

## ATTACHMENT 2: LGBT YOUNG ADULT FOLLOW-UP INSTRUMENT

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

### Research and Evaluation Survey for the Public Education Campaign on Tobacco among Lesbian Gay Bisexual Transgender (LGBT) (RESPECT) - Follow-Up Survey

#### Subjects for Questionnaire:

- Section AA: Informed Consent
- 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
- Section H: LGBT Identity and Community

Notes: LGBT stands for Lesbian Gay Bisexual Transgender

The “Prefer not to answer” option will be available for all questions; however, it will not be visible on the screen. Rather respondents will have the option of continuing to the next question without answering the current question. If they do, they will be prompted to answer the question they skipped and “Prefer not to answer” will appear as an option.

#### Section AA: Informed consent

**AA1.** [THE INFORMED CONSENT TEXT WILL BE INSERTED HERE.]

#### Section A: Demographic Items

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

**A1.** What is your date of birth? (mm-dd-yyyy)?

**A2.** 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

**A3.** 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)

	<b>1 Yes</b>	<b>2 No</b>	<b>9 Prefer Not to Answer</b>
<b>A3_1.</b> American Indian or Alaska Native	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>9</sub>
<b>A3_2.</b> Asian	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>9</sub>
<b>A3_3.</b> Black or African American	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>9</sub>
<b>A3_4.</b> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>9</sub>
<b>A3_5.</b> White	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>9</sub>
<b>A3_6.</b> Other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>9</sub>
<b>A3_7.</b> Prefer not to answer			

**A4.** Which best describes your current job or paid employment status?

- <sub>1</sub> Work full-time at least 35 hours per week
- <sub>2</sub> Work part-time 15 to 34 hours per week
- <sub>3</sub> Work part-time less than 15 hours per week
- <sub>4</sub> I don't currently work for pay
- <sub>5</sub> Don't know
- <sub>9</sub> Prefer not to answer

**A5.** What is the highest grade or level of school you have completed?

- <sub>1</sub> Less than high school
- <sub>2</sub> Some high school, no diploma
- <sub>3</sub> GED
- <sub>4</sub> High school graduate—diploma
- <sub>5</sub> Some college but no degree
- <sub>6</sub> Associate degree—occupational/vocational
- <sub>7</sub> Associate degree—academic program
- <sub>8</sub> Bachelor’s degree (ex: BA, AB, BS)
- <sub>9</sub> Master’s degree (ex: MA, MS, MEng, Med, MSW)
- <sub>10</sub> Professional school degree (ex: MD, DDS, DVM, JD)
- <sub>11</sub> Doctorate degree (ex: PhD, EdD)
- <sub>12</sub> Don’t know
- <sub>99</sub> Prefer not to answer

**A6.** Are you currently enrolled in a degree program?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> Don’t know
- <sub>9</sub> Prefer not to answer

**A7.** Which type of degree program are you currently enrolled in?

- <sub>1</sub> Technical/vocational program
- <sub>2</sub> 2-year degree program
- <sub>3</sub> 4-year degree program
- <sub>4</sub> Graduate/professional program
- <sub>5</sub> Other type of degree program
- <sub>6</sub> Don’t know
- <sub>9</sub> Prefer not to answer

**A8.** Which of the following categories best describes your total household income in the past 12 months?

This is the total income before taxes of all persons in your household combined. Please include money from jobs, relatives, pensions, dividends, interest, social security payments or retirement benefits, net income from business, farm or rent, and any other money received by household members.

- <sub>1</sub> Less than \$10,000
- <sub>2</sub> \$10,000 to \$14,999
- <sub>3</sub> \$15,000 to \$24,999
- <sub>4</sub> \$25,000 to \$34,999
- <sub>5</sub> \$35,000 to \$49,999
- <sub>6</sub> \$50,000 to \$74,999
- <sub>7</sub> \$75,000 to \$99,999
- <sub>8</sub> \$100,000 to \$149,999
- <sub>9</sub> \$150,000 to \$199,999
- <sub>10</sub> \$200,000 or more
- <sub>11</sub> Don’t know

99 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 B13]

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

[\_][\_] Years  
[RANGE: 7-17,99]

[PN: IF RESPONDENT DOESN'T ANSWER 7-17, FILL WITH 99]

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

[\_][\_] days [RANGE: 0-30, 99]

[PN: IF RESPONDENT DOESN'T ANSWER 0-30, FILL WITH 99]

[IF B3=1 to 30, ASK B4, IF B3= 0 skip to B6]

**B4.** During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- <sub>1</sub> Fewer than 5 cigarettes
- <sub>2</sub> 5-9 cigarettes
- <sub>3</sub> 10 cigarettes (1/2 a pack)
- <sub>4</sub> 11-19 cigarettes (more than 1/2 pack but less than 1 pack)
- <sub>5</sub> 20 cigarettes (1 pack)
- <sub>6</sub> 30 cigarettes (1 ½ packs)
- <sub>7</sub> 40 cigarettes (2 packs)
- <sub>8</sub> More than 40 cigarettes (more than 2 packs)
- <sub>9</sub> Prefer not to answer

