



# OBSERVATION FORM - RETAILER DATA COLLECTION

This observation should take place while inside a business that sells e-cigarette products. The form can be completed while inside or immediately after a visit. Observations can be estimations and approximations, but should be as accurate as conditions permit.

Please observe the following in as much detail as possible:

1. Retailer name:
2. Day of observation: \_\_\_\_\_ Time of observation: \_\_\_\_\_
3. Establishment type (circle)  
Convenience Store  
Grocery Store  
Other:
4. How long was the estimated wait (if any) in the:  
Smoking Section (record minutes):  
Non-smoking section (record minutes):
5. Approximate number of customers in the establishment: \_\_\_\_\_
6. Approximate percentage of **e-cigarette advertisements** that have warning labels

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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7. Approximate percentage of **e-cigarette products** that have warning labels:

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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8. Approximate percentage of **e-cigarette products** that have artificial flavors:

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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9. Approximate percentage of customers asked to show an ID when purchasing **e-cigarette products**:

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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10. What is the number of customers in the retailer who are purchasing tobacco products?  
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11. Approximate percentage of customers outside the retailer who are smoking:

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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12. To what extent is airborne e-cigarette smoke and e-cigarette odor apparently present?

E-Cigarette odor	Visible e-cigarette smoke
<input type="checkbox"/> Very strong e-cigarette smoke odor	<input type="checkbox"/> Heavy visible e-cigarette smoke is lingering in the air
<input type="checkbox"/> Strong e-cigarette odor	<input type="checkbox"/> The only visible e-cigarette smoke in the air is exhaled by smokers (no lingering smoke)
<input type="checkbox"/> Moderate e-cigarette odor	<input type="checkbox"/> No visible e-cigarette smoke
<input type="checkbox"/> Weak e-cigarette odor	
<input type="checkbox"/> No e-cigarette odor	

Sketch the floor plan, indicating the smoking section, entrances or exits and the location of the restrooms:

