

**Camel SNUS Modified Risk Messaging:
Comprehension and Perceptions among Tobacco Users and Non-Users
- First Execution of Consumer Testing -

Amended Final Report**

**[Refer to Final Report, "Camel SNUS Modified Risk Messaging:
Comprehension and Perceptions among Tobacco Users and Non-Users",
dated January 23, 2015]**

August 19, 2016

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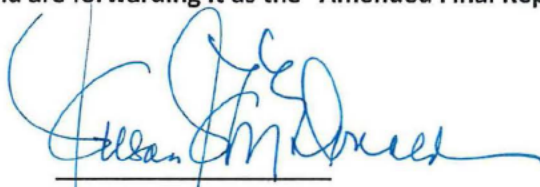
This research was conducted on behalf of RAIS in support of tobacco product-related regulatory submissions, and will only be used and/or disseminated for such purposes.

Camel SNUS Modified Risk Messaging: Comprehension and Perceptions among Tobacco Users and Non-Users – First Execution of Consumer Testing

Amended Final Report

This study was conducted in accordance with the specifications noted in the study protocol (Protocol Identifier: RO-BR-2014-02; "Camel SNUS Modified Risk Messaging: Comprehension and Perceptions among Tobacco Users and Non-Users") and in accordance with the Council of American Survey Research Organizations (CASRO) and the International Organization for Standardization (ISO 20252:2012) guidelines. The principals below have reviewed and approved the report, and are forwarding it as the "Amended Final Report".

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Date: 8/19/16

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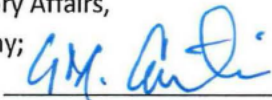


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Change Log for Amended Final Report

- 1) 'Young adults (ages 18-24 years)' was added as a subgroup of interest for all outcome measures, and data specific to this subgroup were added to all tables in *Appendix A* and *Appendix B*; and, as stand-alone tables in *Appendix C* and *Appendix D*. The *Detailed Study Findings* section was amended to include findings associated with this subgroup.
- 2) A footnote was added to *Section 2.1 Sample Design*, specifying that there was no upper limit in terms of current age for participating in the study, and providing additional information on older-aged study participants.
- 3) Additional information was added to *Section 2.2 Survey Content* regarding the manner in which messaging materials were presented to study participants, and briefly describing the information provided in each of the three (3) screen images.
- 4) Descriptive information was added to *Section 3.1 Analytic Approach* on product use among current and former tobacco users participating in the study; information is provided on product type used (cigarettes, smokeless tobacco and snus), as well as frequency of use (every day, some days or not at all).
- 5) Descriptive information was added to *Section 4.1.A Comprehension - Overall Population of Consumers* on the mean number of correct responses to the Newest Vital Sign health literacy test, categorized by race/ethnicity.
- 6) An additional data table was added to *Appendix B*, summarizing risk perceptions for smokeless tobacco products other than Camel Snus (*Table 6*) among all subgroups of interest included in the study. The *Detailed Study Findings* section was amended to include risk perceptions for this product category.
- 7) High-resolution images of the proposed modified risk messaging (advertisements) were added in place of existing images, in *Appendix E*.

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1. STUDY BACKGROUND AND OBJECTIVES

1.1 Background and Objectives

RAI Services Company (RAIS),¹ on behalf of R. J. Reynolds Tobacco Company, intends to submit a Modified Risk Tobacco Product (MRTTP) application to the U.S. Food and Drug Administration (FDA) requesting that the Agency issue a “risk modification” order for Camel SNUS. The MRTTP application will propose modified risk messaging for six (6) Camel SNUS styles currently marketed in the United States (collectively “Camel SNUS”). Specifically, RAIS will seek an order for the following “reduced risk” messaging on Camel SNUS:

“Smokers who switch completely from cigarettes to Camel SNUS can significantly reduce their risk of lung cancer, oral cancer, respiratory disease, and heart disease.”

A key component of the MRTTP application will be a demonstration that consumers understand, and are not misled by, the messages used to promote Camel SNUS as a modified risk tobacco product. More specifically, Congress has mandated that *“any advertising or labeling concerning modified risk products enable the public to comprehend the information concerning modified risk and to understand the relative significance of such information in the context of total health and in relation to all of the diseases and health-related conditions associated with the use of tobacco products.”*² Hence, there would be an expectation that consumers understand: (1) Camel SNUS, marketed as a reduced risk tobacco product, still bears at least *some* of the risk associated with traditional tobacco products (i.e., that “reduced risk” is not the same as *no* risk); and, (2) Camel SNUS is not a safer alternative to using smoking cessation products or to quitting all tobacco use.

Consistent with this mandate, the current study assessed whether consumers overall understand the following key communication objectives of the proposed Camel SNUS modified risk messaging:

- (a) those who do not use tobacco products should not start;
- (b) for current tobacco users, the best option is to quit all tobacco products;
- (c) there are risks associated with using Camel SNUS, but those risks are reduced compared to cigarette smoking;

¹ RAIS is a wholly owned subsidiary of Reynolds American Inc. (“RAI”), which bears primary responsibility for coordinating implementation of the Family Smoking Prevention and Tobacco Control Act for itself and RAI’s FDA-regulated tobacco operating companies, namely R. J. Reynolds Tobacco Company, American Snuff Company, LLC, and Santa Fe Natural Tobacco Company, Inc.

² *Family Smoking Prevention and Tobacco Control Act § 911(g)(4)(B)-(C), 21 U.S.C. § 387k(g)(4)(B)-(C)*. Retrieved from <http://www.gpo.gov/fdsys/pkg/PLAW-111publ31/pdf/PLAW-111publ31.pdf>.

- (d) smokers who switch completely from cigarettes to Camel SNUS can significantly reduce their risk of lung cancer, oral cancer, respiratory disease and heart disease; and,
- (e) Camel SNUS is addictive.

In addition, this study assessed consumers' beliefs regarding the absolute health risks associated with using Camel SNUS, as well as those risks relative to other tobacco products (i.e., cigarettes and other smokeless tobacco products), cessation aids, and quitting all tobacco use.

Both comprehension and perception data were likewise analyzed for subgroups of interest (i.e., current, former, never and experimental tobacco users, as well as potential quitters of tobacco use, minorities, limited health literacy respondents, white males, and young adults ages 18-24 years).

In fulfillment of these research objectives, an online survey was conducted from October 20 to October 30, 2014 with a sample of 8,404 adults drawn from a national web panel.

The survey displayed proposed Camel SNUS reduced risk messaging materials and posed a series of comprehension questions about those materials, followed by a series of questions addressing broader perceptions of health risks associated with using Camel SNUS.

2. DETAILED STUDY DESIGN

2.1 Sample Design

The relevant universe for this research was deemed to be all U.S. adults legally eligible to purchase tobacco (as legislated by the states in which they reside),³ regardless of current or prior tobacco use. The sampling frame utilized was the Research Now national consumer panel, a demographically balanced consumer web panel containing over three million members from all 50 states in the United States and the District of Columbia (DC).

Approximately 2,500 respondents were surveyed from each of three “tobacco user groups”, i.e., current users, former users and never users (respondents who have never used tobacco). Respondents were categorized into a tobacco user group for quota sampling purposes according to the following definitions:⁴

- 1) current user: ever used tobacco (even once or twice), meet historical usage requirements (i.e., lifetime usage (100+) for cigarettes or ever fairly regular use for all other tobacco products) for at least one tobacco product, and now use tobacco “every day” or “some days” (*see section 7 for survey instrument*);
- 2) former user: ever used tobacco (even once or twice), meet historical usage requirements for at least one tobacco product, but do not currently use tobacco at all; or,
- 3) never user: never used any tobacco (even once or twice).

This sample size was selected to provide:

- balance on key demographic dimensions (i.e., age, gender, geography, race/ethnicity, and education) *within* each tobacco user quota group, allowing the sample to be weighted to population counts for all parameters of interest; and,
- adequate statistical sensitivity to allow for measurement within a narrow band (i.e., confidence intervals smaller than +/- 2% for the sample overall, and for each tobacco user group).

³ No upper limit in terms of current age was specified within the study protocol; the study population included 131 adults between the ages of 76 and 99 years, including 100 adults between the ages of 76 and 80 years.

⁴ Some of these tobacco user groups are not mutually exclusive (e.g., a respondent could be a current cigarette user and a former SNUS user); thus, a hierarchy was established in order to place respondents into one tobacco user group only for purposes of quota-sampling, survey arm balancing, and analyses. The hierarchy is organized in the following manner: 1) never user; 2) current user; 3) experimenter; and, 4) former user. Never users are first in the hierarchy because they represent a mutually exclusive tobacco user group. Current users have second priority because they are a key group of interest. Experimenters precede former users because (1) they are a group of particular concern; and, (2) they are a group that is harder to identify versus the other tobacco user groups.

Within each tobacco user group, respondents were sampled to ensure adequate representation of demographic groups that might not otherwise appear in sufficient numbers (e.g., less educated respondents, Hispanics, and respondents between the ages of 18 and 30 years). The data were then weighted to the U.S. adult population in order to support population-level generalizations (*see Table 3 for population estimates used in this research*).

In addition, 938 experimental tobacco users (referred to as “experimenters”) were surveyed. Experimenters are defined as respondents who (1) have ever used a tobacco product (even once or twice), (2) do not meet historical tobacco product use thresholds (i.e., less than 100 cigarettes smoked in lifetime or were never fairly regular users of tobacco products other than cigarettes), and (3) currently use tobacco “every day” or “some days”.

Finally, current users were also asked a series of questions to identify “potential quitters” of tobacco use. Potential quitters, for this study, are defined as current users who answer the quit-related questions as follows (with survey questions noted):

- 1) has stopped using tobacco for one day or longer in the past 12 months in an effort to quit tobacco completely (S1d); AND,
- 2) indicate they want to quit using tobacco “somewhat” or “a lot” (S1e); AND,
- 3) rate the likelihood of trying to quit tobacco in the next 30 days as “somewhat likely” or “very likely” (S1f); AND,
- 4) rate the likelihood that, if an attempt was made to quit tobacco, they would be “somewhat” or “very” successful in quitting (S1g).

2.2 Survey Content

The survey consisted of the following elements:⁵

- Demographics (including age, gender, race/ethnicity, and education): to ensure that key consumer groups are represented adequately for subgroup evaluations.
- Current and past use of tobacco products: to classify respondents into tobacco user groups (current, former and never tobacco users; experimenters; potential quitters).
- Presentation of proposed modified risk messaging materials for Camel SNUS.

⁵ See Section 7 of this report for survey instrument.

Camel SNUS messaging materials consisted of three images: the first image contained the statement, “SWAP THE SMOKE FOR MORE FREEDOM & LESS RISK”; the second image provided product information (what is it, how is it different, how do I use it); and, the third image provided information about the benefits of switching completely from cigarettes to Camel SNUS (reduces the risk of lung cancer, oral cancer, respiratory disease, and heart disease). The bottom fifth of each image provided one of four government-mandated warning labels, as follows:

- This product is addictive;
- This product can cause mouth cancer;
- This product is not a safe alternative to cigarettes; or
- This product can cause gum disease and tooth decay⁶.

The three separate images appeared one above the other on the same screen, and respondents were instructed to scroll down to view all the product information. Immediately after the last image was a question about what the messaging communicated. The messaging was then re-shown with each new question about what the messaging communicated.

- The following series of questions to assess comprehension of the proposed modified risk messaging materials:
 - a. Is quitting the best choice for a smoker who is concerned about the health risks from smoking? [yes/no/don’t know]
 - b. Should adults who do not use or who have quit using tobacco products start using Camel SNUS? [yes/no/don’t know]
 - c. Is Camel SNUS, which contains nicotine, addictive? [yes/no/don’t know]
 - d. According to the ad, what do smokers need to do in order to receive a health benefit from using Camel SNUS?
 - stop smoking completely and use Camel SNUS instead
 - reduce their smoking by half and use Camel SNUS in addition
 - not change their smoking habits, but use Camel SNUS as well
 - don’t know

⁶ One of the four government-mandated warning labels was misworded within the modified risk messaging materials; specifically, the warning, “This product can cause gum disease and tooth decay” should have stated, “This product can cause gum disease and tooth loss”. This miswording was only present during this first execution of consumer testing for comprehension and perceptions, and was viewed by only 25% of study participants.

e. Now, what does the information communicate to you about the risk associated with Camel SNUS, regardless of if you believe the information or not?

- lung cancer
- oral cancer
- respiratory disease
- heart disease

The response choice set for each outcome (above) was:

- same level of health risk as continuing to smoke
 - less health risk than continuing to smoke, but has some risk
 - no health risk at all
 - don't know/not sure
- A series of ratings - using a 7-point scale where "1" means "no risk" and "7" means "substantial risk" - to assess perceptions of risks of Camel SNUS, other smokeless tobacco, and cigarettes for developing: (a) lung cancer; (b) oral cancer; (c) respiratory disease; (d) heart disease; and, (e) generally poorer health.
 - Ratings - using a 7-point scale where "1" means "not at all addictive" and "7" means "extremely addictive" - to assess perceptions of the addictiveness of Camel SNUS, other smokeless tobacco, and cigarettes.
 - A [yes/no/don't know] question regarding whether or not Camel SNUS reduces the risk of other smoking-related diseases that are not discussed in the ad.
 - Two [true/false/don't know] questions regarding whether or not Camel SNUS is a safer alternative to (a) cessation aids or (b) quitting tobacco entirely.
 - Presentation of the "Newest Vital Sign"⁷ test to measure each respondent's level of health literacy.

⁷ Weiss, BD, Mays, MZ, et al., 2005; Quick Assessment of Literacy in Primary Care: The Newest Vital Sign. The Annals of Family Medicine, 3(6):514-522. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466931/>.

2.3 Preliminary Research

Prior to conducting this study, the following phases of research were completed in order to develop and/or refine the proposed modified risk messaging materials, and to maximize clarity of the comprehension questions:

- A series of focus groups, comprised of current adult tobacco users only, provided feedback regarding different versions of the proposed modified risk messaging (*see Attachments, "Preliminary Qualitative Brand Research Reports"*).
- Two rounds of in-person research among adult consumers in each of three tobacco user groups (i.e., current, former and never users) assessed comprehension of the proposed modified risk messaging materials developed from the focus groups of current tobacco users. "Limited health literacy" respondents, as defined by the REALM-Short Form (SF)⁸ - a seven-word pronunciation test, were also included in both rounds of in-person research. Following each round, both the proposed messaging and the questions for assessing comprehension were modified (*see Attachment, "Camel SNUS Modified Risk Messaging: Preliminary Research on Comprehension and Perceptions among Tobacco Users and Non-Users – Final Report"*).
- Two small, online quantitative surveys conducted among tobacco user groups (i.e., current, former and never users; potential quitters; experimenters) assessed comprehension and perceptions of the proposed modified risk messaging. The surveys also collected data from the "Newest Vital Sign" health literacy test⁹ (*see Attachment, "Camel SNUS Modified Risk Messaging: Preliminary Research on Comprehension and Perceptions among Tobacco Users and Non-Users – Final Report"*).

2.4 Field Process and Distribution of Completed Interviews

On the day the survey was launched, invitations were issued at rates projected to reach a first-day goal of 5% completion in all quota groups as a sampling quality control check. Invitations were then issued every day, focusing initially on reaching lower-prevalence populations (e.g., ages 18-30 years, males, and respondents with up to a high school education) to ensure that an adequate sample size would be reached for sub-populations of interest. *Table 1* provides the distribution of the final sample in each self-reported tobacco usage group (used for quota sampling), by key demographic variables.

⁸ Arozullah, AM, Yarnold, PR, et al., 2007; Development and validation of a short-form, rapid estimate of adult literacy in medicine. NCBI PubMed.gov. Med Care, 45 (11): 1026-33. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/18049342>.

⁹ Weiss, BD, Mays, MZ, et al., 2005; Quick Assessment of Literacy in Primary Care: The Newest Vital Sign. The Annals of Family Medicine, 3(6):514-522. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466931/>.

Table 1: Unweighted Sample Distribution

		Tobacco Status				
		Total	Current User	Former User	Never User	Experimenter
(n) =		(8,404)	(2,497)	(2,477)	(2,492)	(938)
Region:						
Northeast		1,734	500	502	497	235
Midwest		1,816	585	557	517	157
South		2,896	853	830	891	322
West		1,958	559	588	587	224
Age:						
18-30		2,241	751	400	703	387
31-50		3,242	1,054	808	991	389
51+		2,921	692	1,269	798	162
Gender:						
Male		3,841	1,165	1,098	1,117	461
Female		4,563	1,332	1,379	1,375	477
Race/Ethnicity:						
Hispanic		1,309	398	293	423	195
Non-Hispanic White		5,333	1,641	1,753	1,491	448
Non-Hispanic Black		981	249	240	351	141
Non-Hispanic Asian/Other		903	249	231	253	170
Education Level:						
High School (or less)		3,149	1,146	855	944	204
Some College		2,325	799	721	547	258
Bachelor's Plus		2,930	552	901	1,001	476

2.5 Weighting Process

A multi-step statistical weighting process¹⁰ was required to account for differential sampling rates used in the survey design, and to support stronger inferences regarding the population of interest (i.e., consumers overall).

