



Perceived Risk

Measurement Instrument | Edition 1.0 | June 2018

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ABOUT™-Perceived Risk | G (CIGARETTES)

This survey asks for your views about the **risks of smoking cigarettes**. After reading each question, select the answer that best reflects how you feel, keeping in mind that there are no right or wrong answers. Please answer all questions. If you are unsure about how to answer a question, give the best answer that you can.

[G version-Perceived Health Risk scale (CIGARETTES) SCREEN 1/3]

In general, what do you think is the risk, if any, to smokers of getting the following (sometime during their lifetime) because of smoking cigarettes ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| having a bad cough that lasts for days | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having poor gum health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having lung cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| occasional wheezing (difficult breathing that produces a sound) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having mouth or throat cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aging faster (for example, wrinkles on the face) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[G version-Perceived Health Risk scale (CIGARETTES) SCREEN 2/3]

In general, what do you think is the risk, if any, to smokers of getting the following (sometime during their lifetime) because of smoking cigarettes ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| being sick with frequent minor illnesses (for example, coughs and colds) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having regular respiratory infections (for example, bronchitis, pneumonia) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having a serious illness (for example, chest pain, vascular disorder, diabetes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having reduced stamina | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having emphysema (serious lung disease) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having a cough early in the morning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[G version-Perceived Health Risk scale (CIGARETTES) SCREEN 3/3]

In general, what do you think is the risk, if any, to smokers of getting the following (sometime during their lifetime) because of smoking cigarettes ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| losing some sense of taste | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having heart disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| an earlier death | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having sores of the mouth or throat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| being physically unfit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having other types of cancer (besides mouth, throat, or lung) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[G version-Perceived Harm to Others items (CIGARETTES)]

In general, what do you think is the risk, if any, to smokers of...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| harming others through second hand smoke | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| harming the unborn baby because the mother or the father smoke cigarettes during pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[G version-Perceived Addiction Risk scale (CIGARETTES)]

In general, what do you think is the risk, if any, to smokers of experiencing the following because of smoking cigarettes...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| being unable to quit cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling addicted to cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having to smoke cigarettes to feel better | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling like they have to smoke cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling like they can't stop smoking cigarettes even though they know it is not good for them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling unable to quit cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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ABOUT™-Perceived Risk | G (NRT)

This survey asks for your views about the **risks of using nicotine replacement therapy products (NRTs)**. After reading each question, select the answer that best reflects how you feel, keeping in mind that there are no right or wrong answers. Based on the information you have about NRTs, please answer all questions. If you are unsure about how to answer a question, give the best answer that you can.

[G version-Perceived Health Risk scale (NRT) SCREEN 1/3]

In general, what do you think is the risk, if any, to smokers who stop smoking cigarettes and start using NRTs instead of getting the following (sometime during their lifetime) because of using NRTs...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| having a bad cough that lasts for days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having poor gum health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having lung cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| occasional wheezing (difficult breathing that produces a sound) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having mouth or throat cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aging faster (for example, wrinkles on the face) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[G version-Perceived Health Risk scale (NRT) SCREEN 2/3]

In general, what do you think is the risk, if any, to smokers who stop smoking cigarettes and start using NRTs instead of getting the following (sometime during their lifetime) because of using NRTs ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| being sick with frequent minor illnesses (for example, coughs and colds) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having regular respiratory infections (for example, bronchitis, pneumonia) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having a serious illness (for example, chest pain, vascular disorder, diabetes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having reduced stamina | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having emphysema (serious lung disease) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having a cough early in the morning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[G version-Perceived Health Risk scale (NRT) SCREEN 3/3]

In general, what do you think is the risk, if any, to smokers who stop smoking cigarettes and start using NRTs instead of getting the following (sometime during their lifetime) because of using NRTs ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| losing some sense of taste | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having heart disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| an earlier death | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having sores of the mouth or throat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| being physically unfit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having other types of cancer (besides mouth, throat, or lung) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[G version-Perceived Harm to Others items (NRT)]

In general, what do you think is the risk, if any, to users of NRTs of ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| harming the unborn baby because the mother or the father use NRTs during pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[G version-Perceived Addiction Risk scale (NRT)]

In general, what do you think is the risk, if any, to users of NRTs of experiencing the following because of using NRTs ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| being unable to quit NRTs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling addicted to NRTs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having to use NRTs to feel better | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling like they have to use NRTs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling like they can't stop using NRTs even though they know it is not good for them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling unable to quit NRTs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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ABOUT™-Perceived Risk | G (RRP)

This section asks for your views about the **risks of using <RRP>**. After reading each question, select the answer that best reflects how you feel, keeping in mind that there are no right or wrong answers. Based on the information you have read about <RRP>, please answer all questions. If you are unsure about how to answer a question, give the best answer that you can.

