**Form Approved**

 **OMB No.: 0920-0621**

**Expiration Date: 01/31/2015**

**National Youth**

**Tobacco Survey (NYTS)**

**2014 Questionnaire**

**This survey is about tobacco. We would like to know about you and things you do that may affect your health. Your answers will be used for programs for young people like yourself.**

**DO NOT write your name on this survey. The answers you give will be kept private.**

**NO one will know what you write. Answer the questions based on what you really do and know.**

**Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. Try to answer all the questions. If you do not want to answer a question, just leave it blank. There are no wrong answers.**

**The questions that ask about your background will only be used to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.**

**Please read every question. Try to answer all the questions. Fill in the circles in the booklet completely. When you are finished, follow the instructions of the person giving you the survey.**

**Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC Reports Clearance Officer, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0621).**

***Thank You Very Much For Your Help.***

|  |
| --- |
| *The first five questions ask for some background information about you.*1. How old are you?
	1. 9 years old
	2. 10 years old
	3. 11 years old
	4. 12 years old
	5. 13 years old
	6. 14 years old
	7. 15 years old
	8. 16 years old
	9. 17 years old
	10. 18 years old
	11. 19 years old or older
 |
| 1. What is your sex?
	1. Male
	2. Female
 |
| 1. What grade are you in?
	1. 6th
	2. 7th
	3. 8th
	4. 9th
	5. 10th
	6. 11th
	7. 12th
	8. Ungraded or other grade
 |
| 1. Are you Hispanic, Latino/a, or Spanish origin (One or more categories may be selected)?
2. No, not of Hispanic, Latino/a, or Spanish origin
3. Yes, Mexican, Mexican American, Chicano or Chicana
4. Yes, Puerto Rican
5. Yes, Cuban
6. Yes, Another Hispanic, Latino/a, or Spanish origin
 |
| 1. What race or races do you consider yourself to be? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)
	1. American Indian or Alaska Native
	2. Asian
	3. Black or African American
	4. Native Hawaiian or Other Pacific Islander
	5. White
 |
| *The next five sections of questions ask about your use of particular kinds of tobacco products.**The first 13 questions are about smoking cigarettes.*1. Have you ever been curious about smoking a cigarette?
	1. Definitely yes
	2. Probably yes
	3. Probably not
	4. Definitely not
 |
| 1. Have you **ever tried** cigarette smoking, even one or two puffs?
	1. Yes
	2. No
 |
| 1. Do you think you will smoke a cigarette in the next year?
2. Definitely yes
3. Probably yes
4. Probably not
5. Definitely not
 |
| 1. Do you think that you will try a cigarette soon?
2. Definitely yes
3. Probably yes
4. Probably not
5. Definitely not
 |
| 1. If one of your best friends were to offer you a cigarette, would you smoke it?
2. Definitely yes
3. Probably yes
4. Probably not
5. Definitely not
 |
| 1. How old were you when you **first tried** cigarette smoking, even one or two puffs?
	1. I have never smoked cigarettes, not even one or two puffs
	2. 8 years old or younger
	3. 9 years old
	4. 10 years old
	5. 11 years old
	6. 12 years old
	7. 13 years old
	8. 14 years old
	9. 15 years old
	10. 16 years old
	11. 17 years old
	12. 18 years old
	13. 19 years old or older
 |
| 1. About how many cigarettes have you smoked in your **entire life**?
	1. I have never smoked cigarettes, not even one or two puffs
	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)
 |
| 1. 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
 |
| 1. During the past 30 days, **on the days you smoked**, about how many cigarettes did you smoke per day?
	1. I did not smoke cigarettes during the past 30 days
	2. Less than 1 cigarette per day
	3. 1 cigarette per day
	4. 2 to 5 cigarettes per day
	5. 6 to 10 cigarettes per day
	6. 11 to 20 cigarettes per day
	7. More than 20 cigarettes per day
 |
| 1. When was the last time you smoked a cigarette, even one or two puffs? (**PLEASE CHOOSE THE FIRST ANSWER THAT FITS**)
	1. I have never smoked cigarettes, not even one or two puffs
	2. Earlier today
	3. Not today but sometime during the past 7 days
	4. Not during the past 7 days but sometime during the past 30 days
	5. Not during the past 30 days but sometime during the past 6 months
	6. Not during the past 6 months but sometime during the past year
	7. 1 to 4 years ago
	8. 5 or more years ago
 |
| 1. During the past 30 days, what brand of cigarettes did you usually smoke? (**CHOOSE ONLY ONE ANSWER**)
	1. I did not smoke cigarettes during the past 30 days
	2. I did not smoke a usual brand
	3. American Spirit
	4. Camel
	5. GPC, Basic, or Doral
	6. Kool
	7. Lucky Strike
	8. Marlboro
	9. Newport
	10. Parliament
	11. Virginia Slims
	12. Some other brand not listed here
	13. Not sure
 |
| 1. Menthol cigarettes are cigarettes that taste like mint. During the past 30 days, were the cigarettes that you usually smoked menthol?
	1. I did not smoke cigarettes during the past 30 days
	2. Yes
	3. No
	4. Not sure
 |
| 1. How likely is it that you will try to purchase cigarettes within the **next 30 days**?
	1. I do not smoke cigarettes
	2. Very likely
	3. Somewhat likely
	4. Somewhat unlikely
	5. Very unlikely
 |
| *The next seven questions are about the use of cigars, cigarillos or little cigars such as Black and Mild, Swisher Sweets, Dutch Masters, White Owl, or Phillies Blunts.*1. Have you ever been curious about smoking a cigar, cigarillo, or little cigar such as Black and Mild, Swisher Sweets, Dutch Masters, White Owl, or Phillies Blunts?
	1. Definitely yes
	2. Probably yes
	3. Probably not
	4. Definitely not
 |
| 1. Have you **ever tried** smoking cigars, cigarillos, or little cigars, such as Black and Mild, Swisher Sweets, Dutch Masters, White Owl, or Phillies Blunts, even one or two puffs?
	1. Yes
	2. No
 |
| 1. Do you think that you will try a cigar, cigarillo or little cigar soon?
2. Definitely yes
3. Probably yes
4. Probably not
5. Definitely not
 |
| 1. If one of your best friends were to offer you a cigar, cigarillo or little cigar, would you smoke it?
2. Definitely yes
3. Probably yes
4. Probably not
5. Definitely not
 |
| 1. How old were you when you **first tried** smoking a cigar, cigarillo, or little cigar, even one or two puffs?
	1. I have never smoked cigars, cigarillos, or little cigars, not even one or two puffs
	2. 8 years old or younger
	3. 9 years old
	4. 10 years old
	5. 11 years old
	6. 12 years old
	7. 13 years old
	8. 14 years old
	9. 15 years old
	10. 16 years old
	11. 17 years old
	12. 18 years old
	13. 19 years old or older
 |
| 1. During the **past 30 days**, on how many days did you smoke cigars, cigarillos, or little cigars?
	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
 |
| 1. During the past 30 days, **on the days that you smoked**, about how many cigars, cigarillos, or little cigars did you smoke per day?
	1. I did not smoke cigars, cigarillos, or little cigars during the past 30 days
	2. Less than 1 cigar, cigarillo or little cigar per day
	3. 1 per day
	4. 2 to 5 per day
	5. 6 to 10 per day
	6. 11 to 20 per day
	7. More than 20 per day
 |
| *The next four questions are about the use of chewing tobacco, snuff or dip. Do not think about using snus when you answer these questions.*1. Have you ever been curious about using chewing tobacco, snuff, or dip, **such as** Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
	1. Definitely yes
	2. Probably yes
	3. Probably not
	4. Definitely not
 |
| 1. Have you **ever used** chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, even just a small amount?
	1. Yes
	2. No
 |
| 1. How old were you when you **used** chewing tobaccos, snuff, or dip for the first time?
	1. I have never used chewing tobacco, snuff, or dip
	2. 8 years old or younger
	3. 9 years old
	4. 10 years old
	5. 11 years old
	6. 12 years old
	7. 13 years old
	8. 14 years old
	9. 15 years old
	10. 16 years old
	11. 17 years old
	12. 18 years old
	13. 19 years old or older
 |
| 1. 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
	7. All 30 days
 |
| *The next six questions are about the use of electronic cigarettes or e-cigarettes such as blu, 21st Century Smoke or NJOY.*1. Have you ever been curious about using an electronic cigarette or e-cigarette such as blu, 21st Century Smoke or NJOY?
