

# ATTACHMENT 4: YOUTH MEDIA TRACKING SCREENER AND INSTRUMENT

Form Approved  
OMB No. 0910-0753  
Exp. Date 10/31/2016

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

Subjects for Questionnaire:

Study Screener

Section A: Media Use and Awareness

Section B: Tobacco Use Behavior, Attitudes & Beliefs

Section C: Demographic Items

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

Greetings!

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

Best Regards -  
Global Test Market Team

#### *Study Introduction*

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

Your responses will be kept private to the fullest extent allowable by law, and neither your name nor other personal information will be associated with your responses. The data collected for this study will be combined with that of all participants before it is analyzed.

**S1.** How old are you?

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

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

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

**Section A: Media Use and Awareness**

[INSERT STUDY CONSENT LANGUAGE HERE]

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

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

	None	At least one minute, but less than 1 hour	1 hour or more, but less than 2 hours	2 hours or more, but less than 3 hours	More than 3 hours	Prefer not to answer
<b>A1_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>A1_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>A1_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>A1_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

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

	None	At least one minute, but less than 1 hour	1 hour or more, but less than 2 hours	2 hours or more, but less than 3 hours	More than 3 hours	Prefer not to answer
<b>Listening to Music</b>						
<b>A2_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>A2_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>A2_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>A2_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>A2_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

<b>Using a Cell Phone/Smartphone</b>						
<b>A2_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>A2_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>A2_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>A2_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>A2_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>A2_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>A2_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

**A2\_13.** How often do you go to the movies at a movie theater?

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

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

[RANDOMIZE PRESENTATION OF A3\_1a through A3\_1b]

**A3\_1**

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

Skittles

- 1\_\_ Yes
- 2\_\_ No
- 3\_\_ Not Sure

**A3\_1b**

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

Xbox

- 1\_\_ Yes
- 2\_\_ No
- 3\_\_ Not Sure

**A3\_1c**

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

Proactiv

- 1\_\_ Yes
- 2\_\_ No
- 3\_\_ Not Sure

**A3\_2**

[RANDOMIZE PRESENTATION OF A3\_2a through A3\_2f]

**A3\_2a.** In the past 3 months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

Rebellion

- 1\_\_ Yes
- 2\_\_ No
- 3\_\_ Not Sure

**A3\_2b.** In the past 3 months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

Digital Youth Against Tobacco (DYAT)

- 1\_\_ Yes
- 2\_\_ No
- 3\_\_ Not Sure

A3\_2c. In the past 3 months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

The Real Cost

- 1\_\_ Yes
- 2\_\_ No
- 3\_\_ Not Sure

A3\_2d. 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

A3\_2e. In the past 3 months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

Tips from Former Smokers (Tips)

- 1\_\_ Yes
- 2\_\_ No
- 3\_\_ Not Sure

A3\_2f. In the past 3 months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

truth

- 1\_\_ Yes
- 2\_\_ No
- 3\_\_ Not Sure

**A4. The next set of questions ask whether or not you've seen any of the following advertisements.**

[RANDOMIZE ORDER OF F4\_1 and F4\_2]

**A4\_1.** In the past 3 months, have you seen a Tips from Former Smokers (Tips) advertisement? Examples of some Tips from Former Smokers ads are shown below.

- 1\_\_ Yes
- 2\_\_ No

[INSERT Tips from Former Smokers PHOTO COLLAGE]

**A4\_2.** In the past 3 months, have you seen a truth campaign advertisement? Examples of some truth campaign ads are shown below.

- 1\_\_ Yes
- 2\_\_ No

[INSERT truth PHOTO COLLAGE]

[If F4\_1 =YES, AND F4\_2=YES, ASK F5\_1 AND F5\_2, RANDOMIZE ORDER. IF F4\_1=Yes AND F4\_2=NO, ask F5\_1. If F4\_1=NO and F4\_2=YES, ASK F5\_2.

**A5\_1.** Where have you seen a Tips from Former Smokers (Tips) ad? Examples of some Tips from Former Smokers ads are shown below.