**B5.** 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

**B6.** On the days that you smoke, how soon after you wake up do you have your first cigarette? Would you say...

- <sub>1</sub> Within 5 minutes
- <sub>2</sub> 6-30 minutes
- <sub>3</sub> 31-60 minutes
- <sub>4</sub> After 60 minutes
- <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

**B9.** Do you consider yourself a social smoker?

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

**B10.** About how many cigarettes have you smoked in your entire life? Your best guess is fine.

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

**B11.** About how long has it been since you last smoked cigarettes?

- <sub>1</sub> More than 30 days ago but within the past 3 months
- <sub>2</sub> More than 3 months ago but within the past 12 months
- <sub>3</sub> More than 12 months ago but within the past 3 years
- <sub>4</sub> More than 3 years ago
- <sub>9</sub> Prefer not to answer

**B12.** The last time you bought cigarettes for yourself, did you buy them by the carton, pack, loose out of the pack, or did you roll your own?

- <sub>1</sub> Carton
- <sub>2</sub> Pack
- <sub>3</sub> Loose
- <sub>4</sub> Roll your own
- <sub>5</sub> Don't know
- <sub>9</sub> Prefer not to answer

[IF B12=1, GO TO B12\_1; IF B12=2 GO TO B12\_2; IF B12= 3 GO TO B12\_3 ELSE GO TO B13]

**B12\_1.** What price did you pay?

Per Carton \$ \_\_\_\_\_ [Range \$5.00 to \$175.00]

**B12\_2.** What price did you pay?

Per Pack \$ \_\_\_\_\_ [Range \$1.50 to \$25.00]

**B12\_3.** What price did you pay?

Per Cigarette \$ \_\_\_\_\_ [Range \$0.10 to \$2.00]

**Other Tobacco and Substance Use**

**B13.** 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 B13=1, ASK B14]



**B14.** 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

**B15.** Have you ever smoked cigars, cigarillos, or little cigars such as Swisher Sweets, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's, even one or two puffs?



- <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 smoke cigars, cigarillos, or little cigars such as Swisher Sweets, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's?



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

**B17.** Have you ever tried smoking tobacco out of a water pipe (also called “hookah”)?



- <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 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

**B19.** These are examples of electronic cigarettes, also called “e-cigarettes”, “e-cigs”, “vapor pens”, or “e-hookahs”. Electronic cigarettes sometimes look like regular cigarettes, but run on a battery and produce vapor instead of smoke. Have you ever tried electronic cigarettes, even one or two puffs?



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

[IF B19=1, ASK B20]

**B20.** During the past 30 days, on how many days did you use electronic cigarettes, also called “e-cigarettes”, “e-cigs”, “vapor pens”, or “e-hookahs”?



- <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

**B21.** Have you ever tried marijuana, even one time?

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

[IF B21=1, ASK B22]

**B22.** 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

**B23.** During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

- <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

**B24.** On the days that you drank during the past week, how many drinks did you usually have each day?

Sunday # OF DRINKS \_\_\_\_\_ [RANGE: 1 - 90]

Monday # OF DRINKS \_\_\_\_\_ [RANGE: 1 - 90]

Tuesday # OF DRINKS \_\_\_\_\_ [RANGE: 1 - 90]

Wednesday # OF DRINKS \_\_\_\_\_ [RANGE: 1 - 90]

Thursday # OF DRINKS \_\_\_\_\_ [RANGE: 1 - 90]

Friday # OF DRINKS \_\_\_\_\_ [RANGE: 1 - 90]

Saturday # OF DRINKS \_\_\_\_\_ [RANGE: 1 - 90]

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



[Display Section C only if B1= 2 (never smokers)]

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

**C1. Thinking about the future...**

		<b>1</b> Definitely Yes	<b>2</b> Probably Yes	<b>3</b> Probably Not	<b>4</b> Definitely Not	<b>9</b> Prefer Not to Answer
<b>C1_1.</b>	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
<b>C1_2.</b>	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
<b>C1_3.</b>	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

**C2. Thinking about the future...**

		<b>1</b> Definitely Yes	<b>2</b> Probably Yes	<b>3</b> Probably Not	<b>4</b> Definitely Not	<b>9</b> Prefer Not to Answer
<b>C2_1.</b>	Do you think that you might experiment with <b>cigarettes</b> in the future?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C2_2.</b>	Have you ever been curious about smoking a <b>cigarette</b> ?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

**C3.** How sure are you that, if you really wanted to, **you could avoid smoking cigarettes** if...

[RANDOMIZE C3\_1-C3\_4]

	<b>1</b> Not at all sure	<b>2</b> Slightly sure	<b>3</b> Somewhat sure	<b>4</b> Mostly sure	<b>5</b> Completel y sure	<b>9</b> Prefer Not to Answer
<b>C3_1.</b> You are at a party, bar or club?	<input 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> You are in a place 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>C3_2.</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
<b>C3_3.</b> Someone you want to get to 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
<b>C3_4.</b> Someone offers it to take a break?	<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=1 to 30]

**D1.** How much do you want to stop smoking for good? Would you say...?

- <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

**D2.** I plan to stop smoking cigarettes for good within the next...

- <sub>1</sub> 7 days
- <sub>2</sub> 30 days
- <sub>3</sub> 6 months
- <sub>4</sub> 12 months
- <sub>5</sub> I do not plan to stop smoking cigarettes within the next year
- <sub>9</sub> Prefer not to answer

**D3.** If you decided to give up smoking altogether in the next 12 months, how likely do you think you would be to succeed? Would you say...?

