabor pleno"; IF TOPIC=D, INSERT "las tabacaleras manipulan el diseño de los cigarrillos"; IF TOPIC=E, INSERT "el humo ajeno es perjudicial para los demás"], ¿cuál sería su reacción?

- a. Creer que **no está comprobado** que [IF TOPIC =A, INSERT "fumar cigarrillos es malo para la salud"; IF TOPIC=B, INSERT "el hábito de fumar y la nicotina son adictivos"; IF TOPIC=C, INSERT "fumar cigarrillos “de bajo contenido de alquitrán (chapopote)”, “suaves”, “ultra suaves” y “naturales” tiene los mismos riesgos para la salud que fumar cigarrillos de sabor pleno"; IF TOPIC=D, INSERT "las tabacaleras manipulan el diseño de los cigarrillos"; IF TOPIC=E, INSERT "el humo ajeno es perjudicial para los demás"]
- b. Creer que **está comprobado** que [IF TOPIC =A, INSERT "fumar cigarrillos es malo para la salud"; IF TOPIC=B, INSERT "el hábito de fumar y la nicotina son adictivos"; IF TOPIC=C, INSERT "fumar cigarrillos “de bajo contenido de alquitrán (chapopote)”, “suaves”, “ultra suaves” y “naturales” tiene los mismos riesgos para la salud que fumar cigarrillos de sabor pleno"; IF TOPIC=D, INSERT "las tabacaleras manipulan el diseño de los cigarrillos"; IF TOPIC=E, INSERT "el humo ajeno es perjudicial para los demás"]
- c. La afirmación no influiría en si creo o no que [IF TOPIC =A, INSERT "fumar cigarrillos es malo para la salud"; IF TOPIC=B, INSERT "el hábito de fumar y la nicotina son adictivos"; IF TOPIC=C, INSERT "fumar cigarrillos “de bajo contenido de alquitrán (chapopote)”, “suaves”, “ultra suaves” y “naturales” tiene los mismos riesgos para la salud que fumar cigarrillos de sabor pleno"; IF TOPIC=D, INSERT "las tabacaleras manipulan el diseño de los cigarrillos"; IF TOPIC=E, INSERT "el humo ajeno es perjudicial para los demás"]

[RADIO]

[SHOW IF SNO=14473]

[[REPEATING AREA ENDS HERE; REPEAT SECTIONTHREE TIMES FOR TOPIC1, TOPIC2, AND TOPIC 3]]

E2: Spanish Survey Instrument

Sección 3 Revisión de afirmaciones.

[RANDOMLY PICK ONE OF THE TWO TOPIC AREAS NOT ALREADY SELECTED, BALANCE ACROSS TOPIC AREAS; RECORD AS TOPIC4]

[DISPLAY]

Ahora verá varias afirmaciones, todas sobre el mismo tema. Estas afirmaciones están diseñadas para comunicar **[IF TOPIC4=A, INSERT “los peligros del hábito de fumar”; IF TOPIC4=B, INSERT “la adicción del hábito de fumar y de la nicotina”; IF TOPIC4=C, INSERT “la ausencia de beneficios importantes para la salud por el hecho de fumar cigarrillos “de bajo contenido de alquitrán (chapopote)”, “suaves”, “ultra suaves” y “naturales”; IF TOPIC4=D, INSERT “que los fabricantes de cigarrillos manipulan el diseño y la composición de los cigarrillos para asegurar la absorción óptima de nicotina”; IF TOPIC4=E, INSERT “los efectos negativos que la exposición al humo ajeno tiene para la salud”]**.

[[START OF REPEATING SECTION FOR EACH STATEMENT]]

[REPEAT FOR FIVE STATEMENTS]

[RANDOMIZE AND RECORD ORDER OF STATEMENTS]

[DISPLAY]

Esta es la afirmación **{INSERT “first/second/third/fourth/fifth”}**:

{INSERT STATEMENT}

[GRID, SP]

Por favor, indique si está de acuerdo o en desacuerdo con lo siguiente.

