

BTG-COMP TOBACCO STORE OBSERVATION FORM – 2012

 BUSINESS ID: 16-12-

 CORRESPONDING SEGMENT UNIT ID:

BUSINESS ID: BUSINESS NAME: ADDRESS:	COMPLETION CODE
	COMPLETED <input type="checkbox"/> 01
	PARTIALLY COMPLETED - <i>CODE DISPOSITION</i> <input type="checkbox"/> 02
	NOT STARTED – <i>CODE DISPOSITION</i> <input type="checkbox"/> 03
	NOT ELIGIBLE – <i>CODE DISPOSITION</i> <input type="checkbox"/> 96

DATE <u> </u> - <u> </u> - 2012 STAFF 1 <u> </u> STAFF 2 <u> </u> START TIME <u> </u> : <u> </u> : <u> </u> <input type="radio"/> AM <input type="radio"/> PM END TIME <u> </u> : <u> </u> : <u> </u> <input type="radio"/> AM <input type="radio"/> PM	DISPOSITION CODE
	Temporarily not accessible / Outside of business hours <input type="checkbox"/> 1
	Not safe <input type="checkbox"/> 2

LITTERED CIGARETTE PACKS No Cellophane With Cellophane Number of bags used <u> </u> <u> </u>	Asked to leave / Observation not allowed by staff <input type="checkbox"/> 3
	Address not found <input type="checkbox"/> 5

BUSINESS SAMPLE ATTRIBUTES	NO	YES	
Business replaces a primary sample observation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	Does not meet study criteria - <i>DESCRIBE IN NOTES</i> <input type="checkbox"/> 7
			Permanently Closed / Does not exist <input type="checkbox"/> 8

NOTES _____ _____	Other, <i>SPECIFY</i> : <input type="checkbox"/> 6
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A. STORE TYPE	L. STORE EXTERIOR			
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A1. Type of Store	NO	YES	L1. Does the store have ... ?
Tobacco/Smoke Shop <input type="checkbox"/> 4			a. Parking On-Site <input type="checkbox"/> 0 <input type="checkbox"/> 1
Other, <i>SPECIFY</i> : <input type="checkbox"/> 5			1. Lighted Parking <input type="checkbox"/> 0 <input type="checkbox"/> 1
			b. Bicycle Parking <input type="checkbox"/> 0 <input type="checkbox"/> 1
A7. Is 50% or more of the store's inventory beer, wine, and/or liquor? <input type="checkbox"/> 0 <input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	c. Bars on Windows <input type="checkbox"/> 0 <input type="checkbox"/> 1
			d. Sidewalk on street at address <input type="checkbox"/> 0 <input type="checkbox"/> 1

J. TOBACCO	NO	YES	L3. How much graffiti/tagging is on the building/property?	NONE	A LITTLE	SOME	A LOT
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J1. Does the store sell any over-the-counter Nicotine Replacement Products? (e.g., Nicorette gum, Commit lozenges, Nicoderm)	<input type="checkbox"/> 0	<input type="checkbox"/> 1		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
J2. Does the store sell any tobacco products? IF NO, MARK COMPLETION CODE AS 96 (NOT ELIGIBLE).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	L4. How much garbage/litter is at the facility entrance area?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

K. EXTERIOR MARKETING

COUNT THE NUMBER OF...	K1. on Building Exterior		K2. on Property	
	TALLY	TOTAL	TALLY	TOTAL
a. All Tobacco Advertisements (IF 10+, CODE 10)		<u> </u>		<u> </u>
1. Ads that include Cigarettes		<u> </u>		<u> </u>
a. Cigarette ads that include a price promotion		<u> </u>		<u> </u>
2. Ads that include Snus		<u> </u>		<u> </u>
a. Snus ads that include a Price Promotion		<u> </u>		<u> </u>
3. Ads that include Moist Snuff		<u> </u>		<u> </u>
a. Moist Snuff ads that include a Price Promotion		<u> </u>		<u> </u>
4. Ads that include Dissolvable Tobacco Products		<u> </u>		<u> </u>
a. Dissolvable Tobacco Product ads that include a Price Promotion		<u> </u>		<u> </u>

J. TOBACCO...continued

BUSINESS ID: 1 6 - 1 2 - - - - -

J3. Is there "Minimum Age" signage anywhere in the store?	NO	YES
	<input type="checkbox"/> 0	<input type="checkbox"/> 1