¹⁰ Dorofeev, S and Grant, P, 2006; Statistics for Real-Life Sample Surveys: Non-Simple Random Samples and Weighted Data. Cambridge University Press, Chapter 2 ("Weighting"): 45-78.
Korn, EL and Graubard, BI, 1995; Examples of Differing Weighted and Unweighted Estimates from a Sample Survey. The American Statistician, 49(3): 291-295.

Step 1: For weighting purposes, respondents were re-categorized as current, former or never tobacco users in an attempt to align with definitions derived from the Annual Social and Economic Supplement to the Current Population Survey (ASES-CPS; March 2014) and the Tobacco Use Supplement to the Current Population Survey (TUS-CPS; May 2010, August 2010, and January 2011);¹¹ the classification scheme was, as follows (*see tobacco use questions from the CPS in Appendix F*):

Current User:

- Meet all three of the following criteria for cigarette-use:
 - a) have ever used cigarettes even once or twice (S1a1 row 1 = “yes”)
 - b) have smoked at least 100 cigarettes in lifetime (S1b = Row 6 (100+ cigarettes))
 - c) currently use cigarettes “every day” or “some days” (S1c row 1 = “every day” or “some days”)
- OR**
- Currently use tobacco other than cigarettes “every day” or “some days” (survey question S1c any row 2 – 13 = “every day” or “some days”)

Never User:

- Meet one of the following criteria for cigarette-use:
 - a) have never used cigarettes even once or twice (S1a1 row 1 = “no”)
 - b) have ever used cigarettes even once or twice (S1a1 row 1 = “yes”), but have used less than 100 cigarettes in lifetime (S1b is **NOT** Row 6 (100+ cigarettes))
- AND**
- have never used any tobacco product other than cigarettes even once or twice (S1a1 rows 2 – 13 all = “no”)

Former User: Any respondent not assigned above.

Table 2 provides the distribution of the sample once respondents are re-categorized based on the weighting classification definitions above.

¹¹ Note that the population counts sources do not identify “experimenters”; therefore, no known population estimate exists for this group. Individuals who meet that definition based on historical usage estimates can fall in the “current user,” “former user,” or “never user” categories for weighting purposes. ASES-CPS and TUS-CPS data retrieved from http://thedataweb.rm.census.gov/ftp/cps_ftp.html#cpssupps.

Table 2: Unweighted Sample Distribution Aligned with CPS (ASES and TUS) Definitions¹²

		Tobacco Status			
		Total	Current User	Former User	Never User
(n) =		(8,404)	(3,197)	(2,210)	(2,997)
Region:					
Northeast		1,734	679	447	608
Midwest		1,816	704	488	624
South		2,896	1,085	742	1,069
West		1,958	729	533	696
Age:					
18-30		2,241	1,077	377	787
31-50		3,242	1,325	718	1,199
51+		2,921	795	1,115	1,011
Gender:					
Male		3,841	1,528	1,066	1,247
Female		4,563	1,669	1,144	1,750
Race/Ethnicity:					
Hispanic		1,309	543	273	493
Non-Hispanic White		5,333	1,984	1,565	1,784
Non-Hispanic Black		981	348	207	426
Non-Hispanic Asian/Other		903	376	201	326
Education Level:					
High School (or less)		3,149	1,263	727	1,159
Some College		2,325	988	665	672
Bachelor's Plus		2,930	946	818	1,166

Step 2: Population counts were developed to estimate the number of individuals in each cell represented by the intersection of tobacco status and each demographic category (e.g., region, age, gender, race/ethnicity, and education level). The following sources were used to develop population counts: Census Bureau's Population Estimates Program, ASES-CPS (March 2014), and TUS-CPS (May 2010, August 2010, and January 2011). *Table 3* provides population counts.¹³

¹² See Page 9 of this report for tobacco user definitions used for weighting purposes. These definitions attempt to align with definitions derived from the ASES-CPS (March 2104) and TUS-CPS (May 2010, August 2010, and January 2011). Retrieved from http://thedataweb.rm.census.gov/ftp/cps_ftp.html#cpssupps.

¹³ Census Bureau's Population Estimates Program, ASES-CPS (March 2014), and TUS-CPS (May 2010, August 2010, and January 2011). Retrieved from http://thedataweb.rm.census.gov/ftp/cps_ftp.html#cpssupps.

Table 3: Population Counts

		Tobacco Status			
		Total	Current User	Former User	Never User
N =		239,146,104	40,080,497	53,669,947	145,395,660
Region:					
Northeast		43,382,664	6,316,931	9,841,703	27,224,030
Midwest		51,011,025	10,160,683	12,808,907	28,041,435
South		88,886,372	16,172,589	17,990,579	54,723,204
West		55,866,043	7,430,294	13,028,758	35,406,991
Age:					
18-30		55,473,092	9,852,183	7,100,257	38,520,652
31-50		81,944,031	15,564,249	15,217,433	51,162,349
51+		101,728,981	14,664,065	31,352,257	55,712,659
Gender:					
Male		115,766,695	24,111,047	32,253,477	59,402,171
Female		123,379,409	15,969,450	21,416,470	85,993,489
Race/Ethnicity:					
Hispanic		36,295,821	3,809,778	4,883,201	27,602,842
Non-Hispanic White		156,641,135	29,317,695	42,159,465	85,163,975
Non-Hispanic Black		28,285,997	4,696,784	4,031,137	19,558,076
Non-Hispanic Asian/Other		17,923,151	2,256,240	2,596,144	13,070,767
Education Level:					
High School (or less)		100,274,089	22,241,943	19,833,302	58,198,844
Some College		68,843,602	12,317,858	15,813,245	40,712,499
Bachelor's Plus		70,028,413	5,520,696	18,023,400	46,484,317

[Tobacco status is derived from TUS-CPS data.]

Step 3: Base weights were then created by dividing the population counts by the number of completed interviews in the cells that represent the intersection of tobacco status and each demographic (see Table 4).

Table 4: Base Weights Based on Intersection of Tobacco Status and Demographic Characteristics

	Tobacco Status		
	Current User	Former User	Never User
<u>Region:</u>			
Northeast	9,303.29	22,017.23	44,776.37
Midwest	14,432.79	26,247.76	44,938.20
South	14,905.61	24,246.06	51,191.02
West	10,192.45	24,444.20	50,872.11
<u>Age:</u>			
18-30	9,147.80	18,833.57	48,946.19
31-50	11,746.60	21,194.20	42,670.85
51+	18,445.36	28,118.62	55,106.49
<u>Gender:</u>			
Male	15,779.48	30,256.55	47,636.06
Female	9,568.27	18,720.69	49,139.14
<u>Race/Ethnicity:</u>			
Hispanic	7,016.17	17,887.18	55,989.54
Non-Hispanic White	15,151.26	27,501.28	48,416.13
Non-Hispanic Black	13,693.25	19,857.82	46,677.99
Non-Hispanic Asian/Other	6,000.64	12,916.14	40,094.38
<u>Education Level:</u>			
High School (or less)	17,610.41	27,281.02	50,214.71
Some College	12,467.47	23,779.32	60,584.08
Bachelor's Plus	5,835.83	22,033.50	39,866.48

[Tobacco status is derived from TUS-CPS data.]

For each of the intersections of tobacco status and demographics in *Table 4*, a weight range ratio was developed by dividing the maximum base weight value by the minimum base weight value. *Table 5* shows the base weight ranges and ratios for each of the tobacco status/demographic intersections.

Table 5: Base Weight Ranges and Ratios

	Base Weight Ranges and Ratios
<u>Region:</u>	
Maximum	51,191.02
Minimum	9,303.29
Ratio	5.50
<u>Age:</u>	
Maximum	55,106.49
Minimum	9,147.80
Ratio	6.02
<u>Gender:</u>	
Maximum	49,139.14
Minimum	9,568.27
Ratio	5.14
<u>Race/Ethnicity:</u>	
Maximum	55,989.54
Minimum	6,000.64
Ratio	9.33
<u>Education Level:</u>	
Maximum	60,584.08
Minimum	5,835.83
Ratio	10.38

Higher ratios indicate less representative sampling and greater bias for a given dimension. The iterative weighting process is initiated from the dimension with the largest ratio (education level) in order to achieve weighting targets with the fewest number of iterations and to minimize the impact of the weighting (i.e., the distance between a respondent's final weight and their starting weight). After raking is done, the final maximum weight is 64,000 and the final minimum weight is 4,300, which results in a final weight ratio of 14.88. This demonstrates that the raking process allowed for weighting up to the CPS population counts (see Table 3) with minimal impact on the weighting (see Table 5; e.g., for education level, the maximum starting weight was 60,584.08, the minimum starting weight was 5,835.83, and the weight ratio was 10.38).

Step 4: Base weights were then adjusted using raking¹⁴ to weight up to population counts in cells represented by the intersection of these parameters:

- tobacco status¹⁵ and gender
- tobacco status and ethnicity
- tobacco status and education
- tobacco status and age
- tobacco status and region
- age and ethnicity

In addition to those weighting targets, raking included four other targets based on self-reported tobacco usage definitions that were generated from the screener: 36,137,343 current tobacco users; 66,799,220 former tobacco users; 127,356,505 never tobacco users; and, 8,853,036 experimenters.

Raking helps to account for under coverage and other sources of bias by adjusting the individual weights that result from the previously applied steps so that weighted estimates match independent estimates of population sizes from the Census Bureau's Population Estimates Program, ASES-CPS (March 2014), and TUS-CPS (May 2010, August 2010, and January 2011).

The weighted demographics for respondents completing the survey are shown in *Table 6*. This table classifies respondents based on definitions that align with the CPS (ASES and TUS) (*see page 9 of this report for these tobacco user definitions*). The percentages in parentheses in this table provide the difference between the weighted demographics and the actual population counts, and demonstrate that the weights brought the sample into very close alignment with the U.S. population overall.

¹⁴ Battaglia, MP, Hoaglin, DC, and Frankel, MR, 2009; Practical Considerations in Raking Survey Data. Survey Practice, 2(5).

¹⁵ Tobacco status derived from TUS-CPS data.

Table 6: Weighted Sample Distribution Aligned with CPS (ASES and TUS)

	(n)* =	Total	Current User	Former User	Never User
Gender:					
Male		48% (0%)	60% (0%)	60% (0%)	41% (0%)
Female		52% (0%)	40% (0%)	40% (0%)	59% (0%)
Age:					
18-30		23% (0%)	25% (0%)	13% (0%)	26% (0%)
31-50		34% (0%)	39% (0%)	28% (0%)	35% (0%)
51+		43% (0%)	37% (0%)	58% (0%)	38% (0%)
Region:					
Northeast		18% (0%)	16% (0%)	18% (0%)	19% (0%)
Midwest		21% (0%)	25% (0%)	24% (0%)	19% (0%)
South		37% (0%)	40% (0%)	34% (0%)	38% (0%)
West		23% (0%)	19% (0%)	24% (0%)	24% (0%)
Race/Ethnicity:					
Hispanic		15% (0%)	10% (0%)	9% (0%)	19% (0%)
Non-Hispanic White		66% (+1%)	74% (+1%)	79% (+1%)	59% (+1%)
Non-Hispanic Black		12% (0%)	12% (0%)	8% (0%)	14% (0%)
Non-Hispanic Asian/Other		7% (0%)	6% (0%)	5% (0%)	9% (0%)
Education Level:					
High School (or less)		42% (0%)	55% (0%)	37% (0%)	40% (0%)
Some College		29% (0%)	31% (0%)	29% (0%)	28% (0%)
Bachelor's Plus		29% (0%)	14% (0%)	34% (0%)	32% (0%)

* Unweighted sample size on which weighted data are based.

[The percentages in parentheses provide the difference between the weighted demographics and the actual population counts.]

3. ANALYSIS PLAN

3.1 Analytic Approach

Self-reported usage categories are used for analytic purposes for two main reasons: (a) CPS (ASES and TUS) definitions used for weighting have a more narrow focus by including questions regarding tobacco usage in the past 30 days; and, (b) it allows “experimenters” to be identified and examined separately. Respondents were, therefore, re-assigned to categories based on self-reported usages, and *Table 7* shows the distribution of the weighted population.

Table 7: Weighted Sample Distribution

		Tobacco Status				
		Total	Current User	Former User	Never User	Experimenter
(n)* =		(8,404)	(2,497)	(2,477)	(2,492)	(938)
Region:						
Northeast		43,382,664	5,403,231	12,225,904	23,792,015	1,961,514
Midwest		51,011,025	9,504,052	15,687,676	24,447,588	1,371,709
South		88,886,372	14,682,713	23,012,943	47,730,454	3,460,261
West		55,866,043	6,547,347	15,872,697	31,386,447	2,059,552
Age:						
18-30		55,473,092	8,265,815	8,701,428	35,809,405	2,696,444
31-50		81,944,031	14,046,044	19,026,863	45,029,001	3,842,123
51+		101,728,981	13,825,483	39,070,929	46,518,099	2,314,469
Gender:						
Male		115,766,695	21,800,275	34,263,996	55,317,873	4,384,550
Female		123,379,409	14,337,068	32,535,224	72,038,631	4,468,486
Race/Ethnicity:						
Hispanic		36,295,821	3,090,874	6,635,332	24,642,106	1,927,510
Non-Hispanic White		158,698,897	27,639,609	51,473,224	75,446,484	4,139,579
Non-Hispanic Black		28,675,277	4,141,350	5,695,856	17,317,342	1,520,729
Non-Hispanic Asian/Other		17,923,151	1,655,234	3,618,413	11,263,717	1,385,788
Education Level:						
High School (or less)		100,274,089	21,297,950	25,801,533	50,466,078	2,708,528
Some College		68,843,602	11,057,229	19,844,527	34,759,320	3,182,526
Bachelor's Plus		70,028,413	3,782,164	21,153,160	42,131,107	2,961,982

* Unweighted sample size on which weighted data are based; raked weight is retained when respondents are re-categorized.

[Tobacco Status is based on self-reported tobacco usage.]

Analysis of the comprehension data and perceptions questions regarding cessation aids and quitting tobacco entirely consisted of identifying the distribution of responses (and 95% confidence intervals) for each question overall, and for subgroups of interest (i.e., current, former, never and experimental tobacco users, as well as potential quitters of tobacco use, minorities, limited health literacy respondents, white males, and young adults ages 18-24 years). Analysis of the health risk ratings questions consisted of calculating means and standard deviations for each risk for each type of tobacco product (i.e., Camel SNUS, other smokeless tobacco products, and cigarettes) overall, and for the subgroups listed above.

Based on the definitions for current, former and never tobacco users (*see Section 2.1*), the study population consisted of current tobacco users (n=2,497) who predominantly used cigarettes (53% every day, 21% some days), with substantially fewer current tobacco users reporting the use of smokeless tobacco (5% every day, 7% some days) or snus (1% every day, 4% some days); 8% of current tobacco users reported dual/poly use of cigarettes, smokeless tobacco and/or snus (*see table below*). Among former tobacco users, 91% reported having used cigarettes, with 16% having used smokeless tobacco and 5% having used snus.

Product Use among Current Tobacco Users*	Every Day	Some Days	Not at All
Cigarettes [§]	53% (2.3)	21% (1.8)	26% (2.0)
Smokeless Tobacco	5% (1.1)	7% (1.2)	88% (1.6)
Snus	1% (0.5)	4% (0.9)	95% (1.1)
Dual/Poly Use of Cigarettes, Smokeless Tobacco and/or Snus Among Current Tobacco Users	8% (1.3)		
Former Tobacco Users [#]	Ever Used, But Not Currently		
Cigarettes [§]	91% (1.1)		
Smokeless Tobacco	16% (1.6)		
Snus	5% (0.9)		

*Current regular tobacco users defined as ever having used tobacco (even once or twice), meeting historical usage requirements (i.e., lifetime usage (100+) for cigarettes or ever fairly regular use for all other tobacco products) for at least one tobacco product, and now using tobacco “every day” or “some days”.

[§] ‘Cigarette’ use does not include use of ‘roll-your-own cigarettes’; the number of unique current/former tobacco users indicating use of ‘roll-your-own cigarettes’ is <2.0% of that indicating use of ‘cigarettes’.

[#] Former regular tobacco users defined as ever having used tobacco (even once or twice), meeting historical usage requirements for at least one tobacco product, but do not currently using tobacco at all.

