

## HPHC Questionnaire

### Intro1

#### [DISPLAY FOR ADULTS]

This study is funded by the U.S. Food and Drug Administration's (FDA's) Center for Tobacco Products (CTP) and conducted by RTI International. This survey asks you about your smoking habits and your opinions about tobacco products. Your participation in this research study is completely voluntary, and you may skip any questions you do not want to answer. No one will be able to link your responses to your identity. This survey will take about 20 minutes to complete.

If you have any questions about this study, you may call Katherine Kosa of RTI at 1-800-334-8571, extension 23901. If you have any questions about your rights as a study participant, you may call RTI's Office of Research Protection at 1-866-214-2043

### Intro2

#### [DISPLAY FOR YOUTH]

This study is funded by the U.S. Food and Drug Administration's (FDA's) Center for Tobacco Products (CTP) and conducted by RTI International. This survey asks teenagers what they think about cigarette smoking and other tobacco products. About 1,700 teenagers will complete this survey. This survey will take about 20 minutes to complete.

Your participation in this research study is completely up to you. As part of the survey, you will view some information related to cigarette smoking and other tobacco products. You've probably read similar information online or in health class. The survey asks questions about your experiences and thoughts regarding cigarette smoking. You may skip any questions you do not want to answer. During the survey, we do not ask for your name; therefore, your name will not be connected to your answers. Additionally, we will not share any information you provide in the survey with anyone outside the research team, including your parents.

To ensure your answers are kept private, please complete the survey in a place where no one can look over your shoulder and view your answers. Also, please complete the survey in one sitting and close the screen when you are done taking the survey.

If you have any questions about the study, you may call Katherine Kosa of RTI at 1-800-334-8571, extension 23901. If you have any questions about your rights as a study participant, you may call RTI's Office of Research Protection at 1-866-214-2043.

### S. Screening Questions

S1. What is your age? \_\_\_\_\_ years old

[IF S1 < 13, NOT ELIGIBLE.]

S2. Have you ever smoked a cigarette, even one or two puffs? (*Select one.*)

- 1) Yes
- 2) No

[IF 13 ≤ S1 < 18 AND S2 = 2, GO TO S5.]

S3. Do you use smokeless tobacco products, such as snuff, dip, or Snus...? (*Select one.*)

- 1) Every day
- 2) Some days
- 3) Rarely
- 4) Not at all

**[IF S1 ≥ 18 AND S3≠4 (SMOKELESS = YES), GO TO B4.]**

**[IF S1 ≥ 18 AND S2 = 2 AND S3=4 NOT ELIGIBLE.]**

S4. During the past 30 days, how many days did you smoke a cigarette? (*Select one.*)

- 1) 0 days
- 2) 1 or 2 days
- 3) 3 to 5 days
- 4) 6 to 9 days
- 5) 10 to 19 days
- 6) 20 to 29 days
- 7) All 30 days

**[If S1 ≥ 18 AND S4 = 1 AND S3=4 NOT ELIGIBLE.]**

**[If S1 ≥ 18 AND S4 ≠ 1 GO TO S8.]**

**[IF 13 ≤ S1 < 18 AND S4 ≠ 1 (CURRENT YOUTH SMOKER=YES) GO TO Section B.]**

S5. Do you think you will smoke a cigarette at any time in the next year? (*Select one.*)

- 1) Definitely Not
- 2) Probably Not
- 3) Probably Yes
- 4) Definitely Yes

S6. Do you think in the future you might try a cigarette? (*Select one.*)

- 1) Definitely Not
- 2) Probably Not
- 3) Probably Yes
- 4) Definitely Yes

S7. If one of your best friends offered you a cigarette, would you smoke it? (*Select one.*)

- 1) Definitely Not
- 2) Probably Not
- 3) Probably Yes
- 4) Definitely Yes

**[IF S5 = S6 = S7 = 2, 3, 4 (YOUTH SUSCEPTIBLE TO SMOKING = YES), GO TO Section A. IF S5 = S6 = S7 = 1, NOT ELIGIBLE.]**