	1. Definitely yes
	2. Probably yes
	3. Probably not
	4. Definitely not
 |
| 1. Have you **ever tried** an electronic cigarette or e-cigarette such as blu, 21st Century Smoke or NJOY?
	1. Yes
	2. No
 |
| 1. Do you think that you will try an electronic cigarette or e-cigarette soon?
2. Definitely yes
3. Probably yes
4. Probably not
5. Definitely not
 |
| 1. If one of your best friends were to offer you an electronic cigarette or e-cigarette, would you use it?
2. Definitely yes
3. Probably yes
4. Probably not
5. Definitely not
 |
| 1. How old were you when you **first tried** using an electronic cigarette or e-cigarette?
	1. I have never used electronic cigarettes or e-cigarettes
	2. 8 years old or younger
	3. 9 years old
	4. 10 years old
	5. 11 years old
	6. 12 years old
	7. 13 years old
	8. 14 years old
	9. 15 years old
	10. 16 years old
	11. 17 years old
	12. 18 years old
	13. 19 years old or older
 |
| 1. During the **past 30 days**, on how many days did you use electronic cigarettes or e-cigarettes such as blu, 21st Century Smoke, or NJOY?
	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
 |
| *The next two questions are about the use of other tobacco products, not described in the previous sections.*1. Which of the following tobacco products have you **ever tried**, even just one time? (**CHOOSE ALL THAT APPLY)**
2. Smoking tobacco from a hookah or waterpipe
3. Pipe filled with tobacco (not waterpipe)
4. Snus, such as Camel or Marlboro Snus
5. Dissolvable tobacco products such as Ariva, Stonewall, Camel orbs, Camel sticks, Marlboro sticks or Camel strips
6. Bidis (small brown cigarettes wrapped in a leaf)
7. I have never tried any of the products listed above
 |
| 1. In the **past 30 days**, which of the following products have you used on **at least one day**? (**CHOOSE ALL THAT APPLY**)
	1. Smoking tobacco from a hookah or waterpipe
	2. Pipe filled with tobacco (not waterpipe)
	3. Snus, such as Camel or Marlboro
	4. Dissolvable tobacco products, such as Ariva, Stonewall, Camel orbs, Camel sticks, or Camel strips
	5. Bidis (small brown cigarettes wrapped in a leaf)
	6. I have not used any of the products listed above in the past 30 days
 |
| *The next question asks about flavors in tobacco products.*1. Which of the following tobacco products that you used in the past 30 days were flavored to taste like menthol (mint), alcohol (wine, cognac), candy, fruit, chocolate or other sweets (**CHOOSE ALL THAT APPLY**)?
2. Cigars, cigarillos, or little cigars
3. Chewing tobacco, snuff, or dip
4. Electronic cigarettes or e-cigarettes
5. Smoking tobacco out of a hookah or waterpipe
6. Pipe filled with tobacco (not waterpipe)
7. Snus
8. Dissolvable tobacco products
9. I did not use flavored tobacco products in the past 30 days
 |
| *The next question asks about the first tobacco product ever tried.*1. Which of the following tobacco products did you try first (CHOOSE ONLY ONE ANSWER)?
2. Cigarettes
3. Cigars, cigarillos, or little cigars
4. Chewing tobacco, snuff, or dip
5. Electronic cigarettes or e-cigarettes
6. Some other tobacco product
7. Not sure about the product I tried first
8. I have never tried any tobacco products
 |
| *The next four questions are about getting tobacco products.*1. During the **past 30 days**, how did you get your own tobacco products? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)
	1. I did not get any tobacco products during the past 30 days
	2. I bought them myself
	3. I had someone else buy them for me
	4. I asked someone to give me some
	5. Someone offered them to me
	6. I bought them from another person
	7. I took them from a store or another person
	8. I got them some other way
 |
| 1. During the **past 30 days**, where did you **buy** your own tobacco products? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)
	1. I did not buy tobacco products during the past 30 days
	2. A gas station or convenience store
	3. A grocery store
	4. A drugstore
	5. A vending machine
	6. Over the Internet
	7. Through the mail
	8. Some other place not listed here

