

ATTACHMENT 4: YOUTH MEDIA TRACKING SCREENER AND INSTRUMENT

OMB No. XXXX-xxxx
Exp. Date xx/xx/xxxx

Evaluation of the Public Education Campaign on Teen Tobacco-Media Tracking (ExPECTT-MT)

Subjects for Questionnaire:

Study Screener

Section A: Media Use and Awareness

Section B: Tobacco Use Behavior, Attitudes & Beliefs

Section C: Demographic Items

Study Screener (Email invitation to pre-selected parents from existing panel)

Greetings!

We have a new survey and your participation is requested. The survey is meant for children (males/females) ages 13-17. If [he/she] qualifies and completes, your Global Test Market account will be credited with the Market Points stated in the invitation.

Best Regards -
Global Test Market Team

Study Introduction

Thank you for agreeing to take part in this survey. The survey will take approximately 30 minutes to complete. You will be asked various questions about your experiences with tobacco products, media use, as well as some questions about your background. Even if you do not use tobacco products, the information you provide will still be very important.

Your responses will be kept strictly confidential, and neither your name nor other personal information will be associated with your responses. The data collected for this study will be combined with that of all participants before it is analyzed.

S1. How old are you?

- ₁ 11 years old or younger (GO TO CLOSING TEXT)
- ₂ 12 years old (GO TO CLOSING TEXT)
- ₃ 13 years old (GO TO A1)

- 4 14 years old (GO TO A1)
- 5 15 years old (GO TO A1)
- 6 16 years old (GO TO A1)
- 7 17 years old (GO TO A1)
- 8 18 years old or older (GO TO CLOSING TEXT)
- 9 Prefer not to answer (GO TO CLOSING TEXT)

CLOSING TEXT “You do not qualify for this survey, which is for children ages 13 to 17. Thank you very much for your response.”

Section A: Media Use and Awareness

[INSERT STUDY CONSENT LANGUAGE HERE]

First, we’d like to ask you about your use of TV and other media.

A1. Thinking only about yesterday, about how much time did you spend watching TV shows or movies on any of the following?

	None	At least one minute, but less than 1 hour	1 hour or more, but less than 2 hours	2 hours or more, but less than 3 hours	More than 3 hours	Prefer not to answer
A1_1. A TV set? Include time spent watching DVDs, streaming video like Netflix, shows that you recorded earlier, or shows “On Demand”	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
A1_2. A computer, laptop, or tablet? Include streaming video like Netflix, DVDs, Hulu, etc.?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
A1_3. A cell phone/smartphone?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
A1_4. An iPod or other MP3 player?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

A2. Thinking only about yesterday, about how much time did you spend doing the following activities? You may be doing some of these activities while you are doing another (for example, listening to music while you instant messaging).

	None	At least one minute, but less than 1 hour	1 hour or more, but less than 2 hours	2 hours or more, but less than 3 hours	More than 3 hours	Prefer not to answer
Listening to Music						
A2_1. Listening to music across all devices including Ipods, MP3 players, cell phones, computer, laptop, tablet, Internet radio like Pandora, CD players, and car radios.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
Using a Computer, Laptop, or Tablet						
A2_2. Watching or uploading videos such as YouTube on a computer, laptop, or tablet	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
A2_3. Using social networking sites like Facebook or twitter on a computer, laptop, or tablet	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
A2_4. Browsing any other type of website for anything besides schoolwork on a computer, laptop, or tablet, like news or entertainment.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
A2_5. Instant messaging or Video chatting (on Skype, Googletalk, iChat, etc.) on a computer, laptop, or tablet	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

Using a Cell Phone/Smartphone						
A2_6. Text messaging on a cell phone/smartphone	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
A2_7. Watching or uploading videos such as YouTube on a cell phone/smartphone	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
A2_8. Going to social networking sites like Facebook or twitter on a cell phone/smartphone	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
A2_9. Browsing any other type of website on a cell phone/smartphone like news or entertainment. Include smartphone apps.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
Playing Games and Reading						
A2_10. Playing games on all electronic devices. Include cell phones/smartphones, computers, laptops, tablets, game players hooked up to a TV/computer (Xbox, Wii, PSP) and handheld players (Nintendo DS, Sony PSP, iPod)	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
A2_11. Reading a book that was for your own enjoyment (not a homework assignment). Include e-book or e-readers.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
A2_12. Looking at or reading any magazines? Do <u>not</u> include time spent reading magazines on a computer, laptop, or tablet.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

A2_13. How often do you go to the movies at a movie theater?