4. DETAILED STUDY FINDINGS

4.1 Comprehension

A. Overall Population of Consumers

Table 8 provides the distribution of answers for each of the comprehension questions, along with 95% confidence intervals, and shows that:

- The vast majority of respondents answer each of the three components of the first comprehension question (Q1a) correctly by indicating that “quitting is the best choice for a smoker who is concerned about the health risks from smoking” (89%), “adults who do not use or who have quit using tobacco products should not start using Camel SNUS” (84%), and “Camel SNUS is addictive” (82%).
- Nearly three-quarters (72%) of respondents correctly answer that smokers must stop smoking completely and instead use Camel SNUS in order to achieve a health benefit (Q1a2).
- Majorities of respondents report the messaging communicates that Camel SNUS presents less risk (but some risk) for lung cancer (67%), oral cancer (57%), respiratory disease (66%), and heart disease (64%) than cigarettes (Q1b). When combined with respondents who indicate that Camel SNUS presents the same level of risk as cigarettes, vast majorities correctly understand that Camel SNUS is associated with some risk for lung cancer (82%), oral cancer (89%), respiratory disease (82%), and heart disease (83%).

Table 8: Weighted Comprehension Data among Overall Population of Consumers

OVERALL POPULATION (n = 8,404*)					
Comprehension: Q1a	Yes	No	Don't know / Not sure		
Quitting best choice for smokers	89% (0.8)	6% (0.6)	6% (0.6)		
Non-tobacco users should use Camel SNUS	5% (0.5)	84% (1.0)	11% (0.8)		
Camel SNUS is addictive	82% (1.0)	5% (0.6)	13% (0.9)		
Comprehension: Q1a2	Stop smoking, use instead	Reduce smoking, use in addition	No change in smoking, use in addition	Don't know / Not sure	
Behavior for smokers to benefit from using Camel SNUS	72% (1.2)	10% (0.8)	3% (0.4)	15% (0.9)	
Comprehension: Q1b	Same risk as smoking	Less risk than smoking, but some risk	Net "some risk"	No risk at all	Don't know / Not sure
Lung cancer risk with Camel SNUS	15% (0.9)	67% (1.2)	82% (1.0)	9% (0.7)	10% (0.8)
Oral cancer risk with Camel SNUS	32% (1.2)	57% (1.3)	89% (0.8)	3% (0.4)	9% (0.8)
Respiratory disease risk with Camel SNUS	15% (1.0)	66% (1.2)	82% (1.0)	8% (0.7)	10% (0.8)
Heart disease risk with Camel SNUS	19% (1.0)	64% (1.2)	83% (1.0)	5% (0.5)	12% (0.8)

* Unweighted sample size on which weighted data are based.

[Numbers in parentheses are percentages that represent the 95% confidence interval half-width (\pm mean estimate).]

B. Subgroups of Interest

Comprehension data were also analyzed for a number of subgroups of interest:

- current tobacco users
- former tobacco users
- never tobacco users
- experimenters (respondents who do not meet historical tobacco-use thresholds, but currently use tobacco "every day" or "some days"; considered a proxy for "youth" respondents)
- potential quitters (current users who may be more likely to quit using tobacco)
- minorities (non-Whites)
- White males

- limited health literacy respondents¹⁶ (scored 3 or less out of a maximum 6 points on the Newest Vital Sign health literacy test; *see table below* for mean number of correct responses by race/ethnicity)

	Hispanic	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic Other
(n) =	1,309	5,333	981	723	187
0	4%	3%	9%	4%	4%
1	13%	6%	14%	11%	6%
2	13%	9%	15%	10%	10%
3	13%	11%	14%	12%	15%
4	14%	17%	13%	15%	12%
5	18%	20%	14%	17%	19%
6	26%	35%	21%	30%	35%
Mean number correct	3.8	4.3	3.4	4.0	4.2
% limited health literacy	43%	29%	52%	37%	35%

- young adults (ages 18-24 years)

(Q1a) Quitting best choice for smokers, non-tobacco users should not use Camel SNUS, and Camel SNUS is addictive:

With few exceptions, more than three-quarters of respondents in every subgroup answer each of the questions correctly (*see Table 1, Appendix A for summary data; see Appendix C for data by subgroup*). Exceptions are limited to whether non-tobacco users should use Camel SNUS, among experimenters (71%) and limited health literacy respondents (72%); and, whether Camel SNUS is addictive, among limited health literacy respondents (65%).

(Q1a2) Behavior for smokers to benefit from using Camel SNUS:

With few exceptions, two-thirds or more of respondents in every subgroup correctly understand that for smokers to benefit from using Camel SNUS, they must quit smoking completely. Exceptions are limited to experimenters (59%) and limited health literacy respondents (53%) (*see Table 2, Appendix A for summary data; see Appendix C for data by subgroup*).

¹⁶ Weiss, BD, Mays, MZ, et al., 2005; Quick Assessment of Literacy in Primary Care: The Newest Vital Sign. The Annals of Family Medicine, 3(6):514-522. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466931/>.

(Q1b) Level of risk with Camel SNUS relative to continuing to smoke:

Among every subgroup, three-quarters or more of respondents correctly understand that use of Camel SNUS is associated with some risk for lung cancer, oral cancer, respiratory cancer, and heart disease (*see Table 3, Appendix A for summary data; see Appendix C for data by subgroup*).

Finally, the proportion of limited health literacy respondents responding “don’t know/not sure” to each item is generally numerically higher than that of the population overall (*see Tables 1-3, Appendix A*).

4.2 Risk Perceptions

A. Overall Population of Consumers

Table 9 provides the distribution of answers for each of the perception questions, along with 95% confidence intervals, and shows that:

- Mean ratings for the health risks associated with use of Camel SNUS (7-point scale) range from 4.5 (risk of developing respiratory disease) to 5.9 (how addictive).
- Mean ratings for the health risks associated with use of cigarettes (7-point scale) range from 6.0 (risk of developing oral cancer) to 6.5 (risk of developing lung cancer and how addictive).
- Mean ratings for the health risks associated with use of smokeless tobacco products other than Camel SNUS (7-point scale) range from 5.0 (risk of developing lung cancer) to 6.2 (how addictive).
- More than two-thirds (68%) of respondents correctly understand that Camel SNUS is not a safer alternative to cessation aids such as gum, patches, and lozenges (Q5a).
- Slightly less than three-quarters (71%) of respondents correctly understand that Camel SNUS is not a safer alternative to quitting tobacco entirely (Q5b).
- A small minority (15%) of respondents believe that Camel SNUS reduces the risk of other smoking-related diseases not discussed in the ad (Q2g); 53% of respondents do not know or are not sure as to whether Camel SNUS reduces the risk of other smoking-related diseases.

Table 9: Weighted Risk Perception Data among Overall Population of Consumers

OVERALL POPULATION (n = 8,404*)			
Perceptions: Q2a-Q2f <i>Responses using 7-point scale, where "1" means "no risk" and "7" means "substantial risk"</i>	Camel SNUS	Cigarette smoking	Smokeless tobacco other than Camel SNUS
Risk of developing lung cancer	4.6 (.05)	6.5 (.03)	5.0 (.05)
Risk of developing oral cancer	5.6 (.04)	6.0 (.04)	6.0 (.04)
Risk of developing respiratory disease	4.5 (.05)	6.4 (.03)	5.0 (.05)
Risk of developing heart disease	5.1 (.05)	6.3 (.03)	5.5 (.04)
Risk of developing generally poorer health	5.5 (.04)	6.4 (.03)	5.9 (.04)
How addictive	5.9 (.04)	6.5 (.03)	6.2 (.03)
Perceptions:	True / Yes	False / No	Don't know / Not sure
Camel SNUS not safer alternative than cessation products (Q5a)	68% (1.2)	14% (0.9)	18% (1.0)
Camel SNUS not safer alternative than quitting tobacco entirely (Q5b)	71% (1.2)	17% (1.0)	12% (0.9)
Camel SNUS reduces risk of other diseases (not discussed in ad) (Q2g)	15% (0.9)	32% (1.2)	53% (1.3)

* Unweighted sample size on which weighted data are based.

[Numbers in parentheses are percentages that represent the 95% confidence interval half-width (\pm mean estimate).]

B. Subgroups of Interest

The risk perception data were also analyzed for a number of subgroups of interest (refer to Section 4.1.B).

(Q2a-2f) Ratings of various health risks and addictiveness (7-point scale):

Mean ratings for the health risks associated with use of Camel SNUS (7-point scale) range from a low of 3.6 for risk of developing respiratory disease among current users, to a high of 6.2 for how addictive it is among former users (see Table 4, Appendix B for summary data; see Appendix D for data by subgroup).

Mean ratings of the health risks associated with use of cigarettes (7-point scale) range from a low of 5.6 for risk of developing oral cancer among experimenters, to a high of 6.7 for how addictive it is among former users (see Table 5, Appendix B for summary data; see Appendix D for data by subgroup).

Mean ratings of the health risks associated with use of smokeless tobacco products other than Camel SNUS (7-point scale) range from a low of 4.2 for risk of developing respiratory disease among current users, to a high of 6.4 for how addictive it is among former users (*see Table 6, Appendix B for summary data; see Appendix D for data by subgroup*).

(Q2g) Camel SNUS reduces the risk of other smoking-related diseases:

The proportion of respondents who believe that Camel SNUS reduces the risk for other smoking-related diseases not discussed in the ad ranges from a low of 13% among young adults ages 18-24 years to a high of 24% among experimenters (*see Table 7, Appendix B for summary data; see Appendix D for data by subgroup*); similar to respondents overall, approximately half (ranging from 45% among limited health literacy respondents to 58% among former users) are unsure whether Camel SNUS reduces the risk of other smoking-related diseases not discussed in the ad.

(Q5a-b) Safety of Camel SNUS relative to cessation products and quitting entirely:

The proportion of respondents who correctly understand that Camel SNUS is not a safer alternative to cessation aids such as gum, patches, and lozenges ranges from a low of 55% among limited health literacy respondents to a high of 75% of former users (*see Table 8, Appendix B for summary data; see Appendix D for data by subgroup*).

The proportion of respondents who correctly understand that Camel SNUS is not a safer alternative to quitting tobacco entirely ranges from a low of 58% among limited health literacy respondents to a high of 78% of former users (*see Table 9, Appendix B for summary data; see Appendix D for data by subgroup*).

5. CONCLUSIONS

Taken together, these findings support the conclusion that, overall, consumers understand – and are not misled by – the proposed Camel SNUS modified risk messaging materials. Specifically, the vast majority of consumers understand that:

- (a) those who do not use tobacco products should not start;
- (b) for current tobacco users, the best option is to quit all tobacco products;
- (c) there are risks associated with using Camel SNUS, but those risks are reduced compared to cigarette smoking;
- (d) smokers who use Camel SNUS instead of cigarettes can significantly reduce their risks for smoking-related disease; and,
- (e) Camel SNUS is addictive.

In addition, consumers continue to believe that there are health risks associated with using Camel SNUS; and, consumers believe that using Camel SNUS is not a safer alternative to using cessation products or to quitting tobacco altogether.

6. STUDY STRENGTHS AND LIMITATIONS

As with any research, this study has several identifiable strengths and limitations. The key strengths of this research are:

- The methodological rigor with which the study was conducted, including a large random sample of more than 8,400 respondents with quotas to allow meaningful subgroup analyses; and, a multi-step statistical weighting process that yielded weighted estimates that closely match population sizes obtained from the Census Bureau's Population Estimates Program, which, in turn, increases confidence in the accuracy of the population-based projections.
- The reliance on relevant statutes, FDA's draft guidance on submitting an MRTTP application, and information obtained during face-to-face meetings with FDA to frame research questions. The research began with a comprehensive review of these materials to maximize the probability that the study design would appropriately and sufficiently assess whether consumers overall understand, and are not misled by, the proposed modified risk messaging, and that they understand the relative significance of that information within the context of total health.
- The thorough manner in which materials were evaluated prior to fielding the survey. Both the proposed modified risk messaging materials and survey questions were subjected to several rounds of preliminary research to maximize clarity of the materials.
- The administration of the survey online, which allows for more complex skip patterns in survey design and more accurate data capture than paper-and-pencil methodologies.
- The inclusion of a validated health literacy test – the Newest Vital Sign (NVS) – which enabled the performance of consumers with more limited health literacy to be evaluated.

The key limitations of this research are:

- The sample was drawn from an internet panel, which excludes respondents who do not have access to the internet or who choose not to join the panel. Panels have, however, become the industry standard – and have been used by FDA in its own research. In addition, we have no reason to believe that understanding of communication materials for tobacco products among non-panel members is sufficiently different from demographically similar internet panel users to have a material effect on the research findings.

- The inability to verify respondents' actual tobacco behavior. Similar to virtually all comparable tobacco-related studies, this study categorized respondents based on self-reported data regarding tobacco use behavior. It is, therefore, possible that respondents misrepresented their actual tobacco use behavior, but given the anonymous nature of the data collection methodology, they would have no known motivation to do so.
- The tobacco user definitions in the survey did not match the definitions used in the population counts sources. Undoubtedly, it would have been methodologically "cleaner" if tobacco user definitions had been completely aligned, but the desire to identify "experimenters" and a belief that the more narrow focus of the CPS (ASES and TUS) definitions was less appropriate for these research questions made it necessary to use different definitions for weighting and analytic purposes. However, the high concordance between the weighted samples using the different definitions gives us confidence that the data do, in fact, accurately represent the population at-large, and that the different definitions are not a substantive concern.
- The lack of an identifiable standard of "success" for the comprehension test, which precluded development of specific hypotheses. Research of this nature is frequently conducted to determine if respondents meet or exceed a specific threshold (e.g., 70% correct on every item), but in this instance, no such threshold was available. As a result, it was necessary to develop more general hypotheses (e.g., sufficient proportion of respondents will understand to allow approval).
- The research measured the effects of a single exposure to the proposed Camel SNUS modified risk messaging materials in an artificial environment (as opposed to the effects of multiple exposures in the "real world"). There is, of course, no way to measure the effect of multiple exposures to the proposed modified risk messaging in the "real world" until that messaging has been cleared by the FDA. It is logical to believe that multiple exposures to Camel SNUS modified risk messaging in the "real world" will yield higher comprehension levels than were observed in this research, but that is an empirical question that can only be addressed after the product, with modified risk messaging, has entered the marketplace.

7. SURVEY INSTRUMENT

Camel SNUS MRTP Comprehension and Perceptions Survey

- Screener -

Thank you for visiting our survey site to answer a few qualifying questions. This survey is strictly for research purposes only.

It is NAXION's policy to keep interviews anonymous and responses confidential. Consistent with this policy, NAXION will only entrust survey data with other entities when: 1) the participant gives explicit permission to release this data, or 2) the data is shared with an entity who agrees in writing that the data will be held strictly confidential and that the data will be used for research purposes only, or 3) the release of this data is required by law.

You will not be contacted for sales purposes as a result of participating in this survey.

For further information on NAXION's privacy policy, you can view our website at www.naxionthinking.com/privacy-policy/privacy-policy-domestic-and-global-information. To view our respondent incentive statement, visit www.naxionthinking.com/incentivestatement.

All questions on each screen must be answered before you move to the next screen, so please be sure you have answered every question before trying to move forward. On the next few screens you will be asked a few questions to see if you qualify for this study. If you qualify, the survey itself should take less than 15 minutes to complete.

PROGRAMMER:

- 1) INSERT STANDARD INSTRUCTION SCREEN
- 2) THIS IS A 4-ARM SURVEY WITH ARMS BALANCED ON TOBACCO STATUS (CURRENT, FORMER, NEVER), TYPE OF TOBACCO USED (SNUS AND CAMEL SNUS), DEMOGRAPHICS, EXPERIMENTER, AND POTENTIAL QUITTER

FIELD OPS: RECRUIT RESPONDENTS FROM ONLY "TRADITIONAL" RESEARCH NOW PANEL

DO NOT ALLOW SURVEY TO BE TAKEN VIA IPHONE/BLACKBERRY, etc.

HAVE RECRUITERS DRAW SAMPLE...

- 1) ACCORDING TO MINIMUM PURCHASE AGE IN STATE (SEE S7 INSTRUCTIONS)
- 2) ACCORDING TO QUOTA
- 3) NOTE THAT NO STATES ARE EXCLUDED

S2. What is your current age?

_____ Years

PROGRAMMER:

- 1. RANGE IS 10-99**
 - 2. IF < 18, TERMINATE NOW**
-

S7. In what state do you currently reside?

