

# CENIC Project 1, Study 1 Scoring Manual

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## Overview of Cleaned Data Files

### **CENICp1s1\_primary\_data\_baseline\_NIDAdatasharefinal\_20190603.csv**

- Description: Primary source for demographics and baseline data
- Format: 1 row per participant, defined by CENIC\_subject\_id
- Dimensions: 839 rows, 740 columns

### **CENICp1s1\_secondary\_data\_baseline\_NIDAdatasharefinal\_20190603.csv**

- Description: Secondary source for baseline data
- Format: 1 row per participant, defined by CENIC\_subject\_id
- Dimensions: 839 rows, 53 columns

### **CENICp1s1\_primary\_data\_postrandomization\_NIDAdatasharefinal\_20190603.csv**

- Description: Primary source for post-randomization data
- Format: 1 row per visit per participant, defined by CENIC\_subject\_id and visit
- Dimensions: 5873 rows, 561 columns

### **CENICp1s1\_secondary\_data\_postrandomization\_NIDAdatasharefinal\_20190603.csv**

- Description: Secondary source for post-randomization data
- Format: 1 row per visit per participant, defined by CENIC\_subject\_id and visit (only visits 2 and 6)
- Dimensions: 1678 rows, 9 columns

### **CENICp1s1\_ae\_data\_NIDAdatasharefinal\_20190603.csv**

- Description: Adverse event data
- Format: 1 row per event
- Dimensions: 2609 rows, 11 columns

### **CENICp1s1\_30dayfu\_NIDAdatasharefinal\_20190603.csv**

- Description: 30 day follow-up questionnaire
- Format: 1 row per participant, defined by CENIC\_subject\_id
- Dimensions: 839 rows, 8 columns

## Identifiers

### Questions/Variable Name/Coding:

**CENIC\_subject\_id** Study ID, unique

**visit:** visit indicator for post-randomization and adverse event data

92: Screening visit

91: Baseline 1 visit

0: Baseline 2 visit

1: week 1

2: week 2

3: week 3

4: week 4

5: week 5

6: week 6

7: 24-hour abstinence assessment visit

## Treatment Arm and Randomization-Related Variables

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_secondary\_data\_baseline

Questions/Variable Name/Coding:

**treatment** Treatment arm, character

A: 2.4 mg/g

B: 0.4 mg/g, high tar

C: 15.8 mg/g

D: 1.3 mg/g

E: usual brand

F: 5.2 mg/g

G: 0.4 mg/g

**Treatment\_label** label for alphanumeric treatment groups

usual brand

15.8 mg/g

5.2 mg/g

2.4 mg/g

1.3 mg/g

0.4 mg/g

0.4 mg/g (HT)

## Demographics

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline

Construct: Participant demographics – Long form.

- A portion of these demographics are collected on paper and entered into REDCap form Subject Registration.
- Annual Household Income is not reliable data. Needs to be categorical next time.

Time points measured:

- Screening

Questions/Variable Name/Coding:

**Demo\_1\_1\_TEXT\_SCR** Birth year: [int response]

**Demo\_2\_1\_TEXT\_SCR** Age: [int response]

**Demo\_3\_SCR** Gender

- 1: Male
- 2: Female

Ethnicity [multiple select]

**Demo\_4\_1\_SCR:** 1=Not Hispanic; 0=Not checked

**Demo\_4\_2\_SCR:** 1=Mexican, Mexican American, Chicano; 0=Not checked

**Demo\_4\_3\_SCR:** 1=Puerto Rican; 0=Not checked

**Demo\_4\_4\_SCR:** 1=Cuban; 0=Not checked

**Demo\_4\_5\_SCR:** 1=Other Hispanic origin; 0=Not checked

**Demo\_4\_5\_TEXT\_SCR:** other specified

**Hispanic** ethnicity, as categorized for the primary paper

- 0 = not Hispanic
- 1 = Hispanic
- 2 = unknown

Race [multiple select]

**Demo\_5\_1\_SCR:** 1= American Indian, Alaskan Native; 0=Not checked

**Demo\_5\_2\_SCR:** 1= Asian; 0=Not checked

**Demo\_5\_3\_SCR:** 1= Native Hawaiian/Pacific Islander; 0=Not checked

**Demo\_5\_4\_SCR:** 1= Black or African American; 0=Not checked

**Demo\_5\_5\_SCR:** 1= White; 0=Not checked

**Demo\_5\_6\_SCR:** 1= Other; 0=Not checked

**Demo\_5\_6\_TEXT\_SCR:** other specified

**race\_3cat** race, categorized into three groups as used in the primary paper

- 0 = white
- 1 = black
- 2 = other

**race\_6cat** race, categorized into six groups as used in the primary paper

- 0 = white
- 1 = black
- 2 = Asian
- 3 = more than one race
- 4 = other
- 5 = unknown

**Demo\_6\_SCR** What is your current marital status?

- 1: Never Married
- 2: Married for the first time
- 3: Remarried
- 4: Separated
- 5: Divorced
- 6: Widowed

**Demo\_7\_SCR** What is your current living situation?

- 1: Alone
- 2: With significant other and/or kids
- 3: With parents
- 4: With friends/other relatives
- 5: Other

**Demo\_7\_TEXT\_SCR:** other specified

How many people are living in your home?

**Demo\_8\_1\_TEXT\_SCR** Number of adults (including yourself): [int response]

**Demo\_8\_2\_TEXT\_SCR** Number of children (including yourself): [int response]

**Demo\_9\_SCR** What is the highest level of education you completed?

- 1: 8<sup>th</sup> grade or less
- 2: Some high school
- 3: High school grad/equivalent
- 4: Some college/2-year
- 5: College grad/4-year
- 6: Graduate or Professional

**Demo\_10\_SCR** Are you currently a student?

- 1: Yes, full time
- 2: Yes, part time
- 3: No, not a student

**Demo\_11\_1\_TEXT\_SCR** What is your annual household income (from all sources)?

**Demo\_12\_SCR** What is your current employment status?

- 1: Regular fulltime – daytime
- 2: Regular fulltime – evening or night
- 3: Part-time work (consistent)
- 4: Part-time work (irregular or informal)
- 5: Unemployed
- 6: Retired
- 7: Disability
- 8: Other

**Demo\_12\_TEXT\_SCR:** other specified

**Demo\_13\_SCR** When did you last work, even for a few days?

- 1: Within 12 months
- 2: 1 to 5 years
- 3: Over 5 years or never worked

**Demo\_14\_1\_TEXT\_SCR** During past 12 months, during the weeks worked, how many hours worked each week?

**Demo\_15\_SCR** What was your primary occupation during the past 12 months? [text response]

**Demo\_16\_SCR** Right or Left handed

- 1: Right
- 2: Left
- 3: Ambidextrous

**menthol** Menthol status

- 0: Non-menthol
- 1: Menthol

Scoring Procedure:

n/a

Reference Articles:

n/a



# Respiratory Health Questionnaire

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Construct: Respiratory health assessment

- 'Yes' to Resp\_5 should have triggered documenting an AE

Time points measured:

- Baseline 1
- Baseline 2
- Week 1
- Week 2
- Week 3
- Week 4
- Week 5
- Week 6

Questions/Variable Name/Coding:

*Data Collected at baseline 1 visit*

**Resp1\_1\_BSL1** "In the past week: How would you rate your cough?"

scale: 1-10; 1=none, 5=moderate, 10=severe

**Resp1\_2\_BSL1** "In the past week: How would you rate your phlegm (mucous) production?"

scale: 1-10; 1=none, 5=moderate, 10=severe

**Resp1\_3\_BSL1** "In the past week: How would you rate your shortness of breath?"

scale: 1-10; 1=none, 5=moderate, 10=severe

**Resp1\_4\_BSL1** "In the past week: How would you rate any irritation in your throat and lungs?"

scale: 1-10; 1=none, 5=moderate, 10=severe

**Resp1\_5\_BSL1** "In the past week: Have you experienced any health problems, such as cold, flu, or other respiratory illness that would affect these respiratory symptoms?"

scale: 1-10; 1=none, 5=moderate, 10=severe

**Resp1\_5\_TEXT\_BSL1:** explain

*Data Collected at baseline 2 visit*

**Resp2\_1\_BSL2** "Since your last scheduled visit: How would you rate your cough?"

scale: 1-10; 1=none, 5=moderate, 10=severe

**Resp2\_2\_BSL2** "Since your last scheduled visit: How would you rate your phlegm (mucous) production?"

scale: 1-10; 1=none, 5=moderate, 10=severe

**Resp2\_3\_BSL2** "Since your last scheduled visit: How would you rate your shortness of breath?"

scale: 1-10; 1=none, 5=moderate, 10=severe

**Resp2\_4\_BSL2** "Since your last scheduled visit: How would you rate any irritation in your throat and lungs?"

scale: 1-10; 1=none, 5=moderate, 10=severe

**Resp2\_5\_BSL2** “Since your last scheduled visit: Have you experienced any health problems, such as cold, flu, or other respiratory illness that would affect these respiratory symptoms?”

scale: 1-10; 1=none, 5=moderate, 10=severe

**Resp2\_5\_TEXT\_BSL1:** explain

*Data Collected at weeks 1 through 6*

**Resp2\_1** “Since your last scheduled visit: How would you rate your cough?”

scale: 1-10; 1=none, 5=moderate, 10=severe

**Resp2\_2** “Since your last scheduled visit: How would you rate your phlegm (mucous) production?”

scale: 1-10; 1=none, 5=moderate, 10=severe

**Resp2\_3** “Since your last scheduled visit: How would you rate your shortness of breath?”

scale: 1-10; 1=none, 5=moderate, 10=severe

**Resp2\_4** “Since your last scheduled visit: How would you rate any irritation in your throat and lungs?”

scale: 1-10; 1=none, 5=moderate, 10=severe

**Resp2\_5** “Since your last scheduled visit: Have you experienced any health problems, such as cold, flu, or other respiratory illness that would affect these respiratory symptoms?”

scale: 1-10; 1=none, 5=moderate, 10=severe

**Resp2\_5\_TEXT:** explain

Scoring Procedure:

n/a

Reference Articles:

n/a

## Minnesota Nicotine Withdrawal Scale (MNWS)

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Construct: Nicotine Withdrawal

Time points measured:

- Baseline 1
- Baseline 2
- Week 1
- Week 2
- Week 3
- Week 4
- Week 5
- Week 6
- Abstinence visit

Questions/Variable Name/Coding:

Answer the questions on how you have felt or what you have noticed during the past week. Answer based on how you feel in general during this time.

*Data Collected at baseline 1 visit*

**MNWS1\_1\_BSL1** "Angry, irritable, frustrated"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS1\_2\_BSL1** "Anxious, nervous"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS1\_3\_BSL1** "Depressed mood, sad"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS1\_4\_BSL1** "Desire or craving to smoke"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS1\_5\_BSL1** "Difficulty concentrating"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS1\_6\_BSL1** "Increased appetite, hungry, weight gain"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS1\_7\_BSL1** "Insomnia, sleep problems, awakening at night"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS1\_8\_BSL1** "Restless"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS1\_9\_BSL1** "Impatient"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS1\_10\_BSL1** "Constipation"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS1\_11\_BSL1** "Dizziness"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS1\_12\_BSL1** "Coughing"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS1\_13\_BSL1** "Dreaming or nightmares"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS1\_14\_BSL1** "Nausea"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS1\_15\_BSL1** "Sore throat"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

*Data Collected at baseline 2 visit*

**MNWS2\_1\_BSL2** "Angry, irritable, frustrated"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS2\_2\_BSL2** "Anxious, nervous"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS2\_3\_BSL2** "Depressed mood, sad"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS2\_4\_BSL2** "Desire or craving to smoke"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS2\_5\_BSL2** "Difficulty concentrating"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS2\_6\_BSL2** "Increased appetite, hungry, weight gain"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS2\_7\_BSL2** "Insomnia, sleep problems, awakening at night"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS2\_8\_BSL2** "Restless"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS2\_9\_BSL2** "Impatient"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS2\_10\_BSL2** "Constipation"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS2\_11\_BSL2** "Dizziness"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS2\_12\_BSL2** "Coughing"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS2\_13\_BSL2** "Dreaming or nightmares"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS2\_14\_BSL2** "Nausea"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS2\_15\_BSL2** "Sore throat"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

*Data Collected at weeks 1 through 6 and the abstinence visit*

**MNWS2\_1** "Angry, irritable, frustrated"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

**MNWS2\_2** "Anxious, nervous"

scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe  
**MNWS2\_3** "Depressed mood, sad"  
scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe  
**MNWS2\_4** "Desire or craving to smoke"  
scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe  
**MNWS2\_5** "Difficulty concentrating"  
scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe  
**MNWS2\_6** "Increased appetite, hungry, weight gain"  
scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe  
**MNWS2\_7** "Insomnia, sleep problems, awakening at night"  
scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe  
**MNWS2\_8** "Restless"  
scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe  
**MNWS2\_9** "Impatient"  
scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe  
**MNWS2\_10** "Constipation"  
scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe  
**MNWS2\_11** "Dizziness"  
scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe  
**MNWS2\_12** "Coughing"  
scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe  
**MNWS2\_13** "Dreaming or nightmares"  
scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe  
**MNWS2\_14** "Nausea"  
scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe  
**MNWS2\_15** "Sore throat"  
scale: 0 = none, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

Scoring Procedure:

Sum questions 1 through 8; questions 9 through 15 were not used for scoring

*Scored variables*

**MNWS1\_score\_BSL1** score for baseline 1 visit

**MNWS2\_score\_BSL2** score for baseline 2 visit

**MNWS2\_score** score for weeks 1 through 6

Reference Articles:

# Questionnaire of Smoking Urges - Brief

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Construct: Craving to smoke

Time points measured:

Usual Brand (*QSU\_U*)

- Baseline 1
- Baseline 2
- Week 1
- Week 2
- Week 3
- Week 4
- Week 5
- Week 6
- Abstinence visit

Study Cigarette (*QSU\_S*)

- Week 1
- Week 2
- Week 3
- Week 4
- Week 5
- Week 6
- Abstinence visit

Questions/Variable Name/Coding:

*Data Collected at baseline 1 visit – all questions refer to the participant’s usual brand cigarette*

**QSU\_U\_1\_BSL1** “I have a desire for a cigarette right now”

scale: from 1-7, strongly disagree to strongly agree

**QSU\_U\_2\_BSL1** “Nothing would be better than smoking a cigarette right now”

scale: from 1-7, strongly disagree to strongly agree

**QSU\_U\_3\_BSL1** “If it were possible, I probably would smoke now”

scale: from 1-7, strongly disagree to strongly agree

**QSU\_U\_4\_BSL1** “I could control things better right now if I could smoke”

scale: from 1-7, strongly disagree to strongly agree

**QSU\_U\_5\_BSL1** “All I want right now is a cigarette”

scale: from 1-7, strongly disagree to strongly agree

**QSU\_U\_6\_BSL1** “I have an urge for a cigarette right now”

scale: from 1-7, strongly disagree to strongly agree

**QSU\_U\_7\_BSL1** “A cigarette would taste good now”

scale: from 1-7, strongly disagree to strongly agree

**QSU\_U\_8\_BSL1** “I would do almost anything for a cigarette now”

scale: from 1-7, strongly disagree to strongly agree

**QSU\_U\_9\_BSL1** “Smoking would make me less depressed”

scale: from 1-7, strongly disagree to strongly agree

**QSU\_U\_10\_BSL1** “I am going to smoke as soon as possible”

scale: from 1-7, strongly disagree to strongly agree

*Data Collected at baseline 2 visit – all questions refer to the participant’s usual brand cigarette*

**QSU\_U\_1\_BSL2** “I have a desire for a cigarette right now”

CENICP1S1.Data.Scoring.Manual format-edited.docx

- scale: from 1-7, strongly disagree to strongly agree
- QSU\_U\_2\_BSL2** “Nothing would be better than smoking a cigarette right now”  
scale: from 1-7, strongly disagree to strongly agree
- QSU\_U\_3\_BSL2** “If it were possible, I probably would smoke now”  
scale: from 1-7, strongly disagree to strongly agree
- QSU\_U\_4\_BSL2** “I could control things better right now if I could smoke”  
scale: from 1-7, strongly disagree to strongly agree
- QSU\_U\_5\_BSL2** “All I want right now is a cigarette”  
scale: from 1-7, strongly disagree to strongly agree
- QSU\_U\_6\_BSL2** “I have an urge for a cigarette right now”  
scale: from 1-7, strongly disagree to strongly agree
- QSU\_U\_7\_BSL2** “A cigarette would taste good now”  
scale: from 1-7, strongly disagree to strongly agree
- QSU\_U\_8\_BSL2** “I would do almost anything for a cigarette now”  
scale: from 1-7, strongly disagree to strongly agree
- QSU\_U\_9\_BSL2** “Smoking would make me less depressed”  
scale: from 1-7, strongly disagree to strongly agree
- QSU\_U\_10\_BSL2** “I am going to smoke as soon as possible”  
scale: from 1-7, strongly disagree to strongly agree

*Data Collected at weeks 1 through 6 and the abstinence visit*

*These questions refer to the participant’s usual brand cigarette*

- QSU\_U\_1** “I have a desire for a cigarette right now”  
scale: from 1-7, strongly disagree to strongly agree
- QSU\_U\_2** “Nothing would be better than smoking a cigarette right now”  
scale: from 1-7, strongly disagree to strongly agree
- QSU\_U\_3** “If it were possible, I probably would smoke now”  
scale: from 1-7, strongly disagree to strongly agree
- QSU\_U\_4** “I could control things better right now if I could smoke”  
scale: from 1-7, strongly disagree to strongly agree
- QSU\_U\_5** “All I want right now is a cigarette”  
scale: from 1-7, strongly disagree to strongly agree
- QSU\_U\_6** “I have an urge for a cigarette right now”  
scale: from 1-7, strongly disagree to strongly agree
- QSU\_U\_7** “A cigarette would taste good now”  
scale: from 1-7, strongly disagree to strongly agree
- QSU\_U\_8** “I would do almost anything for a cigarette now”  
scale: from 1-7, strongly disagree to strongly agree
- QSU\_U\_9** “Smoking would make me less depressed”  
scale: from 1-7, strongly disagree to strongly agree
- QSU\_U\_10** “I am going to smoke as soon as possible”  
scale: from 1-7, strongly disagree to strongly agree
- QSU\_CigType** “Are you currently assigned to smoke your usual brand cigarette during this study?”  
0 = No  
1 = Yes

*These questions refer to the participant's randomly assigned study cigarette*

**QSU\_S\_1** "I have a desire for a cigarette right now"

scale: from 1-7, strongly disagree to strongly agree

**QSU\_S\_2** "Nothing would be better than smoking a cigarette right now"

scale: from 1-7, strongly disagree to strongly agree

**QSU\_S\_3** "If it were possible, I probably would smoke now"

scale: from 1-7, strongly disagree to strongly agree

**QSU\_S\_4** "I could control things better right now if I could smoke"

scale: from 1-7, strongly disagree to strongly agree

**QSU\_S\_5** "All I want right now is a cigarette"

scale: from 1-7, strongly disagree to strongly agree

**QSU\_S\_6** "I have an urge for a cigarette right now"

scale: from 1-7, strongly disagree to strongly agree

**QSU\_S\_7** "A cigarette would taste good now"

scale: from 1-7, strongly disagree to strongly agree

**QSU\_S\_8** "I would do almost anything for a cigarette now"

scale: from 1-7, strongly disagree to strongly agree

**QSU\_S\_9** "Smoking would make me less depressed"

scale: from 1-7, strongly disagree to strongly agree

**QSU\_S\_10** "I am going to smoke as soon as possible"

scale: from 1-7, strongly disagree to strongly agree

Scoring Procedure:

Factor 1: sum of questions 1, 3, 6, 7, 10

Factor 2: sum of questions 2, 4, 5, 8, 9

Total: Sum all questions

**QSU\_U\_f1\_BSL1** factor 1 for usual brand cigarette at baseline 1 visit

**QSU\_U\_f2\_BSL1** factor 2 for usual brand cigarette at baseline 1 visit

**QSU\_U\_tot\_BSL1** total score for usual brand cigarette at baseline 1 visit

**QSU\_U\_f1\_BSL2** factor 1 for usual brand cigarette at baseline 2 visit

**QSU\_U\_f2\_BSL2** factor 2 for usual brand cigarette at baseline 2 visit

**QSU\_U\_tot\_BSL2** total score for usual brand cigarette at baseline 2 visit

**QSU\_U\_f1** factor 1 for usual brand cigarette at weeks 1 through 6

**QSU\_U\_f2** factor 2 for usual brand cigarette at weeks 1 through 6

**QSU\_U\_tot** total score for usual brand cigarette at weeks 1 through 6

**QSU\_S\_f1** factor 1 for study cigarette at weeks 1 through 6

**QSU\_S\_f2** factor 2 for study cigarette at weeks 1 through 6

**QSU\_S\_tot** total score for study cigarette at weeks 1 through 6

Reference Articles:



Tiffany ST, Drobes DJ. (1991). The development and initial validation of a questionnaire on smoking urges. *British Journal of Addiction*, (86) 1467-1476.

Cox LS, Tiffany ST, Christen AG. (2001). Evaluation of the brief questionnaire of smoking urges (QSU-brief) in laboratory and clinical settings. *Nicotine & Tobacco Research*, (3) 7-16.

