

ATTACHMENT D:

SURVEY

Quantitative Study of Tobacco Facts Designed to Inform Youth Tobacco Prevention Messaging

Fact Questions

You are going to see approximately 10 facts about tobacco. We will show you one fact at a time. After each fact is shown, we'd like to know what you think about each of them. Some of these facts may be used in advertisements to keep young people from smoking and using other tobacco products.

Fact #1: Addiction keeps people smoking even when they want to quit.

A1. This fact about smoking is:
[RANDOMIZE ORDER, HIDE RESPONSE VALUES]

| | -3 | -2 | -1 | 0 | 1 | 2 | 3 | |
|-----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------|
| Not telling me anything new | <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"/> ₇ | Telling me something new |
| Not attention grabbing | <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"/> ₇ | Attention grabbing |
| Not 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"/> ₆ | <input type="checkbox"/> ₇ | Worth remembering |
| Boring | <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"/> ₇ | Interesting |
| Stupid | <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"/> ₇ | Not Stupid |
| Not important | <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"/> ₇ | Important |
| Not informative | <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"/> ₇ | Informative |
| Not convincing | <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"/> ₇ | Convincing |
| Not believable | <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"/> ₇ | Believable |

A2. How much do you trust this fact?

- ₁ Very much
- ₂ Somewhat
- ₃ A little
- ₄ Not at all
- ₉ Prefer not to answer

A3. How likely are you to share this fact with somebody you know?

- ₁ Very likely
- ₂ Somewhat likely
- ₃ Somewhat unlikely
- ₄ Very unlikely
- ₉ Prefer not to answer

A4. Did this fact give a strong or weak reason to stay away from smoking?

- ₁ Very strong
- ₂ Somewhat strong
- ₃ Somewhat weak
- ₄ Very weak
- ₉ Prefer not to answer

[Repeat questions A1 - A4 for the remaining 9 or so facts]

Next we are going to ask you to review all the facts you have seen and tell us which facts are the best and which ones are the worst.

A5. Please review the facts you have seen and rank the 2 you think give the BEST reason not to smoke or use other tobacco products where 1=best; 2=second best

| | |
|--------------------------|---|
| <input type="checkbox"/> | Fact 1: Addiction keeps people smoking even when they want to quit. |
| <input type="checkbox"/> | Fact 2:... |
| <input type="checkbox"/> | ... |
| <input type="checkbox"/> | ... |
| <input type="checkbox"/> | ... |
| <input type="checkbox"/> | ... |
| <input type="checkbox"/> | ... |
| <input type="checkbox"/> | ... |
| <input type="checkbox"/> | ... |

| | |
|--------------------------|-----|
| <input type="checkbox"/> | ... |
|--------------------------|-----|

A5a. You selected “Fact X.....” as the best fact. Why do you think this is the best fact?

A5b. You selected “Fact Y.....” as the second best fact. Why do you think this is the second best fact?

A6. Please review the facts you have seen and rank the 2 you think give the WORST reason not to smoke where 1=worst fact; 2=second worst

| | |
|--------------------------|---|
| <input type="checkbox"/> | Fact 1: Addiction keeps people smoking even when they want to quit. |
| <input type="checkbox"/> | Fact 2:... |
| <input type="checkbox"/> | ... |
| <input type="checkbox"/> | ... |
| <input type="checkbox"/> | ... |
| <input type="checkbox"/> | ... |
| <input type="checkbox"/> | ... |
| <input type="checkbox"/> | ... |
| <input type="checkbox"/> | ... |
| <input type="checkbox"/> | ... |
| <input type="checkbox"/> | ... |

A6a. You selected “Fact X.....” as the worst fact. Why do you think this is the worst fact?

A6b. You selected “Fact Y.....” as the second worst fact. Why do you think this is the second worst fact?

Risk Perceptions and Attitudinal Beliefs

Next, we are going to ask you some general questions about smoking.

B1. How much do you agree or disagree with the following statements? [RANDOMIZE PRESENTATION]

B1_1. If I smoke cigarettes I will.....

| | | 1 Definitely Yes | 2 Probably Yes | 3 Probably Not | 4 Definitely Not | 9 Prefer Not to Answer |
|---------------|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| B1_1a. | Be controlled by smoking (Addiction) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₉ |
| B1_1b. | Become addicted (Addiction) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₉ |
| B1_1c. | Develop a smoking-related disease (Health Effects) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₉ |
| B1_1d. | Damage my body (Health Effects) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₉ |
| B1_1e. | Inhale dangerous chemicals (HPHCs) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₉ |
| B1_1f. | Shorten my life (Mortality) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₉ |
| B1_1g. | Be less attractive to others (Social Norms) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₉ |

B1_2. If I use e-cigarettes I will...