[SHOW POP UP LIST OF STATES]

PROGRAMMER:

- 1. IF STATE IS ALABAMA, ALASKA, NEW JERSEY OR UTAH AND S2= 18, TERMINATE NOW
(Minimum age for tobacco purchase in these states is 19)**
 - 2. NOTE THAT RESPONDENTS IN ALL 50 US STATES AND DC ARE ELIGIBLE TO PARTICIPATE IN
THIS STUDY**
-

S1a1. Have you ever used any of the following tobacco products, even one or two times?

(Select "yes" or "no" for each row)

		Yes	No
1	Cigarettes	<input type="radio"/>	<input type="radio"/>
2	Roll-your-own Cigarettes	<input type="radio"/>	<input type="radio"/>
3	E-cigarettes	<input type="radio"/>	<input type="radio"/>
4	Tobacco Heating Cigarettes	<input type="radio"/>	<input type="radio"/>
5	Cigarillos (si-geh-RI-lohs) and Filtered Cigars	<input type="radio"/>	<input type="radio"/>
6	Bidis (BEE-dees) or Kreteks (KREH-techs)	<input type="radio"/>	<input type="radio"/>
7	Traditional Cigars	<input type="radio"/>	<input type="radio"/>
8	Pipe Tobacco	<input type="radio"/>	<input type="radio"/>
9	Hookah (WHO-kah)	<input type="radio"/>	<input type="radio"/>
10	Smokeless Tobacco, like dip, chew, or snuff	<input type="radio"/>	<input type="radio"/>
11	SNUS (SNOOS) Pouches	<input type="radio"/>	<input type="radio"/>
12	Dissolvable tobacco	<input type="radio"/>	<input type="radio"/>
13	Other tobacco product	<input type="radio"/>	<input type="radio"/>

PROGRAMMER:

1) ASK ALL

S1a2. Have you ever used any of the following tobacco product(s) fairly regularly?

(Select "yes" or "no" for each row)

		Yes	No
1	Cigarettes	<input type="radio"/>	<input type="radio"/>
2	Roll-your-own Cigarettes	<input type="radio"/>	<input type="radio"/>
3	E-cigarettes	<input type="radio"/>	<input type="radio"/>
4	Tobacco Heating Cigarettes	<input type="radio"/>	<input type="radio"/>
5	Cigarillos (si-geh-RI-lohs) and Filtered Cigars	<input type="radio"/>	<input type="radio"/>
6	Bidis (BEE-dees) or Kreteks (KREH-techs)	<input type="radio"/>	<input type="radio"/>
7	Traditional Cigars	<input type="radio"/>	<input type="radio"/>
8	Pipe Tobacco	<input type="radio"/>	<input type="radio"/>
9	Hookah (WHO-kah)	<input type="radio"/>	<input type="radio"/>
10	Smokeless Tobacco, like dip, chew, or snuff	<input type="radio"/>	<input type="radio"/>
11	SNUS (SNOOS) Pouches	<input type="radio"/>	<input type="radio"/>
12	Dissolvable tobacco	<input type="radio"/>	<input type="radio"/>
13	Other tobacco product	<input type="radio"/>	<input type="radio"/>

PROGRAMMER:

- 1) ASK IF ANY ROW IN S1a1 IS "YES"
 - 2) ONLY SHOW ROWS THAT ARE "YES" IN S1a1
-

S1b. How many cigarettes have you smoked in your entire life? A pack usually has 20 cigarettes in it. *Select one.*

1	1 or more puffs but never a whole cigarette	<input type="radio"/>
2	1 to 10 cigarettes (about ½ pack total)	<input type="radio"/>
3	11 to 20 cigarettes (about ½ pack to 1 pack)	<input type="radio"/>
4	21 to 50 cigarettes (more than 1 pack but less than 3 packs)	<input type="radio"/>
5	51 to 99 (more than 2 ½ packs but less than 5 packs)	<input type="radio"/>
6	100 or more cigarettes (5 packs or more)	<input type="radio"/>

PROGRAMMER:

1) ASK IF S1a1 ROW 1 = "YES"

S1c. Please indicate how often you currently use each of the following types of tobacco.
Select one response in each row.

		Every Day	Some Days	Not at All
1	Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Roll-your-own Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	E-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Tobacco Heating Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Cigarillos (si-geh-RI-lohs) and Filtered Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Bidis (BEE-dees) or Kreteks (KREH-techs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Traditional Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Pipe Tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Hookah (WHO-kah)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Smokeless Tobacco, like dip, chew, or snuff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	SNUS (SNOOS) Pouches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	Dissolvable tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Other tobacco product	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROGRAMMER:

- 1) ASK IF ANY ROW IS "YES" IN S1A1
- 2) SHOW ROWS THAT ARE "YES" IN S1A1

PROGRAMMER TO CLASSIFY RESPONDENTS AS FOLLOWS:

DEFINE AS NEVER USER IF:

- S1a1 is "NO" FOR ALL ROWS

IF DO NOT QUALIFY AS NEVER USER, DEFINE AS CURRENT CIGARETTE USER IF:

- S1a1 ROW 1 (Cigarettes) IS "Yes" AND
- S1b IS ROW 6 (100+ Cigarettes) AND
- S1c ROW 1 (Cigarettes) IS "EVERY DAY" OR "SOME DAYS"

IF DO NOT QUALIFY AS NEVER OR CURRENT CIGARETTE USER, DEFINE AS CURRENT TOBACCO USER (NON-CIGARETTE) IF:

- S1a1 ROW 2 IS "YES" AND
- S1a2 ROW 2 IS "YES" AND
- S1c ROW 2 IS "EVERY DAY" OR "SOME DAYS"
- CYCLE THROUGH THIS LOGIC FOR ALL ROWS 2 THROUGH 13 TO SEE IF AT LEAST ONE ROW/PRODUCT QUALIFIES

IF DO NOT QUALIFY FOR ANY OF THE ABOVE, DEFINE AS CIGARETTE EXPERIMENTER IF:

- S1a1 ROW 1 IS "YES" AND
- S1b IS NOT ROW 6 (100+ CIGARETTES) AND
- S1c ROW 1 IS "EVERY DAY" OR "SOME DAYS"

IF DO NOT QUALIFY FOR ANY OF THE ABOVE, DEFINE AS NON-CIGARETTE EXPERIMENTER IF:

- S1a1 ROW 2 IS "YES" AND
- S1a2 ROW 2 IS "NO" AND
- S1c ROW 2 IS "EVERY DAY" OR "SOME DAYS"
- CYCLE THROUGH THIS LOGIC FOR ALL ROWS 2 THROUGH 13 TO SEE IF AT LEAST ONE ROW/PRODUCT QUALIFIES

IF DO NOT QUALIFY FOR ANY OF THE ABOVE, DEFINE AS FORMER CIGARETTE USER IF:

- S1a1 ROW 1 IS "YES" AND
- S1b IS ROW 6 (100+ Cigarettes) AND
- S1c ROW 1 IS "NOT AT ALL"

IF DO NOT QUALIFY FOR ANY OF THE ABOVE, DEFINE AS FORMER TOBACCO USER (NON-CIGARETTE) IF:

- S1a1 ROW 2 IS "YES" AND
- S1a2 ROW 2 IS "YES" AND
- S1c ROW 2 IS "NOT AT ALL"
- CYCLE THROUGH THIS LOGIC FOR ALL ROWS 2 THROUGH 13 TO SEE IF AT LEAST ONE ROW/PRODUCT QUALIFIES

IF DO NOT QUALIFY FOR ANY OF THE ABOVE, DEFINE AS FORMER CIGARETTE EXPERIMENTER IF:

- S1a1 ROW 1 IS "YES" AND
- S1b IS NOT ROW 6 (100+ CIGARETTES) AND
- S1c ROW 1 "NOT AT ALL"

IF DO NOT QUALIFY FOR ANY OF THE ABOVE, DEFINE AS FORMER NON-CIGARETTE EXPERIMENTER IF:

- S1a1 ROW 2 IS "YES" AND
- S1a2 ROW 2 IS "NO" AND
- S1c ROW 2 IS "NOT AT ALL"

- CYCLE THROUGH THIS LOGIC FOR ALL ROWS 2 THROUGH 13 TO SEE IF AT LEAST ONE ROW/PRODUCT QUALIFIES

QUOTA GROUPS:

- 1) CURRENT USERS =
 - a. CURRENT CIGARETTE USERS
 - b. CURRENT TOBACCO USERS (NON-CIGARETTE)
- 2) FORMER USERS =
 - a. FORMER CIGARETTE USERS
 - b. FORMER TOBACCO USERS (NON-CIGARETTE)
 - c. FORMER CIGARETTE EXPERIMENTERS
 - d. FORMER NON-CIGARETTE EXPERIMENTERS
- 3) NEVER USERS
- 4) EXPERIMENTERS =
 - a. CIGARETTE EXPERIMENTERS
 - b. NON-CIGARETTE EXPERIMENTERS

WE WILL BE BALANCE ARMS ON SNUS USERS (CURRENT OR FORMER): HERE IS HOW TO DEFINE THESE GROUPS:

CURRENT SNUS USER IS:

- a) S1a1 ROW 11 IS "YES" AND
- b) S1a2 ROW 11 IS "YES" AND
- c) S1c ROW 11 IS "EVERY DAY" OR "SOME DAYS"

FORMER SNUS USER IS:

- a) S1a1 ROW 11 IS "YES" AND
- b) S1a2 ROW 11 IS "YES" AND
- c) S1c ROW 11 IS "NOT AT ALL"

Has used Camel SNUS (S9 ROW 1 is "YES")

S1d. During the past 12 months, have you stopped using tobacco for one day or longer because you were trying to quit using tobacco? *Select one.*

Yes	<input type="radio"/>
No	<input type="radio"/>

PROGRAMMER:

1) ASK CURRENT USERS

S1e. How much do you want to quit using tobacco? *Select one.*

Not at all	<input type="radio"/>
A little	<input type="radio"/>
Somewhat	<input type="radio"/>
A lot	<input type="radio"/>
No opinion	<input type="radio"/>

PROGRAMMER:

1) ASK CURRENT USERS

S1f. How likely do you think it is that you will try to quit using tobacco within the next 30 days?

Select one.

Very unlikely	<input type="radio"/>
Somewhat unlikely	<input type="radio"/>
Somewhat likely	<input type="radio"/>
Very likely	<input type="radio"/>
No opinion	<input type="radio"/>

PROGRAMMER:

1) ASK CURRENT USERS

S1g. If you did try to quit using tobacco within the next 30 days, how likely do you think it is that you would succeed in quitting? *Select one.*

Very unlikely	<input type="radio"/>
Somewhat unlikely	<input type="radio"/>
Somewhat likely	<input type="radio"/>
Very likely	<input type="radio"/>
No opinion	<input type="radio"/>

PROGRAMMER:

1) ASK CURRENT USERS

CLASSIFY RESPONDENT AS POTENTIAL QUITTER IF:

- **S1D = YES AND**
 - **S1E = SOMEWHAT *OR* A LOT AND**
 - **S1F = SOMEWHAT *OR* VERY LIKELY AND**
 - **S1G = SOMEWHAT *OR* VERY LIKELY**
-

S3. What is your gender?

Male	<input type="radio"/>
Female	<input type="radio"/>

S4. What is the highest grade you have completed in school? *(Select one)*

Less than High School	<input type="radio"/>
High school	<input type="radio"/>
Some college or technical/vocational training	<input type="radio"/>
Four years of college (Bachelor's degree)	<input type="radio"/>
More than Bachelor's degree	<input type="radio"/>

S5a. Do you consider yourself to be of Hispanic, Latino, or Spanish origin?

Yes	<input type="radio"/>
No	<input type="radio"/>

S5b. What do you consider to be your race? *(Select all that apply)*

White	<input type="checkbox"/>
African American / Black	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Other	<input type="checkbox"/>

PROGRAMMER:

1. DISPLAY S5a AND S5b ON SAME SCREEN

S6. Which of the following best describes your total household income?

Under \$25,000	<input type="radio"/>
\$25,000 to \$49,999	<input type="radio"/>
\$50,000 to \$74,999	<input type="radio"/>
\$75,000 to \$99,999	<input type="radio"/>
\$100,000 or more	<input type="radio"/>

- S9. Earlier you indicated that you have used SNUS. Which of the following brands of SNUS have you used? *Select “yes” or “no” for each row.*

Have you used ...

SNUS	Yes	No
Camel	<input type="radio"/>	<input type="radio"/>
Copenhagen	<input type="radio"/>	<input type="radio"/>
General	<input type="radio"/>	<input type="radio"/>
General Swedish Variety	<input type="radio"/>	<input type="radio"/>
Grand Prix	<input type="radio"/>	<input type="radio"/>
Klondike	<input type="radio"/>	<input type="radio"/>
Marlboro	<input type="radio"/>	<input type="radio"/>
Nordic Ice	<input type="radio"/>	<input type="radio"/>
Skoal	<input type="radio"/>	<input type="radio"/>
Tourney	<input type="radio"/>	<input type="radio"/>
Triumph	<input type="radio"/>	<input type="radio"/>
Some other brand of SNUS	<input type="radio"/>	<input type="radio"/>

PROGRAMMER:

1. ASK IF CURRENT OR FORMER SNUS USER
 2. MUST SAY “YES” TO AT LEAST 1 ROW
-

ARM ASSIGNMENT: CHECK QUOTAS TO SEE IF ELIGIBLE FOR EACH SURVEY ARM

ARMS:

Arm 1: Warning #1

Arm 2: Warning #2

Arm 3: Warning #3

Arm 4: Warning #4

IF ELIGIBLE FOR MORE THAN ONE ARM, ASSIGN WHERE NEEDED THE MOST TO BALANCE:

- a) Smoking status: Current, Former, Never
 - b) Current/Formersnusers
 - c) Has used Camel SNUS (S9 ROW 1 is “YES”)
 - d) Demographics
 - e) Current Experimenters
 - f) Potential Quitters
-

PROGRAMMER: CHECK QUOTAS AND INVITE IF ELIGIBLE

You have qualified for our survey, and we'd like to invite you to participate. The survey will require approximately 15 minutes to complete, and we ask for your undivided attention once you begin it. If you do not have 15 minutes right now, please click "Stop," and return any time during the next 24 hours when you have an uninterrupted 15 minutes.

Camel SNUS MRTP Comprehension & Perceptions Survey
–Survey –

This survey focuses on new information about an existing tobacco product. Everyone is asked all of the questions in this survey, regardless of whether or not they currently use tobacco.

Please take your time and review the information on the next few screens closely so that you will be able to answer the questions that follow.

PROGRAMMER:

1. ASK ALL

Please carefully review the product information below. Take as much time as you need. Please scroll down to view all of the product information and the questions which follow it.

[INSERT STIMULI]

First, we are going to ask three questions about what the ad says and then we will ask some questions about what you believe.

Q1a. Please answer the following questions based on what the ad communicates to you (whether or not you believe the information).

Select one response per row.

		Yes	No	Don't know/Not Sure
1	Is quitting the best choice for a smoker who is concerned about the health risks from smoking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Should adults who do not use or who have quit using tobacco products start using Camel SNUS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Is Camel SNUS, which contains nicotine, addictive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROGRAMMER:

- 1. ASK ALL**
- 2. RANDOMIZE ROW ORDER**
- 3. INSERT STIMULI ON SAME SCREEN**

Q1a2. According to the ad, what do smokers need to do in order to receive a health benefit from using Camel SNUS?

Select one.

Stop smoking completely and use Camel SNUS instead	<input type="radio"/>
Reduce their smoking by half and use Camel SNUS in addition	<input type="radio"/>
Not change their smoking habits, but use Camel SNUS as well	<input type="radio"/>
Don't know	<input type="radio"/>

PROGRAMMER:

1. ASK ALL
 2. INSERT STIMULI ON SAME SCREEN
 3. RANDOMIZE APPEARANCE OF ROWS 1 AND 3
-

Q1b. Now, what does the information communicate to you about the risk associated with Camel SNUS, regardless of if you believe the information or not?

Select one response per row.

		The information communicates that Camel SNUS has...			
		Same level of health risk as continuing to smoke	Less health risk than continuing to smoke, but has some risk	No health risk at all	I don't know/not sure
1	Lung cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Oral cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Respiratory disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROGRAMMER:

1. ASK ALL
2. RANDOMIZE ROW ORDER
3. INSERT STIMULI ON SAME SCREEN

SHOW ALL

We are interested in your beliefs related to various health risks associated with using different types of tobacco products.

Please estimate what impact using each type of tobacco has on a person's risk of developing each condition, using a 7-point scale where "1" means "No Risk" and "7" means "Substantial Risk".

Q2a. Please estimate what impact you believe using each type of tobacco has on a person's risk of developing lung cancer.