## Fagerström Test for Nicotine Dependence (FTND)

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Construct: Nicotine Dependence

Time points measured:

- Screening
- Week 2
- Week 6

Questions/Variable Name/Coding:

*Data Collected at screening visit*

**FTND\_1\_SCR** How soon after you wake up do you smoke your first cigarette?

- 3: 5 minutes
- 2: 6-30 minutes
- 1: 31-60 minutes
- 0: More than 60 minutes

**FTND\_2\_SCR** Do you find it difficult to refrain from smoking in places where it is forbidden?

- 1: Yes
- 0: No

**FTND\_3\_SCR** Which cigarette would you hate the most to give up?

- 1: The first one in the morning
- 0: Any other

**FTND\_4\_SCR** How many cigarettes a day do you smoke?

- 0: 10 or less
- 1: 11-20
- 2: 21-30
- 3: 31 or more

**FTND\_5\_SCR** Do you smoke more frequently during the first hours after waking than during the rest of the day?

- 1: Yes
- 0: No

**FTND\_6\_SCR** Do you smoke when you are so ill that you are in bed most of the day?

- 1: Yes
- 0: No

**FTND\_7\_SCR** How often do you inhale the smoke from your cigarettes?

- 0: Never
- 1: Sometimes
- 2: Always

*Data Collected at weeks 2 and 6*

**FTND\_1** How soon after you wake up do you smoke your first cigarette?

- 3: 5 minutes
- 2: 6-30 minutes
- 1: 31-60 minutes
- 0: More than 60 minutes

**FTND\_2** Do you find it difficult to refrain from smoking in places where it is forbidden?

- 1: Yes
- 0: No

**FTND\_3** Which cigarette would you hate the most to give up?

- 1: The first one in the morning
- 0: Any other

**FTND\_4** How many cigarettes a day do you smoke?

- 0: 10 or less
- 1: 11-20
- 2: 21-30
- 3: 31 or more

**FTND\_5** Do you smoke more frequently during the first hours after waking than during the rest of the day?

- 1: Yes
- 0: No

**FTND\_6** Do you smoke when you are so ill that you are in bed most of the day?

- 1: Yes
- 0: No

**FTND\_7** How often do you inhale the smoke from your cigarettes?

- 0: Never
- 1: Sometimes
- 2: Always

Scoring Procedure:

Original scoring: Sum questions 1 through 6; question 7 was not used for scoring

Scoring excluding CPD question: Sum questions 1 through 3, 5 and 6; questions 4 and 7 were not used for scoring

**FTND\_score\_SCR** Original scoring at screening visit

**FTND\_score\_minuscigs\_SCR** Scoring excluding CPD question at screening visit

**FTND\_score** Original scoring at weeks 2 and 6

**FTND\_score\_minuscigs** Scoring excluding CPD question at weeks 2 and 6

Reference Articles:

Heathertone TF, Kozlowski LT, Frecker RC, Fagerström K-O. (1991). The Fagerström test for nicotine dependence: a revision of the Fagerström tolerance questionnaire. *British Journal of Addiction*, 86:1119-1127.

## Stages of Change

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Construct: Intention to quit

Time points measured:

- Screening
- Week 2
- Week 6

Questions/Variable Name/Coding:

*Data Collected at screening visit*

**SOC1\_1\_SCR** Are you seriously considering quitting tobacco use within the next 6 months?

1: Yes

0: No

**SOC1\_2\_SCR** Are you planning to quit in the next 30 days?

1: Yes

0: No

**SOC1\_3\_SCR** Are you currently looking for treatment to stop smoking?

1: Yes

0: No

**SOC1\_4\_SCR** If you decide to quit smoking permanently, how confident are you that you would be able to quit?

scale: 1 – 10; 1 = Not at all confident to 10 = Completely confident

**SOC1\_5\_SCR** Each number on the scale below represents where various smokers are in their thinking about quitting. Mark the number that indicates where you are now.

scale: 0 – 10; 0 = no thought of quitting, 5 = think 1 should quit, but not quite ready, 10 = taking action to quit

*Data Collected at weeks 2 and 6*

**SOC2\_1** Are you seriously considering quitting tobacco use within the next 6 months?

1: Yes

0: No

**SOC2\_2** Are you planning to quit in the next 30 days?

1: Yes

0: No

**SOC2\_3** If you decide to quit smoking permanently, how confident are you that you would be able to quit?

scale: 1 – 10; 1 = Not at all confident to 10 = Completely confident

**SOC2\_4** Each number on the scale below represents where various smokers are in their thinking about quitting. Mark the number that indicates where you are now.

scale: 0 – 10; 0 = no thought of quitting, 5 = think 1 should quit, but not quite ready, 10 = taking action to quit

Scoring Procedure:

Sum to get total score. Higher score indicates more intention to quit.

NOTE: calculated scores are not included in the data set

Reference Articles:

## Brief - Wisconsin Inventory of Smoking Dependence Motives (WISDM-Brief)

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Construct: Motives for nicotine dependence

Time points measured:

- Baseline 1
- Week 6

Questions/Variable Name/Coding:

*Data Collected at baseline 1 visit*

**WISDM\_1\_BSL1** "I often smoke without thinking about it."

scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_2\_BSL1** "Cigarettes control me."

scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_3\_BSL1** "I usually want to smoke right after I wake up."

scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_4\_BSL1** "It's hard to ignore an urge to smoke."

scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_5\_BSL1** "The flavor of a cigarette is pleasing."

scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_6\_BSL1** "I frequently smoke to keep my mind focused."

scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_7\_BSL1** "I rely upon smoking to control my hunger and eating."

scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_8\_BSL1** "My life is full of reminders to smoke."

scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_9\_BSL1** "Smoking helps me feel better in seconds."

scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_10\_BSL1** "I smoke without deciding to."

scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_11\_BSL1** "Cigarettes keep me company, like a close friend."

scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_12\_BSL1** "There are particular sights and smells that trigger strong urges to smoke."

scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_13\_BSL1** "Smoking helps me stay focused."

scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_14\_BSL1** "I frequently light cigarettes without thinking about it."

scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_15\_BSL1** "Most of my daily cigarettes taste good."

scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_16\_BSL1** "Sometimes I feel like cigarettes rule my life."

scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_17\_BSL1** "I frequently crave cigarettes."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_18\_BSL1** "Most of the people I spend time with are smokers."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_19\_BSL1** "Weight control is a major reason I smoke."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_20\_BSL1** "Some of the cigarettes I smoke taste great."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_21\_BSL1** "I'm really hooked on cigarettes."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_22\_BSL1** "Sometimes I feel like cigarettes are my best friends."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_23\_BSL1** "My urges to smoke keep getting stronger if I don't smoke."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_24\_BSL1** "Seeing someone smoke makes me really want a cigarette."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_25\_BSL1** "I find myself reaching for cigarettes without thinking about it."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_26\_BSL1** "I would feel alone without my cigarettes."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_27\_BSL1** "A lot of my friends or family smoke."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_28\_BSL1** "Other smokers would consider me a heavy smoker."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_29\_BSL1** "I When I haven't been able to smoke for a few hours, the craving gets intolerable."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_30\_BSL1** "Most of my friends and acquaintances smoke."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_31\_BSL1** "I smoke within 30 minutes of awakening in the morning."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_32\_BSL1** "Smoking helps me think better."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_33\_BSL1** "Smoking really helps me feel better if I've been feeling down."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_34\_BSL1** "Smoking keeps me from overeating."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_35\_BSL1** "My smoking is out of control."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_36\_BSL1** "I consider myself a heavy smoker."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

**WISDM\_37\_BSL1** "Even when I feel good, smoking helps me feel better."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

*Data Collected at week 6*

**WISDM\_1** "I often smoke without thinking about it."

- scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_2** "Cigarettes control me."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_3** "I usually want to smoke right after I wake up."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_4** "It's hard to ignore an urge to smoke."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_5** "The flavor of a cigarette is pleasing."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_6** "I frequently smoke to keep my mind focused."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_7** "I rely upon smoking to control my hunger and eating."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_8** "My life is full of reminders to smoke."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_9** "Smoking helps me feel better in seconds."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_10** "I smoke without deciding to."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_11** "Cigarettes keep me company, like a close friend."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_12** "There are particular sights and smells that trigger strong urges to smoke."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_13** "Smoking helps me stay focused."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_14** "I frequently light cigarettes without thinking about it."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_15** "Most of my daily cigarettes taste good."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_16** "Sometimes I feel like cigarettes rule my life."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_17** "I frequently crave cigarettes."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_18** "Most of the people I spend time with are smokers."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_19** "Weight control is a major reason I smoke."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_20** "Some of the cigarettes I smoke taste great."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_21** "I'm really hooked on cigarettes."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_22** "Sometimes I feel like cigarettes are my best friends."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_23** "My urges to smoke keep getting stronger if I don't smoke."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_24** "Seeing someone smoke makes me really want a cigarette."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".



- WISDM\_25** "I find myself reaching for cigarettes without thinking about it."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_26** "I would feel alone without my cigarettes."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_27** "A lot of my friends or family smoke."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_28** "Other smokers would consider me a heavy smoker."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_29** "I When I haven't been able to smoke for a few hours, the craving gets intolerable."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_30** "Most of my friends and acquaintances smoke."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_31** "I smoke within 30 minutes of awakening in the morning."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_32** "Smoking helps me think better."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_33** "Smoking really helps me feel better if I've been feeling down."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_34** "Smoking keeps me from overeating."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_35** "My smoking is out of control."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_36** "I consider myself a heavy smoker."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".
- WISDM\_37** "Even when I feel good, smoking helps me feel better."  
scale: scale from 1 to 7; "Not true of me at all" to "Extremely true of me".

Scoring Procedure:

- Affiliative attachment subscale: mean of questions 11, 22, 26
- Automaticity subscale: mean of questions 1, 10, 14, 25
- Loss of control subscale: mean of questions 2, 16, 21, 35
- Cognitive enhancement subscale: mean of questions 6, 13, 32
- Craving subscale: mean of 4, 17, 23, 29
- Cue exposure/associative processes subscale: mean of 8, 12, 14
- Social/environmental goods subscale: mean of 18, 27, 30
- Taste subscale: mean of 5, 15, 20
- Tolerance subscale: mean of 3, 28, 31, 36
- Weight control subscale: mean of 7, 19, 34
- Affective enhancement subscale: mean of 9, 33, 37
- Primary dependence motive scale: mean of automaticity, loss of control, craving, and tolerance subscales
- Secondary dependence motive scale: mean of affiliative attachment, cognitive enhancement, cue exposure/associate processes, affective enhancement, social/environmental goods, taste, and weight control subscale
- Total score: Mean of the eleven subscales

**WISDM\_affat\_BSL1** Affiliative attachment subscale at baseline 1  
**WISDM\_aut\_BSL1** Automaticity subscale at baseline 1  
**WISDM\_loc\_BSL1** Loss of control subscale at baseline 1  
**WISDM\_ce\_BSL1** Cognitive enhancement subscale at baseline 1  
**WISDM\_crav\_BSL1** Craving subscale at baseline 1  
**WISDM\_ceap\_BSL1** Cue exposure/associative processes subscale at baseline 1  
**WISDM\_seg\_BSL1** Social/environmental goals subscale at baseline 1  
**WISDM\_taste\_BSL1** Taste subscale at baseline 1  
**WISDM\_tol\_BSL1** Tolerance subscale at baseline 1  
**WISDM\_wc\_BSL1** Weight control subscale at baseline 1  
**WISDM\_ae\_BSL1** Affective enhancement subscale at baseline 1  
**WISDM\_pdm\_BSL1** Primary dependence motive scale at baseline 1  
**WISDM\_sdm\_BSL1** Secondary dependence motive scale at baseline 1  
**WISDM\_ts\_BSL1** Total score at baseline 1

**WISDM\_affat** Affiliative attachment subscale at week 6  
**WISDM\_aut** Automaticity subscale at week 6  
**WISDM\_loc** Loss of control subscale at week 6  
**WISDM\_ce** Cognitive enhancement subscale at week 6  
**WISDM\_crav** Craving subscale at week 6  
**WISDM\_ceap** Cue exposure/associative processes subscale at week 6  
**WISDM\_seg** Social/environmental goals subscale at week 6  
**WISDM\_taste** Taste subscale at week 6  
**WISDM\_tol** Tolerance subscale at week 6  
**WISDM\_wc** Weight control subscale at week 6  
**WISDM\_ae** Affective enhancement subscale at week 6  
**WISDM\_pdm** Primary dependence motive scale at week 6  
**WISDM\_sdm** Secondary dependence motive scale at week 6  
**WISDM\_ts** Total score at week 6

Reference Articles:

Piper ME, Piasecki TM, Federman EB, Bolt DM, Smith SS, Fiore MC, Baker TB. A multiple motives approach to tobacco dependence: The Wisconsin Inventory of Smoking Dependence Motives (WISDM-68). *Journal of Consulting and Clinical Psychology*, 2004;72:139-154.  
Smith SS, Piper ME, Bolt DM, Fiore MC, Wetter DW, Cinciripini PM, Baker TB. Development of the Brief Wisconsin Inventory of Smoking Dependence Motives. *Nicotine Tob Res.* 2010 May;12(5):489-99. doi: 10.1093/ntr/ntq032. Epub 2010 Mar 15. PMID: 20231242, PMCID: PMC2861888.

## Perceived Health Risk

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Construct: Perception of risk

Time points measured:

Usual Brand

- Baseline 1

Study Cigarette

- Week 2
- Week 6

Questions/Variable Name/Coding:

*Data Collected at baseline 1 visit – all questions refer to the participant’s usual brand cigarette*

**PHRR1\_1\_BSL1** Perceived risk of lung cancer

scale: from 1-10; 1 = very low risk of disease, 10 = very high risk of disease

**PHRR1\_2\_BSL1** Perceived risk of emphysema

scale: from 1-10; 1 = very low risk of disease, 10 = very high risk of disease

**PHRR1\_3\_BSL1** Perceived risk of bronchitis

scale: from 1-10; 1 = very low risk of disease, 10 = very high risk of disease

**PHRR1\_4\_BSL1** Perceived risk of other cancers

scale: from 1-10; 1 = very low risk of disease, 10 = very high risk of disease

**PHRR1\_5\_BSL1** Perceived risk of heart disease

scale: from 1-10; 1 = very low risk of disease, 10 = very high risk of disease

**PHRR1\_6\_BSL1** Perceived risk of risk of addiction

scale: from 1-10; 1 = very low risk of disease, 10 = very high risk of disease

**PHRR1\_7\_BSL1** Perceived risk of stroke

scale: from 1-10; 1 = very low risk of disease, 10 = very high risk of disease

*Data Collected at weeks 2 and 6 – all questions refer to the participant’s assigned study cigarette*

**PHRR2\_1** Perceived risk of lung cancer

scale: from 1-10; 1 = very low risk of disease, 10 = very high risk of disease

**PHRR2\_2** Perceived risk of emphysema

scale: from 1-10; 1 = very low risk of disease, 10 = very high risk of disease

**PHRR2\_3** Perceived risk of bronchitis

scale: from 1-10; 1 = very low risk of disease, 10 = very high risk of disease

**PHRR2\_4** Perceived risk of other cancers

scale: from 1-10; 1 = very low risk of disease, 10 = very high risk of disease

**PHRR2\_5** Perceived risk of heart disease

scale: from 1-10; 1 = very low risk of disease, 10 = very high risk of disease

**PHRR2\_6** Perceived risk of risk of addiction

scale: from 1-10; 1 = very low risk of disease, 10 = very high risk of disease

**PHRR2\_7** Perceived risk of stroke

scale: from 1-10; 1 = very low risk of disease, 10 = very high risk of disease

**PHRR2\_8** Compared to my usual brand of cigarettes, my study cigarette is:

1 = much lower in toxins, 2 = somewhat lower in toxins, 3 = neither higher or lower in toxins, 4 = somewhat higher in toxins, 5 = much higher in toxins, 6 = don't know

**PHRR2\_9a** Compared to my usual brand of cigarettes, perceived risk of developing cancer

1 = much lower, 2 = somewhat lower, 3 = neither higher or lower, 4 = somewhat higher, 5 = much higher, 6 = don't know

**PHRR2\_9b** Compared to my usual brand of cigarettes, perceived risk of developing heart disease

1 = much lower, 2 = somewhat lower, 3 = neither higher or lower, 4 = somewhat higher, 5 = much higher, 6 = don't know

**PHRR2\_9c** Compared to my usual brand of cigarettes, perceived risk of developing lung disease (such as emphysema)

1 = much lower, 2 = somewhat lower, 3 = neither higher or lower, 4 = somewhat higher, 5 = much higher, 6 = don't know

**PHRR2\_9d** Compared to my usual brand of cigarettes, perceived risk of developing nicotine addiction

1 = much lower, 2 = somewhat lower, 3 = neither higher or lower, 4 = somewhat higher, 5 = much higher, 6 = don't know

#### Scoring Procedure:

There is no pre-determined scoring for this scale

#### Reference Articles:

Hatsukami DK, Kotlyar M, Hertsgaard LA, Zhang Y, Carmella SG, Jensen JA, Allen SS, Shields PG, Murphy SE, Stepanov I, Hecht SS. Reduced nicotine content cigarettes: effects on toxicant exposure, dependence and cessation. *Addiction*, 2009;105:343-355.

## Cigarette Evaluation Scale

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Construct: Reinforcing effects of Smoking

Time points measured:

Cigarette Evaluation Scale - Usual Brand

- Baseline 1
- Baseline 2

Cigarette Evaluation Scale – Study Cigarette

- Week 1
- Week 2
- Week 3
- Week 4
- Week 5
- Week 6

Questions/Variable Name/Coding:

*Data Collected at the baseline 1 visit – all questions refer to the participant’s usual brand cigarette*

**CES1\_1\_BSL1** “Was smoking satisfying?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_2\_BSL1** “Did cigarettes taste good?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_3\_BSL1** “Did you enjoy the sensations in your throat and chest?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_4\_BSL1** “Did smoking calm you down?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_5\_BSL1** “Did smoking make you feel more awake?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_6\_BSL1** “Did smoking make you feel less irritable?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_7\_BSL1** “Did smoking help you concentrate?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_8\_BSL1** “Did smoking reduce your hunger for food?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_9\_BSL1** “Did smoking make you dizzy?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_10\_BSL1** “Did smoking make you nauseous?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_11\_BSL1** “Did smoking immediately reduce your craving for cigarettes?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_12\_BSL1** “Did you enjoy smoking?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

*Data Collected at the baseline 2 visit – all questions refer to the participant’s usual brand cigarette*

**CES1\_1\_BSL2** “Was smoking satisfying?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_2\_BSL2** “Did cigarettes taste good?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_3\_BSL2** “Did you enjoy the sensations in your throat and chest?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_4\_BSL2** “Did smoking calm you down?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_5\_BSL2** “Did smoking make you feel more awake?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_6\_BSL2** “Did smoking make you feel less irritable?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_7\_BSL2** “Did smoking help you concentrate?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_8\_BSL2** “Did smoking reduce your hunger for food?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_9\_BSL2** “Did smoking make you dizzy?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_10\_BSL2** “Did smoking make you nauseous?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_11\_BSL2** “Did smoking immediately reduce your craving for cigarettes?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES1\_12\_BSL2** “Did you enjoy smoking?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

*Data Collected at weeks 1 through 5 – all questions refer to the participant’s study cigarette*

**CES2\_1** “Was smoking satisfying?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES2\_2** “Did cigarettes taste good?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES2\_3** “Did you enjoy the sensations in your throat and chest?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES2\_4** “Did smoking calm you down?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES2\_5** “Did smoking make you feel more awake?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES2\_6** “Did smoking make you feel less irritable?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES2\_7** “Did smoking help you concentrate?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES2\_8** “Did smoking reduce your hunger for food?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES2\_9** “Did smoking make you dizzy?”

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely  
**CES2\_10** "Did smoking make you nauseous?"

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely  
**CES2\_11** "Did smoking immediately reduce your craving for cigarettes?"

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely  
**CES2\_12** "Did you enjoy smoking?"

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

*Data Collected at week 6 – all questions refer to the participant's study cigarette*

**CES3\_1** "Was smoking satisfying?"

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES3\_2** "Did cigarettes taste good?"

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES3\_3** "Did you enjoy the sensations in your throat and chest?"

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES3\_4** "Did smoking calm you down?"

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES3\_5** "Did smoking make you feel more awake?"

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES3\_6** "Did smoking make you feel less irritable?"

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES3\_7** "Did smoking help you concentrate?"

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES3\_8** "Did smoking reduce your hunger for food?"

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES3\_9** "Did smoking make you dizzy?"

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES3\_10** "Did smoking make you nauseous?"

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES3\_11** "Did smoking immediately reduce your craving for cigarettes?"

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES3\_12** "Did you enjoy smoking?"