	Muy de acuerdo	De acuerdo	En desacuerdo	Muy en desacuerdo	No lo sé
20. Esta afirmación captó mi atención.					
21. Esta afirmación me dio curiosidad por saber más.					
22. Esta afirmación sería buena para [IF TOPIC4=A, INSERT “educar al público acerca de los peligros de fumar”; IF TOPIC4=B, INSERT “educar al público acerca de la adicción del hábito de fumar y de la nicotina; IF TOPIC4=C “educar al público acerca de los cigarrillos “de bajo contenido de alquitrán (chapopote)”, “suaves”, “ultra suaves” y “naturales”; IF TOPIC4=D, INSERT “educar al público acerca del diseño de los cigarrillos”; if topci4=E “educar al público acerca del humo ajeno”] .					
23. Esta afirmación podría cambiar las actitudes acerca del hábito de fumar que tienen otras personas.					
24. Esta afirmación brinda información precisa acerca de [IF TOPIC4=A “los peligros de fumar cigarrillos”; IF TOPIC4=B: “la adicción del hábito de fumar y de la nicotina”; IF TOPIC4=C: cigarrillos “de bajo contenido de alquitrán (chapopote)”, “suaves”, “ultra suaves” y “naturales”; IF TOPIC4=D: “el diseño de los cigarrillos”; IF TOPIC4=E: el humo ajeno] .					
25. Esta afirmación es creíble.					

E2: Spanish Survey Instrument

[[WHEN ALL FIVE STATEMENTS HAVE BEEN SHOWN, CONTINUE.]]

[DISPLAY]

Ahora, viendo en las cinco afirmaciones juntas, por favor clasifique las declaraciones del 1 al 5, donde 1 es la que más claramente comunica sobre **[IF TOPIC4=A: los peligros de fumar; IF TOPIC4=B: la adicción del hábito de fumar y de la nicotina; IF TOPIC4=C: los cigarrillos “de bajo contenido de alquitrán (chapopote)”, “suaves”, “ultra suaves” y “naturales”; IF TOPIC4=D: el diseño de los cigarrillos; IF TOPIC4=E: el humo ajeno]**, y 5 es la que menos claramente comunica acerca sobre aquel tema. Al tomar su decisión, por favor considere si usted le prestaría atención y qué tan fácil es de entender.

[PROMPT]

[RANDOMIZE AND RECORD ORDER OF STATEMENTS; RANK 1-5]

26.

Afirmación [RANDOMIZE AND RECORD ORDER]	Por favor califique las afirmaciones del 1 al 5

Orden de clasificación

Sección 4 Conclusión.

[DISPLAY]

Imagine que ve alguna de las afirmaciones que se han presentado en esta encuesta en alguna publicidad en un periódico, en TV, en línea o en una tienda. La afirmación podría **comenzar** con la siguiente introducción:

[RANDOMLY SHOW ONE INTRODUCTION FROM BULLETED LIST BELOW. BALANCE NUMBER OF RESPONDENTS WHO VIEW EACH INTRODUCTION ACROSS CONDITIONS.]

[RECORD VARIABLE AS “LEADTEXT”]

- La siguiente afirmación es hecha por [Nombre del fabricante de cigarrillos] de acuerdo con una Orden Judicial en el caso *Estados Unidos contra [Nombre del fabricante cigarrillos]*, 449 F. Sup. 2d 1, 928, 938-39 (D.D.C. 2006), *confirmada en parte y anulada en parte*, 566 F.3d 1095 (D.C. Cir. 2009) (*per curiam*), *cert. denegada*, 561 U.S. ___, 130 S. Ct. 3501 (2010).
- Un tribunal federal está exigiendo a las compañías de tabaco que digan la verdad sobre el hábito de fumar. Esta es la verdad:
- La Dirección General de Salud Pública ha concluido:
- Un Tribunal de Distrito de Estados Unidos ha encontrado que:
- Esta es la verdad de la Dirección General de Salud Pública y del Instituto Nacional del Cáncer de los EE.UU.:

Pensando en esta introducción, por favor responda las siguientes preguntas:

[RADIO]

[REPEAT INTRODUCTION]

E2: Spanish Survey Instrument**[SHOW Q27 AND Q28 ON THE SAME SCREEN]**

Pensando en esta introducción, por favor conteste las siguientes preguntas:

27. Esta introducción captó mi atención.

- a. Muy de acuerdo
- b. De acuerdo
- c. En desacuerdo
- d. Muy en desacuerdo
- e. No lo sé

[RADIO]

28. ¿Hasta qué punto sería probable que usted confíe en la afirmación en base a esa introducción?

