

**EVALUATION OF THE FRESH EMPIRE CAMPAIGN ON TOBACCO
WEB SCREENER SURVEY**

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

**Evaluation of the Fresh Empire Campaign on Tobacco- Web Screener
(EFFECT-S)**

Subjects for Questionnaire:
Section S: Study Screener

- S1.** How old are you?
- ₁ Younger than 13 --→ STOP. SKIP TO S8.
 - ₂ 13 years old
 - ₃ 14 years old
 - ₄ 15 years old
 - ₅ 16 years old
 - ₆ 17 years old
 - ₇ 18 years old or older --→ STOP. SKIP TO S8.
 - ₉ Prefer not to answer

- S2.** What is your gender?
- ₁ Female
 - ₂ Male
 - ₃ Other (Please specify _____)
 - ₉ Prefer not to answer

- S8.** Are you Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected)
- ₁ No, not of Hispanic, Latino, Latina, or Spanish origin
 - ₂ Yes, Mexican, Mexican American, Chicano or Chicana
 - ₃ Yes, Puerto Rican
 - ₄ Yes, Cuban
 - ₅ Yes, Another Hispanic, Latino/a or Spanish origin
 - ₉ Prefer not to answer

- S9.** What race or races do you consider yourself to be? (You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER or YOU MAY SKIP THIS QUESTION)
- ₁ American Indian or Alaska Native
 - ₂ Asian
 - ₃ Black or African American
 - ₄ Native Hawaiian or Other Pacific Islander
 - ₅ White
 - ₉ Prefer not to answer

[DISPLAY I-BASE PHOTO ARRAY OF 36 FEMALES, then ask S3a and S3b]

S3a. Rank the three people that would BEST FIT in your main group of friends, starting with the best fit.

<input type="checkbox"/>	1	_____
<input type="checkbox"/>	2	_____
<input type="checkbox"/>	3	_____

S3b. Rank the three people that would LEAST FIT in your main group of friends, starting with the worst fit.

<input type="checkbox"/>	1	_____
<input type="checkbox"/>	2	_____
<input type="checkbox"/>	3	_____

[DISPLAY I-BASE PHOTO ARRAY OF 36 MALES, then ask S4a and S4b]

S4a. Rank the three people that would BEST FIT in your main group of friends, starting with the best fit.

<input type="checkbox"/>	1	_____
<input type="checkbox"/>	2	_____
<input type="checkbox"/>	3	_____

S4b. Rank the three people that would WORST FIT in your main group of friends, starting with the worst fit.

<input type="checkbox"/>	1	_____
<input type="checkbox"/>	2	_____
<input type="checkbox"/>	3	_____

S6. What is your zip code?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3	Don't know			
<input type="checkbox"/>	9	Prefer not to answer			

S7. What county do you live in?
[DROP DOWN MENU BASED ON ZIP]

<input type="checkbox"/>	3	Don't know
<input type="checkbox"/>	9	Prefer not to answer

S10. What is your first name?

S10_a. [IF ELIGIBLE] You are eligible to take part in a study conducted by the U.S. Food and Drug Administration. This survey will take about 20 minutes to complete. The survey will ask questions about your experiences at home and at school, as well as about your knowledge and attitudes about tobacco. Everyone who completes the online survey will receive a \$25 virtual gift card by email.

We need your parent's/guardian's permission for you to take the survey. Your parent/guardian will not be able to see any of your answers to the questions.

Please provide the information below. If your parent/guardian gives their permission for you to take the survey, we will email the survey link to you.

Parent/Guardian Name _____

Phone Number _____

Your email address _____

(If you do not have an email address, please enter the address of someone in your family)

S10b. [IF NOT ELIGIBLE] Thank you for your time and responses.

Thank you for your time.

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