S8. Have you smoked at least 100 cigarettes in your entire life? (*Select one.*)

- 1) Yes
- 2) No

**[IF S1 ≥ 25 AND S8 = 1 (CURRENT ADULT SMOKER=YES). IF 18 ≤ S1 ≤ 24 AND S8 = 1 (YOUNG ADULT SMOKER=YES). IF S1 ≥ 18 AND S8 = 2 NOT ELIGIBLE.]**

## **SECTION B: TOBACCO USE BEHAVIOR**

**[IF S3 = 4.]**

The next set of questions asks about your use and beliefs about tobacco.

B1. On average, in the past 30 days, about how many cigarettes did you smoke a day? (*Select one.*)

- 1) Fewer than 5 cigarettes
- 2) 5-9 cigarettes
- 3) 10 cigarettes (1/2 a pack)
- 4) 11-19 cigarettes (more than 1/2 pack but less than 1 pack)
- 5) 20 cigarettes (1 pack) or more

B2. When you smoke, how often do you use hand-rolled or “roll-your-own” cigarettes? (*Select one.*)

- 1) Never
- 2) Rarely when I smoke
- 3) Sometimes when I smoke
- 4) Often when I smoke
- 5) Always when I smoke

B3. On the days that you smoke, how soon after you wake up do you have your first cigarette? (*Select one.*)

- 1) Within 5 minutes
- 2) 6-30 minutes
- 3) 31-60 minutes
- 4) After 60 minutes

**[IF S3 ≠ 4, THEN B4-B6; OTHERWISE SKIP.]**

The next set of questions asks about your use of smokeless tobacco.

B4. During the past 30 days, how many days did you use a smokeless tobacco product, such as snuff, dip, or Snus...? (*Select one.*)

1. 0 days
2. 1 or 2 days
3. 3 to 5 days
4. 6 to 9 days
5. 10 to 19 days
6. 20 to 29 days
7. All 30 days

B5. On average, in the past 30 days, about how many times did you use smokeless tobacco a day? (*Select one.*)

1. Once a day
2. 2 to 3 times a day
3. 4 to 5 times a day
4. More than 5 times a day

- B6. On the days that you use smokeless tobacco, how soon after you wake up do you place your first dip? (*Select one.*)
1. Within 5 minutes
  2. 6-30 minutes
  3. 31-60 minutes
  4. After 60 minutes

**SECTION A: COMMUNICATION OBJECTIVE QUESTIONS**

**[RANDOMLY ASSIGN R TO TREATMENT AND STIMULI or CONTROL.]**

**[IF TREATMENT GROUP, DISPLAY TEXT AND RANDOMLY SELECT AND DISPLAY STIMULI IN POP-UP WINDOW. KEEP STIMULI VISIBLE THROUGHOUT SECTION A.]**

Please click on the icon here to display a list of chemicals that are in [smokeless tobacco products such as snuff, dip, or Snus / cigarettes / roll-your-own cigarettes]. Please take a moment to look over this list. You can keep the list open while you complete the survey and can click on the icon at any time to view the list.

Please use information provided on the list to answer the following questions.

A1. **[TX ONLY** According to this information,] Do chemicals in cigarettes come from...?  
 (*Select one for each item.*) **[RANDOMIZE LIST.]**

	<b>Yes</b>	<b>No</b>
1. The tobacco leaf		
2. Tobacco smoke		
3. The cigarette carton		
4. Glues, inks, and paper		
5. The filter		
6. Additives		

**[CONTROL & TX=CIG & RYO.]**

A2. **[TX ONLY** According to this information,] How many of the chemicals in cigarettes come from the tobacco leaf and the smoke? (*Select one.*)

- 1) None of the chemicals
- 2) A few of the chemicals
- 3) Many of the chemicals
- 4) All of the chemicals