  |
| 1. During the **past 30 days**, did anyone **refuse** to sell you any tobacco products because of your age?
	1. I did not try to buy any tobacco products during the past 30 days
	2. Yes
	3. No
 |
| 1. How easy do you think it is for kids your age to buy tobacco products in a store?
	1. Easy
	2. Somewhat easy
	3. Not easy at all
 |
| *The next four questions are about issues related to urges or needs to use tobacco products.*1. During the past 30 days, have you had a strong craving or felt like you really needed to use a tobacco product of any kind (such as smoking a cigarette or cigar, or using chewing tobacco)?
	1. Yes
	2. No
 |
| 1. During the past 30 days, was there a time when you wanted to use a tobacco product so much that you found it difficult to think of anything else?
	1. Yes
	2. No
 |
| 1. How soon after you wake up do you want to use a tobacco product?
	1. I do not want to use tobacco
	2. Within 5 minutes
	3. From 6 to 30 minutes
	4. From more than 30 minutes to 1 hour
	5. After more than 1 hour but less than 24 hours
	6. I rarely want to use tobacco
 |
| 1. How true is this statement for you? I feel restless and irritable when I don’t use tobacco for a while.
	1. I do not use tobacco
	2. Not at all true
	3. Sometimes true
	4. Often true
	5. Always true
 |
| *The next four questions are about quitting tobacco products.*1. Are you seriously thinking about quitting **cigarettes**? (**PLEASE CHOOSE THE FIRST ANSWER THAT FITS**)
	1. I do not smoke cigarettes
	2. Yes, within the next 30 days
	3. Yes, within the next 6 months
	4. Yes, within the next 12 months
	5. Yes, but not within the next 12 months
	6. No, I am not thinking about quitting cigarettes
 |
| 1. During the **past 12 months**, how many times have you stopped smoking **cigarettes** for **one day or longer** because you were trying to quit smoking cigarettes **for good**?
	1. I did not smoke cigarettes during the past 12 months
	2. I did not try to quit during the past 12 months
	3. 1 time
	4. 2 times
	5. 3 to 5 times
	6. 6 to 9 times
	7. 10 or more times
 |
| 1. Are you seriously thinking about quitting the use of **all tobacco products**? (**PLEASE CHOOSE THE FIRST ANSWER THAT FITS**)
	1. I do not use tobacco products
	2. Yes, within the next 30 days
	3. Yes, within the next 6 months
	4. Yes, within the next 12 months
	5. Yes, but not within the next 12 months
	6. No, I am not thinking about quitting the use of all tobacco products
 |
| 1. During the **past 12 months**, how many times have you stopped using **all tobacco products** for **one day or longe**r because you were trying to quit all tobacco products **for good**?
	1. I did not use tobacco products during the past 12 months
	2. I did not try to quit all tobacco products during the past 12 months
	3. 1 time
	4. 2 times
	5. 3 to 5 times
	6. 6 to 9 times
	7. 10 or more times
 |
| *The next questions ask about your thoughts on tobacco products.*1. How much do you think people harm themselves when they smoke cigarettes some days but not every day?
	1. No harm
	2. Little harm
	3. Some harm
	4. A lot of harm
 |
| 1. How much do you think people harm themselves when they smoke **cigars, cigarillos or little cigars** some days but not every day?
	1. No harm
	2. Little harm
	3. Some harm
	4. A lot of harm
 |
| 1. Do you believe that **cigars, cigarillos, or little cigars** are (LESS HARMFUL, EQUALLY HARMFUL, or MORE HARMFUL) than cigarettes?
