



CABLE ADDRESS  
BONWATTAN

*The American Tobacco Company*

*150 East 42nd Street  
New York, N. Y. 10017*

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PERSONAL AND CONFIDENTIAL

Frederick P. Haas, Esq.  
Henry H. Ramm, Esq.  
John Russell, Esq.  
Paul Smith, Esq.  
Addison Yeaman, Esq.

I am enclosing for your information a copy of a memorandum entitled "Comments Relative to National Analysts' October 1964 Study on Smoking and Health Conducted for the Department of Health, Education and Welfare".

You will recall that I was asked at our last meeting in Washington to have one of our statistical people go over the Health, Education and Welfare questionnaires, etc., used in the national study of smoking behavior and attitudes. The enclosed memorandum is the result of that request.

Sincerely,

*Cybil F. Hetsko*

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General Counsel

Enclosure

LG 2006299

Comments Relative to National Analysts' October 1964  
Study on Smoking and Health Conducted for the  
Department of Health, Education and Welfare

GENERAL COMMENTS

Although specific question references in these comments refer to the sequence indicated in Form A, comments apply to the four forms used in this study. All questionnaires are basically the same. They differ only in that either the order of some questions has been changed or the possible answers to individual questions have been rotated. This is standard procedure in consumer research and is a technique designed to overcome biasing which may exist due to either the order in which questions are asked or the order in which possible answers to a question are itemized for respondents.

Neither procedure overcomes the major weaknesses of this study which raise serious questions relating to the validity, reliability and objectivity of results. These major problems are discussed in the following paragraphs.

SAMPLE

Although no information has been provided relative to the sample employed, the Questionnaire Instructions indicate a probable major weakness in the design. On page 3 it is stated, "In addition to this, request each respondent please not to discuss the topic or details of the interview with other members of the household until all eligible persons are interviewed."

This statement indicates that interviews are to be conducted with more than one person in each household.

In studies of this type, where personal opinions, memory and assumed knowledge are the basis for answers to questions, multiple interviews within a household are a poor and dangerous procedure. This approach assumes that each interview will be conducted in privacy so that the replies of each respondent will be unknown to others in the household until after all interviews are completed.

Economies are effected when there is more than one interview per household and idealistically quality information is produced. Unfortunately, the ideal situation rarely prevails. More times than not these interviews degenerate into group discussions with each member of the family commenting on and prompting the responses of the others. For this reason, the soundest approach to obtaining quality information is to limit interviews to one per household.

#### "GOVERNMENT" INFLUENCE

Interviewers' introductory statements to respondents refer to the fact that this study is being conducted for a branch of the U.S. Government. While this reference may not bias some of the early questions, there is every reason to assume that it could bias responses to many.

The fear of this happening is indicated on page 4 of the Questionnaire Instructions where the following is stated,

"This introduction is deliberately vague purposefully leaving out any reference to 'health' or to the 'branch' of the U. S. Government for which this survey is being conducted. This is done so that as little bias as possible, either positive or negative, is induced in responses to the questions which follow, particularly Question 1."

If Question 1 were the only area of concern, this situation could probably be ignored. With the Government's position on smoking and health generally known, however, a biasing influence must be assumed in responses to many of the questions.

It is also possible that, having made known to the interviewers that the study is being conducted for a Government agency, the interviewers may take advantage of this situation to either force cooperation from reluctant consumers or elicit responses where a consumer may be either unwilling to reply or feels unqualified to answer a particular question.

#### THE QUESTIONNAIRE

There can be no doubt that the sequencing of questions in this study cannot produce objective unbiased information which would be a true reflection of consumers' reactions to and knowledge of the smoking and health controversy.

Recalling the Surgeon General's Report in Questions 18 through 24 has to influence the level and quality of responses to Questions 25 through 28. In addition, knowing that this study is being conducted for the Government, reminding respondents of the Surgeon General's Report should alert them to the

smoking and health controversy. As a result many other questions, for example 29 and 34, would be seriously influenced.

It cannot be assumed that this biasing will affect responses of smokers and nonsmokers to the same degree. There is no mechanism provided to objectively classify all respondents as to their degree of emotional involvement with smoking and health. No doubt this will be attempted on the basis of the data collected, but this data will have been influenced by the various factors already mentioned.

#### RESPONDENT MEMORY

Questions 72 through 97 call for undue reliance on the memory of respondents. This series of questions, asked of former cigarette smokers, requires all respondents in this group to relate their smoking and brand usage pattern just after release of the Surgeon General's Report - nine months prior to being interviewed.

Accepted research practice will not require respondents to remember back more than one or two months. It has long been established that questions requiring a memory response elicit poor information - usually in relation to the amount of memory required.

In addition, other questions relate back to when the respondent stopped smoking regardless of how long ago. In many instances this will have been years prior to the time of interview, giving even less credence to the answers.

BRAND SWITCHING

A group of questions is asked of all respondents relating to brand switching immediately after issuance of the Surgeon General's Report. Quite possibly the analysis of answers to these questions will seek to relate brand switching to that particular point in time and make assumptions as to the influence of the Surgeon General's Report. It should be pointed out that, if attempted, such an analysis would be completely invalid. There is no attempt, except for the time reference, to determine whether brand switching immediately after release of this report was, in fact, related to the report. In addition, because switching patterns at other times have not been established, it cannot be determined whether the information developed in this study reflects other than the normal pattern of brand changing.

It should also be noted that there were a number of brands launched just before and shortly after release of the Surgeon General's Report. This could have resulted in a level of switching activity completely independent of the Advisory Committee's report.