1 = not at all, 2 = very little, 3 = a little, 4 = moderately, 5 = a lot, 6 = quite a lot, 7 = extremely

**CES3\_13** "What level of nicotine do you think was in your study cigarette?"

1 = very low nicotine, 2 = low nicotine, 3 = moderate nicotine, 4 = high nicotine, very high nicotine

**CES3\_14** "I would be willing to permanently switch to the study cigarette"

Scale: from 1 to 6; 1 = definitely disagree, 6 = definitely agree

**CES3\_15** "I would be willing to permanently switch to the study cigarette if I thought it was less harmful than my usual cigarette"

Scale: from 1 to 6; 1 = definitely disagree, 6 = definitely agree

**CES3\_16** "I would be willing to permanently switch to the study cigarette if I thought it was less addictive than my usual cigarette"

Scale: from 1 to 6; 1 = definitely disagree, 6 = definitely agree

**CES3\_17** "Starting today, if the study cigarette was the only type of cigarette available to purchase, by a year from now I would:

1 = stop smoking, 2 = smoke less, 3 = smoke same, 4 = smoke more

Scoring Procedure:

Satisfaction subscale: mean of questions 1, 2, and 12

Psychological reward subscale: mean of questions 4, 5, 6, 7, and 8

Aversion subscale: mean of questions 9 and 10

Enjoy sensation subscale: question 3

Reduce craving subscale: question 11

The subscales have not been calculated in the data

Reference Articles:

Cappelleri JC, et al. (2007). Confirmatory factor analyses and reliability of the modified cigarette evaluation questionnaire. *Addictive Behaviors*, 32: 912-923.



## Cigarette Purchase Task

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Construct: n/a

Time points measured:

Usual Brand (CPT\_U)

- Baseline 2
- Week 2
- Week 6
- Abstinence visit

Study Cigarette (CPT\_S)

- Week 2
- Week 6
- Abstinence visit

Questions/Variable Name/Coding:

*Data Collected at baseline 1 visit – all questions refer to the participant’s usual brand cigarette*

**CPT\_U\_1\_TEXT\_BSL1** “How many cigarettes would you smoke if they were free?”

**CPT\_U\_2\_TEXT\_BSL1** “How many cigarettes would you smoke if they were 2¢ per cig (40¢/pack)?”

**CPT\_U\_3\_TEXT\_BSL1** “How many cigarettes would you smoke if they were 5¢ per cig (\$1/pack)?”

**CPT\_U\_4\_TEXT\_BSL1** “How many cigarettes would you smoke if they were 10¢ per cig (\$2/pack)?”

**CPT\_U\_5\_TEXT\_BSL1** “How many cigarettes would you smoke if they were 20¢ per cig (\$4/pack)?”

**CPT\_U\_6\_TEXT\_BSL1** “How many cigarettes would you smoke if they were 30¢ per cig (\$6/pack)?”

**CPT\_U\_7\_TEXT\_BSL1** “How many cigarettes would you smoke if they were 40¢ per cig (\$8/pack)?”

**CPT\_U\_8\_TEXT\_BSL1** “How many cigarettes would you smoke if they were 50¢ per cig (\$10/pack)?”

**CPT\_U\_9\_TEXT\_BSL1** “How many cigarettes would you smoke if they were 60¢ per cig (\$12/pack)?”

**CPT\_U\_10\_TEXT\_BSL1** “How many cigarettes would you smoke if they were 70¢ per cig (\$14/pack)?”

**CPT\_U\_11\_TEXT\_BSL1** “How many cigarettes would you smoke if they were 80¢ per cig (\$16/pack)?”

**CPT\_U\_12\_TEXT\_BSL1** “How many cigarettes would you smoke if they were 90¢ per cig (\$18/pack)?”

**CPT\_U\_13\_TEXT\_BSL1** “How many cigarettes would you smoke if they were \$1 per cig (\$20/pack)?”

**CPT\_U\_14\_TEXT\_BSL1** “How many cigarettes would you smoke if they were \$2 per cig (\$40/pack)?”

**CPT\_U\_15\_TEXT\_BSL1** “How many cigarettes would you smoke if they were \$3 per cig (\$60/pack)?”

**CPT\_U\_16\_TEXT\_BSL1** “How many cigarettes would you smoke if they were \$4 per cig (\$80/pack)?”

**CPT\_U\_17\_TEXT\_BSL1** “How many cigarettes would you smoke if they were \$5 per cig (\$100/pack)?”

*Data Collected at week 2, week 6, and the abstinence visit*

*These questions refer to the participant’s usual brand cigarette*

**CPT\_U\_1\_TEXT** “How many cigarettes would you smoke if they were free?”

**CPT\_U\_2\_TEXT** “How many cigarettes would you smoke if they were 2¢ per cig (40¢/pack)?”

**CPT\_U\_3\_TEXT** “How many cigarettes would you smoke if they were 5¢ per cig (\$1/pack)?”

**CPT\_U\_4\_TEXT** “How many cigarettes would you smoke if they were 10¢ per cig (\$2/pack)?”

**CPT\_U\_5\_TEXT** “How many cigarettes would you smoke if they were 20¢ per cig (\$4/pack)?”

**CPT\_U\_6\_TEXT** “How many cigarettes would you smoke if they were 30¢ per cig (\$6/pack)?”

**CPT\_U\_7\_TEXT** “How many cigarettes would you smoke if they were 40¢ per cig (\$8/pack)?”

**CPT\_U\_8\_TEXT** “How many cigarettes would you smoke if they were 50¢ per cig (\$10/pack)?”

**CPT\_U\_9\_TEXT** “How many cigarettes would you smoke if they were 60¢ per cig (\$12/pack)?  
**CPT\_U\_10\_TEXT** “How many cigarettes would you smoke if they were 70¢ per cig (\$14/pack)?  
**CPT\_U\_11\_TEXT** “How many cigarettes would you smoke if they were 80¢ per cig (\$16/pack)?  
**CPT\_U\_12\_TEXT** “How many cigarettes would you smoke if they were 90¢ per cig (\$18/pack)?  
**CPT\_U\_13\_TEXT** “How many cigarettes would you smoke if they were \$1 per cig (\$20/pack)?  
**CPT\_U\_14\_TEXT** “How many cigarettes would you smoke if they were \$2 per cig (\$40/pack)?  
**CPT\_U\_15\_TEXT** “How many cigarettes would you smoke if they were \$3 per cig (\$60/pack)?  
**CPT\_U\_16\_TEXT** “How many cigarettes would you smoke if they were \$4 per cig (\$80/pack)?  
**CPT\_U\_17\_TEXT** “How many cigarettes would you smoke if they were \$5 per cig (\$100/pack)?  
**CPT\_CigType** “Are you currently assigned to smoke your usual brand cigarette during this study?”  
0 = No  
1 = Yes

*These questions refer to the participant’s randomly assigned study cigarette*

**CPT\_S\_1\_TEXT** “How many study cigarettes would you smoke if they were free?  
**CPT\_S\_2\_TEXT** “How many study cigarettes would you smoke if they were 2¢ per cig (40¢/pack)?  
**CPT\_S\_3\_TEXT** “How many study cigarettes would you smoke if they were 5¢ per cig (\$1/pack)?  
**CPT\_S\_4\_TEXT** “How many study cigarettes would you smoke if they were 10¢ per cig (\$2/pack)?  
**CPT\_S\_5\_TEXT** “How many study cigarettes would you smoke if they were 20¢ per cig (\$4/pack)?  
**CPT\_S\_6\_TEXT** “How many study cigarettes would you smoke if they were 30¢ per cig (\$6/pack)?  
**CPT\_S\_7\_TEXT** “How many study cigarettes would you smoke if they were 40¢ per cig (\$8/pack)?  
**CPT\_S\_8\_TEXT** “How many study cigarettes would you smoke if they were 50¢ per cig (\$10/pack)?  
**CPT\_S\_9\_TEXT** “How many study cigarettes would you smoke if they were 60¢ per cig (\$12/pack)?  
**CPT\_S\_10\_TEXT** “How many study cigarettes would you smoke if they were 70¢ per cig (\$14/pack)?  
**CPT\_S\_11\_TEXT** “How many study cigarettes would you smoke if they were 80¢ per cig (\$16/pack)?  
**CPT\_S\_12\_TEXT** “How many study cigarettes would you smoke if they were 90¢ per cig (\$18/pack)?  
**CPT\_S\_13\_TEXT** “How many study cigarettes would you smoke if they were \$1 per cig (\$20/pack)?  
**CPT\_S\_14\_TEXT** “How many study cigarettes would you smoke if they were \$2 per cig (\$40/pack)?  
**CPT\_S\_15\_TEXT** “How many study cigarettes would you smoke if they were \$3 per cig (\$60/pack)?  
**CPT\_S\_16\_TEXT** “How many study cigarettes would you smoke if they were \$4 per cig (\$80/pack)?  
**CPT\_S\_17\_TEXT** “How many study cigarettes would you smoke if they were \$5 per cig (\$100/pack)?

Scoring Procedure:

Reference Articles:

## Perceived Stress Scale

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Construct: Participant's perception of their own stress

Time points measured:

- Baseline 1
- Week 2
- Week 6

Questions/Variable Name/Coding:

*Data Collected at baseline 1 visit*

**PSS\_1\_BSL1** "In the past week, how often have you felt that you were unable to control the important things in your life?"

0 = never, 1 = almost never, 2 = sometimes, 3 = fairly often, 4 = very often

**PSS\_2\_BSL1** "In the past week, how often have you felt confident about your ability to handle your personal problems?"

0 = never, 1 = almost never, 2 = sometimes, 3 = fairly often, 4 = very often

**PSS\_3\_BSL1** "In the past week, how often have you felt that things were going your way?"

0 = never, 1 = almost never, 2 = sometimes, 3 = fairly often, 4 = very often

**PSS\_4\_BSL1** "In the past week, how often have you felt difficulties were piling up so high that you could not overcome them?"

0 = never, 1 = almost never, 2 = sometimes, 3 = fairly often, 4 = very often

*Data Collected at weeks 2 and 6*

**PSS\_1** "In the past week, how often have you felt that you were unable to control the important things in your life?"

0 = never, 1 = almost never, 2 = sometimes, 3 = fairly often, 4 = very often

**PSS\_2** "In the past week, how often have you felt confident about your ability to handle your personal problems?"

0 = never, 1 = almost never, 2 = sometimes, 3 = fairly often, 4 = very often

**PSS\_3** "In the past week, how often have you felt that things were going your way?"

0 = never, 1 = almost never, 2 = sometimes, 3 = fairly often, 4 = very often

**PSS\_4** "In the past week, how often have you felt difficulties were piling up so high that you could not overcome them?"

0 = never, 1 = almost never, 2 = sometimes, 3 = fairly often, 4 = very often

Scoring Procedure:

Reverse score questions 2 and 3, and sum the result. Higher scores represent higher perceived stress.

Scores are not included in the data set

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Reference Articles:

Cohen S., Kamarck T., Mermelstein R. A global measure of perceived stress. *Journal of Health and Social Behavior*, 1983; 24(4):385-396.

Cohen S., Williamson G.M. "Perceived Stress in a Probability Sample of the United States." *The Social Psychology of Health*. Ed. S. Spacapan, S. Oskamp. Newbury Park: Sage, 1988. Print.

## Positive and Negative Affect Schedule (PANAS)

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Construct: Positive and negative affect

Time points measured:

- Baseline 1
- Week 2
- Week 6

Questions/Variable Name/Coding:

*Data Collected at baseline 1 visit*

Indicate to what extent you have felt this way during the past week:

**PANAS1\_1\_BSL1** Interested

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS1\_2\_BSL1** Distressed

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS1\_3\_BSL1** Excited

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS1\_4\_BSL1** Upset

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS1\_5\_BSL1** Strong

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS1\_6\_BSL1** Guilty

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS1\_7\_BSL1** Scared

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS1\_8\_BSL1** Hostile

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS1\_9\_BSL1** Enthusiastic

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS1\_10\_BSL1** Proud

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS1\_11\_BSL1** Irritable

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS1\_12\_BSL1** Alert

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS1\_13\_BSL1** Ashamed

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS1\_14\_BSL1** Inspired

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS1\_15\_BSL1** Nervous

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS1\_16\_BSL1** Determined

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

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**PANAS1\_17\_BSL1** Attentive

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS1\_18\_BSL1** Jittery

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS1\_19\_BSL1** Active

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS1\_20\_BSL1** Afraid

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

*Data Collected at weeks 2 and 6*

Indicate to what extent you have felt this way during the past week:

**PANAS2\_1** Interested

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS2\_2** Distressed

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS2\_3** Excited

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS2\_4** Upset

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS2\_5** Strong

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS2\_6** Guilty

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS2\_7** Scared

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS2\_8** Hostile

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS2\_9** Enthusiastic

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS2\_10** Proud

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS2\_11** Irritable

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS2\_12** Alert

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS2\_13** Ashamed

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS2\_14** Inspired

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS2\_15** Nervous

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS2\_16** Determined

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS2\_17** Attentive

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS2\_18** Jittery

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS2\_19** Active

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

**PANAS2\_20** Afraid

1-very slightly or not at all; 2-a little; 3-moderately; 4-quite a bit; 5-extremely.

Scoring Procedure:

Positive Affect Score: Add the scores on items 1, 3, 5, 9, 10, 12, 14, 16, 17, and 19. Scores can range from 10 – 50, with higher scores representing higher levels of positive affect.

Negative Affect Score: Add the scores on items 2, 4, 6, 7, 8, 11, 13, 15, 18, and 20. Scores can range from 10 – 50, with lower scores representing lower levels of negative affect.

Scores are not included in the data set

Reference Articles:

Watson D., Clark L.A., Tellegen A. Development and validation of brief measures of positive and negative affect: the PANAS scales. *Journal of Personality and Social Psychology*, 1988; 54(6):1063-1070.

Thompson E.R. Development and validation of an internationally reliable short-form of the positive and negative affect schedule (PANAS). *Journal of Cross-Cultural Psychology*, 2007; 38(2):227-242.

Watson D., Clark L.A. The PANAS-X: The manual for the positive and negative affect schedule-expanded form. University of Iowa, 1994 (Updated 1999).

## Center for Epidemiologic Studies Depression Scale (CESD)

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Construct: Depression

Time points measured:

- Baseline 1
- Week 6

Questions/Variable Name/Coding:

*Data Collected at baseline 1 visit*

Please indicate how often you have felt this way during the past week

**CESD\_1\_BSL1** I was bothered by things that usually don't bother me.

1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).

**CESD\_2\_BSL1** I did not feel like eating; my appetite was poor.

1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).

**CESD\_3\_BSL1** I felt I could not cheer up, even with the help of my family or friends.

1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).

**CESD\_4\_BSL1** I felt that I was just as good as other people.

1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).

**CESD\_5\_BSL1** I had trouble keeping my mind on what I was doing.

1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).

**CESD\_6\_BSL1** I felt depressed.

1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).

**CESD\_7\_BSL1** I felt that everything I did was an effort.

1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).

**CESD\_8\_BSL1** I felt hopeful about the future.

1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).

**CESD\_9\_BSL1** I thought my life had been a failure.

1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).

**CESD\_10\_BSL1** I felt fearful.

1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).

**CESD\_11\_BSL1** My sleep was restless.



- 1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_12\_BSL1** I was happy.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_13\_BSL1** I talked less than usual.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_14\_BSL1** I felt lonely.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_15\_BSL1** People were unfriendly.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_16\_BSL1** I enjoyed life.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_17\_BSL1** I had crying spells.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_18\_BSL1** I felt sad.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_19\_BSL1** I felt that people dislike me.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_20\_BSL1** I could not get "going."  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).

*Data Collected at week 6*

Please indicate how often you have felt this way during the past week

- CESD\_1** I was bothered by things that usually don't bother me.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_2** I did not feel like eating; my appetite was poor.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_3** I felt I could not cheer up, even with the help of my family or friends.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_4** I felt that I was just as good as other people.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_5** I had trouble keeping my mind on what I was doing.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_6** I felt depressed.

- 1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_7** I felt that everything I did was an effort.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_8** I felt hopeful about the future.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_9** I thought my life had been a failure.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_10** I felt fearful.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_11** My sleep was restless.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_12** I was happy.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_13** I talked less than usual.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_14** I felt lonely.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_15** People were unfriendly.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_16** I enjoyed life.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_17** I had crying spells.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_18** I felt sad.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_19** I felt that people dislike me.  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days).
- CESD\_20** I could not get “going.”  
1-rarely or none of the time (less than 1 day); 2-some or a little of the time (1-2 days); 3-occasionally or a moderate amount of the time (3-4 days); 4-most or all of the time (5-7 days)

Scoring Procedure:

Sum the scores according to the scoring instructions below. Higher score indicates higher depression.

For questions 1, 2, 3, 5, 6, 7, 9, 10, 11, 13, 14, 15, 17, 18, 19, 20:

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1: 0

2: 1

3: 2

4: 3

Reverse the score for questions 4, 8, 12, 16:

1: 3

2: 2

3: 1

4: 0

**CESD\_score\_BSL1** total score at baseline 1

**CESD\_score** total score at visit 6

Reference Articles:

Hann, D., Winter, K., & Jacobsen, P. (1999). Measurement of depressive symptoms in cancer patients: Evaluation of the Center for Epidemiological Studies Depression Scale (CES-D). *Journal of Psychosomatic Research*, 46, 437-443.

Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-401.

Radloff, L.S. (1991). The Use of the Center for Epidemiologic Studies Depression Scale in Adolescents and Young Adults. *Journal of Youth and Adolescence*, 20(2),149-166.

## Short Michigan Alcoholism Screening Test (SMAST)

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline

Construct: Alcohol dependency

Time points measured:

- Baseline 1

Questions/Variable Name/Coding:

*Data Collected at baseline 1 visit*

**SMAST\_1\_BSL1** Do you feel you are a normal drinker?

1: Yes 0: No 9998: N/A, Never drank alcohol

**SMAST\_2\_BSL1** Does your wife, husband, a parent or other near relative ever worry or complain about your drinking?

1: Yes 0: No 9998: N/A, Never drank alcohol

**SMAST\_3\_BSL1** Do you ever feel guilty about your drinking?

1: Yes 0: No 9998: N/A, Never drank alcohol

**SMAST\_4\_BSL1** Do friends or relatives think you are a normal drinker?

1: Yes 0: No 9998: N/A, Never drank alcohol

**SMAST\_5\_BSL1** Are you able to stop drinking when you want to?

1: Yes 0: No 9998: N/A, Never drank alcohol

**SMAST\_6\_BSL1** Have you ever attended a meeting of Alcoholics Anonymous?

1: Yes 0: No 9998: N/A, Never drank alcohol

**SMAST\_7\_BSL1** Has drinking ever caused problems between you and your wife, husband, a parent, or other near relative?

1: Yes 0: No 9998: N/A, Never drank alcohol

**SMAST\_8\_BSL1** Have you ever gotten into trouble at work because of your drinking?

1: Yes 0: No 9998: N/A, Never drank alcohol

**SMAST\_9\_BSL1** Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?

1: Yes 0: No 9998: N/A, Never drank alcohol

**SMAST\_10\_BSL1** Have you ever gone to anyone for help about your drinking?

1: Yes 0: No 9998: N/A, Never drank alcohol

**SMAST\_11\_BSL1** Have you ever been in a hospital because of drinking?

1: Yes 0: No 9998: N/A, Never drank alcohol

**SMAST\_12\_BSL1** Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages?

1: Yes 0: No 9998: N/A, Never drank alcohol

**SMAST\_13\_BSL1** Have you ever been arrested, even for a few hours because of other drunken behavior?

1: Yes 0: No 9998: N/A, Never drank alcohol

Scoring Procedure:

Sum the score, excluding 9998 code for N/A. For people never drank alcohol, assign a value zero.

Scores are not included in the data set

Reference Articles:

CENICP1S1.Data.Scoring.Manual format-edited.docx

Selzer M.L., Vinokur A., van Rooijen L. A self-administered short michigan alcoholism screening test (SMAST). *Journal of Studies on Alcohol*, 1975; 36(1):117-126

Shields A.L., Howell R.T., Potter J.S., Weiss R.D. The michigan alcoholism screening test and its shortened form: a meta-analytic inquiry into score reliability. *Substance Use & Misuse*, 2007; 42:1783-1800

## Drug Abuse Screening Test – Brief (DAST Brief)

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline

Construct: Drug dependency

Time points measured:

- Baseline 1

Questions/Variable Name/Coding:

*Data Collected at baseline 1 visit*

**DAST\_1\_BSL1** Have you ever used drugs other than those required for medical reasons?

1: Yes 0: No

**DAST\_2\_BSL1** Do you abuse more than one drug at a time?

1: Yes 0: No 9998: N/A, never used drugs

**DAST\_3\_BSL1** Are you always able to stop using drugs when you want to?

1: Yes 0: No 9998: N/A, never used drugs

**DAST\_4\_BSL1** Have you had blackouts or flashbacks as a result of drug use?

1: Yes 0: No 9998: N/A, never used drugs

**DAST\_5\_BSL1** Do you ever feel bad or guilty about your drug use?

1: Yes 0: No 9998: N/A, never used drugs

**DAST\_6\_BSL1** Do your family members ever complain about your involvement with drugs?

1: Yes 0: No 9998: N/A, never used drugs

**DAST\_7\_BSL1** Have you neglected your family because of your use of drugs?

1: Yes 0: No 9998: N/A, never used drugs

**DAST\_8\_BSL1** Have you engaged in illegal activities in order to obtain drugs?

1: Yes 0: No 9998: N/A, never used drugs

**DAST\_9\_BSL1** Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

1: Yes 0: No 9998: N/A, never used drugs

**DAST\_10\_BSL1** Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?

1: Yes 0: No 9998: N/A, never used drugs

Scoring Procedure:

Sum the score, excluding 9998 code for N/A (0-10 range). Higher score indicates more severe drug abuse problems.