	No Risk ↓						Substantial risk ↓
	1	2	3	4	5	6	7
Camel SNUS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarette smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco use other than Camel SNUS (e.g., chewing tobacco, snuff, dissolvable tobacco, and other brands of SNUS. Smokeless tobacco does <u>not</u> include e-cigarettes.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROGRAMMER:

1. ASK ALL

Q2b. Please estimate what impact you believe using each type of tobacco has on a person's risk of developing oral cancer.

	No Risk ↓						Substantial risk ↓	
	1	2	3	4	5	6	7	
Camel SNUS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Cigarette smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Smokeless tobacco use other than Camel SNUS (e.g., chewing tobacco, snuff, dissolvable tobacco, and other brands of SNUS. Smokeless tobacco does <u>not</u> include e-cigarettes.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

PROGRAMMER:

1. ASK ALL

Q2c. Please estimate what impact you believe using each type of tobacco has on a person's risk of developing respiratory disease.

	No Risk ↓					Substantial risk ↓	
	1	2	3	4	5	6	7
Camel SNUS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarette smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco use other than Camel SNUS (e.g., chewing tobacco, snuff, dissolvable tobacco, and other brands of SNUS. Smokeless tobacco does <u>not</u> include e-cigarettes.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROGRAMMER:

1. ASK ALL

Q2d. Please estimate what impact you believe using each type of tobacco has on a person's risk of developing heart disease.

	No Risk ↓					Substantial risk ↓	
	1	2	3	4	5	6	7
Camel SNUS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarette smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco use other than Camel SNUS (e.g., chewing tobacco, snuff, dissolvable tobacco, and other brands of SNUS. Smokeless tobacco does <u>not</u> include e-cigarettes.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROGRAMMER:

1. ASK ALL

- Q2e. Please estimate what impact you believe using each type of tobacco has on a person's risk of developing generally poorer health.

	No Risk ↓				Substantial risk ↓		
	1	2	3	4	5	6	7
Camel SNUS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarette smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco use other than Camel SNUS (e.g., chewing tobacco, snuff, dissolvable tobacco, and other brands of SNUS. Smokeless tobacco does <u>not</u> include e-cigarettes.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROGRAMMER:

1. ASK ALL

Q2f. Now please rate how addictive you believe each of the following types of tobacco are, using a 7-point scale where “1” means “Not At All Addictive” and “7” means “Extremely Addictive”.

	Not At All Addictive ↓				Extremely Addictive ↓		
	1	2	3	4	5	6	7
Camel SNUS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarette smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco use other than Camel SNUS (e.g., chewing tobacco, snuff, dissolvable tobacco, and other brands of SNUS. Smokeless tobacco does <u>not</u> include e-cigarettes.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROGRAMMER:

1. ASK ALL

Q2g. Does Camel SNUS reduce the risk of other smoking-related diseases that are not discussed in the ad?

Yes	<input type="radio"/>
No	<input type="radio"/>
Don't know	<input type="radio"/>

PROGRAMMER: ASK ALL

Now we are interested in your perceptions of various types of health risks associated with using CAMEL SNUS relative to using smoking cessation aids (e.g., gum, patches and lozenges) and quitting tobacco entirely instead of continuing to smoke.

Q5a. Do you believe the following statement is true, false, or you don't know?

Camel SNUS is NOT a safer alternative than products that are used to quit tobacco such as gum, patches, and lozenges.

True	<input type="radio"/>
False	<input type="radio"/>
Don't know	<input type="radio"/>

Q5b. Do you believe the following statement is true, false, or you don't know?

Camel SNUS is NOT a safer alternative than quitting tobacco entirely.

True	<input type="radio"/>
False	<input type="radio"/>
Don't know	<input type="radio"/>

PROGRAMMER:

1. ASK ALL
 2. SHOW Q5a AND Q5b ON SAME SCREEN
-

The remaining questions are not about tobacco. These questions are to help us get a better sense of who you are and how you make decisions about your health. The information below is from the back of a container of a pint of ice cream. Please use this information to answer the following questions.

Nutrition Facts			
Serving Size		½ cup	
Servings per container		4	
Amount per serving			
Calories	250	Fat Cal	120
			%DV
Total Fat 13g			20%
Sat Fat 9g			40%
Cholesterol 28mg			12%
Sodium 55mg			2%
Total Carbohydrate 30g			12%
Dietary Fiber 2g			
Sugars 23g			
Protein 4g			8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

PROGRAMMER:

1. ASK ALL

6a. If you eat the entire container, how many calories will you eat?

_____ Calories

PROGRAMMER:

1. ASK ALL
 2. SHOW LABEL ON SAME SCREEN
-

6b. If you are allowed to eat 60 grams of carbohydrates as a snack, how many cups of ice cream could you have?

_____ Cups

PROGRAMMER:

1. ASK ALL
 2. SHOW LABEL ON SAME SCREEN
-

6c. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?

_____ Grams

PROGRAMMER:

1. ASK ALL
 2. SHOW LABEL ON SAME SCREEN
-

6d. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?

_____ %

PROGRAMMER:

1. ASK ALL
 2. SHOW LABEL ON SAME SCREEN
-

For the next few questions, pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves, and bee stings.

6e. Is it safe for you to eat this ice cream?

Yes	<input type="radio"/>
No	<input type="radio"/>

PROGRAMMER:

1. ASK ALL
 2. SHOW LABEL ON SAME SCREEN
-

6f. Why isn't it safe to eat this ice cream? *(Select one.)*

It is high in calories	<input type="radio"/>
It contains peanut oil	<input type="radio"/>
It is high in fat	<input type="radio"/>
The ice cream container is coated with latex	<input type="radio"/>
People who are allergic to penicillin should not eat ice cream	<input type="radio"/>

PROGRAMMER:

1. ASK IF 6E IS "NO"
 2. SHOW LABEL ON SAME SCREEN
-

Please note that the goal of this survey is only to assess how clearly the risks associated with tobacco products are communicated. It is **not** intended to encourage you or anyone else to continue/start using tobacco products.

- Individuals should consider the conclusions of the U.S. Surgeon General, the Centers for Disease control, and other public health and medical officials when making decisions regarding smoking.
- The best course of action for tobacco users concerned about their health is to quit.
- Minors should never use tobacco products and adults who do not use or have quit using tobacco products should not start.
- Adults who smoke should avoid exposing minors to secondhand smoke, and adult smokers should comply with rules and regulations designed to respect the rights of other adults.

PROGRAMMER:

1. ASK ALL

All information contained in this advertising is provided for your information only and for regulatory research purposes only. In order to advertise that a smokeless tobacco product is less harmful than a cigarette or another smokeless tobacco product, the company must first obtain clearance from the Food and Drug Administration ("FDA"). As part of that clearance process, a company must present evidence demonstrating that consumers perceive and understand the statements that the company is making about the product in its proposed advertising. This research is aimed at developing advertising that will achieve this. The advertisements used in this research study have not and will not be used by the company to promote its products commercially without first obtaining clearance from FDA to do so.

The information and opinions expressed here are believed to be accurate, based on sound science and the best judgment available to the company. However, no action or inaction should be taken based on the contents of this information; instead, you should consult appropriate health professionals on any matter relating to your health.

THANK YOU SCREEN

PROGRAMMER: ASK ALL

Quotas: TOTAL= 7,500

Additional quotas: Experimenters = ~100 and Potential Quitters = ~100

	Current Tobacco User	Former Tobacco User	Never Tobacco User
	2,500	2,500	2,500
Northeast	350 – 500	350 – 500	350 – 500
Midwest	450 – 650	450 – 650	450 – 650
South	750 – 1,000	750 – 1,000	750 – 1,000
West	450 – 650	450 – 650	450 – 650
18-30	650 – 800	300 - 400	650 – 800
31-50	950 – 1,100	800 – 950	950 – 1,100
51+	650 - 800	1,150 – 1,300	650 - 800
Male	1,127 – 1,377	1,127 – 1,377	1,127 – 1,377
Female	1,127 – 1,377	1,127 – 1,377	1,127 – 1,377
Hispanic	327 – 427	327 – 427	327 – 427
Non-Hispanic - White	1,500 – 1,750	1,500 – 1,750	1,500 – 1,750
Non-Hispanic - Black	250 – 350	250 – 350	250 – 350
Non-Hispanic - Asian/Other	177 – 250	177 – 250	177 – 250
Up to High School	1,200 – 1,350	850 – 1,000	800 – 950
Some College	650 – 800	650 – 800	600 – 750
Bachelor's Plus	400 – 550	750 – 900	850 – 1,000

Northeast

Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island
New Jersey
New York
Pennsylvania
Vermont

Midwest

Indiana
Illinois
Iowa
Kansas
Michigan
Minnesota
Missouri
Nebraska
North Dakota
Ohio
South Dakota
Wisconsin

South

Alabama
Arkansas
Delaware
District of Columbia
Florida
Georgia
Kentucky
Louisiana
Maryland
Mississippi
North Carolina
Oklahoma
South Carolina
Tennessee
Texas
Virginia
West Virginia

West

Alaska
Arizona
California
Colorado
Hawaii
Idaho
Montana
Nevada
New Mexico
Oregon
Utah
Washington
Wyoming

Appendix A: COMPREHENSION DATA TABLES

[For all tables (Appendix A), numbers in parentheses are percentages that represent the 95% confidence interval half-width (\pm mean estimate); and, unweighted sample sizes (on which the weighted data are based) are shown.]

Table 1: Comprehension Q1a				
		Yes	No	Don't know / Not sure
Current Users (n = 2,497)	Quitting best choice for smokers	91% (1.3)	5% (1.0)	4% (0.9)
	Non-tobacco users should use Camel SNUS	7% (1.1)	80% (1.8)	13% (1.6)
	Camel SNUS is addictive	84% (1.7)	4% (0.9)	11% (1.5)
Former Users (2,477)	Quitting best choice for smokers	95% (1.0)	3% (0.7)	3% (0.7)
	Non-tobacco users should use Camel SNUS	3% (0.8)	90% (1.3)	6% (1.0)
	Camel SNUS is addictive	88% (1.4)	3% (0.7)	9% (1.2)
Never Users (n = 2,492)	Quitting best choice for smokers	86% (1.4)	7% (1.0)	7% (1.0)
	Non-tobacco users should use Camel SNUS	5% (0.9)	82% (1.5)	13% (1.4)
	Camel SNUS is addictive	78% (1.7)	7% (1.0)	15% (1.4)
Experimenters (n = 938)	Quitting best choice for smokers	84% (3.4)	7% (2.1)	10% (2.8)
	Non-tobacco users should use Camel SNUS	13% (2.9)	71% (4.0)	16% (3.3)
	Camel SNUS is addictive	76% (3.9)	8% (2.5)	16% (3.5)
Potential Quitters (n = 707)	Quitting best choice for smokers	93% (2.2)	5% (1.8)	2% (1.3)
	Non-tobacco users should use Camel SNUS	9% (2.4)	82% (3.2)	9% (2.4)
	Camel SNUS is addictive	88% (2.8)	3% (1.2)	9% (2.6)
Limited Health Literacy (n = 2,779)	Quitting best choice for smokers	79% (1.9)	10% (1.4)	12% (1.5)
	Non-tobacco users should use Camel SNUS	7% (1.1)	72% (2.0)	20% (1.8)
	Camel SNUS is addictive	65% (2.2)	11% (1.4)	24% (1.9)

Table 1: Comprehension Q1a				
		Yes	No	Don't know / Not sure
White Males (n = 2,150)	Quitting best choice for smokers	90% (1.4)	5% (1.0)	5% (1.1)
	Non-tobacco users should use Camel SNUS	5% (1.0)	84% (1.7)	11% (1.4)
	Camel SNUS is addictive	83% (1.8)	5% (1.0)	13% (1.6)
Minority Respondents (n = 3,071)	Quitting best choice for smokers	84% (1.7)	8% (1.3)	8% (1.3)
	Non-tobacco users should use Camel SNUS	6% (1.0)	78% (1.9)	15% (1.7)
	Camel SNUS is addictive	76% (2.0)	7% (1.2)	17% (1.7)
Young Adults Ages 18-24 (n = 484)	Quitting best choice for smokers	84% (4.3)	9% (3.3)	7% (3.0)
	Non-tobacco users should use Camel SNUS	7% (2.6)	82% (4.4)	11% (3.7)
	Camel SNUS is addictive	83% (5.8)	6% (2.6)	11% (3.7)

Table 2: Comprehension Q1a2					
		Stop smoking, use instead	Reduce smoking, use in addition	No change in smoking, use in addition	Don't know / Not sure
Current Users (n = 2,497)	Behavior for smokers to benefit from using Camel SNUS	72% (2.1)	13% (1.5)	3% (0.7)	12% (1.5)
Former Users (2,477)	Behavior for smokers to benefit from using Camel SNUS	80% (1.7)	7% (1.1)	2% (0.6)	11% (1.4)
Never Users (n = 2,492)	Behavior for smokers to benefit from using Camel SNUS	69% (1.9)	10% (1.2)	3% (0.7)	17% (1.5)
Experimenters (n = 938)	Behavior for smokers to benefit from using Camel SNUS	59% (4.3)	19% (3.6)	6% (2.0)	15% (3.5)
Potential Quitters (n = 707)	Behavior for smokers to benefit from using Camel SNUS	72% (4.0)	15% (3.1)	4% (1.8)	9% (2.6)
Limited Health Literacy (n = 2,779)	Behavior for smokers to benefit from using Camel SNUS	53% (2.2)	16% (1.6)	5% (1.0)	26% (2.0)
White Males (n = 2,150)	Behavior for smokers to benefit from using Camel SNUS	75% (2.0)	8% (1.3)	2% (0.7)	14% (1.6)
Minority Respondents (n = 3,071)	Behavior for smokers to benefit from using Camel SNUS	65% (2.2)	13% (1.5)	4% (0.9)	18% (1.8)
Young Adults Ages 18-24 (n = 484)	Behavior for smokers to benefit from using Camel SNUS	72% (5.2)	12% (3.6)	4% (2.4)	12% (3.8)

Table 3: Comprehension Q1b

		Same risk as smoking	Less risk than smoking, but some risk	Net "some risk"	No risk at all	Don't know / Not sure
Current Users (n = 2,497)	Lung cancer risk with Camel SNUS	13% (1.5)	66% (2.2)	79% (1.9)	14% (1.6)	8% (1.3)
	Oral cancer risk with Camel SNUS	36% (2.2)	55% (2.3)	91% (1.3)	3% (0.8)	6% (1.1)
	Respiratory disease risk with Camel SNUS	13% (1.5)	65% (2.2)	78% (1.9)	14% (1.6)	8% (1.2)
	Heart disease risk with Camel SNUS	18% (1.8)	66% (2.2)	84% (1.7)	7% (1.1)	9% (1.3)
Former Users (2,477)	Lung cancer risk with Camel SNUS	11% (1.3)	74% (1.9)	85% (1.6)	10% (1.3)	6% (1.1)
	Oral cancer risk with Camel SNUS	31% (2.0)	62% (2.1)	93% (1.1)	2% (0.6)	5% (1.0)
	Respiratory disease risk with Camel SNUS	11% (1.3)	74% (1.9)	85% (1.6)	8% (1.2)	7% (1.1)
	Heart disease risk with Camel SNUS	15% (1.5)	72% (1.9)	87% (1.5)	4% (0.9)	9% (1.2)
Never Users (n = 2,492)	Lung cancer risk with Camel SNUS	18% (1.6)	64% (1.9)	82% (1.5)	6% (1.0)	12% (1.3)
	Oral cancer risk with Camel SNUS	31% (1.9)	55% (2.0)	86% (1.4)	3% (0.7)	11% (1.3)
	Respiratory disease risk with Camel SNUS	18% (1.6)	63% (1.9)	81% (1.6)	6% (1.0)	12% (1.3)
	Heart disease risk with Camel SNUS	21% (1.7)	61% (2.0)	82% (1.5)	4% (0.8)	14% (1.4)
Experimenters (n = 938)	Lung cancer risk with Camel SNUS	19% (3.5)	60% (4.3)	79% (3.8)	10% (2.6)	11% (3.1)
	Oral cancer risk with Camel SNUS	33% (4.0)	53% (4.3)	86% (3.3)	3% (1.7)	11% (3.0)
	Respiratory disease risk with Camel SNUS	18% (3.5)	60% (4.3)	78% (3.7)	10% (2.6)	12% (3.1)
	Heart disease risk with Camel SNUS	21% (3.6)	59% (4.3)	80% (3.7)	7% (2.3)	13% (3.1)
Potential Quitters (n = 707)	Lung cancer risk with Camel SNUS	14% (3.0)	65% (4.1)	79% (3.5)	14% (2.9)	7% (2.4)
	Oral cancer risk with Camel SNUS	37% (4.2)	54% (4.3)	92% (2.4)	3% (1.3)	5% (2.0)
	Respiratory disease risk with Camel SNUS	14% (3.0)	65% (4.1)	79% (3.5)	15% (3.1)	6% (2.1)
	Heart disease risk with Camel SNUS	21% (3.6)	64% (4.2)	85% (3.1)	6% (1.7)	9% (2.7)

