

PM190-2
185
8628

SCREENER

HOME TESTING INSTITUTE
P.O. Box 9200
Port Washington, NY 11050

1-7
8-9
10-12
13
14-15

Time Started: _____
Time Ended: _____
Interviewer's
Name: _____
Date: _____

16
TQI/Did not receive product ☐1
Stopped smoking ☐2
Respondent not available for duration of test. ☐3
Deceased ☐4
Refused to be interviewed (Not stopped smoking) ☐5
No such person ☐6

Disconnected (New # not available) ☐7
Other tester ☐8
Other contact/Lang/Hear ☐9
Could not participate ☐0
No answer after attempts ☐x
Completed interview ☐y
Usable ☐17-1
Non-usable (Switched brands) ☐2

						RESULT											
CALLBACK SCHEDULE		I.I.		ATTEMPT		Comp.	NA/BSY	Disc. + Not In Srv.	RNA For Dur.	CB	Didn't Receive	Didn't Use	Inc.	Ref.	TQ	NSP Wrong #	RNA Other - Explanation
Date	Time			Date	Time												
				1	A.M.												
					P.M.												
				2	A.M.												
					P.M.												
				3	A.M.												
					P.M.												
				4	A.M.												
					P.M.												
				5	A.M.												
					P.M.												
				6	A.M.												
					P.M.												
				7	A.M.												
					P.M.												
				8	A.M.												
					P.M.												
				9	A.M.												
					P.M.												

Hello, I'm _____ calling for Janet Hall of Home Testing Institute. May I speak to (NAME OF PERSON ON LABEL)? (IF RESPONDENT NOT AVAILABLE, MAKE CALLBACK ARRANGEMENT. IF RESPONDENT AVAILABLE, REINTRODUCE YOURSELF) I'm calling to get your reactions to the Concord Cigarettes we sent you.

- Did you receive the carton of Concord Cigarettes that we mailed to you?
18
Yes ☐1 (ASK Q.2)
No ☐2 (VERIFY ADDRESS, THANK RESPONDENT AND TERMINATE)
- Approximately how many packs of the Concord Cigarettes did you smoke? (FILL IN THE NUMBER)

Cigarettes 19-20

IF LESS THAN 5 PACKS, MAKE CALLBACK ARRANGEMENT IF YOU CAN. IF TESTER HAS SMOKED AT LEAST 5 PACKS COMPLETE INTERVIEW.

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