Scores are not included in the data set

Reference Articles:

Gavin D.R., Ross H.E., Skinner H.A. Diagnostic validity of the drug abuse screening test in the assessment of DSM-III drug disorders. *British Journal of Addiction*, 1989; 84:301-307

Skinner H.A. Drug use questionnaire. *Department of Public Health Sciences*, University of Toronto, 1982.

## Alcohol Use Questionnaire (12 Month)

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Construct: n/a

Time points measured:

- Screening
- Week 6

Questions/Variable Name/Coding:

*Data Collected at screening visit – questions refer to the last 12 months or past month, as indicated*

Alco12\_1\_SCR How long has it been since you last used alcohol? Is it...

- 3: Within the past 30 days
- 2: More than 30 days, but within the past year
- 1: More than a year ago
- 0: I never drank alcohol in my life

Alco12\_2\_1\_TEXT\_SCR About how old were you when you first started drinking, not counting small tastes or sips of alcohol?

Integer response representing age in years

Alco12\_3\_SCR During the past 12 months, about how often did you drink any alcoholic beverage?

- 8: Every day
- 7: Nearly every day
- 6: 3 to 4 days a week
- 5: 2 days a week
- 4: Once a week
- 3: 2 to 3 days a month
- 2: Once a month
- 1: 7 to 11 days in the past year
- 0: I did not drink any alcohol in the past 12 months, but I have drunk before

Alco12\_4\_SCR During the past 12 months, counting all types of alcohol combined, how many drinks did you have on a typical day when you drank alcohol?

- 8: 25 or more drinks
- 7: 20 to 24 drinks
- 6: 16 to 19 drinks
- 5: 12 to 15 drinks
- 4: 8 to 11 drinks
- 3: 5 to 7 drinks

2: 3 to 4 drinks

1: 1 to 2 drinks

Alco12\_5\_SCR During the past 12 months, what is the largest number of drinks that you drank in a single day?

8: 25 or more drinks

7: 20 to 24 drinks

6: 16 to 19 drinks

5: 12 to 15 drinks

4: 8 to 11 drinks

3: 5 to 7 drinks

2: 3 to 4 drinks

1: 1 to 2 drinks

Alco12\_6\_SCR During the past 12 months, how often did you drink this largest number of drinks in a single day?

10: Every day

9: Nearly every day

8: 3 to 4 days a week

7: 2 days a week

6: Once a week

5: 2 to 3 days a month

4: Once a month

3: 7 to 11 days in past year

2: 3 to 6 days in past year

1: 1 to 2 days in past year

Alco12\_7\_SCR During the past 12 months, about how often did you have 5 or more drinks (for males) or 4 or more drinks (for females) containing any kind of alcohol within approximately a 2 hour period?

10: Every day

9: Nearly every day

8: 3 to 4 days a week

7: 2 days a week

6: Once a week

5: 2 to 3 days a month

4: Once a month

3: 7 to 11 days in past year

2: 3 to 6 days in past year

1: 1 to 2 days in past year

0: Never in the past year

Alco12\_8\_SCR During the past month, about how often did you drink any alcohol beverage?

7: Every day

6: Nearly every day

5: 3 to 4 days a week

4: 2 days a week



- 3: Once a week
- 2: 2 to 3 days a month
- 1: Once a month
- 0: Not at all

Alco12\_9\_SCR During the past month, counting all types of alcohol combined, how many alcoholic drinks did you have on a typical day?

- 8: 25 or more drinks
- 7: 20 to 24 drinks
- 6: 16 to 19 drinks
- 5: 12 to 15 drinks
- 4: 8 to 11 drinks
- 3: 5 to 7 drinks
- 2: 3 to 4 drinks
- 1: 1 to 2 drinks

Alco12\_10\_SCR During the past month, what is the largest number of drinks that you drank in a single day?

- 8: 25 or more drinks
- 7: 20 to 24 drinks
- 6: 16 to 19 drinks
- 5: 12 to 15 drinks
- 4: 8 to 11 drinks
- 3: 5 to 7 drinks
- 2: 3 to 4 drinks
- 1: 1 to 2 drinks

Alco12\_11\_SCR During the past month, how often did you drink this largest number of drinks in a single day?

- 7: Every day
- 6: Nearly every day
- 5: 3 to 4 days a week
- 4: 2 days a week
- 3: Once a week
- 2: 2 to 3 days a month
- 1: Once a month

Alco12\_12\_SCR During the past month, about how often did you have 5 or more drinks (for males) or 4 or more drinks (for females) containing any kind of alcohol within approximately a 2 hour period?

- 7: Every day
- 6: Nearly every day
- 5: 3 to 4 days a week
- 4: 2 days a week
- 3: Once a week
- 2: 2 to 3 days a month
- 1: Once a month

0: Not at all

This is a list of reasons people sometimes give for drinking alcohol. How often would you say that you drink for each of the following reasons?

Alco12\_13\_SCR How often to you drink: To forget about your problems

5: Almost Always/Always

4: Most of the Time

3: Half of the Time

2: Some of the Time

1: Almost Never/Never

Alco12\_14\_SCR How often to you drink: Because it helps you when you feel depressed or nervous

5: Almost Always/Always

4: Most of the Time

3: Half of the Time

2: Some of the Time

1: Almost Never/Never

Alco12\_15\_SCR How often to you drink: To forget your worries

5: Almost Always/Always

4: Most of the Time

3: Half of the Time

2: Some of the Time

1: Almost Never/Never

Alco12\_16\_SCR How often to you drink: To cheer up when you are in a bad mood

5: Almost Always/Always

4: Most of the Time

3: Half of the Time

2: Some of the Time

1: Almost Never/Never

Alco12\_17\_SCR How often to you drink: Because you feel more self-confident and sure of yourself

5: Almost Always/Always

- 4: Most of the Time
- 3: Half of the Time
- 2: Some of the Time
- 1: Almost Never/Never

*Data Collected at week 6 visit – all questions refer to the past month*

Alco1\_1 How long has it been since you last used alcohol? Is it...

- 3: Within the past 30 days
- 2: More than 30 days, but within the past year
- 1: More than a year ago
- 0: I never drank alcohol in my life

Alco1\_2 During the past month, about how often did you drink any alcoholic beverages?

- 7: Every day
- 6: Nearly every day
- 5: 3 to 4 days a week
- 4: 2 days a week
- 3: Once a week
- 2: 2 to 3 days a month
- 1: Once a month

Alco1\_3 During the past month, counting all types of alcohol combined, how many alcoholic drinks did you have on a typical day?

- 8: 25 or more drinks
- 7: 20 to 24 drinks
- 6: 16 to 19 drinks
- 5: 12 to 15 drinks
- 4: 8 to 11 drinks
- 3: 5 to 7 drinks
- 2: 3 to 4 drinks
- 1: 1 to 2 drinks

Alco1\_4 During the past month, what is the largest number of drinks that you drank in a single day?

- 8: 25 or more drinks
- 7: 20 to 24 drinks
- 6: 16 to 19 drinks
- 5: 12 to 15 drinks
- 4: 8 to 11 drinks
- 3: 5 to 7 drinks
- 2: 3 to 4 drinks
- 1: 1 to 2 drinks

Alco1\_5 During the past month, how often did you drink this largest number of drinks in a single day?

- 7: Every day
- 6: Nearly every day
- 5: 3 to 4 days a week
- 4: 2 days a week
- 3: Once a week
- 2: 2 to 3 days a month
- 1: Once a month

Alco1\_6 During the past month, about how often did you have 5 or more drinks (for males) or 4 or more drinks (for females) containing any kind of alcohol within approximately a 2 hour period?

- 7: Every day
- 6: Nearly every day
- 5: 3 to 4 days a week
- 4: 2 days a week
- 3: Once a week
- 2: 2 to 3 days a month
- 1: Once a month
- 0: Not at all

Scoring Procedure:

n/a

Reference Articles:

n/a

## Environmental and Social Influences on Tobacco Use

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Construct: n/a

Time points measured:

- Baseline 2
- Week 6

Questions/Variable Name/Coding:

*Data Collected at Baseline 2 visit*

Env\_1\_1\_TEXT\_BSL2 How many people who live in your home (not counting yourself) smoke cigarettes inside your home?

Integer response representing number of people

Env\_2\_1\_TEXT\_BSL2 How many people who live in your home (not counting yourself) smoke cigars, little cigars, or pipes inside your home?

Integer response representing number of people

Env\_3\_BSL2 About how many cigarettes per day are smoked inside your home (counting yourself)?

- 4: 20 or more cigarettes
- 3: 10-19 cigarettes
- 2: 5-9 cigarettes
- 1: 1-4 cigarettes
- 0: No cigarettes

Env\_4\_BSL2 About how many cigars, little cigars, or pipes per day are smoked inside your home (counting yourself)?

- 4: 20 or more cigars, little cigars, or pipes
- 3: 10-19 cigars, little cigars, or pipes
- 2: 5-9 cigars, little cigars, or pipes
- 1: 1-4 cigars, little cigars, or pipes
- 0: No cigars, little cigars, or pipes

Env\_5\_BSL2 Which statement best describes the rules about smoking at your work?

- 4: I don't have a job
- 3: Smoking is allowed only outside at my work
- 2: Smoking is allowed anywhere inside my work
- 1: Smoking is allowed in some places at work
- 0: Smoking is not allowed at work

Env\_6\_BSL2 At work, how much of the time are you exposed to tobacco smoke (close enough to smell the smoke)?

- 3: More than 4 hours of exposure
- 2: 1-4 hours per day of exposure
- 1: Less than 1 hour per day of exposure
- 0: None

Env\_7\_BSL2 At work, when you smell the smoke, how many people are usually smoking in the same area as you (close enough to smell the smoke)?

- 0: No one smokes at work
- 2: 3 or more
- 1: 1 or 2 smokers

Env\_8\_BSL2 Which statement best describes the rules about smoking at your home (where you normally sleep)?

- 3: Smoking is allowed only outside my home
- 2: Smoking is allowed anywhere inside my home
- 1: Smoking is allowed in some spaces
- 0: Smoking is not allowed

Env\_9\_BSL2 Does anyone smoke in your car?

- 2: I don't have a car
- 1: Yes
- 0: No

Env\_10\_BSL2 About how often are you exposed to tobacco smoke in social settings outside of your work or your own home?

- 4: Daily
- 3: Several times a week
- 2: Once a week
- 1: Seldom

Env\_11\_BSL2 Indicate the average amount of time you are exposed to the smoke outside of your work or home?

- 0: None
- 1: Less than 1 hour per day of exposure
- 2: 1-4 hours per day of exposure
- 3: More than 4 hours of exposure

Do any of your family members smoke cigarettes? CHOOSE ALL THE APPLY (Specify how many in box)

- Env\_12\_1\_BSL2 Spouse/Significant other: 1= Yes; No data=No
- Env\_12\_2\_BSL2 Parents: 1= Yes; No data=No
- Env\_12\_3\_BSL2 Brothers or sisters: 1= Yes; No data=No
- Env\_12\_4\_BSL2 Children: 1= Yes; No data=No

Env\_12\_5\_BSL2 Other: 1= Yes; No data=No

Env\_12\_6\_BSL2 None of my family members smoke (EXCLUSIVE ANSWER) : 1= Yes; No data=No

Env\_13\_BSL2 How many of your friends would you say smoke cigarettes?

- 0: None of them
- 1: Few of them
- 2: Half of them
- 3: Most of them
- 4: All of them

Env\_14\_BSL2 Of your five closest friends, how many of them currently smoke cigarettes?

- 0: None
- 1: 1
- 2: 2
- 3: 3
- 4: 4
- 5: 5

Env\_15\_BSL2 How many of your co-workers would you say smoke cigarettes?

- 0: None of them
- 1: Few of them
- 2: Half of them
- 3: Most of them
- 4: All of them
- 5: I don't have a job

Have any of your family members or close friends successfully quit smoking cigarettes in the past 6 weeks? MULTIPLE SELECT

Env\_16\_1\_BSL2 Spouse/Significant other: 1= Yes; No data=No

Env\_16\_2\_BSL2 A parent: 1= Yes; No data=No

Env\_16\_3\_BSL2 At least one of my brothers or sisters: 1= Yes; No data=No

Env\_16\_4\_BSL2 A child: 1= Yes; No data=No

Env\_16\_5\_BSL2 A close family member: 1= Yes; No data=No

Env\_16\_6\_BSL2 A close friend: 1= Yes; No data=No

Env\_16\_7\_BSL2 None: 1= Yes; No data=No

Env\_16\_8\_BSL2 Does not apply, my family and friends don't smoke cigarettes(EXCLUSIVE ANSWER): 1= Yes; No data=No

Have any of your family members or close friends seriously tried to quit smoking cigarettes, but have gone back to smoking cigarettes in the past 6 weeks? MULTIPLE SELECT

Env\_17\_1\_BSL2 Spouse/Significant other: 1= Yes; No data=No

Env\_17\_2\_BSL2 A parent: 1= Yes; No data=No

Env\_17\_3\_BSL2 At least one of my brothers or sisters: 1= Yes; No data=No

Env\_17\_4\_BSL2 A child: 1= Yes; No data=No

Env\_17\_5\_BSL2 A close family member: 1= Yes; No data=No

Env\_17\_6\_BSL2 A close friend: 1= Yes; No data=No

Env\_17\_7\_BSL2 None: 1= Yes; No data=No

Env\_17\_8\_BSL2 Does not apply, my family and friends don't smoke cigarettes  
(EXCLUSIVE ANSWER): 1= Yes; No data=No

Over the past 6 weeks, has anyone in your family told you to quit smoking cigarettes? MULTIPLE  
SELECT

Env\_18\_1\_BSL2 Spouse/Significant other: 1= Yes; No data=No

Env\_18\_2\_BSL2 A parent: 1= Yes; No data=No

Env\_18\_3\_BSL2 At least one of my brothers or sisters: 1= Yes; No data=No

Env\_18\_4\_BSL2 A child: 1= Yes; No data=No

Env\_18\_5\_BSL2 A close family member: 1= Yes; No data=No

Env\_18\_7\_BSL2 None of my family members (EXCLUSIVE ANSWER): 1= Yes; No data=No

Over the past 6 weeks, have any health providers told you to quit smoking cigarettes? MULTIPLE  
SELECT

Env\_19\_1\_BSL2 Doctor: 1= Yes; No data=No

Env\_19\_2\_BSL2 Dentist: 1= Yes; No data=No

Env\_19\_3\_BSL2 Some other medical provider: 1= Yes; No data=No

Env\_19\_4\_BSL2 None of my medical providers (EXCLUSIVE ANSWER) 1= Yes; No  
data=No

Env\_20\_BSL2 Over the past 6 weeks, have any of your friends told you to quit smoking  
cigarettes?

- 0: None of them
- 1: Few of them
- 2: Half of them
- 3: Most of them
- 4: All of them

Env\_21\_BSL2 Over the past 6 weeks, have any of your co-workers told you to quit smoking  
cigarettes?

- 0: None of them
- 1: Few of them
- 2: Half of them
- 3: Most of them
- 4: All of them
- 5: I don't have a job

Env\_22\_BSL2 People close to me are upset because I smoke cigarettes.

- 1: Strongly agree
- 2: Agree
- 3: Disagree
- 4: Strongly disagree

Please answer the following questions about your opinions regarding possible laws

1: Support, 2: Oppose, 3: Don't Know



Env\_23\_BSL2 Would you support or oppose a law that restricted the number of places where cigarettes could be purchased?

- 1: Support
- 2: Oppose
- 3: Don't Know

Env\_24\_BSL2 Would you support or oppose a law that banned additives and flavorings that make cigarettes seem less harsh?

- 1: Support
- 2: Oppose
- 3: Don't Know

Env\_25\_BSL2 Would you support or oppose a law that banned menthol cigarettes?

- 1: Support
- 2: Oppose
- 3: Don't Know

Env\_26\_BSL2 Would you support or oppose a law that reduced the amount of nicotine in cigarettes, to make cigarettes less addictive?

- 1: Support
- 2: Oppose
- 3: Don't Know

Env\_27\_BSL2 If nicotine was made easily available in non-cigarette form, would you support or oppose a law that reduced the amount of nicotine in cigarettes, to make cigarettes less addictive?

- 1: Support
- 2: Oppose
- 3: Don't Know

*Data Collected at week 6 visit*

Env\_1\_1\_TEXT How many people who live in your home (not counting yourself) smoke cigarettes inside your home?

Integer response representing number of people

Env\_2\_1\_TEXT How many people who live in your home (not counting yourself) smoke cigars, little cigars, or pipes inside your home?

Integer response representing number of people

Env\_3 About how many cigarettes per day are smoked inside your home (counting yourself)?

- 4: 20 or more cigarettes
- 3: 10-19 cigarettes
- 2: 5-9 cigarettes

1: 1-4 cigarettes

0: No cigarettes

Env\_4 About how many cigars, little cigars, or pipes per day are smoked inside your home (counting yourself)?

4: 20 or more cigars, little cigars, or pipes

3: 10-19 cigars, little cigars, or pipes

2: 5-9 cigars, little cigars, or pipes

1: 1-4 cigars, little cigars, or pipes

0: No cigars, little cigars, or pipes

Env\_5 Which statement best describes the rules about smoking at your work?

4: I don't have a job

3: Smoking is allowed only outside at my work

2: Smoking is allowed anywhere inside my work

1: Smoking is allowed in some places at work

0: Smoking is not allowed at work

Env\_6 At work, how much of the time are you exposed to tobacco smoke (close enough to smell the smoke)?

3: More than 4 hours of exposure

2: 1-4 hours per day of exposure

1: Less than 1 hour per day of exposure

0: None

Env\_7 At work, when you smell the smoke, how many people are usually smoking in the same area as you (close enough to smell the smoke)?

0: No one smokes at work

2: 3 or more

1: 1 or 2 smokers

Env\_8 Which statement best describes the rules about smoking at your home (where you normally sleep)?

3: Smoking is allowed only outside my home

2: Smoking is allowed anywhere inside my home

1: Smoking is allowed in some spaces

0: Smoking is not allowed

Env\_9 Does anyone smoke in your car?

2: I don't have a car

1: Yes

0: No

Env\_10 About how often are you exposed to tobacco smoke in social settings outside of your work or your own home?

- 4: Daily
- 3: Several times a week
- 2: Once a week
- 1: Seldom

Env\_11 Indicate the average amount of time you are exposed to the smoke outside of your work or home?

- 0: None
- 1: Less than 1 hour per day of exposure
- 2: 1-4 hours per day of exposure
- 3: More than 4 hours of exposure

Do any of your family members smoke cigarettes? CHOOSE ALL THE APPLY (Specify how many in box)

- Env\_12\_1 Spouse/Significant other: 1= Yes; No data=No
- Env\_12\_2\_BSL2 Parents: 1= Yes; No data=No
- ENV\_12\_2\_TEXT integer response for number of parents
- Env\_12\_3 Brothers or sisters: 1= Yes; No data=No
- ENV\_12\_3\_TEXT integer response for number of brothers or sisters
- Env\_12\_4 Children: 1= Yes; No data=No
- ENV\_12\_4\_TEXT integer response for number of children
- Env\_12\_5 Other: 1= Yes; No data=No
- ENV\_12\_5\_TEXT integer response for number of other
- Env\_12\_6 None of my family members smoke (EXCLUSIVE ANSWER) : 1= Yes; No data=No

Env\_13 How many of your friends would you say smoke cigarettes?

- 0: None of them
- 1: Few of them
- 2: Half of them
- 3: Most of them
- 4: All of them

Env\_14 Of your five closest friends, how many of them currently smoke cigarettes?

- 0: None
- 1: 1
- 2: 2
- 3: 3
- 4: 4
- 5: 5

Env\_15 How many of your co-workers would you say smoke cigarettes?

- 0: None of them
- 1: Few of them
- 2: Half of them
- 3: Most of them
- 4: All of them

5: I don't have a job

Have any of your family members or close friends successfully quit smoking cigarettes in the past 6 weeks? MULTIPLE SELECT

Env\_16\_1 Spouse/Significant other: 1= Yes; No data=No

Env\_16\_2 A parent: 1= Yes; No data=No

Env\_16\_3 At least one of my brothers or sisters: 1= Yes; No data=No

Env\_16\_4 A child: 1= Yes; No data=No

Env\_16\_5 A close family member: 1= Yes; No data=No

Env\_16\_6 A close friend: 1= Yes; No data=No

Env\_16\_7 None: 1= Yes; No data=No

Env\_16\_8 Does not apply, my family and friends don't smoke cigarettes(EXCLUSIVE ANSWER): 1= Yes; No data=No

Have any of your family members or close friends seriously tried to quit smoking cigarettes, but have gone back to smoking cigarettes in the past 6 weeks? MULTIPLE SELECT

Env\_17\_1 Spouse/Significant other: 1= Yes; No data=No

Env\_17\_2 A parent: 1= Yes; No data=No

Env\_17\_3 At least one of my brothers or sisters: 1= Yes; No data=No

Env\_17\_4 A child: 1= Yes; No data=No

Env\_17\_5 A close family member: 1= Yes; No data=No

Env\_17\_6 A close friend: 1= Yes; No data=No

Env\_17\_7 None: 1= Yes; No data=No

Env\_17\_8 Does not apply, my family and friends don't smoke cigarettes (EXCLUSIVE ANSWER): 1= Yes; No data=No

Over the past 6 weeks, has anyone if your family told you to quit smoking cigarettes? MULTIPLE SELECT

Env\_18\_1\_BSL2 Spouse/Significant other: 1= Yes; No data=No

Env\_18\_2\_BSL2 A parent: 1= Yes; No data=No

Env\_18\_3\_BSL2 At least one of my brothers or sisters: 1= Yes; No data=No

Env\_18\_4\_BSL2 A child: 1= Yes; No data=No

Env\_18\_5\_BSL2 A close family member: 1= Yes; No data=No

Env\_18\_7\_BSL2 None of my family members (EXCLUSIVE ANSWER): 1= Yes; No data=No

Over the past 6 weeks, have any health providers told you to quit smoking cigarettes? MULTIPLE SELECT

Env\_19\_1 Doctor: 1= Yes; No data=No

Env\_19\_2 Dentist: 1= Yes; No data=No

Env\_19\_3 Some other medical provider: 1= Yes; No data=No

Env\_19\_4 None of my medical providers (EXCLUSIVE ANSWER) 1= Yes; No data=No

Env\_20 Over the past 6 weeks, have any of your friends told you to quit smoking cigarettes?

