

PM287-2
1286
7522/10123
A

FOUR PACK CIGARETTE
TEST

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

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

1-7
8-9
10-12
13
14-15
16-20R

	21	
TQ1/Did not receive product..	[]1	Disconnected (New # not available) []7
Stopped smoking.....	[]2	Other tester..... []8
Respondent not available for		Other contact/Lang/Hear..... []9
duration of test.....	[]3	Could not participate..... []0
Deceased.....	[]4	No answer after attempts..... []x
Refused to be interviewed		Completed interview..... []y
(Not stopped smoking).....	[]5	Usable..... []22-1
No such person.....	[]6	Non-usable (Switched brands)..... []2

Interviewer ID# _____
(23-26)

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.

1. Did you receive the 4 packs of the Test Cigarettes we mailed to you?

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Yes []1 -->(ASK Q.2)
No []2 -->(VERIFY ADDRESS. ARRANGE CALLBACK)

2. Did you smoke both the cigarettes marked T5 and the ones marked K3?

Yes 1 --->(ASK Q.3)
No 2 --->(ARRANGE CALLBACK)

3. Along with the cigarettes we sent you a report form to complete. Would you please get the form and bring it to the phone.

WHETHER OR NOT REPORT FORM IS AVAILABLE, PROCEED WITH QUESTION 4

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