- 1\_\_ On TV
- 2\_\_ On the radio
- 3\_\_ In newspapers or magazines
- 4\_\_ On the Internet
- 5\_\_ Billboards or other outdoor ads

[INSERT Tips from Former Smokers PHOTO COLLAGE]

**A5\_2.** Where have you seen a truth campaign ad? Examples of some truth campaign ads are shown below.

[RANDOMIZE ORDER OF CHECKBOX LIST]

- 1\_\_ On TV
- 2\_\_ On the radio
- 3\_\_ In newspapers or magazines
- 4\_\_ On the Internet
- 5\_\_ Billboards or other outdoor ads

[INSERT truth campaign PHOTO COLLAGE]

[If F4\_1 =YES, AND F4\_2=YES, ASK F6\_1 AND F6\_2, RANDOMIZE ORDER. IF F4\_1=Yes AND F4\_2=NO, ask F6\_1. If F4\_1=NO and F4\_2=YES, ASK F6\_2.

**A6\_1.** The Tips Campaign is on social networking sites. Have you ever seen Tips ads on the following sites?

1	2
Yes	No

**A6\_1a.** Facebook?

**A6\_1b.** Twitter?

**A6\_2.** The truth Campaign is on social networking sites. Have you ever seen truth ads on the following sites?

1	2
Yes	No

**A6\_2a.** Facebook?

**A6\_2b.** Twitter?



**A7\_x.** Now we would like to show you some advertisements that have been shown in the U.S. Once you have viewed the video below, please click on the forward arrow below to continue with the survey.

[DISPLAY EMBEDDED VIDEO FOR AD\_x]

**A8\_x.** Have you seen this ad in the past three months?

- \_1 Yes
- \_2 No
- \_9 Prefer not to answer

[IF A8x=1, ASK A8a\_x]

**A8a\_x.** How frequently have you seen this ad in the past three months??

- \_1 Rarely
- \_2 Sometimes
- \_3 Often
- \_4 Very Often
- \_9 Prefer not to answer

**A9ax.** Where have you seen this ad? Check all that apply. [Channels]  
[RANDOMIZE ORDER OF CHECKBOX LIST]

- 1\_\_ On TV
- 2\_\_ On the Internet
- 3\_\_ On the radio
- 4\_\_ In newspapers or magazines
- 5\_\_ Billboards or posters

**A9bx.** Where have you seen this ad? Check all that apply. [Locations]

[RANDOMIZE ORDER OF CHECKBOX LIST]

- 1\_\_ At the movie theatre
- 2\_\_ At school
- 3\_\_ At the mall, in an arcade or store
- 4\_\_ On buses, trains or other public transportation
- 5\_\_ Outdoors

**A9cx.** Where on the Internet have you seen this ad? Check all that apply. [note we will ask this of everyone even if they did not indicate they saw the campaign online in A9ax.]

[RANDOMIZE ORDER OF CHECKBOX LIST]

- 1\_\_ Internet or banner ad
- 2\_\_ Facebook
- 3\_\_ Twitter
- 4\_\_ YouTube
- 5\_\_ Hulu
- 6\_\_ Other social networking sites
- 7\_\_ I have not seen this ad on the Internet

[IF A8\_x =2,3,4, or 9, GO TO GO TO A10\_x; OTHERWISE GO TO B1.]

**A10\_x.** How would you describe this advertisement?

<b>A10_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>A10_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>

**A11\_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>A11_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>A11_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>A11_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>A11_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>A11_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>A11_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>A11_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>A11_8</b>	This ad is silly	<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>A11_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>A11_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>A11_12</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>A11_13</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
<b>A11_14</b>	This ad is annoying	<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>A11_15</b>	This ad was difficult to watch	<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>A11_16</b>	I can identify with what the ad says	<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>A11_17</b>	This ad is different from other anti-tobacco ads I've seen or heard	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9



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

**A16.** After seeing this ad, did you share [insert campaign name] YouTube channel with a friend?

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

**A17.** After seeing this ad, did you mention it on social media?

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

**A18.** Did you talk to anyone about any of these ads?

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

[IF A18=1, ASK A19]

**A19.** When you talked about the ads, did you talk about any of the following topics?

- 1 Yes
- 2 No

[RANDOMIZE]

**A15\_1.** These ads were good

**A15\_2.** These ads were NOT good

**A15\_3.** I should not smoke

**A15\_4.** The person I was talking to or someone else I know should not smoke

**A15\_5.** Other, specify \_\_\_\_\_

[REPEAT A7\_x. FOR OTHER ADS]

**A20.** 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

**A21.** 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

**A22.** 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

## Section B: Tobacco Use Behavior, Attitudes & Beliefs

### 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, GO TO B2. IF B1=2, GO TO B7]

**B2.** 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

**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, GO TO B7, otherwise GO TO 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.** Do you consider yourself a smoker?

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

[IF B3=2-9 GO TO B6; OTHERWISE GO TO B7]

**B6.** 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

**Other Tobacco Use**

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

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

[IF B7=1 or 9, GO TO B8; OTHERWISE GO TO C10]

**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 B8=2-9 GO TO B9; OTHERWISE GO TO B10]

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

- <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

[IF B2=2 or 3 ASK B10\_1 through B10\_3. IF B7=2 or 3 ASK B10\_4 through B10\_6. ; OTHERWISE GO TO B11]

**B10.** Thinking about the future...

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

**B11. Smoking cigarettes is...**

<b>B11_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>B11_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>

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

<b>B12_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>B12_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>

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

		<b>1</b> Strongly Disagree	<b>2</b> Disagree	<b>3</b> Neither Agree or Disagree (Neutral)	<b>4</b> Agree	<b>5</b> Strongly Agree	<b>9</b> Prefer Not to Answer
<b>B13_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>B13_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>B13_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>B13_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>B13_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>B13_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>B13_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>B13_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>B13_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>B13_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>B13_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>B13_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>B13_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>B13_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>B13_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>B13_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>B13_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>B13_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>B13_19.</b>	Waste 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>B13_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>B13_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>B13_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
<b>B13_23.</b>	Miss out on things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

**14.** 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>B14_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>B14_2.</b>	Be controlled by smokeless tobacco	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>B14_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>B14_4.</b>	Ingest poisons	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>B14_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>B14_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>B14_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>B14_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>B14_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>B14_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>B14_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>B14_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>B14_13.</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>B14_14.</b>	Develop a tobacco-related disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>B14_15.</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>B14_16.</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>B14_17.</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>B14_18.</b>	Waste 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>B14_19.</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>B14_20.</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
<b>B14_21.</b>	Miss out on things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

**B15. 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>B15_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>B15_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>B15_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>B15_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>B15_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>B15_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>B15_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>B15_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
<b>B15_9.</b>	Menthol cigarettes are safer than non-menthol 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

**B16. 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>B16_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>B16_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>B16_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>B16_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>B16_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>B16_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>B16_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>B16_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

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

		<b>1 Definitel y Yes</b>	<b>2 Probabl y 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>B17_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>B17_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>B17_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>B17_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>B17_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>B17_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>B17_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>B17_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>B17_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>B17_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>B17_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>B17_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

**B18.** 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>B18_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>B18_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>B18_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>B18_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>B18_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>B18_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

**B19.** Does **cigarette smoke** contain....[ASK EACH RESPONDENT 4 AT RANDOM]

		<b>1 Definitel y Yes</b>	<b>2 Probabl y Yes</b>	<b>3 Probabl y Not</b>	<b>4 Definitel y Not</b>	<b>Don't Know</b>	<b>9 Prefer Not to Answer</b>
<b>B19_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>B19_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>B19_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>B19_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>B19_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>B19_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>B19_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>B19_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>B19_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>B19_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>B19_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>B19_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>B19_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



**B20.** Does **smokeless tobacco such as chewing tobacco, snuff, or dip** contain....[ASK EACH RESPONDENT 4 AT RANDOM]

		<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>B20_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>B21_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>B20_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>B20_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>B20_5</b>	Formaldehyde, a chemical used to preserve things?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>B20_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>B20_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>B20_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>BA3 20_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

**B21.** 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>B21_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>B21_2</b>	Smoke menthol cigarettes						
<b>B21_3.</b>	Use smokeless tobacco, such as chewing tobacco, snuff or dip?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

**E8. 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>E8_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>E8_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>E8_3</b>	Use smokeless tobacco, such as chewing tobacco, snuff, or dip <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>E8_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>E8_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>E8_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 C: Demographic Items**

**C1.** Are you male or female?

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

**C2.** 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

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

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

[IF C2=2-9, GO TO C4, OTHERWISE GO TO C5]

**C4.** When you watch TV, what type of programming do you usually watch?

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

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

- <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

**C6.** 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

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

- <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

**C8.** 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

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

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

- <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

**C10.** 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

**C11.** 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

**C12.** 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

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

\_\_\_\_\_ Number of days

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

**C14.** What is your zip code?

- <sub>3</sub> Don't know
- <sub>9</sub> Prefer not to answer

**C15.** What county do you live in?

[DROP DOWN MENU BASED ON ZIP]

- <sub>3</sub> Don't know
- <sub>9</sub> Prefer not to answer

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

**OMB No: 0910-0753**

**Expiration Date: 10/31/2016**

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