0: None of them

1: Few of them

2: Half of them

3: Most of them

4: All of them

Env\_21 Over the past 6 weeks, have any of your co-workers told you to quit smoking cigarettes?

0: None of them

1: Few of them

2: Half of them

3: Most of them

4: All of them

5: I don't have a job

Env\_22 People close to me are upset because I smoke cigarettes.

1: Strongly agree

2: Agree

3: Disagree

4: Strongly disagree

Env\_Inst2 Please answer the following questions about your opinion regarding possible laws

1: Support, 2: Oppose, 3: Don't Know

Env\_23 Would you support or oppose a law that restricted the number of places where cigarettes could be purchased?

1: Support

2: Oppose

3: Don't Know

Env\_24 Would you support or oppose a law that banned additives and flavorings that make cigarettes seem less harsh?

1: Support

2: Oppose

3: Don't Know

Env\_25 Would you support or oppose a law that banned menthol cigarettes?

1: Support

2: Oppose

3: Don't Know

Env\_26 Would you support or oppose a law that reduced the amount of nicotine in cigarettes, to make cigarettes less addictive?

1: Support

2: Oppose

3: Don't Know

Env\_27 If nicotine was made easily available in non-cigarette form, would you support or oppose a law that reduced the amount of nicotine in cigarettes, to make cigarettes less addictive?

- 1: Support
- 2: Oppose
- 3: Don't Know

Scoring Procedure:

n/a

Reference Articles:

n/a

## Physical Measurements – Vitals/CO

Original Data Collection Platform: Oncore

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Construct: Safety measures - to monitor subject health.

Time points measured:

- Screening
- Baseline 1
- Baseline 2
- Week 1
- Week 2
- Week 3
- Week 4
- Week 5
- Week 6
- Abstinence visit

Questions/Variable Name/Coding:

*Data Collected at screening visit*

**sbp\_SCR** systolic blood pressure (mmHG)

**dbp\_SCR** diastolic blood pressure (mmHG)

**weight\_SCR** weight (kg)

**hr\_SCR** heart rate (bpm)

**co\_SCR** expired carbon monoxide (ppm)

**cigs\_smoked\_today\_SCR** cigarettes smoked on day of visit before CO measurement was taken

**hour\_of\_lastcig\_SCR** hour of last cigarette prior to CO measurement (24 hour time)

**min\_of\_lastcig\_SCR** minute of last cigarette prior to CO measurement

**hour\_of\_co\_SCR** hour of CO measurement (set equal to 0 (i.e. 12:00 AM) if no cigarettes smoked in morning before CO measurement)

**min\_of\_co\_SCR** minute of CO measurement (set equal to 0 (i.e. 12:00 AM) if no cigarettes smoked in morning before CO measurement)

**time\_since\_last\_cig\_SCR** time between last cigarette smoked and CO measurement

**height\_SCR** height (cm)

*Data Collected at baseline 1 visit*

**sbp\_BSL1** systolic blood pressure (mmHG)

**dbp\_BSL1** diastolic blood pressure (mmHG)

**weight\_BSL1** weight (kg)

**hr\_BSL1** heart rate (bpm)

**co\_BSL1** expired carbon monoxide (ppm)

**cigs\_smoked\_today\_BSL1** cigarettes smoked on day of visit before CO measurement was taken

**hour\_of\_lastcig\_BSL1** hour of last cigarette prior to CO measurement (24 hour time)

**min\_of\_lastcig\_BSL1** minute of last cigarette prior to CO measurement

**hour\_of\_co\_BSL1** hour of CO measurement (set equal to 0 (i.e. 12:00 AM) if no cigarettes smoked in morning before CO measurement)

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**min\_of\_co\_BSL1** minute of CO measurement (set equal to 0 (i.e. 12:00 AM) if no cigarettes smoked in morning before CO measurement)

**time\_since\_last\_cig\_BSL1** time between last cigarette smoked and CO measurement

*Data Collected at baseline 2 visit*

**sbp\_BSL2** systolic blood pressure (mmHG)

**dbp\_BSL2** diastolic blood pressure (mmHG)

**weight\_BSL2** weight (kg)

**hr\_BSL2** heart rate (bpm)

**co\_BSL2** expired carbon monoxide (ppm)

**cigs\_smoked\_today\_BSL2** cigarettes smoked on day of visit before CO measurement was taken

**hour\_of\_lastcig\_BSL2** hour of last cigarette prior to CO measurement (24 hour time)

**min\_of\_lastcig\_BSL2** minute of last cigarette prior to CO measurement

**hour\_of\_co\_BSL2** hour of CO measurement (set equal to 0 (i.e. 12:00 AM) if no cigarettes smoked in morning before CO measurement)

**min\_of\_co\_BSL2** minute of CO measurement (set equal to 0 (i.e. 12:00 AM) if no cigarettes smoked in morning before CO measurement)

**time\_since\_last\_cig\_BSL2** time between last cigarette smoked and CO measurement

**pre\_puff\_co\_BSL2** expired carbon monoxide prior to puff topography (ppm)

**post\_puff\_co\_BSL2** expired carbon monoxide post puff topography (ppm)

*Data Collected at weeks 1 through 6 and the abstinence visit*

**sbp** systolic blood pressure (mmHG)

**dbp** diastolic blood pressure (mmHG)

**weight** weight (kg)

**hr** heart rate (bpm)

**co** expired carbon monoxide (ppm)

**cigs\_smoked\_today** cigarettes smoked on day of visit before CO measurement was taken

**hour\_of\_lastcig** hour of last cigarette prior to CO measurement (24 hour time)

**min\_of\_lastcig** minute of last cigarette prior to CO measurement

**hour\_of\_co** hour of CO measurement (set equal to 0 (i.e. 12:00 AM) if no cigarettes smoked in morning before CO measurement)

**min\_of\_co** minute of CO measurement (set equal to 0 (i.e. 12:00 AM) if no cigarettes smoked in morning before CO measurement)

**time\_since\_last\_cig** time between last cigarette smoked and CO measurement

**\*pre\_puff\_co** expired carbon monoxide prior to puff topography (ppm)

**\*post\_puff\_co** expired carbon monoxide post puff topography (ppm)

\*only collected at weeks 2 and 6

Scoring Procedure:

n/a

Reference Articles:

n/a



## Physical Measurements – Urine Tox Screen/NicAlert

Original Data Collection Platform: Oncore

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Construct: Eligibility measures.

Time points measured:

- Screening
- Week 6

Questions/Variable Name/Coding:

*Data Collected at screening visit*

**drug\_test\_positive\_SCR** did the participant have a positive tox screen  
Yes; No

**Amphetamines\_SCR** did the participant test positive for amphetamines  
1: Yes; 0: No; 9998: n/a (participant did not have a positive tox screen)

**Barbiturates\_SCR** did the participant test positive for barbiturates  
1: Yes; 0: No; 9998: n/a (participant did not have a positive tox screen)

**Benzodiazepines\_SCR** did the participant test positive for benzodiazepines  
1: Yes; 0: No; 9998: n/a (participant did not have a positive tox screen)

**Cocaine\_SCR** did the participant test positive for cocaine  
1: Yes; 0: No; 9998: n/a (participant did not have a positive tox screen)

**Methadone\_SCR** did the participant test positive for methadone  
1: Yes; 0: No; 9998: n/a (participant did not have a positive tox screen)

**Methamphetamines\_SCR** did the participant test positive for methamphetamines  
1: Yes; 0: No; 9998: n/a (participant did not have a positive tox screen)

**Opiates\_SCR** did the participant test positive for opiates  
1: Yes; 0: No; 9998: n/a (participant did not have a positive tox screen)

**PCP\_SCR** did the participant test positive for PCP  
1: Yes; 0: No; 9998: n/a (participant did not have a positive tox screen)

**THC\_SCR** did the participant test positive for THC  
1: Yes; 0: No; 9998: n/a (participant did not have a positive tox screen)

*Data Collected at week 6*

**drug\_test\_positive** did the participant have a positive tox screen  
Yes; No

**Amphetamines** did the participant test positive for amphetamines  
1: Yes; 0: No; 9998: n/a (participant did not have a positive tox screen)

**Barbiturates** did the participant test positive for barbiturates  
1: Yes; 0: No; 9998: n/a (participant did not have a positive tox screen)

**Benzodiazepines** did the participant test positive for benzodiazepines  
1: Yes; 0: No; 9998: n/a (participant did not have a positive tox screen)

**Cocaine** did the participant test positive for cocaine  
1: Yes; 0: No; 9998: n/a (participant did not have a positive tox screen)

**Methadone** did the participant test positive for methadone  
1: Yes; 0: No; 9998: n/a (participant did not have a positive tox screen)

**Methamphetamines** did the participant test positive for methamphetamines  
1: Yes; 0: No; 9998: n/a (participant did not have a positive tox screen)  
**Opiates** did the participant test positive for opiates  
1: Yes; 0: No; 9998: n/a (participant did not have a positive tox screen)  
**PCP** did the participant test positive for PCP  
1: Yes; 0: No; 9998: n/a (participant did not have a positive tox screen)  
**THC** did the participant test positive for THC  
1: Yes; 0: No; 9998: n/a (participant did not have a positive tox screen)

Scoring Procedure:

n/a

Reference Articles:

n/a

## Intention to Quit

Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_postrandomization

Construct: Currently abstaining or planning to quit smoking intentions.

Time points measured:

- Week 6

Questions/Variable Name/Coding:

*Data Collected at week 6*

ITQ\_00\_A Are you CURRENTLY abstaining from smoking with the intention of stopping for good?

1: Yes

2: No

ITQ\_00\_B Would you like to be provided with the study cigarettes?

1: Yes

2: No

ITQ\_00\_C Are you planning to initiate a quit attempt prior to your next visit?

1: Yes

2: No

ITQ\_00\_D On what date do you plan to stop smoking?

Date in form of mm/dd/yyyy

ITQ\_01\_A Are you CURRENTLY abstaining from smoking with the intention of stopping for good?

1: Yes

2: No

ITQ\_01\_B Would you like to be provided with the study cigarettes?

1: Yes

2: No

ITQ\_01\_C Are you planning to initiate a quit attempt prior to your next visit?

1: Yes

2: No

ITQ\_01\_D On what date do you plan to stop smoking?

Date in form of mm/dd/yyyy

ITQ\_02\_A Are you CURRENTLY abstaining from smoking with the intention of stopping for good?

1: Yes

2: No

ITQ\_02\_B Would you like to be provided with the study cigarettes?

1: Yes

2: No

ITQ\_02\_C Are you planning to initiate a quit attempt prior to your next visit?

1: Yes

2: No

ITQ\_02\_D On what date do you plan to stop smoking?

Date in form of mm/dd/yyyy

ITQ\_03\_A Are you CURRENTLY abstaining from smoking with the intention of stopping for good?

1: Yes

2: No

ITQ\_03\_B Would you like to be provided with the study cigarettes?

1: Yes

2: No

ITQ\_03\_C Are you planning to initiate a quit attempt prior to your next visit?

1: Yes

2: No

ITQ\_03\_D On what date do you plan to stop smoking?

Date in form of mm/dd/yyyy

ITQ\_04\_A Are you CURRENTLY abstaining from smoking with the intention of stopping for good?

1: Yes

2: No

ITQ\_04\_B Would you like to be provided with the study cigarettes?

- 1: Yes
- 2: No

ITQ\_04\_C Are you planning to initiate a quit attempt prior to your next visit?

- 1: Yes
- 2: No

ITQ\_04\_D On what date do you plan to stop smoking?

Date in form of mm/dd/yyyy

ITQ\_05\_A Are you CURRENTLY abstaining from smoking with the intention of stopping for good?

- 1: Yes
- 2: No

ITQ\_05\_B Would you like to be provided with the study cigarettes?

- 1: Yes
- 2: No

ITQ\_05\_C Are you planning to initiate a quit attempt prior to your next visit?

- 1: Yes
- 2: No

ITQ\_05\_D On what date do you plan to stop smoking?

Date in form of mm/dd/yyyy

Scoring Procedure:

n/a

Reference Articles:

n/a

# Health Changes Questionnaire

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Construct: Safety measure, to help trigger any changes in health while participating in the study.

Time points measured:

- Baseline 1
- Baseline 2
- Week 1
- Week 2
- Week 3
- Week 4
- Week 5
- Week 6
- Abstinence visit

Questions/Variable Name/Coding:

*Data Collected at baseline 1 visit*

**HC\_1\_BSL1** Have you had any negative changes in your physical or mental health since your last visit?  
1: Yes; 0: No

**HC\_2\_BSL1** Have you had any changes in medication since your last visit?  
1: Yes; 0: No

**HC\_3\_BSL1** Since your last visit, have you received any form of medical care?  
1: Yes; 0: No

**HC\_3a\_BSL1** Have you received any preventive care?  
1: Yes; 0: No; 9998 if HC\_3\_BSL1 = 0

**HC\_3b\_BSL1** Have you needed to seek immediate medical care, gone to the emergency room, or been hospitalized?  
1: Yes; 0: No; 9998 if HC\_3\_BSL1 = 0

**HC\_3c\_BSL1** Have you received any care for an illness, injury, or other medical complaint that did not require emergency care?  
1: Yes; 0: No; 9998 if HC\_3\_BSL1 = 0

**HC\_3d\_BSL1** Have you received any follow up care?  
1: Yes; 0: No; 9998 if HC\_3\_BSL1 = 0

**HC\_4\_BSL1** How would you rate your overall health since your last visit?  
scale: 1-10; 1 = the worst your health has ever been, 10 = the best your health has ever been

**HC\_5\_BSL1** Please check the following box that applies to you  
1: male; 2: post-menopausal female/amenorrhea; 3: pre-menopausal female

**HC\_5a\_BSL1** When was the start of your last menstrual period?  
Date; only answered if HC\_5\_BSL1 > 2

**HC\_5b\_BSL1** How many days did your last menstrual period last?  
Days; only answered if HC\_5\_BSL1 > 2

*Data Collected at baseline 2 visit*

**HC\_1\_BSL2** Have you had any negative changes in your physical or mental health since your last visit?

1: Yes; 0: No

**HC\_2\_BSL2** Have you had any changes in medication since your last visit?

1: Yes; 0: No

**HC\_3\_BSL2** Since your last visit, have you received any form of medical care?

1: Yes; 0: No

**HC\_3a\_BSL2** Have you received any preventive care?

1: Yes; 0: No; 9998 if HC\_3\_BSL2 = 0

**HC\_3b\_BSL2** Have you needed to seek immediate medical care, gone to the emergency room, or been hospitalized?

1: Yes; 0: No; 9998 if HC\_3\_BSL2 = 0

**HC\_3c\_BSL2** Have you received any care for an illness, injury, or other medical complaint that did not require emergency care?

1: Yes; 0: No; 9998 if HC\_3\_BSL2 = 0

**HC\_3d\_BSL2** Have you received any follow up care?

1: Yes; 0: No; 9998 if HC\_3\_BSL2 = 0

**HC\_4\_BSL2** How would you rate your overall health since your last visit?

scale: 1-10; 1 = the worst your health has ever been, 10 = the best your health has ever been

**HC\_5\_BSL2** Please check the following box that applies to you

1: male; 2: post-menopausal female/amenorrhea; 3: pre-menopausal female

**HC\_5a\_BSL2** When was the start of your last menstrual period?

Date; only answered if HC\_5\_BSL2 > 2

**HC\_5b\_BSL2** How many days did your last menstrual period last?

Days; only answered if HC\_5\_BSL2 > 2

*Data Collected at weeks 1 through 6 and the abstinence visit*

**HC\_1** Have you had any negative changes in your physical or mental health since your last visit?

1: Yes; 0: No

**HC\_2** Have you had any changes in medication since your last visit?

1: Yes; 0: No

**HC\_3** Since your last visit, have you received any form of medical care?

1: Yes; 0: No

**HC\_3a** Have you received any preventive care?

1: Yes; 0: No; 9998 if HC\_3 = 0

**HC\_3b** Have you needed to seek immediate medical care, gone to the emergency room, or been hospitalized?

1: Yes; 0: No; 9998 if HC\_3 = 0

**HC\_3c** Have you received any care for an illness, injury, or other medical complaint that did not require emergency care?

1: Yes; 0: No; 9998 if HC\_3 = 0

**HC\_3d** Have you received any follow up care?

1: Yes; 0: No; 9998 if HC\_3 = 0

**HC\_4** How would you rate your overall health since your last visit?

scale: 1-10; 1 = the worst your health has ever been, 10 = the best your health has ever been

**HC\_5** Please check the following box that applies to you

1: male; 2: post-menopausal female/amenorrhea; 3: pre-menopausal female

**HC\_5a** When was the start of your last menstrual period?

Date; only answered if HC\_5 > 2

**HC\_5b** How many days did your last menstrual period last?

Days; only answered if HC\_5\_BSL2 > 2

Scoring Procedure:

n/a

Reference Articles:

n/a



## Drug Use

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Construct: Records prescription narcotic and illegal drug use. Screening data asks about past year, plus past month use. Following visits only ask about past month use.

Time points measured:

- Screening
- Week 6

Questions/Variable Name/Coding:

*Data Collected at screening visit – questions refer to the last 12 months or past month, as indicated*

Drug12\_Aa\_SCR Did you use Marijuana in the past 12 months?

- 1: Yes
- 2: No

Drug12\_Ab\_SCR When was the last time you used Marijuana? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug12\_Ac\_SCR How many days did you use Marijuana in the past 12 months?

Positive whole number not exceeding 365

Drug12\_Ad\_SCR How many days did you use Marijuana in the past 30 days?

0 or a positive whole number not exceeding 30

Drug12\_Ba\_SCR Did you use Cocaine in the past 12 months?

- 1: Yes
- 2: No

Drug12\_Bb\_SCR When was the last time you used Cocaine? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug12\_Bc\_SCR How many days did you use Cocaine in the past 12 months?

Positive whole number not exceeding 365

Drug12\_Bd\_SCR How many days did you use Cocaine in the past 30 days?

0 or a positive whole number not exceeding 30

Drug12\_Ca\_SCR Did you use Heroin in the past 12 months?

1: Yes

2: No

Drug12\_Cb\_SCR When was the last time you used Heroin? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug12\_Cc\_SCR How many days did you use Heroin in the past 12 months?

Positive whole number not exceeding 365

Drug12\_Cd\_SCR How many days did you use Heroin in the past 30 days?

0 or a positive whole number not exceeding 30

Drug12\_Da\_SCR Did you use Other Opiates in the past 12 months?

1: Yes

2: No

Drug12\_Db\_SCR When was the last time you used Other Opiates? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug12\_Dc\_SCR How many days did you use Other Opiates in the past 12 months?

Positive whole number not exceeding 365

Drug12\_Dd\_SCR How many days did you use Other Opiates in the past 30 days?

0 or a positive whole number not exceeding 30

Drug12\_Ea\_SCR Did you use Benzodiazepines in the past 12 months?

1: Yes

2: No

Drug12\_Eb\_SCR When was the last time you used Benzodiazepines? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug12\_Ec\_SCR How many days did you use Benzodiazepines in the past 12 months?

Positive whole number not exceeding 365

Drug12\_Ed\_SCR How many days did you use Benzodiazepines in the past 30 days?

0 or a positive whole number not exceeding 30

Drug12\_Fa\_SCR Did you use Barbiturates in the past 12 months?

1: Yes

2: No

Drug12\_Fb\_SCR When was the last time you used Barbiturates? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug12\_Fc\_SCR How many days did you use Barbiturates in the past 12 months?

Positive whole number not exceeding 365

Drug12\_Fd\_SCR How many days did you use Barbiturates in the past 30 days?

0 or a positive whole number not exceeding 30

Drug12\_Ga\_SCR Did you use Other Tranquilizers in the past 12 months?

1: Yes

2: No

Drug12\_Gb\_SCR When was the last time you used Other Tranquilizers? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug12\_Gc\_SCR How many days did you use Other Tranquilizers in the past 12 months?

Positive whole number not exceeding 365

Drug12\_Gd\_SCR How many days did you use Other Tranquilizers in the past 30 days?

0 or a positive whole number not exceeding 30

Drug12\_Ha\_SCR Did you use Amphetamines in the past 12 months?

1: Yes

2: No

Drug12\_Hb\_SCR When was the last time you used Amphetamines? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug12\_Hc\_SCR How many days did you use Amphetamines in the past 12 months?