- a. Muy probable
- b. Probable
- c. Bastante probable
- d. Nada probable
- e. No sé

[DISPLAY]

Nuevamente, imagine que ve algunas de las afirmaciones que se han presentado en esta encuesta en alguna publicidad en un periódico, en la televisión, en Internet o en una tienda. La afirmación podría **terminar** con la siguiente oración:

[RANDOMLY SHOW ONE ATTRIBUTION FROM BULLETED LIST BELOW. BALANCE NUMBER OF RESPONDENTS WHO VIEW EACH INTRODUCTION ACROSS CONDITIONS.]

[RECORD VARIABLE AS "ENDTEXT"]

- Pagado por [Cigarette Company Name] de acuerdo con una orden de un Tribunal de Distrito de Estados Unidos.
- Este mensaje es emitido por [Cigarette Company Name] de acuerdo con una Orden Judicial y está tomado del Informe 2004 de la Dirección General de Salud Pública.
- Estas conclusiones figuran en el Informe 1988 de la Dirección General de Salud Pública. [Cigarette Company Name] alienta a los consumidores a fundarse en las conclusiones de la Dirección General de Salud Pública a la hora de tomar decisiones sobre fumar.
- Este mensaje es emitido, de acuerdo con una Orden Judicial, por [Cigarette Company Name].

Pensando en esta oración, ¿hasta qué punto está de acuerdo o en desacuerdo con lo siguiente?

[RADIO]**[REPEAT INTRODUCTION]****[SHOW Q29 AND Q30 ON THE SAME SCREEN]**

Pensando en esta oración, ¿qué tanto está usted de acuerdo o en desacuerdo con lo siguiente?

29. Esta información me haría confiar en las afirmaciones.

- a. Muy de acuerdo
- b. De acuerdo
- c. En desacuerdo
- d. Muy en desacuerdo
- e. No sé

[RADIO]

30. Esta información me haría dudar acerca de la exactitud de las afirmaciones.

- a. Muy de acuerdo

E2: Spanish Survey Instrument

- b. De acuerdo
- c. En desacuerdo
- d. Muy en desacuerdo
- e. No sé

[DISPLAY]

Muchas gracias. Con esto, terminamos nuestro estudio. Le agradecemos su tiempo y ayuda.

[STANDARD KN CLOSE]

Pensando en este tema, ¿tiene usted algún comentario que quisiera compartir?

E2: Spanish Survey Instrument

Topics (A, B, C, D, E) and Statements for section 2:

Tópico A: Efectos en la salud.

A-2: Philip Morris

Fumar cigarrillos provoca cáncer de pulmón, enfermedades cardíacas, enfisema y otras enfermedades graves en los fumadores. Es mucho más probable que los fumadores contraigan enfermedades serias, como cáncer de pulmón, que los no fumadores. Las mujeres embarazadas que fuman tienen más riesgos de lesiones fetales, nacimientos prematuros y bebés con bajo peso. No hay ningún cigarrillo que sea seguro.

A-3: RJ Reynolds

La Dirección General de Salud Pública ha concluido que fumar cigarrillos provoca las siguientes enfermedades y efectos negativos en la salud:

- Cáncer de vejiga, cáncer del cuello del útero, cáncer de esófago, cáncer de las células renales y pelvis renal, cáncer de laringe, leucemia mieloide aguda, cáncer de pulmón, cáncer de la cavidad oral y faringe, cáncer pancreático, cáncer gástrico, aneurisma aórtico abdominal, aterosclerosis, derrame cerebral, enfermedad cardíaca coronaria, enfermedades pulmonares obstructivas crónicas tales como enfisema y bronquitis crónica, neumonía, efectos respiratorios en el útero, efectos respiratorios en niños, adolescentes y adultos, síntomas respiratorios en los adultos tales como tos, flema, silbido y disnea, poco control del asma, muerte fetal y partos de niños que nacen muertos, menos fertilidad en las mujeres, restricciones para el crecimiento fetal y bebés que nacen con bajo peso, ruptura prematura de las membranas, placenta previa, abrupción placentaria, parto prematuro y gestación acortada, catarata, condición de salud disminuida/morbilidad, fracturas de cadera, baja densidad ósea en mujeres posmenopáusicas y enfermedad de úlcera péptica.

Este mensaje es emitido por [Nombre del fabricante cigarrillos] de acuerdo con una Orden Judicial y está tomado del Informe 2004 de la Dirección General de Salud Pública.

Usted debería confiar en su proveedor médico y en la Dirección General de Salud Pública a la hora de tomar decisiones acerca de fumar.

A-5: Coadyuvantes

Durante décadas, negamos que el hábito de fumar fuera peligroso. Esta es la verdad:

- 1200 estadounidenses mueren por día por ser fumadores—fumar es nocivo para casi todos los órganos del cuerpo, provocando infartos, derrames cerebrales, enfisemas y casi un tercio de todos los cánceres.
- Es más la gente que muere por fumar que por asesinato, SIDA, suicidios, drogas, accidentes de automóviles y alcohol todo junto.
- De hecho, los cigarrillos matan a la mitad de los que son fumadores de por vida. Eso significa que si usted, su cónyuge y sus padres son fumadores de por vida, las posibilidades son que dos de ustedes van a morir a causa de ello.
- Por cada muerte de un fumador, hay otras 20 personas que viven con al menos una enfermedad grave provocada por el hábito de fumar. Eso significa más de 8 millones de estadounidenses en cualquier momento.

E2: Spanish Survey Instrument

Pagado por [Nombre del fabricante cigarrillos] de acuerdo con una orden de un tribunal de distrito federal.

A-6: Salter>Mitchell

Un tribunal federal está exigiendo a las compañías de tabaco que digan la verdad sobre el hábito de fumar.

Esta es la verdad:

- *El hábito de fumar reduce la circulación, provoca asma y puede causar infertilidad y disfunción eréctil.*
- *Fumar durante el embarazo puede provocar partos de bebés que nacen muertos, bebés que nacen con bajo peso y el síndrome de la muerte súbita.*
- *Fumar provoca enfermedades cardíacas, enfisemas, bronquitis crónica, leucemia mieloide aguda y cáncer de boca, esófago, garganta, laringe, pulmón, estómago, riñón, vejiga, páncreas, cuello del útero y útero.*
- *El hábito de fumar mata a 1.200 estadounidenses. Todos los días.*

Control-1.

ADVERTENCIA DE LA DIRECCIÓN GENERAL DE SALUD PÚBLICA: El hábito de fumar provoca cáncer de pulmón, enfermedades cardíacas, enfisema y podría complicar el embarazo.

E2: Spanish Survey Instrument

Tópico B: Adicción.

B-2: Philip Morris

Fumar cigarrillos es adictivo. La nicotina del humo del cigarrillo es adictiva. Es posible que sea difícil dejar de fumar, pero eso no debería impedir intentar hacerlo a los fumadores que quieren dejar de fumar.

B-4: Lorillard

La siguiente afirmación es hecha por [Nombre del fabricante cigarrillos] de acuerdo con una Orden Judicial en el caso *Estados Unidos contra [Nombre del fabricante cigarrillos]*, 449 F. Sup. 2d 1, 928, 938-39 (D.D.C. 2006), *confirmada en parte y anulada en parte*, 566 F.3d 1095 (D.C. Cir. 2009) (*per curiam*), *cert. denegada*, 561 U.S. ____, 130 S. Ct. 3501 (2010).

La Dirección General de Salud Pública ha concluido:

- Los cigarrillos y otras formas de tabaco causan adicción. La nicotina es la droga del tabaco que causa adicción.