- _1 Once a week or more often
- _2 One or two times a month
- _3 Once every two or three months
- _4 One or two times a year
- _5 I do not see movies at a movie theater
- _9 Prefer not to answer

A3. We want to ask you about some slogans or themes that might or might not have appeared in the media around here, as part of ads about tobacco.

A3_1. In the past 3 months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

Healthy Teen

- 1__ Yes
- 2__ No
- 3__ Not Sure

A3_2. In the past 3 months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

Rebellion

- 1__ Yes
- 2__ No
- 3__ Not Sure

A3_3. In the past 3 months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

Digital Youth Against Tobacco (DYAT)

- 1__ Yes
- 2__ No
- 3__ Not Sure

A3_4. In the past 3 months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

The Real Cost

- 1__ Yes
- 2__ No
- 3__ Not Sure

A3_5. In the past 3 months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

Drop the Ash

- 1__ Yes
- 2__ No
- 3__ Not Sure

A4. In the past [FILL MONTHS], that is since [FILL DATE], have you seen or heard of any ads on television or radio with the following themes or slogans?

[RANDOMIZE ORDER] 1 2
 Yes No

- _1 FDA CTP CAMPAIGN: campaign name or theme 1
- _2 FDA CTP CAMPAIGN: campaign name or theme 2
- _3 FDA CTP CAMPAIGN: campaign name or theme 3
- _4 FDA CTP CAMPAIGN: campaign name or theme 4
- _5 FDA CTP CAMPAIGN: campaign name or theme 5
- _6 FDA CTP CAMPAIGN: campaign name or theme 6
- _7 Tips from Former Smokers (Tips) [INSERT PHOTO]
- _8 truth campaign [INSERT PHOTO]
- _9 pharmaceutical cessation aid advertisements [INSERT PHOTO]
- _10 State or local advertising advertisement 1[INSERT PHOTO]
- _17 State or local advertising advertisement 2[INSERT PHOTO]

[If A4=1-6 ASK A5]

A5. Where have you seen or heard about [INSERT CAMPAIGN NAME]?

1 2
Yes No

[RANDOMIZE]

- A5_1.** On TV
- A5_2.** On the radio
- A5_3.** In newspapers or magazines
- A5_4.** On the Internet
- A5_5.** Billboards or other outdoor ads

A6. The [INSERT CAMPAIGN NAME] is on social networking sites. Have you ever seen [INSERT CAMPAIGN NAME] on the following sites?

1 2
Yes No

- A6_1.** Facebook?
- A6_2.** Twitter?
- A6_3.** [INSERT SOCIAL MEDIA SITE A]
- A6_4.** [INSERT SOCIAL MEDIA SITE B]

A7_x. Now we would like to show you some screen shots from a television advertisement that has been shown in the U.S. Once you have viewed the images displayed below, please click on the forward arrow below to continue with the survey.

[DISPLAY STORYBOARD IMAGES FOR AD_x]

A8_x. Have you seen this ad on television in the past [FILL MONTHS], [FILL DATE]?

- ₁ Yes
- ₂ No
- ₉ Prefer not to answer

[IF A8x=1, ASK A8a_x]

A8a_x. In the past [FILL MONTHS], how frequently have you seen this ad on television?

- ₁ Rarely
- ₂ Sometimes
- ₃ Often
- ₄ Very Often
- ₉ Prefer not to answer

A9_x. Have you seen this ad online in the past [FILL MONTHS], months, since [FILL DATE]? (For example, a video ad that played before you watched the video you wanted to see online.)

- ₁ Yes
- ₂ No
- ₉ Prefer not to answer

[IF A9_x = 1, ASK A9a_x]

A9a_x. In the past [FILL MONTHS], how frequently have you seen this ad online?

- ₁ Rarely
- ₂ Sometimes
- ₃ Often
- ₄ Very Often
- ₉ Prefer not to answer

[IF A8_x or F9_x = 1 OR 2, GO TO GO TO A10_x; OTHERWISE GO TO B1.]

A10_x. How would you describe this advertisement?

A10_1.	Bad	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	Good
A10_2.	Unenjoyable	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	Enjoyable

A11_x. Please tell us if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements.

