

O'BRIEN SHERWOOD ASSOCIATES, INC.
57-16 WOODSIDE AVENUE
WOODSIDE, NEW YORK 11377

THREE CITY CIGARETTE STUDY EA 1

ATLANTA _____
CHICAGO _____
WOODBIDGE _____

SCREENING PAGE

Good morning/afternoon/evening. My name is _____ from

_____ Research Co. We're talking to people today about
their opinions about certain products, and I'd like to ask you a few questions.

1. In the past week or two, have you spent any time looking through or reading
a magazine or newspaper at home?

Yes _____ (ASK Q. 2)

No _____ (THANK AND TERMINATE)

2. Do you smoke filter cigarettes?

Yes _____ (ASK Q. 3A)

No _____ (THANK AND TERMINATE)

3A. Do you usually smoke a menthol? Yes _____ (ASK Q. 3B) If "No" (THANK AND TERMINATE)

3B. Within the past 3 months or so have you been interviewed on a cigarette survey
here at this mall.

Yes _____ (THANK AND TERMINATE) No _____ (ASK Q. 4)

4. What is your regular brand of cigarettes, the brand you smoke most often?
(RECORD BELOW) (SHOW BRAND LIST TO DETERMINE WHICH VERSION AND NUMBER)

Full Name _____ Number: _____

(BE SURE THAT NAME AND NUMBER AGREE)

(NOTE: IF BRAND HAS NO NUMBER NEXT TO IT, THANK AND TERMINATE)

5. How long have you been smoking (BRAND IN Q. 4) (DO NOT READ LIST)

3 months or less _____ 7-1 12 months, (about) a year _____ -4

4 - 6 months _____ -2 Over 1 year to 2 years _____ -5

7 - 11 months _____ -3 Over 2 years _____ -6

5a. About how many packs or cartons of cigarettes do you smoke a week?
(If answer is in days ask - "How many packs would that be in a week?")

_____ Packs 8-

_____ Cartons 9-

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