Positive whole number not exceeding 365

Drug12\_Hd\_SCR How many days did you use Amphetamines in the past 30 days?

0 or a positive whole number not exceeding 30

Drug12\_Ia\_SCR Did you use Methamphetamines in the past 12 months?

1: Yes

2: No

Drug12\_Ib\_SCR When was the last time you used Methamphetamines? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug12\_Ic\_SCR How many days did you use Methamphetamines in the past 12 months?

Positive whole number not exceeding 365

Drug12\_Id\_SCR How many days did you use Methamphetamines in the past 30 days?

0 or a positive whole number not exceeding 30

Drug12\_Ja\_SCR Did you use Hallucinogens in the past 12 months?

1: Yes

2: No

Drug12\_Jb\_SCR When was the last time you used Hallucinogens? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug12\_Jc\_SCR How many days did you use Hallucinogens in the past 12 months?

Positive whole number not exceeding 365

Drug12\_Jd\_SCR How many days did you use Hallucinogens in the past 30 days?

0 or a positive whole number not exceeding 30

Drug12\_Ka\_SCR Did you use Club Drugs in the past 12 months?

1: Yes

2: No

Drug12\_Kb\_SCR When was the last time you used Club Drugs? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug12\_Kc\_SCR How many days did you use Club Drugs in the past 12 months?

Positive whole number not exceeding 365

Drug12\_Kd\_SCR How many days did you use Club Drugs in the past 30 days?

0 or a positive whole number not exceeding 30

Drug12\_La\_SCR Did you use PCP in the past 12 months?

1: Yes

2: No

Drug12\_Lb\_SCR When was the last time you used PCP? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug12\_Lc\_SCR How many days did you use PCP in the past 12 months?

Positive whole number not exceeding 365

Drug12\_Ld\_SCR How many days did you use PCP in the past 30 days?

0 or a positive whole number not exceeding 30

Drug12\_Ma\_SCR Did you use Inhalants in the past 12 months?

1: Yes

2: No

Drug12\_Mb\_SCR When was the last time you used Inhalants? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug12\_Mc\_SCR How many days did you use Inhalants in the past 12 months?

Positive whole number not exceeding 365

Drug12\_Md\_SCR How many days did you use Inhalants in the past 30 days?

0 or a positive whole number not exceeding 30

Drug12\_Na\_SCR Did you use Synthetic Cannabinoids in the past 12 months?

1: Yes

2: No

Drug12\_Nb\_SCR When was the last time you used Synthetic Cannabinoids? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug12\_Nc\_SCR How many days did you use Synthetic Cannabinoids in the past 12 months?

Positive whole number not exceeding 365

Drug12\_Nd\_SCR How many days did you use Synthetic Cannabinoids in the past 30 days?

0 or a positive whole number not exceeding 30

Drug12\_Oa\_SCR Did you use Synthetic Stimulants in the past 12 months?

1: Yes

2: No

Drug12\_Ob\_SCR When was the last time you used Synthetic Stimulants? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug12\_Oc\_SCR How many days did you use Synthetic Stimulants in the past 12 months?

Positive whole number not exceeding 365

Drug12\_Od\_SCR How many days did you use Synthetic Stimulants in the past 30 days?

0 or a positive whole number not exceeding 30

Drug12\_Pa\_SCR Did you use Other Drugs in the past 12 months?

1: Yes

2: No

Drug12\_PSp\_SCR Specify Other Drug

Free Text

Drug12\_Pb\_SCR When was the last time you used this Other Drug? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug12\_Pc\_SCR How many days did you use this Other Drug in the past 12 months?

Positive whole number not exceeding 365

Drug12\_Pd\_SCR How many days did you use this Other Drug in the past 30 days?

0 or a positive whole number not exceeding 30

*Data Collected at week 6 visit – all questions refer to the past 30 days*

Drug1\_Aa Did you use Marijuana in the past 30 days?

1: Yes

2: No

Drug1\_Ab When was the last time you used Marijuana? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug1\_Ac How many days did you use Marijuana in the past 30 days?

0 or a positive whole number not exceeding 30

Drug1\_Ba Did you use Cocaine in the past 30 days?

1: Yes

2: No

Drug1\_Bb When was the last time you used Cocaine? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug1\_Bc How many days did you use Cocaine in the past 30 days?

0 or a positive whole number not exceeding 30

Drug1\_Ca Did you use Heroin in the past 30 days?

1: Yes

2: No

Drug1\_Cb When was the last time you used Heroin? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug1\_Cc How many days did you use Heroin in the past 30 days?

0 or a positive whole number not exceeding 30

Drug1\_Da Did you use Other Opiates in the past 30 days?

1: Yes

2: No

Drug1\_Db When was the last time you used Other Opiates? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug1\_Dc How many days did you use Other Opiates in the past 30 days?

0 or a positive whole number not exceeding 30

Drug1\_Ea Did you use Benzodiazepines in the past 30 days?

1: Yes

2: No

Drug1\_Eb When was the last time you used Benzodiazepines? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug1\_Ec How many days did you use Benzodiazepines in the past 30 days?

0 or a positive whole number not exceeding 30

Drug1\_Fa Did you use Barbiturates in the past 30 days?

1: Yes

2: No

Drug1\_Fb When was the last time you used Barbiturates? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug1\_Fc How many days did you use Barbiturates in the past 30 days?

0 or a positive whole number not exceeding 30

Drug1\_Ga Did you use Other Tranquilizers in the past 30 days?

1: Yes

2: No

Drug1\_Gb When was the last time you used Other Tranquilizers? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug1\_Gc How many days did you use Other Tranquilizers in the past 30 days?

0 or a positive whole number not exceeding 30

Drug1\_Ha Did you use Amphetamines in the past 30 days?

1: Yes

2: No

Drug1\_Hb When was the last time you used Amphetamines? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug1\_Hc How many days did you use Amphetamines in the past 30 days?

0 or a positive whole number not exceeding 30



Drug1\_la Did you use Methamphetamines in the past 30 days?

- 1: Yes
- 2: No

Drug1\_lb When was the last time you used Methamphetamines? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug1\_lc How many days did you use Methamphetamines in the past 30 days?

0 or a positive whole number not exceeding 30

Drug1\_Ja Did you use Hallucinogens in the past 30 days?

- 1: Yes
- 2: No

Drug1\_Jb When was the last time you used Hallucinogens? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug1\_Jc How many days did you use Hallucinogens in the past 30 days?

0 or a positive whole number not exceeding 30

Drug1\_Ka Did you use Club Drugs in the past 30 days?

- 1: Yes
- 2: No

Drug1\_Kb When was the last time you used Club Drugs? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug1\_Kc How many days did you use Club Drugs in the past 30 days?

0 or a positive whole number not exceeding 30

Drug1\_La Did you use PCP in the past 30 days?

- 1: Yes
- 2: No

Drug1\_Lb When was the last time you used PCP? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug1\_Lc How many days did you use PCP in the past 30 days?

0 or a positive whole number not exceeding 30

Drug1\_Ma Did you use Inhalants in the past 30 days?

1: Yes

2: No

Drug1\_Mb When was the last time you used Inhalants? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug1\_Mc How many days did you use Inhalants in the past 30 days?

0 or a positive whole number not exceeding 30

Drug1\_Na Did you use Synthetic Cannabinoids in the past 30 days?

1: Yes

2: No

Drug1\_Nb When was the last time you used Synthetic Cannabinoids? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug1\_Nc How many days did you use Synthetic Cannabinoids in the past 30 days?

0 or a positive whole number not exceeding 30

Drug1\_Oa Did you use Synthetic Stimulants in the past 30 days?

1: Yes

2: No

Drug1\_Ob When was the last time you used Synthetic Stimulants? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug1\_Oc How many days did you use Synthetic Stimulants in the past 30 days?

0 or a positive whole number not exceeding 30

Drug1\_Pa Did you use Other Drugs in the past 30 days?

1: Yes

2: No

Drug1\_PSp Specify Other Drug

Free Text

Drug1\_Pb When was the last time you used this Other Drug? (mm/dd/yyyy)

Date in the form of mm/dd/yyyy

Drug1\_Pc How many days did you use this Other Drug in the past 30 days?

0 or a positive whole number not exceeding 30

Scoring Procedure:

n/a

Reference Articles:

n/a

## PrimeMD

Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline

Construct:

Screening questionnaire for mental health issues. Used for eligibility.

Time points measured:

- Screening (Week -92)

Questions/Variable Name/Coding:

*Data Collected at screening visit*

Over the past 2 weeks, how often have you been bothered by any of the following problems:

PMD\_1a\_SCR Little interest or pleasure in doing things.

- 0: Not at all
- 1: Several days
- 2: More than half the days
- 3: Nearly every day
- 9997: Refused
- 9999: Missing

PMD\_1b\_SCR Feeling down, depressed, or hopeless.

- 0: Not at all
- 1: Several days
- 2: More than half the days
- 3: Nearly every day
- 9997: Refused
- 9999: Missing

PMD\_1c\_SCR Trouble falling or staying asleep, or sleeping too much.

- 0: Not at all
- 1: Several days
- 2: More than half the days
- 3: Nearly every day
- 9997: Refused
- 9999: Missing

PMD\_1d\_SCR Feeling tired or having little energy.

- 0: Not at all
- 1: Several days
- 2: More than half the days
- 3: Nearly every day
- 9997: Refused
- 9999: Missing

PMD\_1e\_SCR Poor appetite or overeating.

- 0: Not at all
- 1: Several days
- 2: More than half the days
- 3: Nearly every day
- 9997: Refused
- 9999: Missing

PMD\_1f\_SCR Feeling bad about yourself - or that you are a failure or have let yourself or your family down.

- 0: Not at all
- 1: Several days
- 2: More than half the days
- 3: Nearly every day
- 9997: Refused
- 9999: Missing

PMD\_1g\_SCR Trouble concentrating on things such as reading the newspaper or watching television.

- 0: Not at all
- 1: Several days
- 2: More than half the days
- 3: Nearly every day
- 9997: Refused
- 9999: Missing

PMD\_1h\_SCR Moving or speaking so slowly that other people have noticed, or the opposite - being so fidgety or restless that you have been moving around more than usual.

- 0: Not at all
- 1: Several days
- 2: More than half the days
- 3: Nearly every day
- 9997: Refused
- 9999: Missing

PMD\_1i\_SCR Thoughts that you would be better off dead or of committing suicide.0: Not at all

- 1: Several days
- 2: More than half the days
- 3: Nearly every day
- 9997: Refused
- 9999: Missing

**2. The following questions are about anxiety.**

PMD\_2a\_SCR During the past 4 weeks, have you had an anxiety attack suddenly feeling fear or panic?

- 1: Yes
- 0: No
- 9997: Refused
- 9999: Missing

PMD\_2b\_SCR Has this ever happened before?

- 1: Yes
  - 0: No
  - 9997: Refused
  - 9999: Missing
- NOT answered if PMD\_2a\_SCR=0

PMD\_2c\_SCR Do some of these attacks come suddenly out of the blue that is, in situations where you don't expect to be nervous or uncomfortable?

- 1: Yes
  - 0: No
  - 9997: Refused
  - 9999: Missing
- NOT answered if PMD\_2a\_SCR=0

PMD\_2d\_SCR Do these attacks bother you a lot or are you worried about having another attack?

- 1: Yes
  - 0: No
  - 9997: Refused
  - 9999: Missing
- NOT answered if PMD\_2a\_SCR=0

**3. Think about your last bad anxiety attack.**

PMD\_3a\_SCR Were you short of breath?

- 1: Yes
  - 0: No
  - 9997: Refused
  - 9999: Missing
- NOT answered if PMD\_2a\_SCR

PMD\_3b\_SCR Did your heart race, pound, or skip?

1: Yes  
0: No  
9997: Refused  
9999: Missing  
NOT answered if PMD\_2a\_SCR

PMD\_3c\_SCR Did you have chest pain or pressure?

1: Yes  
0: No  
9997: Refused  
9999: Missing  
NOT answered if PMD\_2a\_SCR

PMD\_3d\_SCR Did you sweat?

1: Yes  
0: No  
9997: Refused  
9999: Missing  
NOT answered if PMD\_2a\_SCR

PMD\_3e\_SCR Did you feel as if you were choking?

1: Yes  
0: No  
9997: Refused  
9999: Missing  
NOT answered if PMD\_2a\_SCR

PMD\_3f\_SCR Did you have hot flashes or chills?

1: Yes  
0: No  
9997: Refused  
9999: Missing  
NOT answered if PMD\_2a\_SCR

PMD\_3g\_SCR Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?

1: Yes  
0: No  
9997: Refused  
9999: Missing  
NOT answered if PMD\_2a\_SCR

PMD\_3h\_SCR Did you feel dizzy, unsteady, or faint?

1: Yes  
0: No  
9997: Refused  
9999: Missing  
NOT answered if PMD\_2a\_SCR

PMD\_3i\_SCR Did you have tingling or numbness in parts of your body?

1: Yes  
0: No  
9997: Refused  
9999: Missing  
NOT answered if PMD\_2a\_SCR

PMD\_3j\_SCR Did you tremble or shake?

1: Yes  
0: No  
9997: Refused  
9999: Missing  
NOT answered if PMD\_2a\_SCR

PMD\_3k\_SCR Were you afraid of dying

1: Yes  
0: No  
9997: Refused  
9999: Missing  
NOT answered if PMD\_2a\_SCR

**4. Over the past 4 weeks, how often have you been bothered by any of the following problems:**

PMD\_4a\_SCR Feeling anxious, on edge, or worrying a lot about different things

0: Not at all  
1: Several days  
2: More than half the days  
3: Nearly every day  
9997: Refused  
9999: Missing

PMD\_4b\_SCR Feeling so restless that it is hard to sit still.

0: Not at all  
1: Several days  
2: More than half the days  
3: Nearly every day  
9997: Refused  
9999: Missing



NOT answered if PMD\_4a\_SCR

PMD\_4c\_SCR Getting tired easily.

0: Not at all  
1: Several days  
2: More than half the days  
3: Nearly every day  
9997: Refused  
9999: Missing  
NOT answered if PMD\_4a\_SCR

PMD\_4d\_SCR Muscle tension, aches, or soreness.

0: Not at all  
1: Several days  
2: More than half the days  
3: Nearly every day  
9997: Refused  
9999: Missing  
NOT answered if PMD\_4a\_SCR

PMD\_4e\_SCR Trouble falling asleep or staying asleep.

0: Not at all  
1: Several days  
2: More than half the days  
3: Nearly every day  
9997: Refused  
9999: Missing  
NOT answered if PMD\_4a\_SCR

PMD\_4f\_SCR Trouble concentrating on things such as reading a book or watching television.

0: Not at all  
1: Several days  
2: More than half the days  
3: Nearly every day  
9997: Refused  
9999: Missing  
NOT answered if PMD\_4a\_SCR

PMD\_4g\_SCR Becoming easily annoyed or irritable.

- 0: Not at all
- 1: Several days
- 2: More than half the days
- 3: Nearly every day
- 9997: Refused
- 9999: Missing
- NOT answered if PMD\_4a\_SCR

**5. The following questions are about eating habits.**

PMD\_5a\_SCR Do you often feel that you cannot control what or how much you eat?

- 1: Yes
- 0: No
- 9997: Refused
- 9999: Missing

PMD\_5b\_SCR Do you often eat, within any 2-hour period, what most people would regard as an unusually large amount of food?

- 1: Yes
- 0: No
- 9997: Refused
- 9999: Missing

PMD\_5c\_SCR Has this been as often, on average, as twice a week for the past 3 months?

- 1: Yes
- 0: No
- 9997: Refused
- 9999: Missing
- NOT answered if PMD\_5b\_SCR

**6. In the past 3 months have you often done any of the following in order to avoid gaining weight?**

PMD\_6a\_SCR Made yourself vomit?

- 1: Yes
- 0: No
- 9997: Refused
- 9999: Missing

PMD\_6b\_SCR Took more than twice the recommended dose of laxatives?

- 1: Yes
- 0: No
- 9997: Refused
- 9999: Missing

PMD\_6c\_SCR Fasted - not eaten anything at all for at least 24 hours?

1: Yes  
0: No  
9997: Refused  
9999: Missing

PMD\_6d\_SCR Exercised for more than an hour specifically to avoid gaining weight after binge eating?

1: Yes  
0: No  
9997: Refused  
9999: Missing

PMD\_7\_SCR\_Did you engage in any of the behaviors of avoiding gaining weight in question 6 as often, on average, as twice a week?

1: Yes  
0: No  
9997: Refused  
9999: Missing  
NOT answered if PMD\_6a\_SCR through PMD\_6d\_SCR=0

#### Scoring Procedure:

##### Section 1:

**Depression Severity.** This is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of —not at all,|| —several days,|| —more than half the days,|| and —nearly every day,|| respectively. PHQ-9 total score for the nine items ranges from 0 to 27. In the above case, the PHQ-9 depression severity score is 16 (3 items scored 1, 2 items scored 2, and 3 items scored 3). Scores of 5, 10, 15, and 20 represent cutpoints for mild, moderate, moderately severe and severe depression, respectively. Sensitivity to change has also been confirmed.

**Major Depressive Syndrome** if #1a or b and five or more of #1a-i are at least —More than half the days|| (count #1i if present at all).

**Other Depressive Syndrome** if #1a or b and two, three, or four of #1a-i are at least —More than half the days|| (count #1i if present at all).

Note: the diagnoses of Major Depressive Disorder and Other Depressive Disorder requires ruling out normal bereavement (mild symptoms, duration less than 2 months), a history of a manic episode (Bipolar Disorder) and a physical disorder, medication or other drug as the biological cause of the depressive symptoms.

Section 2-3:

**Panic Syndrome** if #2a-d are all YES' and 4 or more of #3a-k are YES'.

Section 4:

**Other Anxiety Syndrome** if #4a and answers to three or more of #4b-g are —More than half the days||.

Note: The diagnoses of Panic Disorder and Other Anxiety Disorder require ruling out a physical disorder, medication or other drug as the biological cause of the anxiety symptoms.

Section 5-7:

**Bulimia Nervosa** if #5a,b, and c and #7 are YES';

**Binge Eating Disorder** the same but #7 is either NO' or left blank.

Reference Articles:

[www.phqscreeners.com](http://www.phqscreeners.com)

[phqscreeners.pfizer.edrupalgardens.com/sites/g/files/g10016261/f/201412/instructions.pdf](http://phqscreeners.pfizer.edrupalgardens.com/sites/g/files/g10016261/f/201412/instructions.pdf)

Spitzer RL, Kroenke K, Williams JB. Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. Primary Care Evaluation of Mental Disorders. Patient Health Questionnaire. JAMA. 1999 Nov 10;282(18):1737-44. PMID: 10568646.

Spitzer RL, Williams JB, Kroenke K, Hornyak R, McMurray J. Validity and utility of the PRIME-MD patient health questionnaire in assessment of 3000 obstetric-gynecologic patients: the PRIME-MD Patient Health Questionnaire Obstetrics-Gynecology Study. Am J Obstet Gynecol. 2000 Sep;183(3):759-69. PMID: 10992206.

## Tobacco Use History

Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline

Construct:

Screening questionnaire used for eligibility and past tobacco use.

Time points measured:

- Screening (Week -92)

Questions/Variable Name/Coding:

*Data Collected at screening visit*

### SECTION A. SCREENING FOR EVER/EVERY DAY SMOKING

Tob\_A1\_SCR Have you smoked at least 100 cigarettes in your entire life?(100 CIGARETTES = APPROXIMATELY 5 PACKS)

1: Yes

0: No

9997: Refused

9999: Missing

Tob\_A2\_1\_TEXT\_SCR How old were you when you smoked your first cigarette?

text (integer, Min: 1, Max: 99)

NOT answered if Tob\_A1\_SCR=0

Tob\_A3\_1\_TEXT\_SCR How old were you when you first started smoking cigarettes on a FAIRLY REGULAR basis? (If never smoked regularly, enter 00 and GO TO A5)

text (integer, Min: 1, Max: 99)

Tob\_A4\_1\_TEXR\_SCR How old were you when you started smoking cigarettes DAILY?

text (integer, Min: 1, Max: 99)

NOT answered if Tob\_A3\_1\_TEXT\_SCR=0

Tob\_A5\_SCR Do you currently smoke cigarettes every day, some days, or not at all?

0: Not at all

1: Some Days

2: Every day

9997: Refused

9999: Missing

### SECTION B. EVERY-DAY SMOKER HISTORY/CONSUMPTION SERIES

CENICP1S1.Data.Scoring.Manual format-edited.docx

Tob\_B1\_1\_TEXT\_SCR On average, about how many cigarettes do you currently smoke each day? Must be 5+ for inclusion

text (integer, Min: 5, Max: 99)

Tob\_B2\_1\_SCR How long have you been smoking about [Tob\_B1] cigarettes per day?

text (integer, Min: 1, Max: 99)

Tob\_B2\_2\_SCR Select Unit

- 1: Number of days
- 2: Number of weeks
- 3: Number of months
- 4: Number of years
- 9997: Refused
- 9999: Missing

Tob\_B3a\_1\_SCR What is your usual brand of cigarette (the type you smoke most often)?

