

## **ATTACHMENT 2: YOUTH BASELINE AND FOLLOW-UP INSTRUMENTS**

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

### **Evaluation of the Public Education Campaign on Teen Tobacco (ExPECTT-B)**

#### **Subjects for Questionnaire:**

- Section A: Demographic Items
- Section B: Tobacco Use Behavior
- Section C: Tobacco Use Intentions and Self-Efficacy
- Section D: Cessation (Intention, Behavior, Motivation)
- Section E: Attitudes, Beliefs & Risk Perceptions, Social Norm
- Section F: Media Use and Awareness
- Section G: Environment

#### **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.

## Section A: Demographic Items

The first part of the survey asks you some general questions about yourself.

**A1.** How old are you?

- <sub>1</sub> 11 years old
- <sub>2</sub> 12 years old
- <sub>3</sub> 13 years old
- <sub>4</sub> 14 years old
- <sub>5</sub> 15 years old
- <sub>6</sub> 16 years old
- <sub>7</sub> 17 years old
- <sub>8</sub> 18 years old or older
- <sub>9</sub> Prefer not to answer

**A2.** Are you male or female?

- <sub>1</sub> Female
- <sub>2</sub> Male
- <sub>9</sub> Prefer not to answer

**A3.** Are you Hispanic, Latino/a, or of Spanish origin?

- <sub>1</sub> No, not of Hispanic, Latino/a, or Spanish origin
- <sub>2</sub> Yes, Mexican American, Chicano/a
- <sub>3</sub> Yes, Puerto Rican
- <sub>4</sub> Yes, Cuban
- <sub>5</sub> Yes, another Hispanic, Latino/a, or Spanish origin
- <sub>9</sub> Prefer not to answer

**A4.** What race or races do you consider yourself to be? Please select 1 or more of these categories.

	<b>1 Yes</b>		
<b>A4_1.</b> White	<input type="checkbox"/> _1		
<b>A4_2.</b> Black or African American	<input type="checkbox"/> _1		
<b>A4_3.</b> American Indian or Alaska Native	<input type="checkbox"/> _1		
<b>A4_4.</b> Asian Indian	<input type="checkbox"/> _1		
<b>A4_5.</b> Chinese	<input type="checkbox"/> _1		
<b>A4_6.</b> Filipino	<input type="checkbox"/> _1		
<b>A4_7.</b> Japanese	<input type="checkbox"/> _1		
<b>A4_8.</b> Korean	<input type="checkbox"/> _1		
<b>A4_9.</b> Vietnamese	<input type="checkbox"/> _1		
<b>A4_10.</b> Native Hawaiian	<input type="checkbox"/> _1		
<b>A4_11.</b> Guamanian or Chamorro	<input type="checkbox"/> _1		
<b>A4_12.</b> Samoan	<input type="checkbox"/> _1		
<b>A4_13.</b> Other Asian	<input type="checkbox"/> _1		
<b>A4_14.</b> Other Pacific Islander	<input type="checkbox"/> _1		

[IF A3=2-9, ASK A5, otherwise go to A7]

**A5.** In general, do you usually speak...

- \_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

[IF A5=1-4, ASK A6, otherwise go to A7]

**A6.** When you watch TV, what type of programming do you usually watch?

- \_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

**A7.** What grade are you in? If school has not started for you, what grade are you going into?

- <sub>1</sub> 5th
- <sub>2</sub> 6th
- <sub>3</sub> 7th
- <sub>4</sub> 8th
- <sub>5</sub> 9th
- <sub>6</sub> 10th
- <sub>7</sub> 11th
- <sub>8</sub> 12th
- <sub>9</sub> Ungraded or other grade
- <sub>99</sub> Prefer not to answer

**A8.** During the past 30 days, about how much money did you have each week to spend any way you wanted to?

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

### **Section B: Tobacco Use Behavior**

The next section asks about your experiences with tobacco products.

#### ***Cigarette Use***

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

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

[IF B1=1 or 9, ASK B2. IF B1=2, ASK B9]

**B2.** How old were you when you first tried cigarette smoking, even one or two puffs?

- <sub>1</sub> 8 years old or younger
- <sub>2</sub> 9 years old
- <sub>3</sub> 10 years old
- <sub>4</sub> 11 years old
- <sub>5</sub> 12 years old
- <sub>6</sub> 13 years old
- <sub>7</sub> 14 years old
- <sub>8</sub> 15 years old
- <sub>9</sub> 16 years old
- <sub>99</sub> Prefer not to answer

**B3.** During the past 30 days, on how many days did you smoke cigarettes?

- <sub>1</sub> 0 days
- <sub>2</sub> 1 or 2 days
- <sub>3</sub> 3 to 5 days
- <sub>4</sub> 6 to 9 days
- <sub>5</sub> 10 to 19 days
- <sub>6</sub> 20 to 29 days
- <sub>7</sub> All 30 days
- <sub>9</sub> Prefer not to answer

[IF B3=1, ASK B6, otherwise ask B4]

**B4.** During the past 30 days, were the cigarettes that you usually smoked menthol?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**B5.** During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- <sub>1</sub> Less than 1 cigarette per day
- <sub>2</sub> 1 cigarette per day
- <sub>3</sub> 2 to 5 cigarettes per day
- <sub>4</sub> 6 to 10 cigarettes per day
- <sub>5</sub> 11 to 20 cigarettes per day
- <sub>6</sub> More than 20 cigarettes per day
- <sub>9</sub> Prefer not to answer

**B6.** About how many cigarettes have you smoked in your entire life? Your best guess is fine.

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

**B7.** Do you smoke:

- <sub>1</sub> Only when you are alone
- <sub>2</sub> Mainly when you are alone
- <sub>3</sub> As often alone as with others
- <sub>4</sub> Mainly when you are with others
- <sub>5</sub> Only when you are with others
- <sub>9</sub> Prefer not to answer

**B8.** Do you consider yourself a smoker?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**Other Substance Use**

**B9.** 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?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

[IF B9=1, ASK B10]

**B10.** During the past 30 days, on how many days did you use chewing tobacco, snuff, snus or dip?

- <sub>1</sub> 0 days
- <sub>2</sub> 1 or 2 days
- <sub>3</sub> 3 to 5 days
- <sub>4</sub> 6 to 9 days
- <sub>5</sub> 10 to 19 days
- <sub>6</sub> 20 to 29 days or
- <sub>7</sub> All 30 days
- <sub>9</sub> Prefer not to answer

**B11.** Have you ever smoked cigars, cigarillos, or little cigars such as Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's, even one time?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

[IF B11=1, ASK B12]

**B12.** During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

- <sub>1</sub> 0 days
- <sub>2</sub> 1 or 2 days
- <sub>3</sub> 3 to 5 days
- <sub>4</sub> 6 to 9 days
- <sub>5</sub> 10 to 19 days
- <sub>6</sub> 20 to 29 days or
- <sub>7</sub> All 30 days
- <sub>9</sub> Prefer not to answer

**B13.** Have you ever tried smoking tobacco out of a water pipe (also called “hookah”), even one time?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

[IF B13=1, ASK B14]

**B14.** During the past 30 days, on how many days did you smoke tobacco out of a water pipe (also called “hookah”)?

- <sub>1</sub> 0 days
- <sub>2</sub> 1 or 2 days
- <sub>3</sub> 3 to 5 days
- <sub>4</sub> 6 to 9 days
- <sub>5</sub> 10 to 19 days
- <sub>6</sub> 20 to 29 days or
- <sub>7</sub> All 30 days
- <sub>9</sub> Prefer not to answer

**B15.** Have you ever tried electronic cigarettes, such as blu, NJOY, Mystic, 21<sup>st</sup> Century Smoke, even one time?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

[IF B15=1, ASK B16]

**B16.** During the past 30 days, on how many days did you use electronic cigarettes?

- <sub>1</sub> 0 days
- <sub>2</sub> 1 or 2 days
- <sub>3</sub> 3 to 5 days
- <sub>4</sub> 6 to 9 days
- <sub>5</sub> 10 to 19 days
- <sub>6</sub> 20 to 29 days or
- <sub>7</sub> All 30 days
- <sub>9</sub> Prefer not to answer

**B17.** Have you ever tried marijuana, even one time?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

[IF B17=1, ASK B18]



**B18.** During the past 30 days, on how many days did you use marijuana?

- <sub>1</sub> 0 days
- <sub>2</sub> 1 or 2 days
- <sub>3</sub> 3 to 5 days
- <sub>4</sub> 6 to 9 days
- <sub>5</sub> 10 to 19 days
- <sub>6</sub> 20 to 29 days or
- <sub>7</sub> All 30 days
- <sub>9</sub> Prefer not to answer

**B19.** During the past 30 days, on how many days did you add marijuana to a tobacco product, such as a cigar (sometimes known as a “blunt”)?

- <sub>1</sub> 0 days
- <sub>2</sub> 1 or 2 days
- <sub>3</sub> 3 to 5 days
- <sub>4</sub> 6 to 9 days
- <sub>5</sub> 10 to 19 days
- <sub>6</sub> 20 to 29 days or
- <sub>7</sub> All 30 days
- <sub>9</sub> Prefer not to answer

## Section C: Tobacco Use Intentions and Self-Efficacy

### C1. Thinking about the future...

		1 Definitely Yes	2 Probably Yes	3 Probably Not	4 Definitely Not	9 Prefer Not to Answer
C1_1.	Do you think that you will try a <b>cigarette</b> soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_2	Do you think you will smoke a <b>cigarette</b> 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
C1_3	Do you think you will be smoking <b>cigarettes</b> every day one year from now?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_4	Do you think you will be smoking <b>cigarettes</b> , but not every day, one year from now?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_5	If one of your best friends were to offer you a <b>cigarette</b> , would you smoke it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_6	Do you think that you will try <b>smokeless tobacco</b> such as chewing tobacco, snuff, snus or dip soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_7	Do you think you will use <b>smokeless tobacco</b> such as chewing tobacco, snuff, snus 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
C1_8	If one of your best friends were to offer you <b>smokeless tobacco</b> such as chewing tobacco, snuff, snus 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
C1_9	Do you think you will try <b>cigars, cigarillos, or little cigars</b> such as Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

<b>C1_10</b>	Do you think you will try <b>cigars, cigarillos, or little cigars</b> such as Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's 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
<b>C1_11</b>	If one of your best friends were to offer you a <b>cigar, cigarillo, or little cigar</b> , would you smoke it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

**C2.** How sure are you that, if you really wanted to, **you could say no to a cigarette offer** if...

[RANDOMIZE C6\_1-C6\_3]

	<b>1 Not at all sure</b>	<b>2 Slightly sure</b>	<b>3 Somewhat sure</b>	<b>4 Mostly sure</b>	<b>5 Completely sure</b>	<b>9 Prefer Not to Answer</b>
<b>C2_1.</b> You are at a party where most people are 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
<b>C2_2.</b> A very close friend offers it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>C2_3.</b> Someone you know offers it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**C3.** How sure are you that, if you really wanted to, **you could say no to a smokeless tobacco offer**, such as chewing tobacco, snuff, snus or dip if...

[RANDOMIZE C3\_1-C3\_3]

	<b>1 Not at all sure</b>	<b>2 Slightly sure</b>	<b>3 Somewhat sure</b>	<b>4 Mostly sure</b>	<b>5 Completel y sure</b>	<b>9 Prefer Not to Answer</b>
<b>C3_1.</b> You are at a party where most people are using it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>C3_2.</b> A very close friend offers it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>C3_3.</b> Someone you know offers it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

## Section D: Cessation (Intention, Behavior, Motivation)

### Cigarette Use [Ask if B3=2-9]

**D1.** I plan to stop smoking cigarettes for good within the next... (PLEASE CHOOSE THE FIRST ANSWER THAT FITS)

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

**D2.** During the past 3 months, did you stop smoking cigarettes for one day or longer because you were trying to quit smoking cigarettes for good?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**D3.** How much do you want to quit smoking?

- <sub>1</sub> Not at all
- <sub>2</sub> A little
- <sub>3</sub> Somewhat
- <sub>4</sub> A lot
- <sub>9</sub> Prefer not to answer

### Other Tobacco Use [Ask if B10=2-9]

**D4.** 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)

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

**D5.** During the past 3 months, did you stop using smokeless tobacco such as chewing tobacco, snuff or dip for one day or longer because you were trying to quit using smokeless tobacco for good?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**D6.** How much do you want to stop using smokeless tobacco such as chewing tobacco, snuff or dip?

- <sub>1</sub> Not at all
- <sub>2</sub> A little
- <sub>3</sub> Somewhat
- <sub>4</sub> A lot
- <sub>9</sub> Prefer not to answer

**Section E: Attitudes, Beliefs & Risk Perceptions, Social Norm**

[Ask ALL] The next set of questions asks for your opinions on cigarette use and other tobacco products.

**Attitude**

**E1. Smoking cigarettes** is... (pick one)

[RANDOMIZE E1\_1-E1\_4]

<b>E1_1.</b>	<b>Bad</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good</b>
<b>E1_2.</b>	<b>Unenjoyable</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Enjoyable</b>

**E2. Using smokeless tobacco**, such as chewing tobacco, snuff, or dip is... (pick one)

[RANDOMIZE E2\_1-E2\_4]

<b>E2_1.</b>	<b>Bad</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good</b>
<b>E2_2.</b>	<b>Unenjoyable</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Enjoyable</b>

**Attitudinal Beliefs and Risk Perceptions**

**E3.** How much do you agree or disagree with the following statements? **If I smoke I will...**

	<b>If I smoke I will...</b>	<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree or Disagree (Neutral)</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>E3_1.</b>	Damage my body	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_2.</b>	Be controlled by smoking	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_3.</b>	Be unattractive	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_4.</b>	Inhale poisons	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_5.</b>	Develop cancer of the lip, mouth, tongue or throat	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_6.</b>	Develop sexual and/or fertility problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_7.</b>	Lose my taste buds	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_8.</b>	Be unable to stop when I want to	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_9.</b>	Get wrinkles	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_10.</b>	Develop skin problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_11</b>	Have problems with my teeth	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_12.</b>	Lose my teeth	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_13.</b>	Have trouble breathing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_14</b>	Shorten my life	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_15.</b>	Develop a smoking-related disease	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_16.</b>	Have bad breath	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_17</b>	Get sick more often	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_18.</b>	Decrease my sports performance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_19.</b>	End up wasting money on cigarettes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_20.</b>	Become addicted	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_21.</b>	Harm others with second-hand smoke	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E3_22.</b>	Be a bad influence on others	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**E4. How much do you agree or disagree with the following statements? If I use smokeless tobacco, snuff or dip, I will...**

		<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree or Disagree (Neutral)</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>E4_1.</b>	Damage my body	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_2.</b>	Be controlled by smokeless tobacco	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_3.</b>	Be unattractive	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_4.</b>	Ingest poisons	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_5.</b>	Develop cancer of the lip, mouth, tongue or throat	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_6.</b>	Develop sexual and/or fertility problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_7.</b>	Lose my taste buds	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_8.</b>	Be unable to stop when I want to	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_9.</b>	Get wrinkles	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_10.</b>	Develop skin problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_11</b>	Have problems with my teeth	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_12.</b>	Lose my teeth	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_13 .</b>	Shorten my life	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_14.</b>	Develop a tobacco-related disease	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

<b>E4_15.</b>	Have bad breath	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_16</b>	Get sick more often	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_17.</b>	Decrease my sports performance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_18.</b>	End up wasting money on cigarettes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_19.</b>	Become addicted	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_20.</b>	Be a bad influence on others	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**E5. How much do you agree or disagree with the following statements about smoking cigarettes?**

		<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree or Disagree (Neutral)</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>E5_1.</b>	Smoking can cause <u>immediate</u> damage to my body.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E5_2.</b>	It is safe for me to smoke for only a year or two, as long as I quit after that.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E5_3.</b>	If I started to smoke occasionally I would not become addicted.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E5_4.</b>	Smoking cigarettes helps people relieve stress.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E5_5.</b>	Cigarette ingredients are disgusting.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E5_6.</b>	Cigarette ingredients are dangerous.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E5_7.</b>	Smoking is a way to show others you're not afraid to take risks	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E5_8.</b>	Smoking cigarettes can help keep your weight down	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>



**E6. How much do you agree or disagree with the following statements about using smokeless tobacco such as chewing tobacco, snuff, or dip?**

		<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree or Disagree (Neutral)</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>E6_1.</b>	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
<b>E6_2.</b>	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
<b>E6_3.</b>	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
<b>E6_4.</b>	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
<b>E6_5.</b>	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
<b>E6_6.</b>	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
<b>E6_7.</b>	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
<b>E6_8.</b>	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

**E7.** Do you believe **cigarette smoking** is related to...

		<b>1 Definitel y Yes</b>	<b>2 Probably Yes</b>	<b>3 Probably Not</b>	<b>4 Definitel y Not</b>	<b>Don't Know</b>	<b>9 Prefer Not to Answer</b>
<b>E7_1</b>	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
<b>E7_2</b>	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
<b>E7_3</b>	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
<b>E7_4</b>	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
<b>E7_5</b>	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
<b>E7_6</b>	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
<b>E7_7</b>	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
<b>E7_8</b>	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
<b>E7_9</b>	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
<b>E7_10</b>	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
<b>E7_11</b>	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
<b>E7_12</b>	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

**E8.** Do you believe **smokeless tobacco such as chewing tobacco, snuff, or dip** is related to....

		<b>1 Definitel y Yes</b>	<b>2 Probably Yes</b>	<b>3 Probably Not</b>	<b>4 Definitel y Not</b>	<b>Don't Know</b>	<b>9 Prefer Not to Answer</b>
<b>E8_1</b>	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
<b>E8_2</b>	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
<b>E8_3</b>	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
<b>E8_4</b>	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
<b>E8_5</b>	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
<b>E8_6</b>	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

**E9. Does cigarette smoke contain....**

		<b>1 Definitely Yes</b>	<b>2 Probably Yes</b>	<b>3 Probably Not</b>	<b>4 Definitely Not</b>	<b>Don't Know</b>	<b>9 Prefer Not to Answer</b>
<b>E9_1</b>	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
<b>E9_2</b>	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
<b>E9_3</b>	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
<b>E9_4</b>	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
<b>E9_5</b>	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
<b>E9_6</b>	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
<b>E9_7</b>	Formaldehyde, a chemical used to preserve dead animals?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E9_8</b>	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
<b>E9_9</b>	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
<b>E9_10</b>	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
<b>E9_11</b>	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
<b>E9_12</b>	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
<b>E9_13</b>	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

**E10. Does smokeless tobacco such as chewing tobacco, snuff, or dip contain....**

		<b>1 Definitely Yes</b>	<b>2 Probably Yes</b>	<b>3 Probably Not</b>	<b>4 Definitely Not</b>	<b>Don't Know</b>	<b>9 Prefer Not to Answer</b>
<b>E10_1</b>	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
<b>E10_2</b>	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
<b>E10_3</b>	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
<b>E10_4</b>	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
<b>E10_5</b>	Formaldehyde, a chemical used to preserve dead animals?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E10_6</b>	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
<b>E10_7</b>	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
<b>E10_8</b>	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
<b>E10_9</b>	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

**Social Norms**

**E11. How many of your four closest friends...**

		<b>0 None</b>	<b>1 One</b>	<b>2 Two</b>	<b>3 Three</b>	<b>4 Four</b>	<b>9 Prefer Not to Answer</b>
<b>E11_1.</b>	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
<b>E11_2.</b>	Smoke menthol 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
<b>E11_3.</b>	Use smokeless tobacco, such as chewing tobacco, snuff, snus 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

**E12. How many others your age...**

		<b>0 None</b>	<b>1 A few</b>	<b>2 Some</b>	<b>3 Most</b>	<b>4 All</b>	<b>9 Prefer Not to Answer</b>
<b>E12_1.</b>	Smoke cigarettes <b>every day</b> ?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E12_2.</b>	Smoke menthol cigarettes <b>every day</b> ??	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E12_3.</b>	Use smokeless tobacco, such as chewing tobacco, snuff, or dip <b>every day</b> ?						
<b>E12_4.</b>	Smoke cigarettes, <b>but not every day</b> ?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E12_5.</b>	Smoke menthol cigarettes, <b>but not every day</b> ??	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E12_6.</b>	Use smokeless tobacco, such as chewing tobacco, snuff, or dip, <b>but not every day</b> ?	<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 F: Media Use and Awareness**