		1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree (Neutral)	4 Agree	5 Strongly Agree	9 Prefer Not to Answer
A11_1	This ad is worth remembering	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
A11_2	This ad grabbed my attention	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
A11_3	This ad is powerful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
A11_4	This ad is informative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
A11_5	This ad is meaningful to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
A11_6	This ad is convincing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
A11_7	This ad is terrible	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
A11_8	This ad is ridiculous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
A11_9	I trust the information in this ad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
A11_10	This ad told me things I never knew before about tobacco	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
A11_12	The person/people in this ad are like me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
A11_13	This ad gave me good reasons not to use tobacco	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

A16. Do your parents have rules about how much time you can spend using media, such as TV, computer, video games, cell phones, and music?

- ₁ Yes, my parents have lots of rules about it.
- ₂ Yes, my parents have a few rules about it.
- ₃ No, my parents don't have any rules about it.
- ₉ Prefer not to answer

A17. Do your parents have rules about what you are allowed to do on the computer, which video games you are allowed to play, or what music you're allowed to listen to?

- ₁ Yes, my parents have lots of rules about it.
- ₂ Yes, my parents have a few rules about it.
- ₃ No, my parents don't have any rules about it.
- ₉ Prefer not to answer

A18. In general, how often do your parents make sure you follow the rules they have about using media, such as TV, computers, video games, and music?

- ₁ Most of the time
- ₂ Some of the time
- ₃ A little of the time
- ₄ Never
- ₅ My parents don't have rules about using media
- ₉ Prefer not to answer

A19. How often do your parents let you watch movies or videos that are rated R?

- ₁ Never
- ₂ Once in awhile
- ₃ Sometimes
- ₄ All the time
- ₉ Prefer not to answer

Section B: Tobacco Use Behavior, Attitudes & Beliefs

Cigarette Use

B1. Have you ever tried cigarette smoking, even one or two puffs?

- ₁ Yes
- ₂ No
- ₉ Prefer not to answer

[IF B1=1 or 9, GO TO B2. IF B1=2, GO TO B5]

B2. During the past 30 days, on how many days did you smoke cigarettes?

- 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
- ₉ Prefer not to answer

[IF B2=1, GO TO B5, otherwise GO TO B3]

B3. During the past 30 days, were the cigarettes that you usually smoked menthol?

- ₁ Yes
- ₂ No
- ₉ Prefer not to answer

B4. About how many cigarettes have you smoked in your entire life? Your best guess is fine.

- ₁ 0 cigarettes
- ₂ 1 or more puffs but never a whole cigarette
- ₃ 1 cigarette
- ₄ 2 to 5 cigarettes
- ₅ 6 to 15 cigarettes (about 1/2 a pack total)
- ₆ 16 to 25 cigarettes (about 1 pack total)
- ₇ 26 to 99 cigarettes (more than 1 pack, but less than 5 packs)
- ₈ 100 or more cigarettes (5 or more packs)
- ₉ Prefer not to answer

B5. Do you consider yourself a smoker?

- ₁ Yes
- ₂ No
- ₉ Prefer not to answer

[IF B2=2-9 GO TO B5; OTHERWISE GO TO B6]

B6. I plan to stop smoking cigarettes for good within the next... (*PLEASE CHOOSE THE FIRST ANSWER THAT FITS*)

- ₁ 7 days
- ₂ 30 days
- ₃ 6 months
- ₄ 1 year
- ₅ I do not plan to stop smoking cigarettes within the next year
- ₉ Prefer not to answer

Other Tobacco Use

B7. Have you ever used smokeless tobacco, such as chewing tobacco, snuff, snus (rhymes with goose) or dip, such as Copenhagen, Skoal, Grizzly, Kodiak, and Red Seal even just a small amount?

- ₁ Yes
- ₂ No
- ₉ Prefer not to answer

[IF C6=1, GO TO C7; OTHERWISE GO TO C8]

B8. During the past 30 days, on how many days did you use chewing tobacco, snuff or dip?

- 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 or
- ₇ All 30 days
- ₉ Prefer not to answer

[IF B7=2-9 GO TO B8; OTHERWISE GO TO B9]

B9. I plan to stop using smokeless tobacco such as chewing tobacco, snuff, or dip for good within the next... *(PLEASE CHOOSE THE FIRST ANSWER THAT FITS)*

- ₁ 7 days
- ₂ 30 days
- ₃ 6 months
- ₄ 1 year
- ₅ I do not plan to stop using smokeless tobacco within the next year
- ₉ Prefer not to answer

[IF B2=1 OR B7=1 GO TO B9; OTHERWISE GO TO B10]

B10. Thinking about the future...