| | | 1 Definitely Yes | 2 Probably Yes | 3 Probably Not | 4 Definitely Not | 9 Prefer Not to Answer |
|---------------|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| B1_2a. | Inhale dangerous chemicals | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₉ |

B2. How much do you agree or disagree with the following statements? [RANDOMIZE PRESENTATION]

| | | 1 Strongly Agree | 2 Agree | 3 Neither Agree nor Disagree | 4 Disagree | 5 Strongly Disagree | 9 Prefer Not to Answer |
|--------------|---|-----------------------------|-----------------------------|--|-----------------------------|-----------------------------|---------------------------------|
| B2_1. | Smoking can cause <u>immediate</u> damage to my body. (Health Effects) | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| B2_2. | E-cigarettes are less harmful than smoking regular cigarettes. (E-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 |
| B2_3. | Using any kind of tobacco can pose some health risks. (Product Content/Design) | <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

B3. Out of every 10 students in your grade at school, how many do you think smoke?

_____ MIN 0 MAX 10
_99 Prefer not to answer

B4. How many of your four closest friends...

| | | 0 None | 1 One | 2 Two | 3 Three | 4 Four or More | 9 Prefer Not to Answer |
|--------------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------------|
| B4_1. | Smoke cigarettes? | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _9 |
| B4_2. | Use electronic cigarettes, also called "e-cigarettes", "e-cigs", "vapor pens", or "e-hookahs" (For example, blu, NJOY, Mistic, 21st Century Smoke)? | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _9 |

Sensation seeking

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

B5. Would you say you...

| | | 1 Strongly Agree | 2 Agree | 3 Neither Agree or Disagree | 4 Disagree | 5 Strongly Disagree | 9 Prefer Not to Answer |
|-------------|---|-----------------------------|-----------------------------|--------------------------------------|-----------------------------|-----------------------------|---------------------------------|
| B5_1 | Like to explore strange places. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| B5_2 | Like to do frightening 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 |
| B5_3 | Like new and exciting experiences, even if I have to break the rules. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| B5_4 | Prefer friends who are exciting and unpredictable. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |

Other Tobacco Use

B6. Now we would like to ask you some questions about your use of other tobacco products. Have you used the following tobacco products **in the past 30 days?**

| | | 1 Yes | 2 No | 9 Prefer Not to Answer |
|-------------|---|-----------------------------|-----------------------------|---------------------------------|
| B6_1 | Smokeless tobacco, such as chewing tobacco, snuff, snus or dip (For example, Copenhagen, Skoal, Grizzly, Kodiak, or Red Seal)? | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _9 |
| B6_2 | Cigars, cigarillos, or little cigars,(For example, Swisher Sweets, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's)? | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _9 |
| B6_3 | Tobacco out of a water pipe (also called | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _9 |

| | | | | |
|-------------|--|-----------------------------|-----------------------------|-----------------------------|
| | “hookah”)? | | | |
| B6_4 | Electronic cigarettes, also called “e-cigarettes”, “e-cigs”, “vapor pens”, or “e-hookahs”(For example, blu, NJOY, Mystic, 21st Century Smoke)? | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _9 |

E-Cigarette Intentions

B7. Thinking about the future...

| | | 1 Definitely Yes | 2 Probably Yes | 3 Probably Not | 4 Definitely Not | 9 Prefer Not to Answer |
|-------------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|
| B7_1 | Do you think that you will try an e-cigarette soon? | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _9 |
| B7_2 | Do you think you will try an e-cigarette at any time in the next year? | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _9 |
| B7_3 | If one of your best friends were to offer you an e-cigarette, would you use it? | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _9 |

Self-reported skills

Next, we would like to ask you some general questions about your skills.

B8. I am good at math (strongly agree/strongly disagree)

- _1 Strongly disagree
- _2 Disagree
- _3 Neither agree nor disagree (neutral)
- _4 Agree
- _5 Strongly agree
- _9 Prefer not to answer

B9. How confident are you that you understood the tobacco facts you have seen?

- _1 Very confident
- _2 Somewhat confident
- _3 A little confident
- _4 Not at all confident
- _9 Prefer not to answer

Demographics and Environment

C1. Are you male or female?

- ₁ Female
- ₂ Male
- ₉ Prefer not to answer

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

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

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

- ₁ American Indian or Alaska Native
- ₂ Asian
- ₃ Black or African American
- ₄ Native Hawaiian or Other Pacific Islander
- ₅ White
- ₅ Other
- ₉ Prefer not to answer

C4. Other than you, has **anyone who lives with you** used any of the following during the past 30 days...? (You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER)

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

C5. How far do you think you will go in school?

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

C6. 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 98
- 99 Prefer not to answer