Estas conclusiones figuran en el Informe 1988 de la Dirección General de Salud Pública. [Nombre del fabricante cigarrillos] alienta a los consumidores a fundarse en las conclusiones de la Dirección General de Salud Pública a la hora de tomar decisiones sobre fumar.

B-5: Coadyuvantes

Le dijimos al Congreso bajo juramento que creíamos que la nicotina no es adictiva. Le dijimos a usted que fumar no es una adicción y que para dejar de fumar sólo se necesita fuerza de voluntad.

Esta es la verdad:

- Fumar es muy adictivo. Y no es fácil dejar.
- Nosotros manipulamos los cigarrillos para hacerlos más adictivos.
- Cuando usted fuma, la nicotina en realidad le cambia el cerebro – por eso es tan difícil dejar de fumar.

Pagado por [Nombre del fabricante cigarrillos] de acuerdo con una orden de un tribunal de distrito federal.

B-6: Salter>Mitchell

Las compañías de tabaco testificaron ante el Congreso que la nicotina no es adictiva. Ahora, un tribunal federal les está exigiendo que digan la verdad sobre el hábito de fumar.

Esta es la verdad:

- La nicotina de los cigarrillos es altamente adictiva. Es más difícil dejar de fumar cigarrillos que dejar de consumir heroína y cocaína.
- La nicotina cambia el cerebro de las personas, y por eso desean los cigarrillos con la misma intensidad con que quieren comer cuando tienen hambre y tomar agua cuando tienen sed.

E2: Spanish Survey Instrument

- El resultado: La gente sigue comprando cigarrillos mucho después de desear que hubieran dejado de fumar.

Control-1.

ADVERTENCIA DE LA DIRECCIÓN GENERAL DE SALUD PÚBLICA: El hábito de fumar provoca cáncer de pulmón, enfermedades cardíacas, enfisema y podría complicar el embarazo.

Tópico C: Bajo contenido de alquitrán (chapopote).

C-2: Philip Morris

No hay ningún cigarrillo que sea seguro. Las marcas de cigarrillos “de bajo contenido de alquitrán (chapopote)”, “suaves”, “ultra suaves” y “medios” no son una excepción. Usted no debe suponer que estas marcas son seguras o más seguras que las marcas de cigarrillos de sabor pleno ni que fumar estas marcas lo ayudará a dejar el hábito. Si le preocupan los riesgos que el hábito de fumar tiene para su salud, debería dejarlo.

C-4: Lorillard

La siguiente afirmación es hecha por [Nombre del fabricante cigarrillos] de acuerdo con una Orden Judicial en el caso *Estados Unidos contra [Nombre del fabricante cigarrillos]*, 449 F. Sup. 2d 1, 928, 938-39 (D.D.C. 2006), *confirmada en parte y anulada en parte*, 566 F.3d 1095 (D.C. Cir. 2009) (*per curiam*), *cert. denegada*, 561 U.S. ____, 130 S. Ct. 3501 (2010).

La Dirección General de Salud Pública ha concluido:

- Fumar cigarrillos con menor contenido de alquitrán (chapopote) y nicotina medido mecánicamente (incluso los que están etiquetados como de "bajo contenido de nicotina", "suaves", "ultra suaves" y "naturales") no aporta ningún beneficio claro para la salud en comparación con fumar cigarrillos que tienen mayor contenido de alquitrán (chapopote) y nicotina medido mecánicamente.

Esta conclusión figura en el Informe 2004 de la Dirección General de Salud Pública. [Nombre del fabricante cigarrillos] alienta a los consumidores a fundarse en las conclusiones de la Dirección General de Salud Pública a la hora de tomar decisiones sobre fumar.

C-5: Interveners

Comercializamos falsamente cigarrillos de bajo contenido de alquitrán (chapopote) y suaves como menos nocivos que los cigarrillos comunes para que la gente siga fumando y mantener nuestras ganancias.

Sabíamos que muchos fumadores comienzan a fumar cigarrillos de bajo contenido de alquitrán (chapopote) y suaves en lugar de dejar de fumar porque creen que los de bajo contenido de alquitrán (chapopote) y suaves son menos nocivos. NO lo son.