Table 3: Comprehension Q1b						
		Same risk as smoking	Less risk than smoking, but some risk	Net "some risk"	No risk at all	Don't know / Not sure
Limited Health Literacy (n = 2,779)	Lung cancer risk with Camel SNUS	27% (2.0)	47% (2.2)	74% (2.0)	9% (1.2)	17% (1.8)
	Oral cancer risk with Camel SNUS	38% (2.2)	41% (2.2)	79% (1.9)	4% (0.9)	16% (1.7)
	Respiratory disease risk with Camel SNUS	26% (2.0)	48% (2.2)	74% (2.0)	9% (1.2)	17% (1.8)
	Heart disease risk with Camel SNUS	29% (2.0)	46% (2.2)	75% (2.0)	6% (1.1)	18% (1.8)
White Males (n = 2,150)	Lung cancer risk with Camel SNUS	13% (1.6)	65% (2.2)	78% (1.9)	12% (1.4)	10% (1.4)
	Oral cancer risk with Camel SNUS	34% (2.2)	55% (2.3)	89% (1.4)	2% (0.7)	9% (1.3)
	Respiratory disease risk with Camel SNUS	13% (1.6)	65% (2.2)	78% (1.9)	11% (1.4)	11% (1.5)
	Heart disease risk with Camel SNUS	19% (1.9)	64% (2.2)	83% (1.8)	5% (1.0)	12% (1.5)
Minority Respondents (n = 3,071)	Lung cancer risk with Camel SNUS	19% (1.8)	61% (2.2)	80% (1.8)	8% (1.2)	12% (1.5)
	Oral cancer risk with Camel SNUS	31% (2.1)	55% (2.3)	85% (1.7)	3% (0.8)	11% (1.5)
	Respiratory disease risk with Camel SNUS	19% (1.8)	61% (2.2)	80% (1.8)	8% (1.2)	12% (1.6)
	Heart disease risk with Camel SNUS	21% (1.9)	60% (2.2)	81% (1.8)	5% (1.0)	14% (1.6)
Young Adults Ages 18-24 (n = 484)	Lung cancer risk with Camel SNUS	17% (4.4)	61% (5.7)	78% (4.8)	10% (3.4)	12% (3.9)
	Oral cancer risk with Camel SNUS	30% (5.3)	55% (5.8)	85% (4.4)	4% (2.3)	11% (3.9)
	Respiratory disease risk with Camel SNUS	17% (4.4)	62% (5.6)	79% (4.8)	8% (3.1)	13% (4.0)
	Heart disease risk with Camel SNUS	20% (4.6)	60% (5.7)	80% (4.8)	7% (2.8)	13% (4.2)

Appendix B: RISK PERCEPTION DATA TABLES

[For all tables (Appendix B), numbers in parentheses are percentages that represent the 95% confidence interval half-width (\pm mean estimate); and, unweighted sample sizes (on which the weighted data are based) are shown.]

Table 4: Camel SNUS Perceptions (Q2a-Q2f)		
Responses using 7-point scale, where "1" means "no risk" and "7" means "substantial risk"		Camel SNUS
Current Users (n = 2,497)	Risk of developing lung cancer	3.9 (.08)
	Risk of developing oral cancer	5.3 (.08)
	Risk of developing respiratory disease	3.6 (.09)
	Risk of developing heart disease	4.5 (.08)
	Risk of developing generally poorer health	5.0 (.08)
	How addictive	5.6 (.07)
Former Users (n = 2,477)	Risk of developing lung cancer	4.5 (.08)
	Risk of developing oral cancer	5.8 (.06)
	Risk of developing respiratory disease	4.3 (.08)
	Risk of developing heart disease	5.2 (.07)
	Risk of developing generally poorer health	5.7 (.07)
	How addictive	6.2 (.06)
Never Users (n = 2,492)	Risk of developing lung cancer	4.8 (.07)
	Risk of developing oral cancer	5.6 (.07)
	Risk of developing respiratory disease	4.8 (.07)
	Risk of developing heart disease	5.3 (.07)
	Risk of developing generally poorer health	5.6 (.07)
	How addictive	5.9 (.06)
Experimenters (n = 938)	Risk of developing lung cancer	4.3 (.16)
	Risk of developing oral cancer	5.1 (.17)
	Risk of developing respiratory disease	4.2 (.17)
	Risk of developing heart disease	4.8 (.17)
	Risk of developing generally poorer health	5.1 (.16)
	How addictive	5.4 (.16)

Table 4: Camel SNUS Perceptions (Q2a-Q2f)

<i>Responses using 7-point scale, where "1" means "no risk" and "7" means "substantial risk"</i>		Camel SNUS
Potential Quitters (n = 707)	Risk of developing lung cancer	3.9 (.16)
	Risk of developing oral cancer	5.4 (.14)
	Risk of developing respiratory disease	3.7 (.16)
	Risk of developing heart disease	4.7 (.16)
	Risk of developing generally poorer health	5.1 (.16)
	How addictive	5.7 (.13)
Limited Health Literacy Respondents (n = 2,779)	Risk of developing lung cancer	4.6 (.09)
	Risk of developing oral cancer	5.2 (.08)
	Risk of developing respiratory disease	4.6 (.09)
	Risk of developing heart disease	4.9 (.08)
	Risk of developing generally poorer health	5.2 (.08)
	How addictive	5.4 (.08)
White Males (n = 2,150)	Risk of developing lung cancer	4.3 (.09)
	Risk of developing oral cancer	5.6 (.07)
	Risk of developing respiratory disease	4.1 (.09)
	Risk of developing heart disease	5.0 (.08)
	Risk of developing generally poorer health	5.4 (.08)
	How addictive	5.9 (.07)
Minority Respondents (n = 3,071)	Risk of developing lung cancer	4.7 (.08)
	Risk of developing oral cancer	5.4 (.08)
	Risk of developing respiratory disease	4.6 (.08)
	Risk of developing heart disease	5.1 (.08)
	Risk of developing generally poorer health	5.4 (.08)
	How addictive	5.8 (.07)
Young Adults Ages 18-24 (n = 484)	Risk of developing lung cancer	4.7 (.22)
	Risk of developing oral cancer	5.5 (.20)
	Risk of developing respiratory disease	4.7 (.23)
	Risk of developing heart disease	5.2 (.21)
	Risk of developing generally poorer health	5.7 (.19)
	How addictive	5.9 (.18)

Table 5: Cigarette Smoking Perceptions (Q2a-Q2f)		
Responses using 7-point scale, where "1" means "no risk" and "7" means "substantial risk"		Cigarette smoking
Current Users (n = 2,497)	Risk of developing lung cancer	6.3 (.06)
	Risk of developing oral cancer	5.7 (.07)
	Risk of developing respiratory disease	6.3 (.06)
	Risk of developing heart disease	6.1 (.06)
	Risk of developing generally poorer health	6.2 (.06)
	How addictive	6.4 (.05)
Former Users (n = 2,477)	Risk of developing lung cancer	6.6 (.04)
	Risk of developing oral cancer	6.1 (.06)
	Risk of developing respiratory disease	6.6 (.04)
	Risk of developing heart disease	6.5 (.04)
	Risk of developing generally poorer health	6.6 (.04)
	How addictive	6.7 (.04)
Never Users (n = 2,492)	Risk of developing lung cancer	6.4 (.05)
	Risk of developing oral cancer	6.1 (.05)
	Risk of developing respiratory disease	6.4 (.05)
	Risk of developing heart disease	6.3 (.05)
	Risk of developing generally poorer health	6.4 (.05)
	How addictive	6.5 (.05)
Experimenters (n = 938)	Risk of developing lung cancer	6.0 (.15)
	Risk of developing oral cancer	5.6 (.14)
	Risk of developing respiratory disease	6.1 (.14)
	Risk of developing heart disease	5.9 (.14)
	Risk of developing generally poorer health	6.0 (.14)
	How addictive	6.2 (.13)
Potential Quitters (n = 707)	Risk of developing lung cancer	6.3 (.11)
	Risk of developing oral cancer	5.9 (.12)
	Risk of developing respiratory disease	6.3 (.11)
	Risk of developing heart disease	6.2 (.11)
	Risk of developing generally poorer health	6.3 (.11)
	How addictive	6.5 (.10)

Table 5: Cigarette Smoking Perceptions (Q2a-Q2f)		
<i>Responses using 7-point scale, where "1" means "no risk" and "7" means "substantial risk"</i>		Cigarette smoking
Limited Health Literacy Respondents (n = 2,779)	Risk of developing lung cancer	6.0 (.07)
	Risk of developing oral cancer	5.7 (.07)
	Risk of developing respiratory disease	6.0 (.07)
	Risk of developing heart disease	5.9 (.07)
	Risk of developing generally poorer health	6.0 (.07)
	How addictive	6.1 (.07)
White Males (n = 2,150)	Risk of developing lung cancer	6.4 (.06)
	Risk of developing oral cancer	5.9 (.07)
	Risk of developing respiratory disease	6.4 (.05)
	Risk of developing heart disease	6.3 (.06)
	Risk of developing generally poorer health	6.4 (.05)
	How addictive	6.5 (.05)
Minority Respondents (n = 3,071)	Risk of developing lung cancer	6.4 (.06)
	Risk of developing oral cancer	6.0 (.06)
	Risk of developing respiratory disease	6.3 (.06)
	Risk of developing heart disease	6.2 (.06)
	Risk of developing generally poorer health	6.3 (.06)
	How addictive	6.4 (.06)
Young Adults Ages 18-24 (n = 484)	Risk of developing lung cancer	6.3 (.18)
	Risk of developing oral cancer	6.1 (.17)
	Risk of developing respiratory disease	6.2 (.17)
	Risk of developing heart disease	6.0 (.18)
	Risk of developing generally poorer health	6.2 (.17)
	How addictive	6.3 (.16)

Table 6: Other Smokeless Tobacco Perceptions (Q2a-Q2f)		
Responses using 7-point scale, where "1" means "no risk" and "7" means "substantial risk"		Smokeless Tobacco
Current Users (n = 2,497)	Risk of developing lung cancer	4.4 (.09)
	Risk of developing oral cancer	5.8 (.07)
	Risk of developing respiratory disease	4.2 (.09)
	Risk of developing heart disease	5.0 (.08)
	Risk of developing generally poorer health	5.4 (.07)
	How addictive	6.0 (.06)
Former Users (n = 2,477)	Risk of developing lung cancer	5.0 (.08)
	Risk of developing oral cancer	6.3 (.05)
	Risk of developing respiratory disease	4.8 (.08)
	Risk of developing heart disease	5.6 (.07)
	Risk of developing generally poorer health	6.1 (.06)
	How addictive	6.4 (.04)
Never Users (n = 2,492)	Risk of developing lung cancer	5.3 (.07)
	Risk of developing oral cancer	6.0 (.06)
	Risk of developing respiratory disease	5.2 (.07)
	Risk of developing heart disease	5.6 (.06)
	Risk of developing generally poorer health	6.0 (.06)
	How addictive	6.2 (.05)
Experimenters (n = 938)	Risk of developing lung cancer	4.7 (.16)
	Risk of developing oral cancer	5.5 (.15)
	Risk of developing respiratory disease	4.8 (.16)
	Risk of developing heart disease	5.2 (.15)
	Risk of developing generally poorer health	5.5 (.15)
	How addictive	5.8 (.15)
Potential Quitters (n = 707)	Risk of developing lung cancer	4.5 (.16)
	Risk of developing oral cancer	5.8 (.12)
	Risk of developing respiratory disease	4.3 (.16)
	Risk of developing heart disease	5.2 (.14)
	Risk of developing generally poorer health	5.7 (.13)
	How addictive	6.0 (.12)

Table 6: Other Smokeless Tobacco Perceptions (Q2a-Q2f)		
Responses using 7-point scale, where "1" means "no risk" and "7" means "substantial risk"		Smokeless Tobacco
Limited Health Literacy Respondents (n = 2,779)	Risk of developing lung cancer	5.1 (.08)
	Risk of developing oral cancer	5.6 (.07)
	Risk of developing respiratory disease	5.0 (.08)
	Risk of developing heart disease	5.3 (.08)
	Risk of developing generally poorer health	5.6 (.07)
	How addictive	5.8 (.07)
White Males (n = 2,150)	Risk of developing lung cancer	4.8 (.09)
	Risk of developing oral cancer	6.1 (.06)
	Risk of developing respiratory disease	4.6 (.09)
	Risk of developing heart disease	5.4 (.08)
	Risk of developing generally poorer health	5.8 (.07)
	How addictive	6.2 (.06)
Minority Respondents (n = 3,071)	Risk of developing lung cancer	5.1 (.08)
	Risk of developing oral cancer	5.8 (.07)
	Risk of developing respiratory disease	5.1 (.08)
	Risk of developing heart disease	5.5 (.07)
	Risk of developing generally poorer health	5.8 (.07)
	How addictive	6.1 (.06)
Young Adults Ages 18-24 (n = 484)	Risk of developing lung cancer	5.0 (.22)
	Risk of developing oral cancer	5.9 (.18)
	Risk of developing respiratory disease	5.0 (.21)
	Risk of developing heart disease	5.5 (.19)
	Risk of developing generally poorer health	5.9 (.18)
	How addictive	6.1 (.17)

Table 7: Perceptions (Q2g)			
Does Camel SNUS reduce risk of other diseases (not discussed in ad)?	Yes	No	Don't know / Not sure
CURRENT USERS (n = 2,497)	21% (1.8)	28% (2.0)	51% (2.3)
FORMER USERS (n = 2,477)	14% (1.5)	28% (1.9)	58% (2.1)
NEVER USERS (n = 2,492)	14% (1.4)	36% (1.9)	51% (2.0)
EXPERIMENTERS (n = 938)	24% (3.8)	30% (3.9)	46% (4.2)
POTENTIAL QUITTERS (n = 707)	20% (3.3)	31% (4.1)	49% (4.3)
LIMITED HEALTH LITERACY RESPONDENTS (n = 2,779)	18% (1.7)	37% (2.2)	45% (2.2)
WHITE MALES (n = 2,150)	17% (1.7)	29% (2.1)	54% (2.3)
MINORITY RESPONDENTS (n = 3,071)	18% (1.7)	33% (2.2)	49% (2.3)
YOUNG ADULTS AGES 18-24 (n = 484)	13% (3.7)	38% (5.6)	49% (5.8)

Table 8: Perceptions (Q5a)			
Camel SNUS not safer alternative than cessation products	True	False	Don't know / Not sure
CURRENT USERS (n = 2,497)	69% (2.1)	17% (1.7)	14% (1.6)
FORMER USERS (n = 2,477)	75% (1.9)	10% (1.3)	15% (1.6)
NEVER USERS (n = 2,492)	64% (1.9)	15% (1.5)	21% (1.6)
EXPERIMENTERS (n = 938)	64% (4.1)	19% (3.3)	17% (3.3)
POTENTIAL QUITTERS (n = 707)	69% (4.0)	20% (3.6)	11% (2.7)
LIMITED HEALTH LITERACY RESPONDENTS (n = 2,779)	55% (2.2)	20% (1.8)	25% (2.0)
WHITE MALES (n = 2,150)	70% (2.1)	13% (1.5)	18% (1.8)
MINORITY RESPONDENTS (n = 3,071)	62% (2.2)	18% (1.8)	20% (1.8)
YOUNG ADULTS AGES 18-24 (n = 484)	66% (5.5)	18% (4.5)	16% (4.3)

Table 9: Perceptions (Q5b)			
Camel SNUS not safer alternative than quitting tobacco entirely	True	False	Don't know / Not sure
CURRENT USERS (n = 2,497)	70% (2.1)	22% (1.9)	8% (1.3)
FORMER USERS (n = 2,477)	78% (1.8)	15% (1.5)	8% (1.2)
NEVER USERS (n = 2,492)	68% (1.9)	17% (1.5)	15% (1.4)
EXPERIMENTERS (n = 938)	63% (4.2)	26% (3.7)	12% (2.9)
POTENTIAL QUITTERS (n = 707)	70% (4.0)	24% (3.7)	6% (2.2)
LIMITED HEALTH LITERACY RESPONDENTS (n = 2,779)	58% (2.2)	21% (1.8)	21% (1.9)
WHITE MALES (n = 2,150)	73% (2.0)	16% (1.7)	10% (1.5)
MINORITY RESPONDENTS (n = 3,071)	65% (2.2)	21% (1.8)	15% (1.7)
YOUNG ADULTS AGES 18-24 (n = 484)	70% (5.3)	16% (4.1)	14% (4.2)

Appendix C: COMPREHENSION STUDY FINDINGS BY SUBGROUP OF INTEREST

[For all tables (Appendix C), numbers in parentheses are percentages that represent the 95% confidence interval half-width (\pm mean estimate); and, unweighted sample sizes (on which the weighted data are based) are shown.]