J4. Are these tobacco products available?	<i>IF YES, CODE J5</i>		J5. LOCATION OF PRODUCT		
	NO	YES	SELF-SERVICE	CLERK ASSISTED	BOTH
a. Regular (Non-menthol) Cigarettes	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Menthol Cigarettes	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Snus	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Moist Snuff	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Little Cigars -UNFLAVORED	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Little Cigars -flavored	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Cigarillos - UNFLAVORED	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Cigarillos -flavored	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Chewing Tobacco	<input type="checkbox"/> 0	<input type="checkbox"/> 1	NOTES		
j. Loose/Rolling Tobacco	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
k. Pipe Tobacco	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
l. Dry Snuff	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
m. Regular Cigars	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
n. Bidis (Beedies)	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
o. Clove Cigarettes/Cigars (<i>Kretek</i>)	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
p. Dissolvable Tobacco Lozenges/Tablets/Pellets <i>IF J4p=0, SKIP 1-4</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
1. Camel Orbs	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
2. Ariva Lozenges	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
3. Stonewall Lozenges	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
4. Other, <i>SPECIFY:</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
q. Other Dissolvable Tobacco Products <i>IF J4q=0, SKIP 1-5</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
1. Camel Strips	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
2. Camel Sticks	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
3. Marlboro Sticks	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
4. Skoal Sticks	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
5. Other, <i>SPECIFY:</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
r. Electronic Cigarettes	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
t. Cigarette Rolling Machine or Injector (for in-store use)	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
s. Other Tobacco Products <i>SPECIFY:</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1			

J. TOBACCO...continued

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J6. BRAND / SIZE <small>NOTE: Reg Size packs = 85mm "King/Regular" IF Not Available, SKIP J7-J9</small>	J7. PRICE <small>CODE 77.77 IF PRICE NOT AVAILABLE AND SKIP J8</small>	J9. BRAND-SPECIFIC PROMOTIONS														
		J8. PRE or POST TAX		1. Multi-pack discount		2. Cents off coupons		3. Special Price		8. Free SNUS Package		7. Other Promotion SPECIFY		SPECIFY TYPE OF PROMOTION IN J9_7		
		PRE	POST	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES			
a. Marlboro Red Cigarette Pack	\$ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
Reg size <input type="checkbox"/> 1		Not available <input type="checkbox"/> 8	Asked? <input type="checkbox"/> N <input type="checkbox"/> Y													
b. Camel Cigarette Pack	\$ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
Reg size <input type="checkbox"/> 1		Not available <input type="checkbox"/> 8	Asked? <input type="checkbox"/> N <input type="checkbox"/> Y													
c. Menthol Cigarette Pack	\$ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
Newport, reg <input type="checkbox"/> 1		Kool, reg size <input type="checkbox"/> 2	Not available <input type="checkbox"/> 8	Asked? <input type="checkbox"/> N <input type="checkbox"/> Y												
d. Cheapest Cigarette Pack	\$ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	CODE CHEAPEST BRAND				Marlboro Red, reg size <input type="checkbox"/> 1		Newport, reg size <input type="checkbox"/> 2		Kool, reg size <input type="checkbox"/> 3		Other, SPECIFY <input type="checkbox"/> 4		
Reg size <input type="checkbox"/> 1		Not available <input type="checkbox"/> 8	Asked? <input type="checkbox"/> N <input type="checkbox"/> Y													
e. Camel Snus, original flavor	\$ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
15-pouch tin <input type="checkbox"/> 1		Not available <input type="checkbox"/> 8	Asked? <input type="checkbox"/> N <input type="checkbox"/> Y													
f. Marlboro Snus, original flavor	\$ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1			
15-pouch tin <input type="checkbox"/> 1		6-pouch pack <input type="checkbox"/> 2	Not available <input type="checkbox"/> 8	Asked? <input type="checkbox"/> N <input type="checkbox"/> Y												
g. Cheapest Pipe Tobacco	\$ _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	SPECIFY CHEAPEST BRAND:				NOTES								
6 oz package <input type="checkbox"/> 1		16 oz package <input type="checkbox"/> 2	Not available <input type="checkbox"/> 8	Asked? <input type="checkbox"/> N <input type="checkbox"/> Y												
J10. The store interior... SELECT THE BEST ANSWER	.. is free from any (ITEM) ads/logos.		.. has some (ITEM) ads or logos at check-out only				.. has some (ITEM) ads or logos at check-out and other areas also.				.. has (ITEM) ads or logos throughout the store.					
a. All Tobacco Products	<input type="checkbox"/> 0		<input type="checkbox"/> 1				<input type="checkbox"/> 2				<input type="checkbox"/> 3					
a1. Cigarettes	<input type="checkbox"/> 0		<input type="checkbox"/> 1				<input type="checkbox"/> 2				<input type="checkbox"/> 3					
a2. Snus	<input type="checkbox"/> 0		<input type="checkbox"/> 1				<input type="checkbox"/> 2				<input type="checkbox"/> 3					
a3. Moist Snuff	<input type="checkbox"/> 0		<input type="checkbox"/> 1				<input type="checkbox"/> 2				<input type="checkbox"/> 3					
a4. Dissolvable Products	<input type="checkbox"/> 0		<input type="checkbox"/> 1				<input type="checkbox"/> 2				<input type="checkbox"/> 3					
IF J10a = 0 (NO TOBACCO ADS), SKIP J11-J18	ARE THE FOLLOWING TYPES OF TOBACCO ADS PRESENT?						TOBACCO AD CHARACTERISTICS						CONTENT		HEALTH CLAIMS:	
	J14. Signage		J15. Manufacturer Displays		J16. Functional Objects		J11. Are there ads in only black and white?		J12. Are there ads in text only?		J13. Are there ads <= 3 1/2 ft from ground?		J18. Are there any ads with a health claim? DESCRIBE -->			
	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES		
a. All Tobacco Products	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1		