[G version-Perceived Health Risk scale (RRP) SCREEN 1/3]

In general, what do you think would be the risk, if any, to users of <RRP> of getting the following (sometime during their lifetime) because of using <RRP> ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| having a bad cough that lasts for days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having poor gum health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having lung cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| occasional wheezing (difficult breathing that produces a sound) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having mouth or throat cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aging faster (for example, wrinkles on the face) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[G version-Perceived Health Risk scale (RRP) SCREEN 2/3]

In general, what do you think would be the risk, if any, to users of <RRP> of getting the following (sometime during their lifetime) because of using <RRP> ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| being sick with frequent minor illnesses (for example, coughs and colds) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having regular respiratory infections (for example, bronchitis, pneumonia) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having a serious illness (for example, chest pain, vascular disorder, diabetes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having reduced stamina | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having emphysema (serious lung disease) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having a cough early in the morning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[G version-Perceived Health Risk scale (RRP) SCREEN 3/3]

In general, what do you think would be the risk, if any, to users of <RRP> of getting the following (sometime during their lifetime) because of using <RRP> ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| losing some sense of taste | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having heart disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| an earlier death | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having sores of the mouth or throat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| being physically unfit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having other types of cancer (besides mouth, throat, or lung) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[G version-Perceived Harm to Others items (RRP)]

In general, what do you think would be the risk, if any, to users of <RRP> of ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| harming others through second hand smoke | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| harming the unborn baby because the mother or the father use <RRP> during pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[G version-Perceived Addiction Risk scale (RRP)]

In general, what do you think would be the risk, if any, to users of <RRP> of experiencing the following because of using <RRP>...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| being unable to quit <RRP> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling addicted to <RRP> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having to use <RRP> to feel better | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling like they have to use <RRP> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling like they can't stop using <RRP> even though they know it is not good for them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling unable to quit <RRP> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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ABOUT™-Perceived Risk | G (CESSATION)

This section asks for your views about the **risks that remain after having stopped smoking cigarettes**. After reading each question, select the answer that best reflects how you feel, keeping in mind that there are no right or wrong answers. Please answer all questions. If you are unsure about how to answer a question, give the best answer that you can.

[G version-Perceived Health Risk scale (CESSATION) SCREEN 1/3]

In general, what do you think is the risk, if any, to former smokers who successfully quit smoking, of getting the following (sometime during their lifetime) because they smoked in the past..:

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| having a bad cough that lasts for days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having poor gum health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having lung cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| occasional wheezing (difficult breathing that produces a sound) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having mouth or throat cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aging faster (for example, wrinkles on the face) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[G version-Perceived Health Risk scale (CESSATION) SCREEN 2/3]

In general, what do you think is the risk, if any, to former smokers who successfully quit smoking, of getting the following (sometime during their lifetime) because they smoked in the past...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| being sick with frequent minor illnesses (for example, coughs and colds) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having regular respiratory infections (for example, bronchitis, pneumonia) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having a serious illness (for example, chest pain, vascular disorder, diabetes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having reduced stamina | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having emphysema (serious lung disease) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having a cough early in the morning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[G version-Perceived Health Risk scale (CESSATION) SCREEN 3/3]

In general, what do you think is the risk, if any, to former smokers who successfully quit smoking, of getting the following (sometime during their lifetime) because they smoked in the past...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| losing some sense of taste | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having heart disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| an earlier death | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having sores of the mouth or throat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| being physically unfit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having other types of cancer (besides mouth, throat, or lung) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[G version-Perceived Addiction Risk scale (CESSATION)]

In general, what do you think is the risk, if any, to former smokers who successfully quit smoking, of experiencing the following because they smoked in the past ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| still feeling addicted to cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having to smoke cigarettes to feel better | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling like they have to smoke cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling anxiety when in a situation where people smoke | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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ABOUT™-Perceived Risk | P (CIGARETTES)

This survey asks for your views about the **risks of smoking cigarettes**. After reading each question, select the answer that best reflects how you feel, keeping in mind that there are no right or wrong answers. Please answer all questions. If you are unsure about how to answer a question, give the best answer that you can.