**[CONTROL & TX=SMK.]**

A3. **[TX ONLY** According to this information,] How many of the chemicals in smokeless tobacco products come from the tobacco leaf? *(Select one.)*

- 1) None of the chemicals
- 2) A few of the chemicals
- 3) Many of the chemicals
- 4) All of the chemicals

A4. **[TX ONLY** According to this information,] Who tests tobacco products for harmful chemicals and reports the amounts to FDA? *(Select one.)*

- 1) Tobacco farmers
- 2) Federal government
- 3) State and local health departments
- 4) Tobacco companies
- 5) No one
- 6) None of the above

A5. For each question, please answer YES or NO. *(Select one for each question.)*

**[RANDOMIZE LIST.]**

	<b>Yes</b>	<b>No</b>
1. Imagine one tobacco product has a greater number of chemicals than another tobacco product. <b>[TX ONLY</b> According to the information,] Can you tell which of these products is more likely to cause a tobacco-related health problem?		
2. Formaldehyde has been linked to cancer. Now imagine one brand of tobacco product has more formaldehyde in it than another brand. <b>[TX ONLY</b> According to the information,] Can you tell which of these brands is more likely to cause cancer?		

A6. For each of the following statements, please select True or False. (*Select one for each statement.*) [RANDOMIZE LIST.]

	True	False
1. [TX ONLY According to this information,] Researchers have linked some of the chemicals from tobacco products to health problems.		
2. [TX ONLY According to this information,] Researchers have discovered all of the health problems that may be caused by harmful chemicals from tobacco products.		
3. [TX ONLY According to this information,] Researchers have discovered all of the harmful chemicals that come from using tobacco products.		
4. [TX ONLY According to this information,] All tobacco products contain chemicals that may cause harm.		
5. [TX ONLY According to this information,] Research is ongoing to find out which chemicals cause harm.		
6. [TX ONLY According to this information,] Nicotine causes cancer.		
7. [TX ONLY According to this information,] Nicotine is one reason why people have trouble quitting tobacco products.		

A7. For each question, please answer YES or NO. (*Select one for each question.*) [RANDOMIZE LIST.]

	Yes	No
1. [TX ONLY According to this information,] Can you tell a tobacco user's chance of developing a tobacco-related health problem by counting the <b>total number</b> of chemicals in his/her tobacco product?		
2. [TX ONLY According to this information,] Can you tell a tobacco user's chance of developing a health problem by looking at the <b>amount</b> of a harmful chemical in his/her tobacco product?		

**[IF TX GROUP]**

A8. For each of the following statements, please select True or False. (*Select one for each statement.*) **[RANDOMIZE LIST.]**

	<b>True</b>	<b>False</b>
1. According to this information, when a chemical is listed without an amount it may mean the chemical was not detected.		
2. According to this information, when a chemical is listed without an amount it may mean the information is not currently available.		

**SECTION C: DESIRE TO QUIT / STAGE OF CHANGE**

**[FOR C1-C3, EXCLUDE YOUTH SUSCEPTIBLE TO SMOKING AND SMOKELESS.]**

C1. Are you seriously considering stopping smoking within the next 6 months? (*Select one.*)

- 1) Yes
- 2) No

C2. Are you planning to stop smoking within the next 30 days? (*Select one.*)

- 1) Yes
- 2) No

C3. On a scale from 1 to 5 with 1 being “not at all” and 5 being the “a lot,” how much do you want to quit smoking? (*Select one.*)

- 1) Not at all
- 2) .
- 3) .
- 4) .
- 5) A lot

**[IF S3 ≠ 4]**

C4. Are you seriously considering stopping using smokeless tobacco products such as snuff, dip, or Snus within the next 6 months? (*Select one.*)

- 1) Yes
- 2) No

**[IF S3 ≠ 4]**

C5. Are you planning to stop using smokeless tobacco products such as snuff, dip, or Snus within the next 30 days? (*Select one.*)