		1 Definitely Yes	2 Probably Yes	3 Probably Not	4 Definitely Not	9 Prefer Not to Answer
B10_1	Do you think that you will try a cigarette soon?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉
B10_2	Do you think you will smoke a cigarette at any time in the next year?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉
B10_3	If one of your best friends were to offer you a cigarette , would you smoke it?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉
B10_4	Do you think that you will try smokeless tobacco such as chewing tobacco, snuff or dip soon?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉
B10_5	Do you think you will use smokeless tobacco such as chewing tobacco, snuff or dip at any time in the next year?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉
B10_6	If one of your best friends were to offer you smokeless tobacco such as chewing tobacco, snuff or dip, would you use it?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉

B11. Smoking cigarettes is...

B11_1	Bad	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	Good
B11_2	Unenjoyable	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	Enjoyable

B12. Using smokeless tobacco, such as chewing tobacco, snuff, or dip is...

B12_1	Bad	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	Good
B12_2	Unenjoyable	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	Enjoyable

B13. How much do you agree or disagree with the following statements? *If I smoke I will...*

		1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree (Neutral)	4 Agree	5 Strongly Agree	9 Prefer Not to Answer
B13_1.	Damage my body	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_2.	Be controlled by smoking	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_3.	Be unattractive	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_4.	Inhale poisons	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_5.	Develop cancer of the lip, mouth, tongue or throat	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_6.	Develop sexual and/or fertility problems	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_7.	Lose my taste buds	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_8.	Be unable to stop when I want to	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_9.	Get wrinkles	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_10.	Develop skin problems	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_11	Have problems with my teeth	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_12.	Lose my teeth	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_13.	Have trouble breathing	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_14	Shorten my life	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_15.	Develop a smoking-related disease	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_16.	Have bad breath	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_17	Get sick more often	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_18.	Decrease my sports performance	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_19.	End up wasting money on cigarettes	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_20.	Become addicted	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_21.	Harm others with second- hand smoke	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B13_22.	Be a bad influence on others	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

B14. How much do you agree or disagree with the following statements? *If I use smokeless tobacco, snuff or dip, I will...*

		1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree (Neutral)	4 Agree	5 Strongly Agree	9 Prefer Not to Answer
B14_1.	Damage my body	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
B14_2.	Be controlled by smokeless tobacco	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
B14_3.	Be unattractive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
B14_4.	Ingest poisons	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
B14_5.	Develop cancer of the lip, mouth, tongue or throat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
B14_6.	Develop sexual and/or fertility problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
B14_7.	Lose my taste buds	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
B14_8.	Be unable to stop when I want to	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
B14_9.	Get wrinkles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
B14_10.	Develop skin problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
B14_11	Have problems with my teeth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
B14_12.	Lose my teeth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
B14_13.	Shorten my life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
B14_14.	Develop a tobacco-related disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
B14_15.	Have bad breath	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
B14_16	Get sick more often	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
B14_17.	Decrease my sports performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
B14_18.	End up wasting money on cigarettes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
B14_19.	Become addicted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

B14_20.	Be a bad influence on others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
----------------	------------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

B15. How much do you agree or disagree with the following statements about smoking cigarettes?

		1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree (Neutral)	4 Agree	5 Strongly Agree	9 Prefer Not to Answer
B15_1.	Smoking can cause <u>immediate</u> damage to my body.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B15_2.	It is safe for me to smoke for only a year or two, as long as I quit after that.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B15_3.	If I started to smoke occasionally I would not become addicted.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B15_4.	Smoking cigarettes helps people relieve stress.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B15_5.	Cigarette ingredients are disgusting.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B15_6.	Cigarette ingredients are dangerous.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B15_7.	Smoking is a way to show others you're not afraid to take risks	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B15_8.	Smoking cigarettes can help keep your weight down	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

B16. How much do you agree or disagree with the following statements about using smokeless tobacco such as chewing tobacco, snuff, or dip?