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

**F1.** 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
<b>F1_1.</b> 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
<b>F1_2.</b> 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
<b>F1_3.</b> 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
<b>F1_4.</b> 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

**F2.** 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
<b>Listening to Music</b>						
<b>F2_1.</b> 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
<b>Using a Computer, Laptop, or Tablet</b>						
<b>F2_2.</b> 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
<b>F2_3.</b> 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
<b>F2_4.</b> 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
<b>F2_5.</b> 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

	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
<b>Using a Cell Phone/Smartphone</b>						
<b>F2_6.</b> 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
<b>F2_7.</b> 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
<b>F2_8.</b> 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
<b>F2_9.</b> 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
<b>Playing Games and Reading</b>						
<b>F2_10.</b> 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
<b>F2_11.</b> 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
<b>F2_12.</b> 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



**F2\_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

**F3.** 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.

F3\_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

F3\_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

F3\_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

F3\_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

F3\_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

**F4.** 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 F4=1-6 ASK F5]

**F5.** Where have you seen or heard about [INSERT CAMPAIGN NAME]?

1            2  
Yes        No

[RANDOMIZE]

- F5\_1.** On TV
- F5\_2.** On the radio
- F5\_3.** In newspapers or magazines
- F5\_4.** On the Internet
- F5\_5.** Billboards or other outdoor ads

**F6.** The [INSERT CAMPAIGN NAME] is on social networking sites. Have you ever seen [INSERT CAMPAIGN NAME] on the following sites?

1      2  
Yes    No

**F6\_1.** Facebook?

**F6\_2.** Twitter?

**F6\_3.** [INSERT SOCIAL MEDIA SITE A]

**F6\_4.** [INSERT SOCIAL MEDIA SITE B]

**F7\_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]

**F8\_x.** Have you seen this ad on television in the past [FILL MONTHS], [FILL DATE]?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

[IF F8x=1, ASK F8a\_x]

**F8a\_x.** In the past [FILL MONTHS], how frequently have you seen this ad on television?

- <sub>1</sub> Rarely
- <sub>2</sub> Sometimes
- <sub>3</sub> Often
- <sub>4</sub> Very Often
- <sub>9</sub> Prefer not to answer

**F9\_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.)

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

[IF F9\_x = 1, ASK F9a\_x]

**F9a\_x.** In the past [FILL MONTHS], how frequently have you seen this ad online?

- <sub>1</sub> Rarely
- <sub>2</sub> Sometimes
- <sub>3</sub> Often
- <sub>4</sub> Very Often
- <sub>9</sub> Prefer not to answer

[IF F8\_x or F9\_x =1 OR 2, GO TO GO TO F10\_x; OTHERWISE GO TO G1.]

**F10\_x.** How would you describe this advertisement?

<b>F10_1.</b>	<b>Bad</b>	<input type="checkbox"/> <sub>-3</sub>	<input type="checkbox"/> <sub>-2</sub>	<input type="checkbox"/> <sub>-1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>+1</sub>	<input type="checkbox"/> <sub>+2</sub>	<input type="checkbox"/> <sub>+3</sub>	<b>Good</b>
<b>F10_2.</b>	<b>Unenjoyable</b>	<input type="checkbox"/> <sub>-3</sub>	<input type="checkbox"/> <sub>-2</sub>	<input type="checkbox"/> <sub>-1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>+1</sub>	<input type="checkbox"/> <sub>+2</sub>	<input type="checkbox"/> <sub>+3</sub>	<b>Enjoyable</b>

**F11\_x.** Please tell us if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements.

		<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree or Disagree (Neutral)</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>F11_1.</b>	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
<b>F11_2.</b>	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
<b>F11_3.</b>	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
<b>F11_4.</b>	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
<b>F11_5.</b>	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
<b>F11_6.</b>	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
<b>F11_7.</b>	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
<b>F11_8.</b>	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
<b>F11_9.</b>	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
<b>F11_10.</b>	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
<b>F11_11.</b>	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
<b>F11_12.</b>	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



**F16.** Do your parents have rules about how much time you can spend using media, such as TV, computer, video games, cell phones, and music?

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

**F17.** 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?

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

**F18.** 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?

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

**F19.** How often do your parents let you watch movies or videos that are rated R?

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



## Section G: Environment

The next section asks some questions about your household and peers.

**G1.** 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)

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

**G2.** Do you have any brother(s) and/or sister(s) who have smoked cigarettes during the past 30 days?

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

**G3.** Which statement best describes the rules about smoking in your home? Would you say...

- <sub>1</sub> Smoking is not allowed anywhere inside your home
- <sub>2</sub> Smoking is allowed in some places or at some times
- <sub>3</sub> Smoking is allowed anywhere inside the home
- <sub>4</sub> There are no rules about smoking inside the home
- <sub>9</sub> Prefer not to answer

**G4.** How well would you say you have done in school? Would you say...

- <sub>1</sub> Much better than average
- <sub>2</sub> Better than average
- <sub>3</sub> Average
- <sub>4</sub> Below average
- <sub>5</sub> Much worse than average
- <sub>9</sub> Prefer not to answer

**G5.** I feel close to people at my school. Would you say you...

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

**G6.** I am happy to be at my school. Would you say you...

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

**G7.** I feel like I am a part of my school. Would you say you...

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

**G8.** How far do you think you will go in school?

- <sub>1</sub> I don't plan to go to school anymore
- <sub>2</sub> 9<sup>th</sup> grade
- <sub>3</sub> 10<sup>th</sup> grade
- <sub>4</sub> 11<sup>th</sup> grade
- <sub>5</sub> 12<sup>th</sup> grade or GED
- <sub>6</sub> Some college or technical school but no degree
- <sub>7</sub> Technical school degree
- <sub>8</sub> College degree
- <sub>9</sub> Graduate school, medical school, or law school
- <sub>99</sub> Prefer not to answer

**G9.** How many close friends do you have? (Close friends include people whom you feel at ease with, can talk to about private matters, and can call on for help.)