	1. Less harmful
	2. Equally harmful
	3. More harmful
	4. I have never heard of cigars, little cigars or cigarillos
	5. I don’t know enough about these products
 |
| 1. Do you believe that **cigars, cigarillos or little cigars** are (LESS ADDICTIVE, EQUALLY ADDICTIVE, or MORE ADDICTIVE) than cigarettes?
	1. Less addictive
	2. Equally addictive
	3. More addictive
	4. I have never heard of cigars, cigarillos, or little cigars
	5. I don’t know enough about these products
 |
| 1. How much do you think people harm themselves when they use **chewing tobacco, snuff, dip, or snus**, some days but not every day?
	1. No harm
	2. Little harm
	3. Some harm
	4. A lot of harm
 |
| 1. Do you believe that **chewing tobacco, snuff, dip, or snus** is (LESS HARMFUL, EQUALLY HARMFUL, or MORE HARMFUL)than cigarettes?
	1. Less harmful
	2. Equally harmful
	3. More harmful
	4. I have never heard of chewing tobacco, snuff, dip, or snus
	5. I don’t know enough about these products
 |
| 1. Do you believe that **chewing tobacco, snuff, dip or snus** is (LESS ADDICTIVE, EQUALLY ADDICTIVE, or MORE ADDICTIVE)than cigarettes?
	1. Less addictive
	2. Equally addictive
	3. More addictive
	4. I have never heard of chewing tobacco, snuff, dip or snus
	5. I don’t know enough about these products
 |
| 1. How much do you think people harm themselves when they use **e-cigarettes** some days but not every day?
	1. No harm
	2. Little harm
	3. Some harm
	4. A lot of harm
 |
| 1. Do you believe that **e-cigarettes** are (LESS HARMFUL, EQUALLY HARMFUL, or MORE HARMFUL) than regular cigarettes?
	1. Less harmful
	2. Equally harmful
	3. More harmful
	4. I have never heard of e-cigarettes
	5. I don’t know enough about these products
 |
| 1. Do you believe that **e-cigarettes** are (LESS ADDICTIVE, EQUALLY ADDICTIVE, or MORE ADDICTIVE) than cigarettes?
	1. Less addictive
	2. Equally addictive
	3. More addictive
	4. I have never heard of e-cigarettes
	5. I don’t know enough about these products
 |
| 1. How strongly do you agree with the statement ‘All tobacco products are dangerous’?
	1. Strongly agree
	2. Agree
	3. Disagree
	4. Strongly disagree
 |
| 1. Do you think that breathing smoke from other people’s cigarettes or other tobacco products causes…
	1. No harm
	2. Little harm
	3. Some harm
	4. A lot of harm
 |
| *The next ten questions ask about different issues related to tobacco.*1. When you are using the Internet, how often do you see ads or promotions for cigarettes or other tobacco products?
	1. I do not use the Internet
	2. Never
	3. Rarely
	4. Sometimes
	5. Most of the time
	6. Always
 |
| 1. When you read newspapers or magazines, how often do you see ads or promotions for cigarettes or other tobacco products?
	1. I do not use read newspapers or magazines
	2. Never
	3. Rarely
	4. Sometimes
	5. Most of the time
	6. Always
 |
| 1. When you go to a convenience store, supermarket, or gas station, how often do you see ads or promotions for cigarettes or other tobacco products?
	1. I never go to a convenience store, supermarket, or gas station
	2. Never
	3. Rarely
	4. Sometimes
	5. Most of the time
	6. Always
 |
| 1. When you watch TV or go to the movies, how often do you see actors and actresses using cigarettes or other tobacco products?
	1. I do not watch TV or go to the movies
	2. Never
	3. Rarely
	4. Sometimes
	5. Most of the time
	6. Always
 |
| 1. When you are using the Internet, how often do you see ads or promotions for electronic cigarettes or e-cigarettes?