[P version-Perceived Health Risk scale (CIGARETTES) SCREEN 1/3]

[CC smokers] What do you think is the risk, if any, to you personally of getting the following (sometime during your lifetime) because you smoke cigarettes ...

[never CC smokers] If you were to start smoking, what do you think would be the risk, if any, to you personally of getting the following (sometime during your lifetime) because you smoke cigarettes ...

[former CC smokers] If you were to resume smoking, what do you think would be the risk, if any, to you personally of getting the following (sometime during your lifetime) because you smoke cigarettes ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| having a bad cough that lasts for days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having poor gum health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having lung cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| occasional wheezing (difficult breathing that produces a sound) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having mouth or throat cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aging faster (for example, wrinkles on the face) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[P version-Perceived Health Risk scale (CIGARETTES) SCREEN 2/3]

[CC smokers] What do you think is the risk, if any, to you personally of getting the following (sometime during your lifetime) because you smoke cigarettes ...

[never CC smokers] If you were to start smoking, what do you think would be the risk, if any, to you personally of getting the following (sometime during your lifetime) because you smoke cigarettes ...

[former CC smokers] If you were to resume smoking, what do you think would be the risk, if any, to you personally of getting the following (sometime during your lifetime) because you smoke cigarettes ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| being sick with frequent minor illnesses (for example, coughs and colds) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having regular respiratory infections (for example, bronchitis, pneumonia) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having a serious illness (for example, chest pain, vascular disorder, diabetes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having reduced stamina | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having emphysema (serious lung disease) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having a cough early in the morning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[P version-Perceived Health Risk scale (CIGARETTES) SCREEN 3/3]

[CC smokers] What do you think is the risk, if any, to you personally of getting the following (sometime during your lifetime) because you smoke cigarettes ...

[never CC smokers] If you were to start smoking, what do you think would be the risk, if any, to you personally of getting the following (sometime during your lifetime) because you smoke cigarettes ...

[former CC smokers] If you were to resume smoking, what do you think would be the risk, if any, to you personally of getting the following (sometime during your lifetime) because you smoke cigarettes ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| losing some sense of taste | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having heart disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| an earlier death | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having sores of the mouth or throat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| being physically unfit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having other types of cancer (besides mouth, throat, or lung) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[P version-Perceived Harm to Others items (CIGARETTES)]

[CC smokers] What do you think is the risk, if any, to others because you smoke cigarettes ...

[never CC smokers] If you were to start smoking, what do you think would be the risk, if any, to others because you smoke cigarettes ...

[former CC smokers] If you were to resume smoking, what do you think would be the risk, if any, to others because you smoke cigarettes ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| harming others through your second hand smoke | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| harming the unborn baby because you (the mother or the father) smoke cigarettes during pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[P version-Perceived Addiction Risk scale (CIGARETTES)]

[CC smokers] What do you think is the risk, if any, to you personally of experiencing the following because you smoke cigarettes ...

[never CC smokers] If you were to start smoking, what do you think would be the risk, if any, to you personally of experiencing the following because you smoke cigarettes ...

[former CC smokers] If you were to resume smoking, what do you think would be the risk, if any, to you personally of experiencing the following because you smoke cigarettes ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| being unable to quit cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling addicted to cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having to smoke cigarettes to feel better | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling like you have to smoke cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling like you can't stop smoking cigarettes even though you know it is not good for you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling unable to quit cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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ABOUT™-Perceived Risk | P (NRT)

This survey asks for your views about the **risks of using nicotine replacement therapy products (NRTs)**. After reading each question, select the answer that best reflects how you feel, keeping in mind that there are no right or wrong answers. Based on the information you have about NRTs, please answer all questions. If you are unsure about how to answer a question, give the best answer that you can.