Text

Tob\_B3a\_2\_SCR From Question Tob\_B3a) Please indicate whether this is a cigarette brand or tobacco brand

- 1: Cigarette Brand
- 2: Tobacco Brand

Tob\_B3b\_1\_SCR How long have you smoked [Tob\_B3a\_1\_SCR]?

text (integer, Min: 1, Max: 99)

Tob\_B3b\_2\_SCR. From Question Tob\_B3b\_1\_SCR), please indicate whether the time frame was days, weeks, months or years.

- 1: Number of Days
- 2: Number of Weeks
- 3: Number of Months
- 4: Number of Years

Tob\_Roll\_SCR Did the participant indicate rolling their own cigarettes on question B3a?

- 1: Yes
- 0: No

Tob\_B3c\_SCR Do you also smoke machine manufactured cigarettes?

- 1: Yes
- 0: No

Tob\_B3d\_SCR What is your usual brand of machine manufactured cigarettes?

Text

Tob\_B3e\_SCR If your usual brand cigarette is not available to buy, what do you consider a good alternative brand?

Text

Tob\_B4a\_SCR Is your usual cigarette brand menthol or non-menthol?  
Self Report

- 1: Menthol
- 2: Non-Menthol
- 3: Both (ex. Camel Crush)
- 4: No Usual Type

Tob\_B4ai\_SCR Would you prefer to be assigned to smoke a menthol or non-menthol cigarette for the duration of the study?

- 1: Menthol
- 2: Non-menthol

Tob\_PkPro\_SCR Was subject able to produce a pack of their usual brand of cigarettes?

- 1: Yes
- 0: No

Tob\_B4b\_SCR Pack/Online Info

- 1: Menthol
- 2: Non-Menthol
- 3: Both (ex. Camel Crush)
- 4: No Usual Type

Tob\_B5a\_SCR Is your usual cigarette brand filtered or non-filtered?  
Self Report

- 1: Filtered
- 2: Non-Filtered
- 3: No Usual Type

Tob\_B5b\_SCR Pack Information: Is your usual cigarette brand filtered or non-filtered?

- 1: Filtered
- 2: Non-Filtered
- 3: No Usual Type

Tob\_B6a\_SCR What is your usual cigarette brand in length?  
Self Report

- 1: Regular
- 2: 72 mm

- 3: 77 mm
- 4: King Size (80-85)
- 5: 99 mm
- 6: 100 mm
- 7: 120 mm
- 8: No Usual Type

Tob\_B6b\_SCR Pack/Online Info

- 1: Regular
- 2: 72 mm
- 3: 77 mm
- 4: King Size (80-85)
- 5: 99 mm
- 6: 100 mm
- 7: 120 mm
- 8: No Usual Type

Do you buy cigarettes by the pack, carton or individual cigarette? Check all that apply  
**checkbox**

Tob\_B7a\_1\_SCR Pack

- 1: By the pack

Tob\_B7a\_2\_SCR Carton

- 1: By the carton

Tob\_B7a\_3\_SCR Individual Cigarette ('Loosie')

- 1: By the individual cigarette

Tob\_B7a\_4\_SCR Refused

- 1: Refused

Tob\_B7a\_5\_SCR Missing

- 1: Missing

Tob\_B7b\_1\_TEXT\_SCR What price did you pay for the LAST PACK of cigarettes you bought?  
If carton, convert to Price Per Pack (do not type a '\$' symbol, dollars and cents only)

text (number\_2dp)



Tob\_B7c\_SCR How important is it for you to buy the same brand of cigarettes?

- 1: Very Important
- 2: Important
- 3: Somewhat Important
- 4: Not Too Important
- 5: Unimportant

Tob\_B8\_1\_TEXT\_SCR What is the total number of years you have smoked EVERY DAY? (Do not include any time you quit smoking cigarettes for 6 months or longer) years (Enter 00 for None or < 1 year)

text (integer, Min: 0, Max: 99)

Tob\_B9\_SCR Around this time 12 MONTHS AGO, were you smoking cigarettes every day, some days, or not at all?

- 0: Not at all
- 1: Some Days
- 2: Every day

Tob\_B10\_1\_TEXT\_SCR Around this time 12 MONTHS AGO, on average, about how many cigarettes did you smoke each day?

text (integer, Min: 0, Max: 99)

Tob\_B11a\_1\_TEXT\_SCR Around this time 12 MONTHS AGO, how many days out of the month did you smoke cigarettes?

text (integer, Min: 0, Max: 99)

Tob\_B11b\_1\_TEXT\_SCR On average, on those [Tob\_B11a\_1\_TEXT] days, how many cigarettes did you usually smoke each day?

text (integer, Min: 0, Max: 99)

Tob\_B12\_SCR Have you ever smoked more than you do right now for more than a month?

- 1: Yes
- 0: No

Tob\_B13\_SCR When you were smoking cigarettes the heaviest, were you smoking every day or some days?

- 1: Every Day
- 0: Some Days

Tob\_B14\_1\_TEXT\_SCR Since you were not smoking daily when you were smoking the heaviest, on average, how many days of the month did you smoke cigarettes?

text (integer, Min: 0, Max: 99)

Tob\_B15\_1\_TEXT\_SCR On average, about how many cigarettes did you smoke on a day when you were smoking your heaviest?

text (integer, Min: 0, Max: 99)

Tob\_B16\_1\_TEXT\_SCR On average, about how many cigarettes did you smoke each day when you were smoking your heaviest?

text (integer, Min: 0, Max: 99)

Tob\_B17\_1\_SCR For how long did you smoke an average of about [Tob\_B15\_1\_TEXT] OR [Tob\_B16\_1\_TEXT] cigarettes per day?

text (integer, Min: 0, Max: 99)

Tob\_B17\_2\_SCR From Question Tob\_B17\_1\_SCR, please indicate whether the time frame was days, weeks, months or years

- 1: Number of Days
- 2: Number of Weeks
- 3: Number of Months
- 4: Number of Years

Tob\_B18a\_1\_TEXT\_SCR When you were smoking the heaviest, how soon after you woke up did you typically smoke your first cigarette of the day? Number of Minutes:

text (integer, Min: 0, Max: 999)

Tob\_B18b\_SCR (If the participant is unsure), was it within 30 minutes?

- 1: 30 Minutes or Less
- 2: More than 30 Minutes

#### SECTION C. QUIT ATTEMPTS FOR CURRENT EVERY-DAY AND SOME-DAY SMOKERS

Tob\_C1\_SCR Have you EVER tried to QUIT smoking COMPLETELY, even if you made it less than one day?

- 1: Yes
- 0: No

Tob\_C2\_SCR How many times have you EVER tried to QUIT smoking COMPLETELY?

text (integer, Min: 0, Max: 99)

Tob\_C3\_SCR When you were trying to quit smoking completely, were you EVER able to successfully stop smoking for one day or longer?

- 1: Yes
- 0: No

Tob\_C4\_SCR When you were trying to quit, how many times were you able to stop smoking for one day or longer?

text (integer, Min: 0, Max: 99)

Tob\_C5\_1\_SCR What is the LONGEST amount of time that you were EVER able to QUIT smoking?

text (integer, Min: 0, Max: 99)

Tob\_C5\_2\_SCR From question Tob\_C5\_1\_SCR), please indicate whether the time frame was days, weeks, months or years

- 1: Number of Days
- 2: Number of Weeks
- 3: Number of Months
- 4: Number of Years

Tob\_C6\_1\_TEXT\_SCR How many times have you tried to quit smoking but made it less than one day?

text (integer, Min: 0, Max: 99)

Tob\_C7\_SCR DURING THE PAST 12 MONTHS, have you tried to QUIT smoking COMPLETELY, even if you made it less than one day?

- 1: Yes
- 0: No

Tob\_C8\_SCR During the past 12 months when you were trying to quit smoking completely, were you able to stop smoking for one day or longer?

- 1: Yes
- 0: No

Tob\_C9\_1\_TEXT\_SCR During the past 12 months when you were trying to quit smoking, how many times were you able to stop smoking for one day or longer?

text (integer, Min: 0, Max: 99)

Tob\_C10\_1\_SCR During the past 12 months when you were trying to quit smoking, what was the LONGEST amount of time you stopped smoking?

text (integer, Min: 0, Max: 99)

Tob\_C10\_2\_SCR From Question Tob\_C10\_1\_SCR, please indicate whether the time frame was days, weeks, or months.

- 1: Number of Days
- 2: Number Weeks
- 3: Number of Months

Tob\_C11\_1\_TEXT\_SCR During the past 12 months, how many times have you tried to quit smoking but made it less than one day?

text (integer, Min: 0, Max: 99)

Tob\_C12\_SCR During the past 30 days have you tried to QUIT smoking COMPLETELY?

1: Yes

0: No

Tob\_C13\_1\_SCR During the past 30 days when you were trying to quit smoking, what was the LONGEST amount of time you stopped smoking? Enter the NUMBER ONLY from the source document.

text (integer, Min: 0, Max: 99)

Tob\_C13\_2\_SCR From Question Tob\_C13\_1\_SCR), please indicate whether the time frame was days, weeks, or months.

1: Number of Days

2: Number of Weeks

Tob\_WOCig\_SCR Have you ever gone without cigarettes?

1: Yes

2: No

When you were without cigarettes, did you experience any of the following symptoms?

Tob\_C14a\_SCR Craving for cigarettes

1: Yes

2: No

Tob\_C14b\_SCR Depressed or sad mood

1: Yes

2: No

Tob\_C14c\_SCR Insomnia

1: Yes

2: No

Tob\_C14d\_SCR Irritability, frustration, or anger

1: Yes

2: No

Tob\_C14e\_SCR Anxiety

- 1: Yes
- 2: No

Tob\_C14f\_SCR Difficulty concentrating

- 1: Yes
- 2: No

Tob\_C14g\_SCR Restlessness

- 1: Yes
- 2: No

Tob\_C14h\_SCR Increased appetite or weight gain

- 1: Yes
- 2: No

Tob\_C15\_SCR Have you ever tried to cut down on the number of cigarettes you smoke per day?

- 1: Yes
- 0: No

Tob\_C16\_1\_TEXT\_SCR The last time you cut down, how many cigarettes did you cut out per day?

text (integer, Min: 0, Max: 99)

Tob\_C17\_1\_SCR How long of a time were you able to cut down?

text (integer, Min: 0, Max: 99)

Tob\_C17\_2\_SCR From Question Tob\_C17\_1\_SCR), please indicate whether the time frame was days, weeks, months, or years.

- 1: Number of Days
- 2: Number of Weeks
- 3: Number of Months
- 4: Number of Years

#### SECTION D. OTHER TOBACCO PRODUCTS - ALL RESPONDENTS

Tob\_D1a\_1\_SCR Have you ever used cigars EVEN ONE TIME?

- 1: Yes
- 0: No

Tob\_D1a\_2\_SCR How often did you use cigars when you were using them the most?

- 3: Every day
- 2: Some days
- 1: Once or a couple of times

Tob\_D1a\_3\_SCR How many of the past 30 days did you use cigars?

0 or a positive whole number not exceeding 30

Tob\_D1b\_1\_SCR Have you ever used cigarillos such as Black and Mild or Swisher Sweets EVEN ONE TIME?

- 1: Yes
- 0: No

Tob\_D1b\_2\_SCR How often did you use cigarillos such as Black and Mild or Swisher Sweets when you were using them the most?

- 3: Every day
- 2: Some days
- 1: Once or a couple of times

Tob\_D1b\_3\_SCR How many of the past 30 days did you use cigarillos such as Black and Mild or Swisher Sweets?

0 or a positive whole number not exceeding 30

Tob\_D1c\_1\_SCR Have you ever used little cigars such as Winchester, Cheyenne, or Remington EVEN ONE TIME?

- 1: Yes
- 0: No

Tob\_D1c\_2\_SCR How often did you use little cigars such as Winchester, Cheyenne, or Remington when you were using them the most?

- 3: Every day
- 2: Some days
- 1: Once or a couple of times

Tob\_D1c\_3\_SCR How many of the past 30 days did you use little cigars such as Winchester, Cheyenne, or Remington?

0 or a positive whole number not exceeding 30

Tob\_D1d\_1\_SCR Have you ever used a pipe filled with tobacco EVEN ONE TIME?

- 1: Yes
- 0: No

Tob\_D1d\_2\_SCR How often did you use a pipe filled with tobacco when you were using it the most?

- 3: Every day
- 2: Some days
- 1: Once or a couple of times

Tob\_D1d\_3\_SCR How many of the past 30 days did you use a pipe filled with tobacco?

0 or a positive whole number not exceeding 30

Tob\_D1e\_1\_SCR Have you ever used chewing tobacco, such as Redman, Levi Garrett or Beechnut EVEN ONE TIME?

- 1: Yes
- 0: No

Tob\_D1e\_2\_SCR How often did you use chewing tobacco such as Redman, Levi Garrett or Beechnut when you were using it the most?

- 3: Every day
- 2: Some days
- 1: Once or a couple of times

Tob\_D1e\_3\_SCR How many of the past 30 days did you use chewing tobacco such as Redman, Levi Garrett or Beechnut?

0 or a positive whole number not exceeding 30

Tob\_D1f\_1\_SCR Have you ever used snuff such as Skoal, Skoal Bandits or Copenhagen EVEN ONE TIME?

- 1: Yes
- 0: No

Tob\_D1f\_2\_SCR How often did you use snuff such as Skoal, Skoal Bandits or Copenhagen when you were using it the most?

- 3: Every day
- 2: Some days
- 1: Once or a couple of times

Tob\_D1f\_3\_SCR How many of the past 30 days did you use snuff such as Skoal, Skoal Bandits or Copenhagen?

0 or a positive whole number not exceeding 30

Tob\_D1g\_1\_SCR Have you ever used snus such as Camel snus or Marlboro snus EVEN ONE TIME?

- 1: Yes
- 0: No

Tob\_D1g\_2\_SCR How often did you use snus such as Camel snus or Marlboro snus when you were using it the most?

- 3: Every day
- 2: Some days
- 1: Once or a couple of times

Tob\_D1g\_3\_SCR How many of the past 30 days did you use snus such as Camel snus or Marlboro snus?

0 or a positive whole number not exceeding 30

Tob\_D1h\_1\_SCR Have you ever used e-cigarettes EVEN ONE TIME?

- 1: Yes
- 0: No

Tob\_D1h\_2\_SCR How often did you use e-cigarettes when you were using them the most?

- 3: Every day
- 2: Some days
- 1: Once or a couple of times

Tob\_D1h\_3\_SCR How many of the past 30 days did you use e-cigarettes?

0 or a positive whole number not exceeding 30

Tob\_D1i\_1\_SCR Have you ever used hookah EVEN ONE TIME?

- 1: Yes
- 0: No

Tob\_D1i\_2\_SCR How often did you use hookah when you were using them the most?

- 3: Every day
- 2: Some days
- 1: Once or a couple of times

Tob\_D1i\_3\_SCR How many of the past 30 days did you use hookah?

0 or a positive whole number not exceeding 30

Tob\_D1j\_1\_SCR Have you ever used dissolvables such as Ariva or Stonewall Compressed Tobacco EVEN ONE TIME?

- 1: Yes
- 0: No



Tob\_D1j\_2\_SCR How often did you use dissolvables such as Ariva or Stonewall Compressed Tobacco when you were using them the most?

- 3: Every day
- 2: Some days
- 1: Once or a couple of times

Tob\_D1j\_3\_SCR How many of the past 30 days did you use dissolvables such as Ariva or Stonewall Compressed Tobacco?

0 or a positive whole number not exceeding 30

Tob\_D1k\_1\_SCR Have you ever used bidis or clove cigarettes EVEN ONE TIME?

- 1: Yes
- 0: No

Tob\_D1k\_2\_SCR How often did you use bidis or clove cigarettes when you were using them the most?

- 3: Every day
- 2: Some days
- 1: Once or a couple of times

Tob\_D1k\_3\_SCR How many of the past 30 days did you use bidis or clove cigarettes?

0 or a positive whole number not exceeding 30

Scoring Procedure:

n/a

Reference Articles:

n/a

## Smoking Cessation Therapy Use

Platform: Qualtrics

Construct:

Screening questionnaire used for eligibility and to track quit products used.

Time points measured:

- Screening (Week -92)

Questions/Variable Name/Coding:

*Data Collected at screening visit*

Cess1\_1a\_SCR Have you EVER used the Nicotine Patch for the purpose of stopping smoking?

- 1: Yes
- 2: No

Cess1\_1b\_SCR How many days did you use the Nicotine Patch during the past 30 days?

0 or a positive whole number less than or equal to 30

Cess1\_1c\_SCR Are you CURRENTLY using the Nicotine Patch to try to quit smoking?

- 1: Yes
- 2: No

Cess1\_2a\_SCR Have you EVER used the Nicotine Gum for the purpose of stopping smoking?

- 1: Yes
- 2: No

Cess1\_2b\_SCR How many days did you use Nicotine Gum during the past 30 days?

0 or a positive whole number less than or equal to 30

Cess1\_2c\_SCR Are you CURRENTLY using Nicotine Gum to try to quit smoking?

- 1: Yes
- 2: No

Cess1\_3a\_SCR Have you EVER used Nicotine Lozenge, Inhaler, or Nasal Spray for the purposes of stopping smoking?

- 1: Yes
- 2: No

Cess1\_3b\_SCR How many days did you use Nicotine Lozenge, Inhaler, or Nasal Spray during the past 30 days?

0 or a positive whole number less than or equal to 30

Cess1\_3c\_SCR Are you CURRENTLY using Nicotine Lozenge, Inhaler, or Nasal Spray to try to quit smoking?

1: Yes

2: No

Cess1\_4a\_SCR Have you EVER used E-Cigarettes for the purposes of stopping smoking?

1: Yes

2: No

Cess1\_4b\_SCR How many days did you use E-cigarettes during the past 30 days?

0 or a positive whole number less than or equal to 30

Cess1\_4c\_SCR Are you CURRENTLY using E-cigarettes to try to quit smoking?

1: Yes

2: No

Cess1\_5a\_SCR Have you EVER used Bupropion (Wellbutrin, Zyban) for the purposes of stopping smoking?

1: Yes

2: No

Cess1\_5b\_SCR How many days did you use Bupropion (Wellbutrin, Zyban) during the past 30 days?

0 or a positive whole number less than or equal to 30

Cess1\_5c\_SCR Are you CURRENTLY using Bupropion (Wellbutrin, Zyban) to try to quit smoking?

1: Yes

2: No

Cess1\_6a\_SCR Have you EVER used Varenicline (Chantix) for the purposes of stopping smoking?

1: Yes

2: No

Cess1\_6b\_SCR How many days did you use Varenicline (Chantix) during the past 30 days?

0 or a positive whole number less than or equal to 30

Cess1\_6c\_SCR Are you CURRENTLY using Varenicline (Chantix) to try to quit smoking?

1: Yes

2: No

Cess1\_7a\_SCR Have you EVER used Other Products or Medications for the purposes of stopping smoking?

1: Yes

2: No

Cess1\_7a1\_SCR List Other Products or Medications

Free text

Cess1\_7b\_SCR How many days did you use Other Products or Medications during the past 30 days?

0 or a positive whole number less than or equal to 30

Cess1\_7c\_SCR Are you CURRENTLY using Other Products or Medications to try to quit smoking?

1: Yes

2: No

Cess2\_SCR Are you currently receiving behavioral (talk) therapy for the purpose of quitting smoking?

1: Yes

2: No

Cess3\_SCR Are you currently receiving any other treatments for the purpose of quitting smoking?

1: Yes

2: No

## Cigarette Butt Collection

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Construct: Sample collection tracking.