- \_\_\_\_\_ MIN 0 MAX 7
- <sub>9</sub> Prefer not to answer

**G10.** How often do you attend church or religious services? Would you say...

- <sub>1</sub> Never
- <sub>2</sub> Less than once a month
- <sub>3</sub> About once a month
- <sub>4</sub> About 2 or 3 times a month
- <sub>5</sub> Once a week
- <sub>6</sub> More than once a week
- <sub>9</sub> Prefer not to answer

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

**G11.** I would like to explore strange places. Would you say you...

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

**G12.** I like to do frightening things. Would you say you...

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

**G13.** I like new and exciting experiences, even if I have to break the rules. Would you say you...

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

**G14.** I prefer friends who are exciting and unpredictable. Would you say you...

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

**G15.** 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

- <sub>2</sub> None
- <sub>3</sub> Don't know
- <sub>9</sub> Prefer not to answer

*These next questions ask about how you feel about your current relationship with your parents or guardians. Please tell us if you strongly agree, agree, disagree, or strongly disagree with the following statement.*

**G16.** Thinking about the adult or adults you live with would you say you are satisfied with the way you communicate with each other.

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

**G17.** How close do you feel to the adult or adults you live with?

- <sub>1</sub> Not at all close
- <sub>2</sub> Not very close
- <sub>3</sub> Somewhat close
- <sub>4</sub> Quite close
- <sub>5</sub> Very close
- <sub>9</sub> Prefer not to answer

**G18.** How often has a parent or other adult caregiver said things that really hurt your feelings or made you feel like you were not wanted or loved?

- <sub>1</sub> One time
- <sub>2</sub> Two times
- <sub>3</sub> Three to five times
- <sub>4</sub> Six to ten times
- <sub>5</sub> More than ten times
- <sub>6</sub> This has never happened
- <sub>7</sub> Don't know
- <sub>9</sub> Prefer not to answer

**G19.** Has a parent or other adult caregiver ever talked to you about reasons for not smoking cigarettes or using other types of tobacco like cigars and chewing tobacco?

<sub>1</sub> Yes

<sub>2</sub> No

<sub>9</sub> Prefer not to answer

**G20.** During the past 7 days, on how many days did you and one or both of your parents or other adult caregivers do something together just for fun?

\_\_\_\_\_ MIN 0 MAX 7

<sub>9</sub> Prefer not to answer

**Thank you for taking time to complete this survey.**

## Evaluation of the Public Education Campaign on Teen Tobacco-First Follow-up (ExPECTT-1)

### Subjects for Questionnaire:

- Section B: Tobacco Use Behavior
- Section C: Tobacco Use Intentions and Self-Efficacy
- Section D: Cessation (Intention, Behavior, Motivation)
- Section E: Attitudes, Beliefs & Risk Perceptions, Social Norm
- Section F: Media Use and Awareness
- Section G: Environment

### Introduction

Thank you for agreeing to take part in this survey. The survey will take approximately 45 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.

### Section B: Tobacco Use Behavior

[IF ON THE YOUTH BASELINE SURVEY B1=2 or 9 (never smokers), ASK B1; IF ON THE YOUTH BASELINE SURVEY B1=1 (smokers) ASK B3]

#### *Cigarette Use*

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

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

[IF B1=1 or 9, ASK B2. IF B1=2, ASK B9]

**B2.** How old were you when you first tried cigarette smoking, even one or two puffs?

- <sub>1</sub> 8 years old or younger
- <sub>2</sub> 9 years old
- <sub>3</sub> 10 years old
- <sub>4</sub> 11 years old
- <sub>5</sub> 12 years old
- <sub>6</sub> 13 years old
- <sub>7</sub> 14 years old
- <sub>8</sub> 15 years old
- <sub>9</sub> 16 years old
- <sub>99</sub> Prefer not to answer

**B3.** During the past 30 days, on how many days did you smoke cigarettes?

- <sub>1</sub> 0 days
- <sub>2</sub> 1 or 2 days
- <sub>3</sub> 3 to 5 days
- <sub>4</sub> 6 to 9 days
- <sub>5</sub> 10 to 19 days
- <sub>6</sub> 20 to 29 days
- <sub>7</sub> All 30 days
- <sub>9</sub> Prefer not to answer

[IF B3=1, ASK B6, otherwise ask B4]

**B4.** During the past 30 days, were the cigarettes that you usually smoked menthol?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**B5.** During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- <sub>1</sub> Less than 1 cigarette per day
- <sub>2</sub> 1 cigarette per day
- <sub>3</sub> 2 to 5 cigarettes per day
- <sub>4</sub> 6 to 10 cigarettes per day
- <sub>5</sub> 11 to 20 cigarettes per day
- <sub>6</sub> More than 20 cigarettes per day
- <sub>9</sub> Prefer not to answer

**B6.** Do you consider yourself a smoker?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**Other Tobacco Use**

[IF ON THE YOUTH BASELINE SURVEY B9=2 or 9 (never users), ASK B7; IF ON THE YOUTH BASELINE SURVEY B9=1 (tobacco users) ASK B8]

**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?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

[IF B7=1, ASK B8]

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

- <sub>1</sub> 0 days
- <sub>2</sub> 1 or 2 days
- <sub>3</sub> 3 to 5 days
- <sub>4</sub> 6 to 9 days
- <sub>5</sub> 10 to 19 days
- <sub>6</sub> 20 to 29 days or
- <sub>7</sub> All 30 days
- <sub>9</sub> Prefer not to answer

[IF ON THE YOUTH BASELINE SURVEY B11=2 or 9 (never users), ASK B9; IF ON THE YOUTH BASELINE SURVEY B11=1 (tobacco users) ASK B10]

**B9.** Have you ever smoked cigars, cigarillos, or little cigars such as Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's, even one time? <sub>1</sub> Yes

- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

[IF B9=1, ASK B10]



**B10.** During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

- <sub>1</sub> 0 days
- <sub>2</sub> 1 or 2 days
- <sub>3</sub> 3 to 5 days
- <sub>4</sub> 6 to 9 days
- <sub>5</sub> 10 to 19 days
- <sub>6</sub> 20 to 29 days or
- <sub>7</sub> All 30 days
- <sub>9</sub> Prefer not to answer

[IF ON THE YOUTH BASELINE SURVEY B13=2 or 9 (never users), ASK B11; IF ON THE YOUTH BASELINE SURVEY B13=1 (tobacco users) ASK B12]

**B11.** Have you ever tried smoking tobacco out of a water pipe (also called “hookah”), even one time?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

[IF B11=1, ASK B12]

**B12.** During the past 30 days, on how many days did you smoke tobacco out of a water pipe (also called “hookah”)?

- <sub>1</sub> 0 days
- <sub>2</sub> 1 or 2 days
- <sub>3</sub> 3 to 5 days
- <sub>4</sub> 6 to 9 days
- <sub>5</sub> 10 to 19 days
- <sub>6</sub> 20 to 29 days or
- <sub>7</sub> All 30 days
- <sub>9</sub> Prefer not to answer

[IF ON THE YOUTH BASELINE SURVEY B13=2 or 9 (never users), ASK B13; IF ON THE YOUTH BASELINE SURVEY B13=1 (tobacco users) ASK B14]

**B13.** Have you ever tried smoking tobacco out of a water pipe (also called “hookah”), even one time?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