		1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree (Neutral)	4 Agree	5 Strongly Agree	9 Prefer Not to Answer
B16_1.	Using smokeless tobacco can cause <u>immediate</u> damage to my body.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B16_2.	It is safe for me to use smokeless tobacco for only a year or two, as long as I quit after that.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B16_3.	If I started to use smokeless tobacco occasionally I would not become addicted.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B16_4.	Using smokeless tobacco helps people relieve stress.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B16_5.	Smokeless tobacco is disgusting.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B16_6.	Smokeless tobacco is dangerous.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B16_7.	Using smokeless tobacco is a way to show others you're not afraid to take risks	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B16_8.	Smokeless tobacco, such as chewing tobacco, snuff, or dip, is safer to use than cigarettes	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

B17. Do you believe **cigarette smoking** is related to...

		1 Definitel y Yes	2 Probabl y Yes	3 Probabl y Not	4 Definitel y Not	Don't Know	9 Prefer Not to Answer
B17_1	Lung Cancer?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B17_2	Cancer of the lip, mouth, tongue or throat?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B17_3	Heart Disease?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B17_4	Diabetes?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B17_5	Emphysema?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B17_6	Stroke?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B17_7	Hole in throat (stoma or tracheotomy)?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B17_8	Buerger's Disease?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B17_9	Removal of limbs (amputations)?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B17_10	Asthma?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B17_11	Gallstones?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B17_12	COPD or chronic bronchitis?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

B18. Do you believe **smokeless tobacco such as chewing tobacco, snuff, or dip** is related to....

		1 Definitel y Yes	2 Probably Yes	3 Probably Not	4 Definitel y Not	Don't Know	9 Prefer Not to Answer
B18_1	Oral cancer?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B18_2	Esophageal cancer?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B18_3	Pancreatic cancer?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B18_4	Gum disease?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B18_5	Tooth loss?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B18_6	Red or white patches in the mouth (such as leukoplakia)?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

B19. Does **cigarette smoke** contain....

		1 Definitel y Yes	2 Probabl y Yes	3 Probabl y Not	4 Definitel y Not	Don't Know	9 Prefer Not to Answer
B19_1	Ammonia, a substance found in fertilizer and household cleaners?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B19_2	Arsenic, a substance found in motor oil?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B19_3	Benzene, a chemical found in gasoline?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B19_4	Beryllium, a substance used in nuclear weapons and nuclear power reactors?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B19_5	Cadmium, a substance found in batteries?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B19_6	Carbon monoxide, a substance found in car exhaust?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B19_7	Formaldehyde, a chemical used to preserve things?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B19_8	Hydrogen cyanide, a substance used to kill insects?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B19_9	Lead, a substance found in bullets?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B19_10	Naphthalene, a chemical found in mothballs?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B19_11	2-Nitropropane, a substance found in paint and ink?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B19_12	Polonium 210, a poison?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B19_13	Uranium, a substance used in nuclear weapons and nuclear power reactors?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

B20. Does **smokeless tobacco such as chewing tobacco, snuff, or dip** contain....

		1 Definitely Yes	2 Probably Yes	3 Probably Not	4 Definitely Not	Don't Know	9 Prefer Not to Answer
B20_1	Ammonia, a substance found in fertilizer and household cleaners?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B21_2	Arsenic, a substance found in motor oil?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B20_3	Beryllium, a substance used in nuclear weapons and nuclear power reactors?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B20_4	Cadmium, a substance found in batteries?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B20_5	Formaldehyde, a chemical used to preserve things?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B20_6	Lead, a substance found in bullets?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B20_7	Naphthalene, a chemical found in mothballs?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
B20_8	Polonium 210, a poison?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
BA3 20_9	Uranium, a substance used in nuclear weapons and nuclear power reactors?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

B21. How many of your four closest friends...

		0 None	1 One	2 Two	3 Three	4 Four	9 Prefer Not to Answer
B21_1.	Smoke cigarettes?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
B21_2.	Use smokeless tobacco, such as chewing tobacco, snuff or dip?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

Section C: Demographic Items

C1. Are you male or female?

- _1 Female
- _2 Male
- _9 Prefer not to answer

C2. Are you Hispanic, Latino/a, or of Spanish origin?

- _1 No, not of Hispanic, Latino/a, or Spanish origin
- _2 Yes, Mexican American, Chicano/a
- _3 Yes, Puerto Rican
- _4 Yes, Cuban
- _5 Yes, another Hispanic, Latino/a, or Spanish origin
- _9 Prefer not to answer

C3. What race or races do you consider yourself to be? Please select 1 or more of these categories.