CURRENT USERS (n = 2,497)					
Comprehension: Q1a	Yes	No	Don't know / Not sure		
Quitting best choice for smokers	91% (1.3)	5% (1.0)	4% (0.9)		
Non-tobacco users should use Camel SNUS	7% (1.1)	80% (1.8)	13% (1.6)		
Camel SNUS is addictive	84% (1.7)	4% (0.9)	11% (1.5)		
Comprehension: Q1a2	Stop smoking, use instead	Reduce smoking, use in addition	No change in smoking, use in addition	Don't know / Not sure	
Behavior for smokers to benefit from using Camel SNUS	72% (2.1)	13% (1.5)	3% (0.7)	12% (1.5)	
Comprehension: Q1b	Same risk as smoking	Less risk than smoking, but some risk	Net "some risk"	No risk at all	
Lung cancer risk with Camel SNUS	13% (1.5)	66% (2.2)	79% (1.9)	14% (1.6)	
Oral cancer risk with Camel SNUS	36% (2.2)	55% (2.3)	91% (1.3)	3% (0.8)	
Respiratory disease risk with Camel SNUS	13% (1.5)	65% (2.2)	78% (1.9)	14% (1.6)	8% (1.2)
Heart disease risk with Camel SNUS	18% (1.8)	66% (2.2)	84% (1.7)	7% (1.1)	9% (1.3)

FORMER USERS (n = 2,477)					
Comprehension: Q1a	Yes	No	Don't know / Not sure		
Quitting best choice for smokers	95% (1.0)	3% (0.7)	3% (0.7)		
Non-tobacco users should use Camel SNUS	3% (0.8)	90% (1.3)	6% (1.0)		
Camel SNUS is addictive	88% (1.4)	3% (0.7)	9% (1.2)		
Comprehension: Q1a2	Stop smoking, use instead	Reduce smoking, use in addition	No change in smoking, use in addition	Don't know / Not sure	
Behavior for smokers to benefit from using Camel SNUS	80% (1.7)	7% (1.1)	2% (0.6)	11% (1.4)	
Comprehension: Q1b	Same risk as smoking	Less risk than smoking, but some risk	Net "some risk"	No risk at all	Don't know / Not sure
Lung cancer risk with Camel SNUS	11% (1.3)	74% (1.9)	85% (1.6)	10% (1.3)	6% (1.1)
Oral cancer risk with Camel SNUS	31% (2.0)	62% (2.1)	93% (1.1)	2% (0.6)	5% (1.0)
Respiratory disease risk with Camel SNUS	11% (1.3)	74% (1.9)	85% (1.6)	8% (1.2)	7% (1.1)
Heart disease risk with Camel SNUS	15% (1.5)	72% (1.9)	87% (1.5)	4% (0.9)	9% (1.2)

NEVER USERS (n = 2,492)					
Comprehension: Q1a	Yes	No	Don't know / Not sure		
Quitting best choice for smokers	86% (1.4)	7% (1.0)	7% (1.0)		
Non-tobacco users should use Camel SNUS	5% (0.9)	82% (1.5)	13% (1.4)		
Camel SNUS is addictive	78% (1.7)	7% (1.0)	15% (1.4)		
Comprehension: Q1a2	Stop smoking, use instead	Reduce smoking, use in addition	No change in smoking, use in addition	Don't know / Not sure	
Behavior for smokers to benefit from using Camel SNUS	69% (1.9)	10% (1.2)	3% (0.7)	17% (1.5)	
Comprehension: Q1b	Same risk as smoking	Less risk than smoking, but some risk	Net "some risk"	No risk at all	Don't know / Not sure
Lung cancer risk with Camel SNUS	18% (1.6)	64% (1.9)	82% (1.5)	6% (1.0)	12% (1.3)
Oral cancer risk with Camel SNUS	31% (1.9)	55% (2.0)	86% (1.4)	3% (0.7)	11% (1.3)
Respiratory disease risk with Camel SNUS	18% (1.6)	63% (1.9)	81% (1.6)	6% (1.0)	12% (1.3)
Heart disease risk with Camel SNUS	21% (1.7)	61% (2.0)	82% (1.5)	4% (0.8)	14% (1.4)

EXPERIMENTERS (n = 938)					
Comprehension: Q1a	Yes	No	Don't know / Not sure		
Quitting best choice for smokers	84% (3.4)	7% (2.1)	10% (2.8)		
Non-tobacco users should use Camel SNUS	13% (2.9)	71% (4.0)	16% (3.3)		
Camel SNUS is addictive	76% (3.9)	8% (2.5)	16% (3.5)		
Comprehension: Q1a2	Stop smoking, use instead	Reduce smoking, use in addition	No change in smoking, use in addition	Don't know / Not sure	
Behavior for smokers to benefit from using Camel SNUS	59% (4.3)	19% (3.6)	6% (2.0)	15% (3.5)	
Comprehension: Q1b	Same risk as smoking	Less risk than smoking, but some risk	Net "some risk"	No risk at all	Don't know / Not sure
Lung cancer risk with Camel SNUS	19% (3.5)	60% (4.3)	79% (3.8)	10% (2.6)	11% (3.1)
Oral cancer risk with Camel SNUS	33% (4.0)	53% (4.3)	86% (3.3)	3% (1.7)	11% (3.0)
Respiratory disease risk with Camel SNUS	18% (3.5)	60% (4.3)	78% (3.7)	10% (2.6)	12% (3.1)
Heart disease risk with Camel SNUS	21% (3.6)	59% (4.3)	80% (3.7)	7% (2.3)	13% (3.1)

POTENTIAL QUITTERS (n = 707)					
Comprehension: Q1a	Yes	No	Don't know / Not sure		
Quitting best choice for smokers	93% (2.2)	5% (1.8)	2% (1.3)		
Non-tobacco users should use Camel SNUS	9% (2.4)	82% (3.2)	9% (2.4)		
Camel SNUS is addictive	88% (2.8)	3% (1.2)	9% (2.6)		
Comprehension: Q1a2	Stop smoking, use instead	Reduce smoking, use in addition	No change in smoking, use in addition	Don't know / Not sure	
Behavior for smokers to benefit from using Camel SNUS	72% (4.0)	15% (3.1)	4% (1.8)	9% (2.6)	
Comprehension: Q1b	Same risk as smoking	Less risk than smoking, but some risk	Net "some risk"	No risk at all	Don't know / Not sure
Lung cancer risk with Camel SNUS	14% (3.0)	65% (4.1)	79% (3.5)	14% (2.9)	7% (2.4)
Oral cancer risk with Camel SNUS	37% (4.2)	54% (4.3)	92% (2.4)	3% (1.3)	5% (2.0)
Respiratory disease risk with Camel SNUS	14% (3.0)	65% (4.1)	79% (3.5)	15% (3.1)	6% (2.1)
Heart disease risk with Camel SNUS	21% (3.6)	64% (4.2)	85% (3.1)	6% (1.7)	9% (2.7)

LIMITED HEALTH LITERACY RESPONDENTS (n = 2,779)

Comprehension: Q1a	Yes	No	Don't know / Not sure		
Quitting best choice for smokers	79% (1.9)	10% (1.4)	12% (1.5)		
Non-tobacco users should use Camel SNUS	7% (1.1)	72% (2.0)	20% (1.8)		
Camel SNUS is addictive	65% (2.2)	11% (1.4)	24% (1.9)		
Comprehension: Q1a2	Stop smoking, use instead	Reduce smoking, use in addition	No change in smoking, use in addition	Don't know / Not sure	
Behavior for smokers to benefit from using Camel SNUS	53% (2.2)	16% (1.6)	5% (1.0)	26% (2.0)	
Comprehension: Q1b	Same risk as smoking	Less risk than smoking, but some risk	Net "some risk"	No risk at all	Don't know / Not sure
Lung cancer risk with Camel SNUS	27% (2.0)	47% (2.2)	74% (2.0)	9% (1.2)	17% (1.8)
Oral cancer risk with Camel SNUS	38% (2.2)	41% (2.2)	79% (1.9)	4% (0.9)	16% (1.7)
Respiratory disease risk with Camel SNUS	26% (2.0)	48% (2.2)	74% (2.0)	9% (1.2)	17% (1.8)
Heart disease risk with Camel SNUS	29% (2.0)	46% (2.2)	75% (2.0)	6% (1.1)	18% (1.8)

WHITE MALES (n = 2,150)					
Comprehension: Q1a	Yes	No	Don't know / Not sure		
Quitting best choice for smokers	90% (1.4)	5% (1.0)	5% (1.1)		
Non-tobacco users should use Camel SNUS	5% (1.0)	84% (1.7)	11% (1.4)		
Camel SNUS is addictive	83% (1.8)	5% (1.0)	13% (1.6)		
Comprehension: Q1a2	Stop smoking, use instead	Reduce smoking, use in addition	No change in smoking, use in addition	Don't know / Not sure	
Behavior for smokers to benefit from using Camel SNUS	75% (2.0)	8% (1.3)	2% (0.7)	14% (1.6)	
Comprehension: Q1b	Same risk as smoking	Less risk than smoking, but some risk	Net "some risk"	No risk at all	Don't know / Not sure
Lung cancer risk with Camel SNUS	13% (1.6)	65% (2.2)	78% (1.9)	12% (1.4)	10% (1.4)
Oral cancer risk with Camel SNUS	34% (2.2)	55% (2.3)	89% (1.4)	2% (0.7)	9% (1.3)
Respiratory disease risk with Camel SNUS	13% (1.6)	65% (2.2)	78% (1.9)	11% (1.4)	11% (1.5)
Heart disease risk with Camel SNUS	19% (1.9)	64% (2.2)	83% (1.8)	5% (1.0)	12% (1.5)

MINORITY RESPONDENTS (n = 3,071)					
Comprehension: Q1a	Yes	No	Don't know / Not sure		
Quitting best choice for smokers	84% (1.7)	8% (1.3)	8% (1.3)		
Non-tobacco users should use Camel SNUS	6% (1.0)	78% (1.9)	15% (1.7)		
Camel SNUS is addictive	76% (2.0)	7% (1.2)	17% (1.7)		
Comprehension: Q1a2	Stop smoking, use instead	Reduce smoking, use in addition	No change in smoking, use in addition	Don't know / Not sure	
Behavior for smokers to benefit from using Camel SNUS	65% (2.2)	13% (1.5)	4% (0.9)	18% (1.8)	
Comprehension: Q1b	Same risk as smoking	Less risk than smoking, but some risk	Net "some risk"	No risk at all	Don't know / Not sure
Lung cancer risk with Camel SNUS	19% (1.8)	61% (2.2)	80% (1.8)	8% (1.2)	12% (1.5)
Oral cancer risk with Camel SNUS	31% (2.1)	55% (2.3)	85% (1.7)	3% (0.8)	11% (1.5)
Respiratory disease risk with Camel SNUS	19% (1.8)	61% (2.2)	80% (1.8)	8% (1.2)	12% (1.6)
Heart disease risk with Camel SNUS	21% (1.9)	60% (2.2)	81% (1.8)	5% (1.0)	14% (1.6)

YOUNG ADULTS AGES 18-24 (n = 484)

Comprehension: Q1a	Yes	No	Don't know / Not sure		
Quitting best choice for smokers	84% (4.3)	9% (3.3)	7% (3.0)		
Non-tobacco users should use Camel SNUS	7% (2.6)	82% (4.4)	11% (3.7)		
Camel SNUS is addictive	83% (5.8)	6% (2.6)	11% (3.7)		
Comprehension: Q1a2	Stop smoking, use instead	Reduce smoking, use in addition	No change in smoking, use in addition	Don't know / Not sure	
Behavior for smokers to benefit from using Camel SNUS	72% (5.2)	12% (3.6)	4% (2.4)	12% (3.8)	
Comprehension: Q1b	Same risk as smoking	Less risk than smoking, but some risk	Net "some risk"	No risk at all	Don't know / Not sure
Lung cancer risk with Camel SNUS	17% (4.4)	61% (5.7)	78% (4.8)	10% (3.4)	12% (3.9)
Oral cancer risk with Camel SNUS	30% (5.3)	55% (5.8)	85% (4.4)	4% (2.3)	11% (3.9)
Respiratory disease risk with Camel SNUS	17% (4.4)	62% (5.6)	79% (4.8)	8% (3.1)	13% (4.0)
Heart disease risk with Camel SNUS	20% (4.6)	60% (5.7)	80% (4.8)	7% (2.8)	13% (4.2)

Appendix D: PERCEPTION STUDY FINDINGS BY SUBGROUP OF INTEREST

[For all tables (Appendix D), numbers in parentheses are percentages that represent the 95% confidence interval half-width (\pm mean estimate); and, unweighted sample sizes (on which the weighted data are based) are shown.]

CURRENT USERS (n = 2,497)			
Perceptions: Q2a-Q2f <i>Responses using 7-point scale, where "1" means "no risk" and "7" means "substantial risk"</i>	Camel SNUS	Cigarette smoking	Smokeless tobacco other than Camel SNUS
Risk of developing lung cancer	3.9 (.08)	6.3 (.06)	4.4 (.09)
Risk of developing oral cancer	5.3 (.08)	5.7 (.07)	5.8 (.07)
Risk of developing respiratory disease	3.6 (.09)	6.3 (.06)	4.2 (.09)
Risk of developing heart disease	4.5 (.08)	6.1 (.06)	5.0 (.08)
Risk of developing generally poorer health	5.0 (.08)	6.2 (.06)	5.4 (.07)
How addictive	5.6 (.07)	6.4 (.05)	6.0 (.06)
Perceptions: Q5a, Q5b, Q2g	True / Yes	False / No	Don't know / Not sure
Camel SNUS not safer alternative than cessation products	69% (2.1)	17% (1.7)	14% (1.6)
Camel SNUS not safer alternative than quitting tobacco entirely	70% (2.1)	22% (1.9)	8% (1.3)
Camel SNUS reduces risk of other diseases (not discussed in ad)	21% (1.8)	28% (2.0)	51% (2.3)

FORMER USERS (n = 2,477)			
Perceptions: Q2a-Q2f <i>Responses using 7-point scale, where "1" means "no risk" and "7" means "substantial risk"</i>	Camel SNUS	Cigarette smoking	Smokeless tobacco other than Camel SNUS
Risk of developing lung cancer	4.5 (.08)	6.6 (.04)	5.0 (.08)
Risk of developing oral cancer	5.8 (.06)	6.1 (.06)	6.3 (.05)
Risk of developing respiratory disease	4.3 (.08)	6.6 (.04)	4.8 (.08)
Risk of developing heart disease	5.2 (.07)	6.5 (.04)	5.6 (.07)
Risk of developing generally poorer health	5.7 (.07)	6.6 (.04)	6.1 (.06)
How addictive	6.2 (.06)	6.7 (.04)	6.4 (.04)
Perceptions: Q5a, Q5b, Q2g	True / Yes	False / No	Don't know / Not sure
Camel SNUS not safer alternative than cessation products	75% (1.9)	10% (1.3)	15% (1.6)
Camel SNUS not safer alternative than quitting tobacco entirely	78% (1.8)	15% (1.5)	8% (1.2)
Camel SNUS reduces risk of other diseases (not discussed in ad)	14% (1.5)	28% (1.9)	58% (2.1)

NEVER USERS (n = 2,492)			
Perceptions: Q2a-Q2f <i>Responses using 7-point scale, where "1" means "no risk" and "7" means "substantial risk"</i>	Camel SNUS	Cigarette smoking	Smokeless tobacco other than Camel SNUS
Risk of developing lung cancer	4.8 (.07)	6.4 (.05)	5.3 (.07)
Risk of developing oral cancer	5.6 (.07)	6.1 (.05)	6.0 (.06)
Risk of developing respiratory disease	4.8 (.07)	6.4 (.05)	5.2 (.07)
Risk of developing heart disease	5.3 (.07)	6.3 (.05)	5.6 (.06)
Risk of developing generally poorer health	5.6 (.07)	6.4 (.05)	6.0 (.06)
How addictive	5.9 (.06)	6.5 (.05)	6.2 (.05)
Perceptions: Q5a, Q5b, Q2g	True / Yes	False / No	Don't know / Not sure
Camel SNUS not safer alternative than cessation products	64% (1.9)	15% (1.5)	21% (1.6)
Camel SNUS not safer alternative than quitting tobacco entirely	68% (1.9)	17% (1.5)	15% (1.4)
Camel SNUS reduces risk of other diseases (not discussed in ad)	14% (1.4)	36% (1.9)	51% (2.0)

EXPERIMENTERS (n = 938)			
Perceptions: Q2a-Q2f <i>Responses using 7-point scale, where "1" means "no risk" and "7" means "substantial risk"</i>	Camel SNUS	Cigarette smoking	Smokeless tobacco other than Camel SNUS
Risk of developing lung cancer	4.3 (.16)	6.0 (.15)	4.7 (.16)
Risk of developing oral cancer	5.1 (.17)	5.6 (.14)	5.5 (.15)
Risk of developing respiratory disease	4.2 (.17)	6.1 (.14)	4.8 (.16)
Risk of developing heart disease	4.8 (.17)	5.9 (.14)	5.2 (.15)
Risk of developing generally poorer health	5.1 (.16)	6.0 (.14)	5.5 (.15)
How addictive	5.4 (.16)	6.2 (.13)	5.8 (.15)
Perceptions: Q5a, Q5b, Q2g	True / Yes	False / No	Don't know / Not sure
Camel SNUS not safer alternative than cessation products	64% (4.1)	19% (3.3)	17% (3.3)
Camel SNUS not safer alternative than quitting tobacco entirely	63% (4.2)	26% (3.7)	12% (2.9)
Camel SNUS reduces risk of other diseases (not discussed in ad)	24% (3.8)	30% (3.9)	46% (4.2)

POTENTIAL QUITTERS (n = 707)			
Perceptions: Q2a-Q2f <i>Responses using 7-point scale, where "1" means "no risk" and "7" means "substantial risk"</i>	Camel SNUS	Cigarette smoking	Smokeless tobacco other than Camel SNUS
Risk of developing lung cancer	3.9 (.16)	6.3 (.11)	4.5 (.16)
Risk of developing oral cancer	5.4 (.14)	5.9 (.12)	5.8 (.12)
Risk of developing respiratory disease	3.7 (.16)	6.3 (.11)	4.3 (.16)
Risk of developing heart disease	4.7 (.16)	6.2 (.11)	5.2 (.14)
Risk of developing generally poorer health	5.1 (.16)	6.3 (.11)	5.7 (.13)
How addictive	5.7 (.13)	6.5 (.10)	6.0 (.12)
Perceptions: Q5a, Q5b, Q2g	True / Yes	False / No	Don't know / Not sure
Camel SNUS not safer alternative than cessation products	69% (4.0)	20% (3.6)	11% (2.7)
Camel SNUS not safer alternative than quitting tobacco entirely	70% (4.0)	24% (3.7)	6% (2.2)
Camel SNUS reduces risk of other diseases (not discussed in ad)	20% (3.3)	31% (4.1)	49% (4.3)

LIMITED HEALTH LITERACY RESPONDENTS (n = 2,779)			
Perceptions: Q2a-Q2f <i>Responses using 7-point scale, where "1" means "no risk" and "7" means "substantial risk"</i>	Camel SNUS	Cigarette smoking	Smokeless tobacco other than Camel SNUS
Risk of developing lung cancer	4.6 (.09)	6.0 (.07)	5.1 (.08)
Risk of developing oral cancer	5.2 (.08)	5.7 (.07)	5.6 (.07)
Risk of developing respiratory disease	4.6 (.09)	6.0 (.07)	5.0 (.08)
Risk of developing heart disease	4.9 (.08)	5.9 (.07)	5.3 (.08)
Risk of developing generally poorer health	5.2 (.08)	6.0 (.07)	5.6 (.07)
How addictive	5.4 (.08)	6.1 (.07)	5.8 (.07)
Perceptions: Q5a, Q5b, Q2g	True / Yes	False / No	Don't know / Not sure
Camel SNUS not safer alternative than cessation products	55% (2.2)	20% (1.8)	25% (2.0)
Camel SNUS not safer alternative than quitting tobacco entirely	58% (2.2)	21% (1.8)	21% (1.9)
Camel SNUS reduces risk of other diseases (not discussed in ad)	18% (1.7)	37% (2.2)	45% (2.2)

WHITE MALES (n = 2,150)			
Perceptions: Q2a-Q2f <i>Responses using 7-point scale, where "1" means "no risk" and "7" means "substantial risk"</i>	Camel SNUS	Cigarette smoking	Smokeless tobacco other than Camel SNUS
Risk of developing lung cancer	4.3 (.09)	6.4 (.06)	4.8 (.09)
Risk of developing oral cancer	5.6 (.07)	5.9 (.07)	6.1 (.06)
Risk of developing respiratory disease	4.1 (.09)	6.4 (.05)	4.6 (.09)
Risk of developing heart disease	5.0 (.08)	6.3 (.06)	5.4 (.08)
Risk of developing generally poorer health	5.4 (.08)	6.4 (.05)	5.8 (.07)
How addictive	5.9 (.07)	6.5 (.05)	6.2 (.06)
Perceptions: Q5a, Q5b, Q2g	True / Yes	False / No	Don't know / Not sure
Camel SNUS not safer alternative than cessation products	70% (2.1)	13% (1.5)	18% (1.8)
Camel SNUS not safer alternative than quitting tobacco entirely	73% (2.0)	16% (1.7)	10% (1.5)
Camel SNUS reduces risk of other diseases (not discussed in ad)	17% (1.7)	29% (2.1)	54% (2.3)

MINORITY RESPONDENTS (n = 3,071)			
Perceptions: Q2a-Q2f <i>Responses using 7-point scale, where "1" means "no risk" and "7" means "substantial risk"</i>	Camel SNUS	Cigarette smoking	Smokeless tobacco other than Camel SNUS
Risk of developing lung cancer	4.7 (.08)	6.4 (.06)	5.1 (.08)
Risk of developing oral cancer	5.4 (.08)	6.0 (.06)	5.8 (.07)
Risk of developing respiratory disease	4.6 (.08)	6.3 (.06)	5.1 (.08)
Risk of developing heart disease	5.1 (.08)	6.2 (.06)	5.5 (.07)
Risk of developing generally poorer health	5.4 (.08)	6.3 (.06)	5.8 (.07)
How addictive	5.8 (.07)	6.4 (.06)	6.1 (.06)
Perceptions: Q5a, Q5b, Q2g	True / Yes	False / No	Don't know / Not sure
Camel SNUS not safer alternative than cessation products	62% (2.2)	18% (1.8)	20% (1.8)
Camel SNUS not safer alternative than quitting tobacco entirely	65% (2.2)	21% (1.8)	15% (1.7)
Camel SNUS reduces risk of other diseases (not discussed in ad)	18% (1.7)	33% (2.2)	49% (2.3)

YOUNG ADULTS AGES 18-24 (n = 484)			
Perceptions: Q2a-Q2f <i>Responses using 7-point scale, where "1" means "no risk" and "7" means "substantial risk"</i>	Camel SNUS	Cigarette smoking	Smokeless tobacco other than Camel SNUS
Risk of developing lung cancer	4.7 (.22)	6.3 (.18)	5.0 (.22)
Risk of developing oral cancer	5.5 (.20)	6.1 (.17)	5.9 (.18)
Risk of developing respiratory disease	4.7 (.23)	6.2 (.17)	5.0 (.21)
Risk of developing heart disease	5.2 (.21)	6.0 (.18)	5.5 (.19)
Risk of developing generally poorer health	5.7 (.19)	6.2 (.17)	5.9 (.18)
How addictive	5.9 (.18)	6.3 (.16)	6.1 (.17)
Perceptions: Q5a, Q5b, Q2g	True / Yes	False / No	Don't know / Not sure
Camel SNUS not safer alternative than cessation products	66% (5.5)	18% (4.5)	16% (4.3)
Camel SNUS not safer alternative than quitting tobacco entirely	70% (5.3)	16% (4.1)	14% (4.2)
Camel SNUS reduces risk of other diseases (not discussed in ad)	13% (3.7)	38% (5.6)	49% (5.8)

Appendix E: CAMEL SNUS MRTP COMPREHENSION AND PERCEPTION STIMULI
– FIRST EXECUTION OF CONSUMER TESTING –



The advertisement features a large, stylized background image of a Camel SNUS can. The can is silver with an orange label that includes a blue camel logo and the text "CAMEL" at the top and "SNUS mellow" at the bottom. A lit cigarette with a white filter and a small amount of ash is positioned in front of the can. The background is a light, textured grey.

**SWAP
THE SMOKE FOR
MORE
FREEDOM
& LESS
RISK**

SNUS

WARNING: Smokeless tobacco is addictive.

CAMEL

WHAT IS CAMEL SNUS?

- Camel SNUS (rhymes with "moose") is finely ground premium tobacco in a soft fleece pouch.
- Like all tobacco products, Camel SNUS contains nicotine and is addictive.

HOW IS IT DIFFERENT?

- Many smokeless tobacco products, like dip and chew, are fermented loose tobacco.
- Sure, they're smoke-free, but they can get messy and require spitting.
- Snus is different. It's smoke-free, mess-free and spit-free.
- Camel SNUS is heat-treated, not fermented, and crafted with four main ingredients: tobacco, water, salt and flavoring.

HOW DO I USE IT?

- Smokers who use Camel SNUS instead of cigarettes can significantly reduce their health risks from smoking.
- Slide a pouch under your upper lip.
- Taste the real, premium tobacco.
- Dispose of the pouch in the trash when you are finished.

4 SIMPLE MAIN INGREDIENTS

Regular Large

2 POUCH SIZES
(actual size)

5 FLAVORS

15 POUCHES PER TIN

CUSTOMIZE YOUR ENJOYMENT WITH UP TO

30 MINUTES

OF FLAVOR PER POUCH

SNUS

WARNING: Smokeless tobacco is addictive.

NO SMOKE = LESS RISK



Smokers who switch completely from cigarettes to Camel SNUS can significantly reduce their risk of lung cancer, oral cancer, respiratory disease, and heart disease.



Scientific studies have shown that Camel SNUS contains fewer carcinogens than cigarette smoke



Camel SNUS is smoke-free, so there are no secondhand smoke risks for those around you

I'M A SMOKER. WHY WOULD I SWITCH?

No smoke means...

- No hassle
- No lingering smoke smell
- More freedom
- Fewer carcinogens
- Less risk for you and those around you



DISCOVER MORE @ SNUSNATION.COM*

NO TOBACCO PRODUCT IS SAFE

- However, smokers who use Camel SNUS **instead of** cigarettes can significantly reduce their health risks from smoking.
- Like all tobacco products, Camel SNUS contains nicotine and **is addictive**.
- Adults who do not use or have quit using tobacco products should not start. Minors and pregnant women should never use tobacco products.
- If you're a smoker concerned about the health risks from smoking, the best choice is to quit. A good place to begin is talking with a healthcare provider.
- But if you're not going to quit using tobacco products, you should think about switching to Camel SNUS.

*WEBSITE RESTRICTED TO AGE 21+ TOBACCO CONSUMERS SNUS

WARNING: Smokeless tobacco is addictive.

SWAP
THE SMOKE FOR
MORE
FREEDOM
& **LESS**
RISK

A tin of Camel Snus Mellow is shown next to a discarded cigarette butt. The tin is silver with an orange label featuring a camel logo and the text "CAMEL", "snus", and "mellow". The cigarette butt is broken and has ash on it.

SNUS

WARNING: This product
can cause mouth cancer.



WHAT IS CAMEL SNUS?

- Camel SNUS (rhymes with "moose") is finely ground premium tobacco in a soft fleece pouch.
- Like all tobacco products, Camel SNUS contains nicotine and is addictive.

HOW IS IT DIFFERENT?

- Many smokeless tobacco products, like dip and chew, are fermented loose tobacco.
- Sure, they're smoke-free, but they can get messy and require spitting.
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TOBACCO + WATER + SALT + FLAVORING

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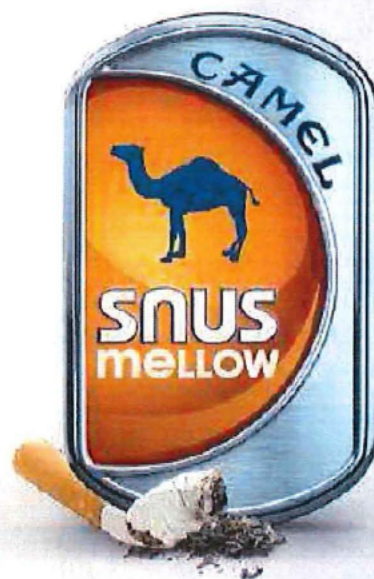
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A tin of Camel Snus Mellow is shown next to a discarded cigarette. The tin is silver with an orange label featuring a camel logo and the text "CAMEL", "snus", and "mellow". The cigarette is lit and has ash on it.

SNUS

WARNING: This product can cause
gum disease and tooth decay.

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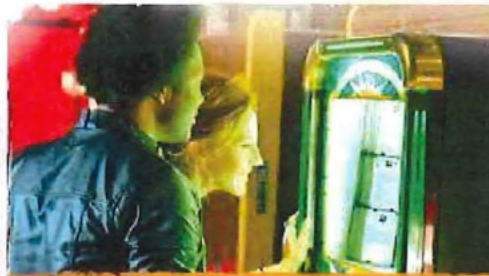


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Appendix F: TOBACCO USE QUESTIONS FROM CURRENT POPULATION SURVEY

PEA1: Have you smoked at least 100 cigarettes in your entire life?

- 1: Yes
- 2: No
- 2,-3,-9: Don't Know, Refused, No Response

PEA3: Do you now smoke cigarettes every day, some days, or not at all?

- 1: Every day
- 2: Some days
- 3: Not at all
- 2,-3,-9: Don't Know, Refused, No Response

PEC1: On how many of the past 30 days did you smoke cigarettes?
(Only asked if PEA3 was 'Some days')

- 1 to 30: # Days
- 5: None
- 2,-3,-9: Don't Know, Refused, No Response

PEC1I: Would you say that you smoked at least 12 days in the past 30 days?
(Only asked if PEC1 was "Don't Know, Refused, No Response")

- 1: Yes
- 2: No
- 2,-3,-9: Don't Know, Refused, No Response

PEJ1A1: Have you ever used any of the following EVEN ONE TIME? ... a regular cigar or cigarillo or a little filtered cigar?

- 1: Yes
- 2: No
- 2,-3,-9: Don't Know, Refused, No Response

PEJ2A1: Do you now smoke regular cigars or cigarillos or little filtered cigars every day, some days or not at all

- 1: Every day
- 2: Some days
- 3: Not at all
- 2,-3,-9: Don't Know, Refused, No Response

PEJ2B1: On how many of the past 30 days did you smoke regular cigars or cigarillos or little filtered cigars?

- 1 to 30: # Days
- 5: None
- 2,-3,-9: Don't Know, Refused, No Response

PEJ1A2: Have you ever used any of the following EVEN ONE TIME? ... a regular pipe filled with tobacco?

- 1: Yes
- 2: No
- 2,-3,-9: Don't Know, Refused, No Response

PEJ2A2: Do you now smoke a regular pipe every day, some days or not at all

- 1: Every day
- 2: Some days
- 3: Not at all
- 2,-3,-9: Don't Know, Refused, No Response

PEJ2B2: On how many of the past 30 days did you use a regular pipe?

- 1 to 30: # Days
- 5: None
- 2,-3,-9: Don't Know, Refused, No Response

PEJ1A3: Have you ever used any of the following EVEN ONE TIME? ... a water pipe or hookah (who-kah) pipe filled with tobacco?

- 1: Yes
- 2: No
- 2,-3,-9: Don't Know, Refused, No Response

PEJ2A3: Do you now smoke a water pipe or hookah (who-kah) pipe filled with tobacco every day, some days or not at all

- 1: Every day
- 2: Some days
- 3: Not at all
- 2,-3,-9: Don't Know, Refused, No Response

PEJ2B3: On how many of the past 30 days did you use a water pipe or hookah (who-kah) pipe filled with tobacco?

- 1 to 30: # Days
- 5: None
- 2,-3,-9: Don't Know, Refused, No Response

PEJ1A4: Have you ever used any of the following EVEN ONE TIME? ... smokeless tobacco, such as moist snuff, dip, spit, chew tobacco or snus?

- 1: Yes
- 2: No
- 2,-3,-9: Don't Know, Refused, No Response

PEJ2A4: Do you now use smokeless tobacco, such as moist snuff, dip, spit, chew tobacco or snus every day, some days or not at all?

1: Every day

2: Some days

3: Not at all

-2,-3,-9: Don't Know, Refused, No Response

PEJ2B4: On how many of the past 30 days did you use smokeless tobacco, such as moist snuff, dip, spit, chew tobacco or snus?

1 to 30: # Days

-5: None

-2,-3,-9: Don't Know, Refused, No Response