[IF B13=1, ASK B14]

**B14.** During the past 30 days, on how many days did you smoke tobacco out of a water pipe (also called “hookah”)?

- <sub>1</sub> 0 days
- <sub>2</sub> 1 or 2 days
- <sub>3</sub> 3 to 5 days
- <sub>4</sub> 6 to 9 days
- <sub>5</sub> 10 to 19 days
- <sub>6</sub> 20 to 29 days or
- <sub>7</sub> All 30 days
- <sub>9</sub> Prefer not to answer

[IF ON THE YOUTH BASELINE SURVEY B15=2 or 9 (never users), ASK B15; IF ON THE YOUTH BASELINE SURVEY B15=1 (tobacco users) ASK B16]

**B15.** Have you ever tried electronic cigarettes, such as blu, NJOY, Mystic, 21<sup>st</sup> Century Smoke, even one time?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

[IF B15=1, ASK B16]

**B16.** During the past 30 days, on how many days did you use electronic cigarettes?

- <sub>1</sub> 0 days
- <sub>2</sub> 1 or 2 days
- <sub>3</sub> 3 to 5 days
- <sub>4</sub> 6 to 9 days
- <sub>5</sub> 10 to 19 days
- <sub>6</sub> 20 to 29 days or
- <sub>7</sub> All 30 days
- <sub>9</sub> Prefer not to answer

**B17.** Have you ever tried marijuana, even one time?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

[IF B17=1, ASK B18]

**B18.** During the past 30 days, on how many days did you use marijuana?

- <sub>1</sub> 0 days
- <sub>2</sub> 1 or 2 days
- <sub>3</sub> 3 to 5 days
- <sub>4</sub> 6 to 9 days
- <sub>5</sub> 10 to 19 days
- <sub>6</sub> 20 to 29 days or
- <sub>7</sub> All 30 days
- <sub>9</sub> Prefer not to answer

**B19.** During the past 30 days, on how many days did you add marijuana to a tobacco product, such as a cigar (sometimes known as a “blunt”)?

- <sub>1</sub> 0 days
- <sub>2</sub> 1 or 2 days
- <sub>3</sub> 3 to 5 days
- <sub>4</sub> 6 to 9 days
- <sub>5</sub> 10 to 19 days
- <sub>6</sub> 20 to 29 days or
- <sub>7</sub> All 30 days
- <sub>9</sub> Prefer not to answer

## Section C: Tobacco Use Intentions and Self-Efficacy

### C1. Thinking about the future...

		1 Definitely Yes	2 Probably Yes	3 Probably Not	4 Definitely Not	9 Prefer Not to Answer
C1_1.	Do you think that you will try a <b>cigarette</b> soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_2	Do you think you will smoke a <b>cigarette</b> 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
C1_3	Do you think you will be smoking <b>cigarettes</b> every day one year from now?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_4	Do you think you will be smoking <b>cigarettes</b> , but not every day, one year from now?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_5	If one of your best friends were to offer you a <b>cigarette</b> , would you smoke it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_6	Do you think that you will try <b>smokeless tobacco</b> such as chewing tobacco, snuff, snus or dip soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_7	Do you think you will use <b>smokeless tobacco</b> such as chewing tobacco, snuff, snus 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
C1_8	If one of your best friends were to offer you <b>smokeless tobacco</b> such as chewing tobacco, snuff, snus 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
C1_9	Do you think you will try <b>cigars, cigarillos, or little cigars</b> such as Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

<b>C1_10</b>	Do you think you will try <b>cigars, cigarillos, or little cigars</b> such as Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's 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
<b>C1_11</b>	If one of your best friends were to offer you a <b>cigar, cigarillo, or little cigar</b> , would you smoke it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

**C2.** How sure are you that, if you really wanted to, **you could say no to a cigarette offer** if...

[RANDOMIZE C6\_1-C6\_3]

	<b>1 Not at all sure</b>	<b>2 Slightly sure</b>	<b>3 Somewhat sure</b>	<b>4 Mostly sure</b>	<b>5 Completely sure</b>	<b>9 Prefer Not to Answer</b>
<b>C2_1.</b> You are at a party where most people are 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
<b>C2_2.</b> A very close friend offers it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>C2_3.</b> Someone you know offers it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**C3.** How sure are you that, if you really wanted to, **you could say no to a smokeless tobacco offer**, such as chewing tobacco, snuff, snus or dip if...

[RANDOMIZE C3\_1-C3\_3]

	<b>1 Not at all sure</b>	<b>2 Slightly sure</b>	<b>3 Somewhat sure</b>	<b>4 Mostly sure</b>	<b>5 Completely sure</b>	<b>9 Prefer Not to Answer</b>
<b>C3_1.</b> You are at a party where most people are using it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>C3_2.</b> A very close friend offers it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>C3_3.</b> Someone you know offers it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**Section D: Cessation (Intention, Behavior, Motivation)**

**Cigarette Use** [Ask if B3=2-9]

**D1.** I plan to stop smoking cigarettes for good within the next... *(PLEASE CHOOSE THE FIRST ANSWER THAT FITS)*

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

**D2.** During the past 3 months, did you stop smoking cigarettes for one day or longer because you were trying to quit smoking cigarettes for good?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**D3.** How much do you want to quit smoking?

- <sub>1</sub> Not at all
- <sub>2</sub> A little
- <sub>3</sub> Somewhat
- <sub>4</sub> A lot
- <sub>9</sub> Prefer not to answer

**Other Tobacco Use** [Ask if B10=2-9]

**D4.** 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)*

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

**D5.** During the past 3 months, did you stop using smokeless tobacco such as chewing tobacco, snuff or dip for one day or longer because you were trying to quit using smokeless tobacco for good?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**D6.** How much do you want to stop using smokeless tobacco such as chewing tobacco, snuff or dip?

- <sub>1</sub> Not at all
- <sub>2</sub> A little
- <sub>3</sub> Somewhat
- <sub>4</sub> A lot
- <sub>9</sub> Prefer not to answer

**Section E: Attitudes, Beliefs & Risk Perceptions, Social Norm**

[ASK ALL]

The next set of questions asks for your opinions on cigarette use and other tobacco products.