	1 Yes		
C3_1. White	<input type="checkbox"/> _1		
C3_2. Black or African American	<input type="checkbox"/> _1		
C3_3. American Indian or Alaska Native	<input type="checkbox"/> _1		
C3_4. Asian Indian	<input type="checkbox"/> _1		
C3_5. Chinese	<input type="checkbox"/> _1		
C3_6. Filipino	<input type="checkbox"/> _1		
C3_7. Japanese	<input type="checkbox"/> _1		
C3_8. Korean	<input type="checkbox"/> _1		
C3_9. Vietnamese	<input type="checkbox"/> _1		
C3_10. Native Hawaiian	<input type="checkbox"/> _1		
C3_11. Guamanian or Chamorro	<input type="checkbox"/> _1		
C3_12. Samoan	<input type="checkbox"/> _1		
C3_13. Other Asian	<input type="checkbox"/> _1		
C3_14. Other Pacific Islander	<input type="checkbox"/> _1		

[IF C2=2-9, GO TO C4, OTHERWISE GO TO C6]

C4. How much do you watch Spanish and English television? Would you say...

- ₁ Only Spanish
- ₂ Spanish more than English
- ₃ Spanish and English equally
- ₄ English more than Spanish
- ₅ English only
- ₉ Prefer not to answer

C5. During the past 30 days, about how much money did you have each week to spend any way you wanted to?

- ₁ None
- ₂ Less than \$5
- ₃ \$6 to \$10
- ₄ \$11 to \$20
- ₅ \$21 to \$35
- ₆ \$36 to \$50
- ₇ \$51 to \$75
- ₈ \$76 to \$125
- ₉ \$126 or more
- ₉₉ Prefer not to answer

C6. How often do your parents let you watch movies or videos that are rated R?

- ₁ Never
- ₂ Once in awhile
- ₃ Sometimes
- ₄ All the time
- ₉ Prefer not to answer

C7. **Other than you,** has anyone who lives with you used any of the following during the past 30 days...? (You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER)

- ₁ cigarettes
- ₂ smokeless tobacco, such as chewing tobacco, snuff, snus (rhymes with goose) or dip, such as Copenhagen, Skoal, Grizzly, Kodiak, and Red Seal
- ₃ cigars, cigarillos, or little cigars such as Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's
- ₄ tobacco out of a water pipe (also called "hookah")
- ₅ electronic cigarettes, such as blu, NJOY, Mystic, 21st Century Smoke
- ₆ any other form of tobacco
- ₇ No, no one who lives with me has used any form of tobacco during the past 30 days
- ₉ Prefer not to answer

C8. Do you have any brother(s) and/or sister(s) who have smoked cigarettes during the past 30 days?

- ₁ Yes
- ₂ No
- ₃ I don't know
- ₄ I don't have any brothers or sisters
- ₉ Prefer not to answer

Please tell us if you strongly agree, agree, disagree, or strongly disagree with the following statements.

C9. I would like to explore strange places. Would you say you...

- ₁ Strongly Disagree
- ₂ Disagree
- ₃ Neither agree nor disagree (neutral)
- ₄ Agree
- ₅ Strongly Agree
- ₉ Prefer not to answer

C10. I like to do frightening things. Would you say you...

- ₁ Strongly Disagree
- ₂ Disagree
- ₃ Neither agree nor disagree (neutral)
- ₄ Agree
- ₅ Strongly Agree
- ₉ Prefer not to answer

C11. I like new and exciting experiences, even if I have to break the rules. Would you say you...

- ₁ Strongly Disagree
- ₂ Disagree
- ₃ Neither agree nor disagree (neutral)
- ₄ Agree
- ₅ Strongly Agree
- ₉ Prefer not to answer

C12. I prefer friends who are exciting and unpredictable. Would you say you...

- ₁ Strongly Disagree
- ₂ Disagree
- ₃ Neither agree nor disagree (neutral)
- ₄ Agree
- ₅ Strongly Agree
- ₉ Prefer not to answer

C13. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- _____ Number of days
- ₂ None
 - ₃ Don't know
 - ₉ Prefer not to answer

Thank you for taking time to complete this survey.

OMB No: 0910-xxxx

Expiration Date: xx/xx/xxxx

Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 52 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRASStaff@fda.hhs.gov