- 1) Yes
- 2) No

[IF S3 ≠ 4]

C6. On a scale from 1 to 5 with 1 being “not at all” and 5 being the “a lot,” how much do you want to stop using smokeless tobacco? (*Select one.*)

- 1) Not at all
- 2) .
- 3) .
- 4) .
- 5) A lot

**SECTION D: RISK PERCEPTION**

D1. On a scale of 1 to 5 with 1 being **not harmful at all** and 5 being **extremely harmful**, how harmful to someone’s health is...? (*Select one for each statement.*) [RANDOMIZE 1-3.]

	<b>not at all harmful 1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>extremely harmful 5</b>
1. Smoking cigarettes					
2. Smoking roll-your-own tobacco					
3. Using smokeless tobacco					
4. [TX = CIG. SHOW STIMULI.] Smoking <u>this brand</u> of cigarettes					
5. [TX = RYO. SHOW STIMULI.] Smoking <u>this brand</u> of roll-your-own tobacco					
6. [TX = SMK. SHOW STIMULI.] Using <u>this brand</u> of smokeless tobacco					

D2. How much do you agree or disagree with the following statement? There is no safe tobacco product. (*Select one.*)

- 1) Strongly agree
- 2) Somewhat agree
- 3) Somewhat disagree
- 4) Strongly disagree

[FOR D3-D7, EXCLUDE YOUTH SUSCEPTIBLE TO SMOKING AND SMOKELESS.]

D3. How likely do you think you are to get a disease from smoking cigarettes? (*Select one.*)

- 1) Very unlikely
- 2) Somewhat unlikely
- 3) Somewhat likely
- 4) Very likely



D4. Do you think your smoking has affected your health? (*Select one.*)

- 1) Yes
- 2) No

D5. How concerned are you that your smoking could affect your health? (*Select one.*)

- 1) Not at all concerned
- 2) Only slightly concerned
- 3) Fairly concerned
- 4) Very concerned

D6. Do you think that your smoking has affected the health of someone else (e.g. spouse, partner, child, grandchild)? (*Select one.*)

- 1) Yes
- 2) No

D7. How concerned are you that your smoking could affect the health of someone else? (*Select one.*)

- 1) Not at all concerned
- 2) Only slightly concerned
- 3) Fairly concerned
- 4) Very concerned

[IF S3 ≠ 4]

D8. How likely do you think you are to get a disease from using smokeless tobacco? (*Select one.*)

- 1) Very unlikely
- 2) Somewhat unlikely
- 3) Somewhat likely
- 4) Very like

[IF S3 ≠ 4]

D9. Do you think your use of smokeless tobacco has affected your health? (*Select one.*)

- 1) Yes
- 2) No

[IF S3 ≠ 4]

D10. How concerned are you that your use of smokeless tobacco could affect your health? (*Select one.*)

- 1) Not at all concerned
- 2) Only slightly concerned
- 3) Fairly concerned
- 4) Very concerned

## **SECTION E: YOUTH BELIEFS/ATTITUDES ABOUT TOBACCO USE**

**[IF YOUTH SUSCEPTIBLE TO SMOKING]**

E6. On a scale of 1 to 5 with 1 being **strongly disagree** and 5 being **strongly agree**, how much

do you agree or disagree that cigarette smoking is...? (Select one for each item.)  
**[RANDOMIZE LIST.]**

	<b>strongly disagree 1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>strongly agree 5</b>
1. Glamorous					
2. Rebellious					
3. Cool					
4. Disgusting					
5. Foolish					

**SECTION E: HEALTH LITERACY**

The remaining questions are not about tobacco. These questions are to help us get a better sense of who you are and how you make decisions about your health. The information below is from the back of a container of a pint of ice cream. Please use this information to answer the following questions.