**Attitude**

**E1. Smoking cigarettes** is... (pick one)

[RANDOMIZE E1\_1-E1\_4]

<b>E1_1.</b>	<b>Bad</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good</b>
<b>E1_2.</b>	<b>Unenjoyable</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Enjoyable</b>

**E2. Using smokeless tobacco**, such as chewing tobacco, snuff, or dip is... (pick one)

[RANDOMIZE E2\_1-E2\_4]

<b>E2_1.</b>	<b>Bad</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good</b>
<b>E2_2.</b>	<b>Unenjoyable</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Enjoyable</b>

**Attitudinal Beliefs and Risk Perceptions**

**E3.** How much do you agree or disagree with the following statements? *If I smoke I will...*

		<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree or Disagree (Neutral)</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>E3_1.</b>	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
<b>E3_2.</b>	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
<b>E3_3.</b>	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
<b>E3_4.</b>	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
<b>E3_5.</b>	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
<b>E3_6.</b>	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
<b>E3_7.</b>	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
<b>E3_8.</b>	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
<b>E3_9.</b>	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
<b>E3_10.</b>	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
<b>E3_11</b>	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
<b>E3_12.</b>	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
<b>E3_13.</b>	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
<b>E3_14</b>	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
<b>E3_15.</b>	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
<b>E3_16.</b>	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
<b>E3_17</b>	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
<b>E3_18.</b>	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
<b>E3_19.</b>	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
<b>E3_20.</b>	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
<b>E3_21.</b>	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
<b>E3_22.</b>	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



**E4.** How much do you agree or disagree with the following statements? *If I use smokeless tobacco, snuff or dip, I will...*

		<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree or Disagree (Neutral)</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>E4_1.</b>	Damage my body	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_2.</b>	Be controlled by smokeless tobacco	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_3.</b>	Be unattractive	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_4.</b>	Ingest poisons	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_5.</b>	Develop cancer of the lip, mouth, tongue or throat	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_6.</b>	Develop sexual and/or fertility problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_7.</b>	Lose my taste buds	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_8.</b>	Be unable to stop when I want to	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_9.</b>	Get wrinkles	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_10.</b>	Develop skin problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_11</b>	Have problems with my teeth	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_12.</b>	Lose my teeth	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_13.</b>	Shorten my life	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_14.</b>	Develop a tobacco-related disease	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_15.</b>	Have bad breath	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_16</b>	Get sick more often	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_17.</b>	Decrease my sports performance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_18.</b>	End up wasting money on cigarettes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_19.</b>	Become addicted	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_20.</b>	Be a bad influence on others	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**E5. How much do you agree or disagree with the following statements about smoking cigarettes?**

		<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree or Disagree (Neutral)</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>E5_1.</b>	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
<b>E5_2.</b>	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
<b>E5_3.</b>	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
<b>E5_4.</b>	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
<b>E5_5.</b>	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
<b>E5_6.</b>	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
<b>E5_7.</b>	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
<b>E5_8.</b>	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

**E6. How much do you agree or disagree with the following statements about using smokeless tobacco such as chewing tobacco, snuff, or dip?**

		<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree or Disagree (Neutral)</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>E6_1.</b>	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
<b>E6_2.</b>	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
<b>E6_3.</b>	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
<b>E6_4.</b>	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
<b>E6_5.</b>	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
<b>E6_6.</b>	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
<b>E6_7.</b>	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
<b>E6_8.</b>	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

**E7. Do you believe cigarette smoking is related to...**

		<b>1 Definitely Yes</b>	<b>2 Probably Yes</b>	<b>3 Probably Not</b>	<b>4 Definitely Not</b>	<b>Don't Know</b>	<b>9 Prefer Not to Answer</b>
<b>E7_1</b>	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
<b>E7_2</b>	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
<b>E7_3</b>	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
<b>E7_4</b>	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
<b>E7_5</b>	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
<b>E7_6</b>	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
<b>E7_7</b>	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
<b>E7_8</b>	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
<b>E7_9</b>	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
<b>E7_10</b>	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
<b>E7_11</b>	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
<b>E7_12</b>	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

**E8. Do you believe smokeless tobacco such as chewing tobacco, snuff, or dip is related to....**

		<b>1 Definitely Yes</b>	<b>2 Probably Yes</b>	<b>3 Probably Not</b>	<b>4 Definitely Not</b>	<b>Don't Know</b>	<b>9 Prefer Not to Answer</b>
<b>E8_1</b>	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
<b>E8_2</b>	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
<b>E8_3</b>	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
<b>E8_4</b>	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
<b>E8_5</b>	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
<b>E8_6</b>	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

**E9. Does cigarette smoke contain....**

		<b>1 Definitely Yes</b>	<b>2 Probably Yes</b>	<b>3 Probably Not</b>	<b>4 Definitely Not</b>	<b>Don't Know</b>	<b>9 Prefer Not to Answer</b>
<b>E9_1</b>	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
<b>E9_2</b>	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
<b>E9_3</b>	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
<b>E9_4</b>	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
<b>E9_5</b>	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
<b>E9_6</b>	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
<b>E9_7</b>	Formaldehyde, a chemical used to preserve dead animals?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E9_8</b>	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
<b>E9_9</b>	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
<b>E9_10</b>	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
<b>E9_11</b>	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
<b>E9_12</b>	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
<b>E9_13</b>	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

**E10. Does smokeless tobacco such as chewing tobacco, snuff, or dip contain....**

		<b>1 Definitely Yes</b>	<b>2 Probably Yes</b>	<b>3 Probably Not</b>	<b>4 Definitely Not</b>	<b>Don't Know</b>	<b>9 Prefer Not to Answer</b>
<b>E10_1</b>	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
<b>E10_2</b>	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
<b>E10_3</b>	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
<b>E10_4</b>	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
<b>E10_5</b>	Formaldehyde, a chemical used to preserve dead animals?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E10_6</b>	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
<b>E10_7</b>	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
<b>E10_8</b>	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
<b>E10_9</b>	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

**Social Norms**

**E11.** How many **of your four closest friends...**

		<b>0 None</b>	<b>1 One</b>	<b>2 Two</b>	<b>3 Three</b>	<b>4 Four</b>	<b>9 Prefer Not to Answer</b>
<b>E11_1.</b>	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
<b>E11_2.</b>	Smoke menthol 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
<b>E11_3.</b>	Use smokeless tobacco, such as chewing tobacco, snuff, snus 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

**E12.** How many **others your age...**

		<b>0 None</b>	<b>1 A few</b>	<b>2 Some</b>	<b>3 Most</b>	<b>4 All</b>	<b>9 Prefer Not to Answer</b>
<b>E12_1.</b>	Smoke cigarettes <b>every day</b> ?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E12_2.</b>	Smoke menthol cigarettes <b>every day</b> ??	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E12_3.</b>	Use smokeless tobacco, such as chewing tobacco, snuff, or dip <b>every day</b> ?						
<b>E12_4.</b>	Smoke cigarettes, <b>but not every day</b> ?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E12_5.</b>	Smoke menthol cigarettes, <b>but not every day</b> ??	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E12_6.</b>	Use smokeless tobacco, such as chewing tobacco, snuff, or dip, <b>but not every day</b> ?	<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 F: Media Use and Awareness**

**F1.** Thinking only about yesterday, about how much time did you spend watching TV shows on any of the following? [INSERT PHOTOS]

