

Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.



1. Have you ever used snus, even one or two times?

1 Yes

2 No

-8 DON'T KNOW

-7 REFUSED

2. In the past 12 months, have you used snus, even one or two times?

1 Yes

2 No

-8 DON'T KNOW

-7 REFUSED

3. Do you now use snus?

1 Every day

2 Some days

3 Not at all

-8 DON'T KNOW

-7 REFUSED

ASK: Current users and former 12-month users.

PROGRAM: For current users display "Do" and "use"; for 12-month former users display "Did" and "used"

4. [Do/did] you have a regular brand of snus that you usually [use/used]?

1 Yes

2 No

-8 DON'T KNOW

-7 REFUSED

5. [Is/was] [your regular brand/the last brand] you [use/used] flavored to taste like menthol, mint, wintergreen, spearmint or frost, clove, spice, fruit, chocolate, alcoholic drinks, candy, or other sweets?

1 Yes

2 No

-8 DON'T KNOW

-7 REFUSED

6. Which flavor [is/was] is? Choose all that apply.

1 Menthol

2 Mint, wintergreen, spearmint, or frost

3 Clove or spice

4 Fruit

5 Chocolate

6 An alcoholic drink (such as wine, cognac, margarita, or other cocktails)

7 Candy or other sweets

8 Some other flavor (SPECIFY)

-8 DON'T KNOW

-7 REFUSED

7. Do you know the name of the brand of snus you [usually use/usually used/last used]?

1 Yes

2 No

-8 DON'T KNOW

-7 REFUSED

8. What brand of snus [do/did] you [usually/last] use?

LIST TOBACCO BRANDS FROM APPENDIX A

9995 Something else (SPECIFY)

-8 DON'T KNOW

-7 REFUSED

9. You selected [BRANDFILL] as your brand. What kind of [BRANDFILL] [do/did] you [usually/last] use?

LIST TOBACCO SUB-BRANDS FROM APPENDIX B

9995 Something else (SPECIFY)

-8 DON'T KNOW

-7 REFUSED

10. About how long [did you use/have you been using] your regular brand of snus? [Enter a whole number and select one of the options below].

1 |__|__| DAYS

2 |__|__| MONTHS

3 |__|__| YEARS

-8 DON'T KNOW

-7 REFUSED

11. You said earlier that you last used snus [TIME OF LAST USE]. Think about the very last time you used it. Was it brand [BRANDFILL]?

1 Yes

2 [] No

-8 [] DON'T KNOW

-7 [] REFUSED



12. Have you ever used smokeless tobacco, such as dip, spit, moist snuff, pouches, or chewing tobacco, even one or two times?

1 [] Yes

2 [] No

-8 [] DON'T KNOW

-7 [] REFUSED

13. In the past 12 months, have you used smokeless tobacco, such as dip, spit, moist snuff, pouches, or chewing tobacco, even one or two times?

1 [] Yes

2 [] No

-8 [] DON'T KNOW

-7 [] REFUSED

14. Do you now use smokeless tobacco ...?

1 [] Every day

2 [] Some days

3 [] Not at all

-8 [] DON'T KNOW

-7 [] REFUSED

ASK: Current users and former 12-month users.

PROGRAM: For current users display "Do" and "use"; for 12-month former users display "Did" and "used"

15. [Do/did] you have a regular brand of smokeless tobacco that you usually [use/used]?

1 [] Yes

2 [] No

-8 [] DON'T KNOW

-7 [] REFUSED

16. [Is/was] [your regular brand/the last brand] you [use/used] flavored to taste like menthol, mint, wintergreen, spearmint or frost, clove, spice, fruit, chocolate, alcoholic drinks, candy, or other sweets?

1 [] Yes

2 [] No

-8 [] DON'T KNOW

-7 [] REFUSED

17. Which flavor [is/was] is? Choose all that apply.

1 [] Menthol

2 [] Mint, wintergreen, spearmint, or frost

3 [] Clove or spice

4 [] Fruit

5 [] Chocolate

6 [] An alcoholic drink (such as wine, cognac, margarita, or other cocktails)

7 [] Candy or other sweets

8 [] Some other flavor (SPECIFY)

-8 [] DON'T KNOW

-7 [] REFUSED

18. Do you know the name of the brand of smokeless tobacco you [usually use/usually used/last used]?

1 Yes

2 No

-8 DON'T KNOW

-7 REFUSED

19. What brand of smokeless tobacco [do/did] you [usually/last] use?

LIST TOBACCO BRANDS FROM APPENDIX A

9995 Something else (SPECIFY)

-8 DON'T KNOW

-7 REFUSED

20. You selected [BRANDFILL2] as your brand. What kind of [BRANDFILL2] [do/did] you [usually/last] use?

LIST TOBACCO SUB-BRANDS FROM APPENDIX B

9995 Something else (SPECIFY)

-8 DON'T KNOW

-7 REFUSED

21. About how long [did you use/have you been using] your regular brand of smokeless tobacco? [Enter a whole number and select one of the options below].

1 |__|__| DAYS

2 |__|__| MONTHS

3 |__|__| YEARS

-8 DON'T KNOW

-7 REFUSED

22. You said earlier that you last used smokeless tobacco [TIME OF LAST USE]. Think about the very last time you used it. Was it brand [BRANDFILL2]?

1 Yes

2 No

-8 DON'T KNOW

-7 REFUSED