[P version-Perceived Health Risk scale (NRT) SCREEN 1/3]

[CC smokers] If you were to stop smoking cigarettes and start using NRTs instead, what do you think would be the risk, if any, to you personally of getting the following (sometime during your lifetime) because you use NRTs ...

[former CC smokers] If you were to start using NRTs, what do you think would be the risk, if any, to you personally of getting the following (sometime during your lifetime) because you use NRTs ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| having a bad cough that lasts for days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having poor gum health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having lung cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| occasional wheezing (difficult breathing that produces a sound) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having mouth or throat cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aging faster (for example, wrinkles on the face) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[P version-Perceived Health Risk scale (NRT) SCREEN 2/3]

[CC smokers] If you were to stop smoking cigarettes and start using NRTs instead, what do you think would be the risk, if any, to you personally of getting the following (sometime during your lifetime) because you use NRTs ...

[former CC smokers] If you were to start using NRTs, what do you think would be the risk, if any, to you personally of getting the following (sometime during your lifetime) because you use NRTs ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| being sick with frequent minor illnesses (for example, coughs and colds) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having regular respiratory infections (for example, bronchitis, pneumonia) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having a serious illness (for example, chest pain, vascular disorder, diabetes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having reduced stamina | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having emphysema (serious lung disease) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having a cough early in the morning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[P version-Perceived Health Risk scale (NRT) SCREEN 3/3]

[CC smokers] If you were to stop smoking cigarettes and start using NRTs instead, what do you think would be the risk, if any, to you personally of getting the following (sometime during your lifetime) because you use NRTs ...

[former CC smokers] If you were to start using NRTs, what do you think would be the risk, if any, to you personally of getting the following (sometime during your lifetime) because you use NRTs ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| losing some sense of taste | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having heart disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| an earlier death | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having sores of the mouth or throat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| being physically unfit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having other types of cancer (besides mouth, throat, or lung) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[P version-Perceived Harm to Others items (NRT)]

[CC smokers] If you were to stop smoking cigarettes and start using NRTs instead, what do you think would be the risk, if any, to others because you use NRTs...

[former CC smokers] If you were to start using NRTs, what do you think would be the risk, if any, to others because you use NRTs...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| harming the unborn baby because you (the mother or the father) use NRTs during pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[P version-Perceived Addiction Risk scale (NRT)]

[CC smokers] If you were to stop smoking cigarettes and start using NRTs instead, what do you think would be the risk, if any, to you personally of experiencing the following because you use NRTs...

[former CC smokers] If you were to start using NRTs, what do you think would be the risk, if any, to you personally of experiencing the following because you use NRTs ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| being unable to quit NRTs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling addicted to NRTs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having to use NRTs to feel better | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling like you have to use NRTs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling like you can't stop using NRTs even though you know it is not good for you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling unable to quit NRTs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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ABOUT™-Perceived Risk | P (RRP)

This section asks for your views about the **risks of using <RRP>**. After reading each question, select the answer that best reflects how you feel, keeping in mind that there are no right or wrong answers. Based on the information you have read about <RRP>, please answer all questions. If you are unsure about how to answer a question, give the best answer that you can.

[P version-Perceived Health Risk scale (RRP) SCREEN 1/3]

[current RRP user] What do you think is the risk, if any, to you personally of getting the following (sometime during your lifetime) because you use <RRP>...

[non RRP user] If you were to start using <RRP>, what do you think would be the risk, if any, to you personally of getting the following (sometime during your lifetime) because you use <RRP>...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| having a bad cough that lasts for days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having poor gum health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having lung cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| occasional wheezing (difficult breathing that produces a sound) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having mouth or throat cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aging faster (for example, wrinkles on the face) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[P version-Perceived Health Risk scale (RRP) SCREEN 2/3]

[current RRP user] What do you think is the risk, if any, to you personally of getting the following (sometime during your lifetime) because you use <RRP>...

[non RRP user] If you were to start using <RRP>, what do you think would be the risk, if any, to you personally of getting the following (sometime during your lifetime) because you use <RRP>...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| being sick with frequent minor illnesses (for example, coughs and colds) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having regular respiratory infections (for example, bronchitis, pneumonia) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having a serious illness (for example, chest pain, vascular disorder, diabetes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having reduced stamina | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having emphysema (serious lung disease) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having a cough early in the morning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[P version-Perceived Health Risk scale (RRP) SCREEN 3/3]

[current RRP user] What do you think is the risk, if any, to you personally of getting the following (sometime during your lifetime) because you use <RRP>...