	1. I do not use the Internet
	2. Never
	3. Rarely
	4. Sometimes
	5. Most of the time
	6. Always
 |
| 1. When you read newspapers or magazines, how often do you see ads or promotions for electronic cigarettes or e-cigarettes?
	1. I do not use read newspapers or magazines
	2. Never
	3. Rarely
	4. Sometimes
	5. Most of the time
	6. Always
 |
| 1. When you go to a convenience store, supermarket, or gas station, how often do you see ads or promotions for electronic cigarettes or e-cigarettes?
	1. I never go to a convenience store, supermarket, or gas station
	2. Never
	3. Rarely
	4. Sometimes
	5. Most of the time
	6. Always
 |
| 1. When you watch TV or go to the movies, how often do you see ads or promotions for electronic cigarettes or e-cigarettes?
	1. I do not watch TV or go to the movies
	2. Never
	3. Rarely
	4. Sometimes
	5. Most of the time
	6. Always
 |
| 1. In the past 30 days, how often have you thought about the harmful chemicals in tobacco products?
	1. Never
	2. Rarely
	3. Sometimes
	4. Often
	5. Very often
 |
| 1. During the past 30 days, how often did you see a warning label on a smokeless tobacco product such as chewing tobacco, snuff, dip, or snus?
	1. I did not see a smokeless tobacco product during the past 30 days
	2. Never
	3. Rarely
	4. Sometimes
	5. Most of the time
	6. Always
 |
| *The eight questions ask about your thoughts on people your age who use cigarettes, cigars, smokeless tobacco and e-cigarettes*1. Do you think **smoking cigarettes** makes young people look cool or fit in?
2. Definitely yes
3. Probably yes
4. Probably not
5. Definitely not
 |
| 1. Do you think young people who **smoke cigarettes** have more friends?
2. Definitely yes
3. Probably yes
4. Probably not
5. Definitely not
 |
| 1. Do you think **smoking cigars, cigarillos or little cigars** makes young people look cool or fit in?
2. Definitely yes
3. Probably yes
4. Probably not
5. Definitely not
 |
| 1. Do you think young people who **smoke cigars, cigarillos, or little cigars** have more friends?
2. Definitely yes
3. Probably yes
4. Probably not
5. Definitely not
 |
| 1. Do you think young people who **use chewing tobacco, snuff, or dip** have more friends?
2. Definitely yes
3. Probably yes
4. Probably not
5. Definitely not
 |
| 1. Do you think young people who **use electronic cigarettes or e-cigarettes** have more friends?
2. Definitely yes
3. Probably yes
4. Probably not
5. Definitely not
 |
| *The next question asks about your experiences at home.*1. Does anyone who lives with you now…? (**CHECK ALL THAT APPLY**).
	1. Smoke cigarettes
	2. Smoke cigars, cigarillos, or little cigars
	3. Use chewing tobacco, snuff, or dip
	4. Use electronic cigarettes or e-cigarettes
	5. Smoke tobacco out of a hookah or waterpipe
	6. Smoke pipes filled with tobacco (not waterpipes)
	7. Use snus
	8. Use dissolvable tobacco products
	9. Smoke bidis (small brown cigarettes wrapped in a leaf)
	10. No one who lives with me now uses any form of tobacco

  |
| *Some cigarette or other tobacco companies make items like sports gear, T-shirts, hats, jackets, sunglasses or other items that people can buy or receive for free*.1. How likely is it that you would ever use or wear something--such as a t-shirt, hat, or sunglasses--that has a tobacco brand name, logo, or picture on it?
	1. Very likely
	2. Somewhat likely
	3. Somewhat unlikely
	4. Very unlikely
 |