Esta es la verdad:

- Simplemente porque los cigarrillos suaves y de bajo contenido de alquitrán (chapopote) parecen más suaves, eso no significa que sean mejores para usted. Los cigarrillos suaves pueden tener las mismas cantidades de alquitrán (chapopote) y nicotina que los cigarrillos comunes.
- TODOS los cigarrillos provocan cáncer, enfermedades pulmonares, infartos y muertes prematuras – los suaves, los de bajo contenido de alquitrán (chapopote), los ultra suaves y los naturales.

Pagado por [Nombre del fabricante cigarrillos] de acuerdo con una orden de un tribunal de distrito federal.

E2: Spanish Survey Instrument**C-6: Salter>Mitchell**

Durante años, las compañías de tabaco han intentado hacer creer a la gente que algunos cigarrillos eran menos nocivos que otros. Ahora, un tribunal federal les está exigiendo que digan la verdad sobre el hábito de fumar.

Esta es la verdad:

- *Los cigarrillos que se comercializan como “suaves”, “ultra suaves”, “de bajo contenido de alquitrán (chapopote)” o “naturales” son tan malos para usted y tan difíciles para dejar el hábito que los cigarrillos de sabor pleno, aún cuando se engañe a la gente.*
- *Todos los cigarrillos provocan cáncer, enfermedades cardíacas, enfisemas y muchos otros problemas de salud. Elegir cigarrillos “suaves”, “ultra suaves”, “de bajo contenido de alquitrán (chapopote)” o “naturales” no reduce los riesgos que representan para su salud.*

E2: Spanish Survey Instrument

Control-1.

ADVERTENCIA DE LA DIRECCIÓN GENERAL DE SALUD PÚBLICA: El hábito de fumar provoca cáncer de pulmón, enfermedades cardíacas, enfisema y podría complicar el embarazo.

E2: Spanish Survey Instrument

Tópico D: Manipulación.

D-2: Philip Morris

Los cigarrillos tienen alquitrán (chapotote) y nicotina. La emisión de alquitrán (chapotote) y nicotina es alterada por procesos de diseño bien conocidos. La cantidad de alquitrán (chapotote) y nicotina que usted inhala será diferente según la forma que tenga de fumar. En términos generales, cuanto más intensamente fume un cigarrillo, más alquitrán (chapotote) y nicotina inhalará.

D-3: RJ Reynolds

Un Tribunal de Distrito de Estados Unidos ha encontrado que:

- “Los cigarrillos están específicamente diseñados para emitir una banda de dosis de nicotina para que un fumador pueda obtener su dosis óptima con prácticamente cualquier cigarrillo que se vende en el mercado, independientemente del nivel de emisión de nicotina que tenga ese cigarrillo, medido por el método de la FTC”.
- “Los fabricantes de cigarrillos controlaban la cantidad y forma de emisión de nicotina en los productos comerciales controlando la composición física y química de la mezcla de tabaco y relleno”.

Este mensaje es emitido, de acuerdo con una Orden Judicial, por [Nombre del fabricante cigarrillos].

Usted debería confiar en su proveedor médico y en la Dirección General de Salud Pública a la hora de tomar decisiones acerca de fumar.

D-5: Coadyuvantes

Durante décadas, negamos que nosotros controláramos el nivel de nicotina que emiten los cigarrillos.

Esta es la verdad:

- Los cigarrillos son un elemento de emisión de nicotina finamente ajustado destinado a hacer adictas a las personas.
- Controlamos la emisión de nicotina para generar y mantener la adicción de los fumadores, porque es así como los clientes nos siguen comprando.
- También les agregamos químicos, por ejemplo amoníaco, para realzar el efecto de la nicotina y hacer que los cigarrillos tengan un sabor menos fuerte.
- Cuando usted fuma, la nicotina en realidad le cambia el cerebro – por eso es tan difícil dejar de fumar.

Pagado por [Nombre del fabricante cigarrillos] de acuerdo con una orden de un tribunal de distrito federal.

D-6: Salter>Mitchell

Un tribunal federal está exigiendo a las compañías de tabaco que digan la verdad sobre el hábito de fumar.

E2: Spanish Survey Instrument

Esta es la verdad:

- *Las compañías de tabaco intencionalmente diseñan cigarrillos para maximizar nuestra adicción a ellos.*
- *Les agregan químicos y manipulan el nivel de nicotina para que llegue a nuestros cerebros en dosis que nos hacen adictos y dependientes.*
- *El resultado: La gente sigue comprando cigarrillos mucho después de desear que hubieran dejado de fumar.*

Control-1.

ADVERTENCIA DE LA DIRECCIÓN GENERAL DE SALUD PÚBLICA: El hábito de fumar provoca cáncer de pulmón, enfermedades cardíacas, enfisema y podría complicar el embarazo.

E2: Spanish Survey Instrument

Tópico E: El humo ajeno.

E-2: Philip Morris

Las autoridades de salud pública han concluido que el humo ajeno de los cigarrillos causa enfermedades, por ejemplo, cáncer de pulmón y enfermedades cardíacas, en adultos no fumadores, y que también provoca otros problemas de salud en los niños, por ejemplo, asma, infecciones respiratorias, tos, silbido, otitis media (infección en el oído medio) y el Síndrome de la Muerte Súbita Infantil.

E-3: RJ Reynolds

La Dirección General de Salud Pública ha concluido:

- Está comprobado que la exposición al humo del tabaco ambiental causa muerte prematura y enfermedades en los niños y adultos que no fuman. Los niños que están expuestos al humo ajeno, es decir, que son fumadores pasivos, tienen mayores riesgos de sufrir el síndrome de muerte súbita infantil (SMSI), infecciones respiratorias agudas, problemas en los oídos y asma más severa. Los padres fumadores causan síntomas respiratorios y hacen más lento el desarrollo de los pulmones de sus hijos. La exposición de los adultos al humo ajeno tiene efectos adversos inmediatos en el sistema cardiovascular y provoca enfermedades cardíacas coronarias y cáncer de pulmón. La evidencia científica indica que la exposición al humo ajeno no tiene ningún nivel libre de riesgo.

Este mensaje es emitido por [Nombre del fabricante cigarrillos] de acuerdo con una Orden Judicial y está tomado del Informe 2006 de la Dirección General de Salud Pública.

Usted debería confiar en su prestador médico y en la Dirección General de Salud Pública a la hora de tomar decisiones acerca de fumar.

E-5: Intervenors

Durante décadas, negamos los daños que provoca el humo ajeno.

Esta es la verdad de la Dirección General de Salud Pública y del Instituto Nacional del Cáncer de EE.UU.:

- El humo ajeno contiene 4.800 químicos y más de 50 sustancias que provocan cáncer. Los químicos incluyen formaldehído, benceno, cloruro de vinilo, arsénico, amoníaco y cianuro de hidrógeno.
- Está comprobado que el humo ajeno provoca cáncer de pulmón e infartos y mata a más de 38.000 estadounidenses por año.
- La exposición al humo ajeno no tiene ningún nivel libre de riesgos. Separar a los fumadores de los no fumadores, depurar el aire y ventilar los edificios no es suficiente para eliminar la exposición de los no fumadores al humo ajeno.

Pagado por [Nombre del fabricante cigarrillos] de acuerdo con una orden de un tribunal de distrito federal.

E-6: Salter>Mitchell

E2: Spanish Survey Instrument

Un tribunal federal está exigiendo a las compañías de tabaco que digan la verdad sobre el hábito de fumar.

Esta es la verdad:

- *El humo ajeno mata a 38.000 estadounidenses por año.*
- *Los niños que están expuestos al humo del cigarrillo tienen más problemas de asma, neumonía, bronquitis e infecciones de oído. Los adultos expuestos también sufren porque inhalan los mismos químicos del humo ajeno que mata y enferma a los fumadores.*

Control-1.

ADVERTENCIA DE LA DIRECCIÓN GENERAL DE SALUD PÚBLICA: El hábito de fumar provoca cáncer de pulmón, enfermedades cardíacas, enfisema y podría complicar el embarazo.