<b>Nutrition Facts</b>			
Serving Size	½ cup		
Servings per container	4		
<b>Amount per serving</b>			
Calories	250	Fat Cal	120
%DV			
<b>Total Fat</b> 13g	20%		
Sat Fat 9g	40%		
<b>Cholesterol</b> 28mg	12%		
<b>Sodium</b> 55mg	2%		
<b>Total Carbohydrate</b> 30g	12%		
Dietary Fiber 2g			
Sugars 23g			
<b>Protein</b> 4g	8%		
*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.			
<b>Ingredients:</b> Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.			

F1. If you eat the entire container, how many calories will you eat?

\_\_\_\_\_ Calories  
[ENTER NUMBER]

F2. If you are allowed to eat 60 grams of carbohydrates as a snack, how many cups of ice cream could you have?

\_\_\_\_\_ Cups  
[ENTER NUMBER]

F3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?

\_\_\_\_\_ Grams  
[ENTER NUMBER]

F4. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?

\_\_\_\_\_ %  
[ENTER NUMBER]

For the next few questions, pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves, and bee stings.

F5. Is it safe for you to eat this ice cream?

- 1) Yes
- 2) No

**[If F5 = 1 GO TO G1]**

F6. Why isn't it safe to eat this ice cream? (*Select one.*)

- 1) It is high in calories
- 2) It contains peanut oil
- 3) It is high in fat
- 4) The ice cream container is coated with latex
- 5) People who are allergic to penicillin should not eat ice cream

### **CLOSING QUESTIONS**

G1. What is your sex? (*Select one.*)

- 1) Male
- 2) Female

G2. Are you Hispanic or Latino? (*Select one.*)

- 1 Yes
- 2 No
- 99 I do not wish to answer

G3. What is your race? (*Select all that apply.*)

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 5 Native Hawaiian or Other Pacific Islander
- 6 White
- 99 I do not wish to answer

**[ADULTS ONLY]**

G4. What is the highest level of school you completed or the highest degree you received? (*Select one.*)

- 1 Never attended school
- 2 Grades K through 8 (Elementary or grade school)
- 3 Grades 9 through 12 (Some high school)
- 4 Grade 12 (High school graduate) or GED
- 5 Some college
- 6 College graduate
- 7 Postgraduate/masters/doctorate/law/MD
- 99 I do not wish to answer

**[YOUTH ONLY]**

G5. What grade or year of school are you currently in? (*Select one.*)

- 1 4<sup>th</sup> grade
- 2 5<sup>th</sup> grade
- 3 6<sup>th</sup> grade
- 4 7<sup>th</sup> grade
- 5 8<sup>th</sup> grade
- 6 9<sup>th</sup> grade
- 7 10<sup>th</sup> grade
- 8 11<sup>th</sup> grade
- 9 12<sup>th</sup> grade or GED
- 10 Not currently in school
- 11 Graduated high school or GED
- 99 I do not wish to answer

**[ADULTS ONLY]**

G6. What was your annual household income from all sources in 2011? Was it...? (*Select one.*)

- 1 Less than \$25,000
- 2 Between \$25,000 and \$49,999
- 3 Between \$50,000 and \$74,999
- 4 More than \$75,000
- 99 I do not wish to answer

**[ADULTS ONLY]**

G7. Which statement best describes your current employment status? (*Select one.*)

1. Working full time as a paid employee
2. Working full time, self-employed
3. Not working, on temporary layoff from a job
4. Not working, looking for work
5. Not working, retired
6. Not working, disabled
7. Not working, other

G8. Please enter your 5-digit zip code **-OR-** your city and state.

5-digit zip code: \_\_\_\_\_

**-OR-**

City: \_\_\_\_\_

State (2 letter abbreviation): \_\_\_\_\_

99            I do not wish to answer

Thank you for completing today's survey. You will be awarded **XX** for completing this survey. If you would like to learn more about the dangers of smoking or to get information about quitting smoking, please visit [www.smokefree.gov](http://www.smokefree.gov).