Time points measured:

- Baseline 2
- Week 2
- Week 6

Questions/Variable Name/Coding:

*Data Collected at baseline 2 visit*

**Butt\_B\_Ret\_BSL2** Did the participant return any cigarette butts?

1: Yes; 0: No

**Butt\_B\_Ord\_BSL2** Are the cigarette butts in the order they were smoked by the participant?

1: Yes; 0: No; not answered if Butt\_B\_Ret\_BSL2 = 0

**Butt\_B\_Date\_1\_TEXT\_BSL2** Date butts were collected

The following variables were entered for up to 20 cigarettes butts, where <#> = 1 - 20

**Butt\_B\_#a\_1\_TEXT\_BSL2** barcode scan for cigarette butt #

**Butt\_B\_#b\_1\_TEXT\_BSL2** time cigarette butt was collected

*Data Collected week 2*

**Butt\_2\_Ret** Did the participant return any cigarette butts?

1: Yes; 0: No

**Butt\_2\_Why** Why did the participant not return any cigarette butts?

1: participant forgot; 2: participant stopped smoking; only answered if Butt\_2\_Ret = 0

**Butt\_2\_Ord** Are the cigarette butts in the order they were smoked by the participant?

1: Yes; 0: No; not answered if Butt\_2\_Ret = 0

**Butt\_2\_Date\_1\_TEXT** Date butts were collected

The following variables were entered for up to 20 cigarettes butts, where <#> = 1 - 20

**Butt\_2\_#a\_1\_TEXT** barcode scan for cigarette butt #

**Butt\_2\_#b\_4\_TEXT** time cigarette butt was collected

**Butt\_2\_#c** What kind of cigarette was cigarette butt #?

1: study cigarette; 2: non-study cigarette; not answered if Butt\_2\_#a\_1\_TEXT = 9998

*Data Collected week 6*

**Butt\_6\_Ret** Did the participant return any cigarette butts?

1: Yes; 0: No

**Butt\_6\_Why** Why did the participant not return any cigarette butts?

1: participant forgot; 2: participant stopped smoking; only answered if Butt\_6\_Ret = 0

**Butt\_6\_Ord** Are the cigarette butts in the order they were smoked by the participant?

1: Yes; 0: No; not answered if Butt\_6\_Ret = 0

**Butt\_6\_Date\_1\_TEXT** Date butts were collected

The following variables were entered for up to 20 cigarettes butts, where <#> = 1 - 20

**Butt\_6\_#a\_1\_TEXT** barcode scan for cigarette butt #

**Butt\_6\_#b\_4\_TEXT** time cigarette butt was collected

**Butt\_6\_#c** What kind of cigarette was cigarette butt #?

1: study cigarette; 2: non-study cigarette; not answered if Butt\_6\_#a\_1\_TEXT = 9998

Scoring Procedure:

n/a

Reference Articles:

n/a

## IVR Summary Variables

Original Data Collection Platform: IVR; IVR corrections collected in qualtrics

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

### Time points measured:

- Baseline 2
- Week 1
- Week 2
- Week 3
- Week 4
- Week 5
- Week 6

### Questions/Variable Name/Coding:

#### *Data Collected at baseline 2 visit*

**baseline\_cpd** average number of cigarettes smoked per day between the baseline 1 and baseline 2 visit days

**baseline\_cpd\_days** number of days between baseline 1 and baseline 2 visits

**max\_symptoms\_BSL2** maximum daily MNWS score between baseline 1 and baseline 2 visits

#### *Data Collected at weeks 1 through 6*

**study\_cpd** average number of study cigarettes smoked per day for the week leading up to the visit (dates for missed visits were imputed as 7 days since the last visit)

**non\_study\_cpd** average number of non-study cigarettes smoked per day for the week leading up to the visit (dates for missed visits were imputed as 7 days since the last visit)

**week\_days** number of days since last visit

**study\_cpd\_days** number of days since last visit for which the number of study cigarettes smoked is reported

**non\_study\_cpd\_days** number of days since last visit for which the number of non-study cigarettes smoked is reported

**\*max\_symptoms** maximum daily MNWS score since the last visit

\*only calculated for week 1

### Scoring Procedure:

n/a

### Reference Articles:

n/a

## Biomarker Variables

Original Data Collection Platform: Excel data from labs

Cleaned data file: CENIC\_primary\_data\_baseline and CENIC\_primary\_data\_postrandomization

Time points measured:

- Baseline 2
- Week 2
- Week 6

Questions/Variable Name/Coding:

*Data Collected at baseline 2 visit*

**tot\_nnal\_pmolperml\_belowLOD\_BSL2** indicator of whether or not total NNAL was below limit of detection

**tot\_nnal\_pmolperml\_BSL2** total NNAL (pmol/ml); equal to LOD if tot\_nnal\_pmolperml\_belowLOD\_BSL2 = 1

**tot\_nic\_ngperml\_BSL2** total nicotine (ng/ml)

**tot\_cot\_ngperml\_BSL2** total cotinine (ng/ml)

**tot\_3OH\_ngperml\_BSL2** total 3OH (ng/ml)

**n\_oxide\_ngperml\_BSL2** Nicotine N-oxide (ng/ml)

**nornic\_ngperml\_BSL2** nornicotine(ng/ml)

**tot\_nic\_nmolperml\_BSL2** total nicotine (nmol/ml)

**tot\_cot\_nmolperml\_BSL2** total cotinine (nmol/ml)

**tot\_3OH\_nmolperml\_BSL2** total 3OH (nmol/ml)

**n\_oxide\_nmolperml\_BSL2** Nicotine N-oxide (nmol/ml)

**tne\_nmolperml\_BSL2** total nicotine equivalents (nmol/ml)

**creatinine\_mgperml\_BSL2** creatinine (mg/ml)

**saliva\_cot\_ngperml\_BSL2** saliva cotinine (ng/ml)

**saliva\_cot\_nmolperml\_BSL2** saliva cotinine (nmol/ml)

**saliva\_3OH\_ngperml\_BSL2** saliva 3OH (ng/ml)

**saliva\_3OH\_nmolperml\_BSL2** saliva 3OH (nmol/ml)

**saliva\_ratio\_3OHpercot\_BSL2** nicotine metabolic ratio (NMR); ratio of 3OH/cot

**eleven.dehydroTXB2\_pgperml\_g12000\_BSL2** Indicator of whether or not 11-dehydro-thromboxane B2 is greater than 12000

**eleven.dehydroTXB2\_pgperml\_BSL2** 11-dehydro-thromboxane B2 (pg/ml); equal to 12000 if

eleven.dehydroTXB2\_pgperml\_g12000\_BSL2 = 1

*Data Collected at weeks 2 and 6*

**tot\_nnal\_pmolperml\_belowLOD** indicator of whether or not total NNAL was below limit of detection

**tot\_nnal\_pmolperml** total NNAL (pmol/ml); equal to LOD if tot\_nnal\_pmolperml\_belowLOD = 1

**tot\_nic\_ngperml** total nicotine (ng/ml)

**tot\_cot\_ngperml** total cotinine (ng/ml)

**tot\_3OH\_ngperml** total 3OH (ng/ml)

**n\_oxide\_ngperml** Nicotine N-oxide (ng/ml)

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**nornic\_ngperml** nornicotine(ng/ml)

**tot\_nic\_nmolperml** total nicotine (nmol/ml)

**tot\_cot\_nmolperml** total cotinine (nmol/ml)

**tot\_3OH\_nmolperml** total 3OH (nmol/ml)

**n\_oxide\_nmolperml** Nicotine N-oxide (nmol/ml)

**tne\_nmolperml** total nicotine equivalents (nmol/ml)

**creatinine\_mgperml** creatinine (mg/ml)

**\*eleven.dehydroTXB2\_pgperml\_g12000** Indicator of whether or not 11-dehydro-thromboxane B2 is greater than 12000

**\*eleven.dehydroTXB2\_pgperml** 11-dehydro-thromboxane B2 (pg/ml); equal to 12000 if eleven.dehydroTXB2\_pgperml\_g12000\_BSL2 = 1

\*only collected at week 6

Scoring Procedure:

n/a

Reference Articles:

n/a

## Adverse Events

Original Data Collection Platform: Oncore

Cleaned data file: CENIC\_adverse\_event\_data

Time points measured:

- Screening
- Baseline 1
- Baseline 2
- Week 1
- Week 2
- Week 3
- Week 4
- Week 5
- Week 6
- Abstinence visit

Questions/Variable Name/Coding of the Original REDCap Questionnaire:

<b>ae_code</b>	
002	002 - Leukemia/Lymphoma
003	003 - Alcohol use problem
004	004 - Allergies (Seasonal)
005	005 - Anaphylactic shock
006	006 - Anger
007	007 - Angina
008	008 - Anorexia
009	009 - Anxiety, clinical diagnosis
010	010 - Arthritis
011	011 - Asthma
012	012 - Binge eating/Bulimia Nervosa
013	013 - Cancer, Bladder
014	014 - Body aches
015	015 - Bradycardia (Slow heart rate)
016	016 - Bone fracture
017	017 - Bronchitis
018	018 - Burn
019	019 - Cancer, Cervical
020	020 - Chills
021	021 - Chronic obstructed airway disease
022	022 - Cold/clammy/pale skin
023	023 - Confusion
024	024 - Congenital anomaly
025	025 - Constipation

026	026 - Heart disease
027	027 - Cough
028	028 - Deep vein thrombosis
029	029 - Delirium
030	030 - Depression, clinical diagnosis
032	032 - Diarrhea
033	033 - Difficulty concentrating
034	034 - Dizziness/Lightheadedness
035	035 - Drug use problem
036	036 - Dyspepsia
037	037 - Elevated carbon monoxide level
038	038 - Emphysema
039	039 - Cancer, Esophageal
040	040 - Eye Problem
041	041 - Fainting
042	042 - Fatigue
043	043 - Fever
045	045 - Gastroesophageal reflux disease (GERD)
046	046 - Hallucination
047	047 - Headache, Migraine
048	048 - Headache, Non-migraine
049	049 - Hearing Change
050	050 - Heart palpitation
051	051 - Hyperglycemia/Diabetes
052	052 - Hypertension (High BP)
053	053 - Hypoglycemia (Low blood sugar)
054	054 - Hypotension (Low BP)
056	056 - Erectile Dysfunction
057	057 - Increased appetite/hunger
058	058 - Insomnia
059	059 - Irritability (frustration)
060	060 - Jaundice
061	061 - Cancer, Kidney
062	062 - Kidney/Bladder/Urinary Problem NOS
063	063 - Cancer, Larynx
064	064 - Low birth weight
065	065 - Low bone density
066	066 - Cancer, Lung
067	067 - Mania
069	069 - Menstrual cramps
070	070 - Muscle spasm
071	071 - Myocardial infarction (Heart attack)
072	072 - Nasal congestion
073	073 - Nasal sinus drainage
074	074 - Nausea
075	075 - Nightmare/terror
076	076 - Nosebleed/Dry Nasal Membrane

077	077 - Other
078	078 - Pain, Arthritis
079	079 - Pain, Chest
080	080 - Pain, Fibromyalgia
081	081 - Pain, Musculoskeletal
082	082 - Pain, Sinus
083	083 - Pain, Other
084	084 - Cancer, Pancreatic
085	085 - Peripheral vascular disease
086	086 - Pregnancy
087	087 - Preterm delivery
088	088 - Pulmonary congestion
089	089 - Pulmonary embolism
090	090 - Purging
091	091 - Respiratory depression
092	092 - Rash
093	093 - Reduced blood circulation
095	095 - Rhinorrhea (Runny nose)
096	096 - Seizure/convulsion
097	097 - Shortness of breath
099	099 - Sneezing
100	100 - Sore/Itchy throat
102	102 - Stillbirth
103	103 - Cancer, Stomach
104	104 - Stroke
105	105 - Suicidal ideation
106	106 - Suicide
107	107 - Tachycardia (Fast heart rate)
108	108 - Throat cancer
109	109 - Toothache
110	110 - Injury, Traumatic
111	111 - Ulcer
112	112 - Vision Change
113	113 - Vomiting
114	114 - Weakness
117	117 - Fall
118	118 - Injury, Musculoskeletal
119	119 - Injury, Other
120	120 - Abscess, Dental
121	121 - Abscess, Other
123	123 - Death
124	124 - Depressed (sad) mood
125	125 - Heat exhaustion
126	126 - Anxious (nervous) mood
127	127 - Ear Problem/Infection
128	128 - Fungal Infection
129	129 - Decreased Libido

130	130 - Hemorrhoids
131	131 - Gum Problem
132	132 - Edema
134	134 - Dental, Teeth
135	135 - Bacterial Infection
136	136 - Pain, GI
137	137 - Ruptured Cyst
138	138 - Acne
139	139 - Allergic Reaction
141	141 - Hypercholesterolemia (High Cholesterol)
142	142 - Laryngitis
143	143 - Bowel movement, changes in
144	144 - Bloating
147	147 - Pneumonia
148	148 - Skin Issue, NOS
149	149 - Numbness/Tingling/Neuropathy
152	152 - Excessive sweating
153	153 - Vivid Dreams
154	154 - Loss of Appetite
155	155 - Gagging
156	156 - Ulcerative Colitis
157	157 - Homicidal Ideation
158	158 - Tonsillitis
159	159 - Dehydration
160	160 - Tremors
161	161 - Hot Flashes
162	162 - Hernia
163	163 - Dry Mouth
164	164 - Saliva, Changes in
165	165 - Sensitivity to light
166	166 - Bruxism (teeth grinding)
167	167 - Aneurysm
168	168 - Mood Swings
169	169 - STD/HIV
170	170 - Phlegm, increase in
171	171 - Cyst/Mass, benign
173	173 - Stress
174	174 - Pancreatitis
175	175 - Abnormal Blood Test (NOS)
176	176 - Dysphagia (difficulty swallowing)
177	177 - Gallbladder/Liver Problem
178	178 - Musculoskeletal Issue NOS
179	179 - Ingrown Nail
180	180 - Parasites
181	181 - Mouth Problem, NOS
182	182 - Wheezing
183	183 - Restlessness

184	184 - Cancer, Skin
185	185 - Weight Change
186	186 - Hemophilia
187	187 - Gynecological Problem, NOS
188	188 - Taste/Smell, Change in
189	189 - Immune/Rheumatic Disorder
190	190 - CES-D Score, elevated
191	191 - Sleep Change/Disturbance, NOS
192	192 - Panic/Anxiety Attack
193	193 - Delusions
194	194 - Miscarriage
195	195 - Vertigo/Disequilibrium
196	196 - Neurologic Movement Disorder
197	197 - Cancer, Breast
198	198 - Bipolar Disorder
199	199 - Lymph Nodes, swollen
200	200 - Nose/Throat Problem, NOS

**unexpected** Was this an unexpected adverse event?

- 0: No
- 1: Yes

**severity** What was the severity of the adverse event?

- 0: Mild
- 1: Moderate
- 2: Severity

**serious** What the adverse event serious?

- 0: Not Serious
- 1: Serious

**serious\_type** Why was the adverse event classified as serious?

- 0: Not Serious
- 1: Death
- 2: Hospitalization (Initial or Prolonged)
- 3: Life Threatening (Immediate Risk)

**related** Was the adverse event related to the treatment?

- 0: Unrelated
- 1: Remotely (Unlikely) related
- 2: Possibly related
- 3: Related
- 4: Unknown

**prior\_to\_randomization** Did the adverse event occur prior to randomization?

0: No

1: Yes

\*Not required for weeks 1 through 6 and abstinence visit

Scoring Procedure:

n/a

Reference Articles:

n/a

## Puff Topography

Original Data Collection Platform: CSV files from CReSS device

Cleaned data file: CENIC\_secondary\_data\_baseline and CENIC\_secondary\_data\_postrandomization

Time points measured:

- Baseline 2
- Week 2
- Week 6

Questions/Variable Name/Coding:

*Data Collected at baseline 2 visit*

**CigIndex\_BSL2** cigarette ID number

**PuffCount\_BSL2** number of puffs for the cigarette

**Num\_missing\_puffs\_BSL2** number of puffs with missing values for one or all of the topography metrics

**Totalvolume\_BSL2** total puff volume – sum of puff volume over all non-missing puffs (ml)

**MeanDuration\_sec\_BSL2** mean duration – mean of puff duration over all non-missing puffs (sec)

**MeanIPI\_sec\_BSL2** mean interpuff intervals – average of interpuff intervals for all non-missing puffs (sec)

**MeanAvgFlow\_ml\_sec\_BSL2** mean average flow – average of the average flow for all non-missing puffs (ml/sec)

*Data Collected at weeks 2 and 6*

**CigIndex** cigarette ID number

**PuffCount** number of puffs for the cigarette

**Num\_missing\_puffs** number of puffs with missing values for one or all of the topography metrics

**Totalvolume** total puff volume – sum of puff volume over all non-missing puffs (ml)

**MeanDuration\_sec** mean duration – mean of puff duration over all non-missing puffs (sec)

**MeanIPI\_sec** mean interpuff intervals – average of interpuff intervals for all non-missing puffs (sec)

**MeanAvgFlow\_ml\_sec** mean average flow – average of the average flow for all non-missing puffs (ml/sec)

Scoring Procedure:

Note: the variables listed above are cigarette-level summaries of the puff topography data. That is, topography data were collected on the puff level and summarized as above for analysis.

Reference Articles:

n/a



## Cognitive Task Data

Original Data Collection Platform:

Cleaned data file: CENIC\_secondary\_data\_baseline

Time points measured:

- Baseline 2

Questions/Variable Name/Coding:

*Data Collected at baseline 2 visit*

**COMMISSIONERRORS\_CPT\_BSL2** % of responses that were errors of commission (participant clicked button in absence of stimulus) (CPT trials)  
**AVGRT2000\_CPT\_BSL2** Avg Reaction Time for stimuli with 2000msec inter-stimulus interval (msec)  
**AVGRT4000\_CPT\_BSL2** Avg Reaction Time for stimuli with 4000msec inter-stimulus interval (msec)  
**HITRATE\_CPT\_BSL2** % of stimuli correctly responded to (CPT trials)  
**MEANREACTIONTIME\_CPT\_BSL2** Average response time (msec)  
**OMISSIONERRORS\_CPT\_BSL2** % of stimuli that participant did not respond to (CPT trials)  
**POSTTASKESTIMATE\_CPT\_BSL2** post-task estimate of number correct responses (CPT trials)  
**PRETASKESTIMATE\_CPT\_BSL2** pre-task estimate of number correct responses (CPT trials)  
**STDERRREACTIONTIME\_CPT\_BSL2** Standard error of response time (msec)  
**AVGRT1000\_CPT\_BSL2** Avg Reaction Time for stimuli with 1000msec inter-stimulus interval (msec)  
**AVGRTCORTAR\_NB0\_BSL2** average response time for correct target trials: 0-back (msec)  
**AVGRTINCOROTH\_NB0\_BSL2** average response time for incorrect non-target trials: 0-back (msec)  
**AVGRTINCORR\_NB0\_BSL2** average response time for incorrect trials: 0-back (msec)  
**AVGRTINCORTAR\_NB0\_BSL2** average response time for incorrect target trials: 0-back (msec)  
**TOTALCORRECT\_NB0\_BSL2** number of correct responses: 0-back (N-back trials)  
**OTHERCORRECT\_NB0\_BSL2** non-target trials correct: 0-back (N-back trials)  
**POSTTASKESTIMATE\_NB0\_BSL2** Post-task estimate of number correct: 0-back (N-back trials)  
**PRETASKESTIMATE\_NB0\_BSL2** Pre-task estimate of number correct: 0-back (N-back trials)  
**TARGETCORRECT\_NB0\_BSL2** target trials correct: 0-back (N-back trials)  
**AVGRTALL\_NB0\_BSL2** average response time for all trials: 0-back (msec)  
**AVGRTCOROTH\_NB0\_BSL2** average response time for correct non-target trials: 0-back (msec)  
**AVGRTCORR\_NB0\_BSL2** average response time for correct trials: 0-back (msec)  
**AVGRTCORTAR\_NB2\_BSL2** average response time for correct target trials: 2-back (msec)  
**AVGRTINCOROTH\_NB2\_BSL2** average response time for incorrect non-target trials: 2-back (msec)  
**AVGRTINCORR\_NB2\_BSL2** average response time for incorrect trials: 2-back (msec)  
**AVGRTINCORTAR\_NB2\_BSL2** average response time for incorrect target trials: 2-back (msec)  
**TOTALCORRECT\_NB2\_BSL2** number of correct responses: 2-back (N-back trials)  
**OTHERCORRECT\_NB2\_BSL2** non-target trials correct: 2-back (N-back trials)

**POSTTASKESTIMATE\_NB2\_BSL2** Post-task estimate of number correct: 2-back (N-back trials)  
**PRETASKESTIMATE\_NB2\_BSL2** Pre-task estimate of number correct: 2-back (N-back trials)  
**TARGETCORRECT\_NB2\_BSL2** target trials correct: 2-back (N-back trials)  
**AVGRTALL\_NB2\_BSL2** average response time for all trials: 2-back (msec)  
**AVGRTCOROTH\_NB2\_BSL2** average response time for correct non-target trials: 2-back (msec)  
**AVGRTCORR\_NB2\_BSL2** average response time for correct trials: 2-back (msec)  
**MAXIMUMRT\_TL\_BSL2** maximum reaction time (msec)  
**MEANRT\_TL\_BSL2** average reaction time all trials (msec)  
**MEANRTCORRECTRESPONSES\_TL\_BSL2** average reaction time correct responses only (msec)  
**MINIMUMRT\_TL\_BSL2** minimum reaction time (msec)  
**NUMCOMPLETED\_TL\_BSL2** number of trials completed (2-Letter Search trials)  
**NUMERRORS\_TL\_BSL2** number of errors (2-Letter Search trials)  
**\_BSL2**  
**POSTTASKESTIMATE\_TL\_BSL2** post-task estimate of number correct responses (2-Letter Search trials)  
**PRETASKESTIMATE\_TL\_BSL2** pre-task estimate of number correct responses (2-Letter Search trials)

Scoring Procedure:

Note: the variables listed above are cigarette-level summaries of the puff topography data. That is, topography data were collected on the puff level and summarized as above for analysis.

Reference Articles:

n/a

## 30 Day Follow-up Questionnaire

Original Data Collection Platform: Qualtrics

Cleaned data file: CENIC\_30dayfu

Time points measured:

- 30 day follow-up visit

Questions/Variable Name/Coding:

fu\_q1 Since completing the study, have you smoked a cigarette?

1: Yes

0: No

fu\_q2 Do you currently smoke cigarettes every day, some days, or not at all?

3: Not at all

2: Some Days

1: Every Day

Not answered if answer to fu\_q1 = 0

fu\_q3 On average, how many cigarettes do you currently smoke each day?

0 or a positive whole number less than or equal to 80; not answered if answer to fu\_q2 = 3

fu\_q4 Did you attempt to quit smoking after completing the study?

1: Yes

0: No

fu\_q4a If yes, how long did you quit smoking?

0 or a positive whole number less than or equal to 35; not answered if answer to fu\_q4 = 1a

fu\_q5 Are you currently trying to quit smoking?

1: Yes

0: No

fu\_q6 Since completing the study, have you smoked a cigarette?

1: Yes

0: No

Scoring Procedure:

n/a

Reference Articles:

n/a