	<b>1 None</b>	<b>2 5 min - less than 30 min</b>	<b>3 30 min - 1 hour</b>	<b>4 More than 1 hour - 3 hours</b>	<b>5 More than 3 hours</b>	<b>6 Does Not Apply to Me</b>	<b>9 Prefer not to answer</b>
<b>F1_1.</b> 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"/> _6	<input type="checkbox"/> _9
<b>F1_2.</b> 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"/> _6	<input type="checkbox"/> _9
<b>F1_3.</b> 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"/> _6	<input type="checkbox"/> _9
<b>F1_4.</b> 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"/> _6	<input type="checkbox"/> _9



**F2.** 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
<b>Listening to Music</b>						
<b>F2_1.</b> 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
<b>Using a Computer, Laptop, or Tablet</b>						
<b>F2_2.</b> 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
<b>F2_3.</b> 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
<b>F2_4.</b> 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
<b>F2_5.</b> 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

	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
<b>Using a Cell Phone/Smartphone</b>						
<b>F2_6.</b> 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
<b>F2_7.</b> 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
<b>F2_8.</b> 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
<b>F2_9.</b> 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
<b>Playing Games and Reading</b>						
<b>F2_10.</b> 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
<b>F2_11.</b> 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
<b>F2_12.</b> 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

**F2\_12.** 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

**F3.** 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.

F3\_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

F3\_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

F3\_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

F3\_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

F3\_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

**F4.** 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 F4=1-6 ASK F5]

**F5.** Where have you seen or heard about [INSERT CAMPAIGN NAME]?

1            2  
Yes        No

[RANDOMIZE]

- F5\_1.** On TV
- F15\_2.** On the radio
- F5\_3.** In newspapers or magazines
- F5\_4.** On the Internet
- F5\_5.** Billboards or other outdoor ads

**F6.** The [INSERT CAMPAIGN NAME] is on social networking sites. Have you ever seen [INSERT CAMPAIGN NAME] on the following sites?

1            2  
Yes        No

- F6\_1.** Facebook?
- F6\_2.** Twitter?
- F6\_3.** [INSERT SOCIAL MEDIA SITE A]
- F6\_4.** [INSERT SOCIAL MEDIA SITE B]

**F7\_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]

**F8\_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 F8x=1, ASK F8a\_x]

**F8a\_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

**F9\_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 F9\_x = 1, ASK F9a\_x]

**F9a\_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 F8\_x or F9\_x =1 OR 2, GO TO GO TO F10\_x; OTHERWISE GO TO G1.]

**F10\_x.** How would you describe this advertisement?

<b>F10_1.</b>	<b>Bad</b>	<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	<b>Good</b>
<b>F10_2.</b>	<b>Unenjoyable</b>	<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	<b>Enjoyable</b>

**F11\_x.** Please tell us if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements.

		<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree or Disagree (Neutral)</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>F11_1.</b>	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
<b>F11_2.</b>	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
<b>F11_3.</b>	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
<b>F11_4.</b>	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
<b>F11_5.</b>	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
<b>F11_6.</b>	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
<b>F11_7.</b>	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
<b>F11_8.</b>	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
<b>F11_9.</b>	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
<b>F11_10.</b>	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
<b>F11_11.</b>	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
<b>F10_12.</b>	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





## Section G: Environment

The next section asks some questions about your household and peers.

**G1. 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)**

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

**G2. Do you have any brother(s) and/or sister(s) who have smoked cigarettes during the past 30 days?**

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

**G4. How well would you say you have done in school? Would you say...**

- <sub>1</sub> Much better than average
- <sub>2</sub> Better than average
- <sub>3</sub> Average
- <sub>4</sub> Below average
- <sub>5</sub> Much worse than average
- <sub>9</sub> Prefer not to answer

**G5. I feel close to people at my school. Would you say you...**

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

**G6.** I am happy to be at my school. Would you say you...

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

**G7.** I feel like I am a part of my school. Would you say you...

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

**G8.** How far do you think you will go in school?

- <sub>1</sub> I don't plan to go to school anymore
- <sub>2</sub> 9<sup>th</sup> grade
- <sub>3</sub> 10<sup>th</sup> grade
- <sub>4</sub> 11<sup>th</sup> grade
- <sub>5</sub> 12<sup>th</sup> grade or GED
- <sub>6</sub> Some college or technical school but no degree
- <sub>7</sub> Technical school degree
- <sub>8</sub> College degree
- <sub>9</sub> Graduate school, medical school, or law school
- <sub>99</sub> Prefer not to answer

**G9.** How many close friends do you have? (Close friends include people whom you feel at ease with, can talk to about private matters, and can call on for help.)

\_\_\_\_\_ MIN 0 MAX 7

- <sub>9</sub> Prefer not to answer

**G10.** How often do you attend church or religious services? Would you say...

- <sub>1</sub> Never
- <sub>2</sub> Less than once a month
- <sub>3</sub> About once a month
- <sub>4</sub> About 2 or 3 times a month
- <sub>5</sub> Once a week
- <sub>6</sub> More than once a week
- <sub>9</sub> Prefer not to answer

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

**G11.** I would like to explore strange places. Would you say you...

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

**G12.** I like to do frightening things. Would you say you...

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

**G13.** I like new and exciting experiences, even if I have to break the rules. Would you say you...

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

**G14.** I prefer friends who are exciting and unpredictable. Would you say you...

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

**G16.** 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
- <sub>2</sub> None
  - <sub>3</sub> Don't know
  - <sub>9</sub> Prefer not to answer

These next questions ask about how you feel about your current relationship with your parents or guardians. Please tell us if you strongly agree, agree, disagree, or strongly disagree with the following statement.

**G17.** Thinking about the adult or adults you live with would you say you are satisfied with the way you communicate with each other.

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

**G18.** How close do you feel to the adult or adults you live with?

- <sub>1</sub> Not at all close
- <sub>2</sub> Not very close
- <sub>3</sub> Somewhat close
- <sub>4</sub> Quite close
- <sub>5</sub> Very close
- <sub>9</sub> Prefer not to answer

**G19.** How often has a parent or other adult caregiver said things that really hurt your feelings or made you feel like you were not wanted or loved?

- <sub>1</sub> One time
- <sub>2</sub> Two times
- <sub>3</sub> Three to five times
- <sub>4</sub> Six to ten times
- <sub>5</sub> More than ten times
- <sub>6</sub> this has never happened
- <sub>7</sub> Don't know
- <sub>9</sub> Prefer not to answer

**G20.** Has your parent or adult caregiver ever talked to you about reasons for not smoking cigarettes or using other types of tobacco like cigars and chewing tobacco?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**G21.** During the past 7 days, on how many days did you and one or both of your parents or adult caregivers do something together just for fun?

- \_\_\_\_\_ MIN 0 MAX 7
- <sub>9</sub> 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 41 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](mailto:PRASStaff@fda.hhs.gov)**