

Attachment 3
OMB Control Number: 0910-0674

Expiration Date: 03/31/2016

Institute for Health Research and Policy (MC 275)
5th Floor, West Research Office Building
1747 West Roosevelt Road

## The City of Chicago Flavored Tobacco Product Ban near Schools

Focus Group Participant Check-In Survey

Name:					
Date of Birth: <sub>_</sub> Level:		Grade			
Gender: Fer	nale Male				
Race/Ethnicity	:				
Are you of Hisp	oanic, Latino, or Spanish origin?	Yes	No		
If yes, p	lease check one:				
• M	lexican, Mexican American, Chicano				
• P	uerto Rican				
• C	uban				
• 0	ther Hispanic, Latino, or Spanish origin:				
What is your ra	ace?				
	• White	<ul> <li>Vietna</li> </ul>	Vietnamese		
	Black or African     American	• Other	Asian race:		
	American Indian or     Alactic Alactics	<ul> <li>Native Hawaiian</li> </ul>			
	Alaska Native		anian or		
	Asian Indian     Claire and an	Cham			
	• Chinese	• Samo	an		
	• Filipino	• Other	Pacific Islande		
	<ul> <li>Japanese</li> </ul>				
	• Korean	• Other			
Home Address	::				

School:				
•				

When was the last time you used any tobacco products?

Never

Tobacco use:

- Within the last 5 years
- Within the last year
- Within the last month
- Within the last week
- Within the last day

When was the last time you used any flavored tobacco products such as menthol cigarettes, flavored cigarettes/cigarillos, flavored e-cigarettes, or flavored e-hookahs?

- Never
- Within the last 5 years
- Within the last year
- Within the last month
- Within the last week
- Within the last day

Do you know other adolescents (aged 14-18 years old) who use any flavored tobacco products?

- Yes
- No

Paperwork Reduction Act Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0910-0674 (expires 03/31/2016). The public reporting burden for this information collection has been estimated to average 10 minutes per response to complete the questions asked in this assent form (the time estimated to read and review). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to PRAStaff@fda.hhs.gov.