[non RRP user] If you were to start using <RRP >, what do you think would be the risk, if any, to you personally of getting the following (sometime during your lifetime) because you use <RRP>...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| losing some sense of taste | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having heart disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| an earlier death | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having sores of the mouth or throat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| being physically unfit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having other types of cancer (besides mouth, throat, or lung) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[P version-Perceived Harm to Others items (RRP)]

[current RRP user] What do you think is the risk, if any, to others because you use <RRP>...

[non RRP user] If you were to start using <RRP>, what do you think would be the risk, if any, to others because you use <RRP>...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| harming others through your second hand smoke | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| harming the unborn baby because you (the mother or the father) use <RRP> during pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[P version-Perceived Addiction Risk scale (RRP)]

[current RRP user] What do you think is the risk, if any, to you personally of experiencing the following because you use <RRP>...

[non RRP user] If you were to start using <RRP>, what do you think would be the risk, if any, to you personally of experiencing the following because you use <RRP> ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| being unable to quit <RRP> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling addicted to <RRP> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having to use <RRP> to feel better | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling like you have to use <RRP> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling like you can't stop using <RRP> even though you know it is not good for you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling unable to quit <RRP> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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ABOUT™-Perceived Risk | P (CESSATION)

This section asks for your views about the **risks that remain after having stopped smoking cigarettes**. After reading each question, select the answer that best reflects how you feel, keeping in mind that there are no right or wrong answers. Please answer all questions. If you are unsure about how to answer a question, give the best answer that you can.

[P version-Perceived Health Risk scale (CESSATION) SCREEN 1/3]

[CC smokers] If you were to successfully quit smoking, what do you think would be the risk, if any, to you personally of getting the following (sometime during your lifetime) because you smoked cigarettes in the past...

[former CC smokers] If you remain a former smoker, what do you think is the risk, if any, to you personally of getting the following (sometime during your lifetime) because you smoked cigarettes in the past ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| having a bad cough that lasts for days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having poor gum health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having lung cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| occasional wheezing (difficult breathing that produces a sound) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having mouth or throat cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| aging faster (for example, wrinkles on the face) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[P version-Perceived Health Risk scale (CESSATION) SCREEN 2/3]

[CC smokers] If you were to successfully quit smoking, what do you think would be the risk, if any, to you personally of getting the following (sometime during your lifetime) because you smoked cigarettes in the past...

[former CC smokers] If you remain a former smoker, what do you think is the risk, if any, to you personally of getting the following (sometime during your lifetime) because you smoked cigarettes in the past ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| being sick with frequent minor illnesses (for example, coughs and colds) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having regular respiratory infections (for example, bronchitis, pneumonia) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having a serious illness (for example, chest pain, vascular disorder, diabetes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having reduced stamina | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having emphysema (serious lung disease) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having a cough early in the morning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[P version-Perceived Health Risk scale (CESSATION) SCREEN 3/3]

[CC smokers] If you were to successfully quit smoking, what do you think would be the risk, if any, to you personally of getting the following (sometime during your lifetime) because you smoked cigarettes in the past...

[former CC smokers] If you remain a former smoker, what do you think is the risk, if any, to you personally of getting the following (sometime during your lifetime) because you smoked cigarettes in the past ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| losing some sense of taste | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having heart disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| an earlier death | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having sores of the mouth or throat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| being physically unfit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having other types of cancer (besides mouth, throat, or lung) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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[P version-Perceived Addiction Risk scale (CESSATION)]

[CC smokers] If you were to successfully quit smoking, what do you think would be the risk, if any, to you personally of experiencing the following because you smoked cigarettes in the past ...

[former CC smokers] If you remain a former smoker, what do you think is the risk, if any, to you personally of experiencing the following because you smoked cigarettes in the past ...

| | No risk | Low risk | Moderate risk | High risk | Very high risk | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| still feeling addicted to cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| having to smoke cigarettes to feel better | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling like you have to smoke cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| feeling anxiety when in a situation where people smoke | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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