- <sub>1</sub> Very unlikely
- <sub>2</sub> Somewhat unlikely
- <sub>3</sub> Somewhat likely
- <sub>4</sub> Very likely
- <sub>9</sub> Prefer not to answer

**D4.** How much do you think your health would improve if you were to stop smoking for good?

- <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

**D5.** How worried are you that smoking will damage your health in the future?

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

**D6.** How worried are you that smoking will damage your physical appearance or attractiveness?

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

[Ask ALL]

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

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

**Attitude**

**E1.** How much do you agree or disagree with the following statements **about people who are tobacco-free?**

[RANDOMIZE ALL ROWS]

		<b>1</b> <b>Strongly</b> <b>Disagree</b>	<b>2</b> <b>Disagree</b>	<b>3</b> <b>Neither</b> <b>Agree or</b> <b>Disagree</b> <b>(Neutral)</b>	<b>4</b> <b>Agree</b>	<b>5</b> <b>Strongly</b> <b>Agree</b>	<b>9</b> <b>Prefer</b> <b>Not to</b> <b>Answer</b>
<b>E1_1.</b>	People who are tobacco-free are <b>confident</b> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E1_2.</b>	People who are tobacco-free are <b>powerful</b> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E1_3.</b>	People who are tobacco-free are <b>happy</b> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E1_4.</b>	People who are tobacco-free are <b>social</b> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E1_5.</b>	People who are tobacco-free are <b>attractive</b> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E1_6.</b>	People who are tobacco-free are <b>passé</b> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E1_7.</b>	People who are tobacco-free are <b>unsure of themselves</b> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E1_8.</b>	People who are tobacco-free are <b>boring</b> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E1_9.</b>	People who are tobacco-free are <b>basic</b> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E1_10.</b>	People who are tobacco-free are <b>predictable</b> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E1_11.</b>	People who are tobacco-free are <b>followers</b> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E1_12.</b>	People who are tobacco-free are <b>trendsetters</b> .	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**E2. Smoking cigarettes** is... (pick one)

[RANDOMIZE E2\_1-E2\_2]

<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>

**E3A.** How much do you agree or disagree with the following statements?

[ASK E3A ONLY if B1= 2 (never smokers) OR B3= 0 (current non-smokers)

AND B13=2 (never smokeless users) OR B14= 0 (current non-smokeless users)

AND B15= 2 (never cigarillo users) OR B16= 0 (current non-cigarillo users)

AND B17= 2 (never hookah users) OR B18= 0 (current non-hookah users)

AND B19= 2 (never e-cigarette users) OR B20= 0 (current non-ecigarette users]

ELSE SKIP to E3B (current tobacco users)]

[RANDOMIZE E3A\_1-E3A\_7]

		<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>E3A_1.</b>	I am proud to live tobacco-free.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3A_2.</b>	Living tobacco-free is important 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>E3A_3.</b>	I am proud to tell other people I live tobacco-free.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3A_4.</b>	Using tobacco will interfere with 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>E3A_5.</b>	Tobacco use is harmful to the LGBT community.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3A_6.</b>	Being tobacco free when I go out makes me feel excluded.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3A_7.</b>	Using tobacco makes life harder.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**E3B.** How much do you agree or disagree with the following statements?

[RANDOMIZE E3B\_1-E3B\_7]

		<b>1</b> <b>Strongly</b> <b>Disagree</b>	<b>2</b> <b>Disagree</b>	<b>3</b> <b>Neither</b> <b>Agree or</b> <b>Disagree</b> <b>(Neutral)</b>	<b>4</b> <b>Agree</b>	<b>5</b> <b>Strongly</b> <b>Agree</b>	<b>9</b> <b>Prefer</b> <b>Not to</b> <b>Answer</b>
<b>E3B_1.</b>	I would be proud to live tobacco-free.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3B_2.</b>	Living tobacco-free is important 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>E3B_3.</b>	If I lived tobacco-free I would be proud to tell other people.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3B_4.</b>	Using tobacco interferes with 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>E3B_5.</b>	Tobacco use is harmful to the LGBT community.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3B_6.</b>	If I was tobacco free I would feel excluded when I go out.	<input 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>	Using tobacco makes life harder.	<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 smoke cigarettes every day, I will...**

[RANDOMIZE ROWS]

		<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>E4_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>E4_2.</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>E4_3.</b>	Be able to stop smoking 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>E4_4.</b>	Become addicted to 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>E4_5.</b>	Be more attractive	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_6.</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>E4_7.</b>	Damage my immune system	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_8.</b>	Turn off potential partners	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_9.</b>	Get sick more easily	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_10.</b>	Damage 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>E4_11.</b>	Damage my skin	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_12.</b>	Develop 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



**Social Norms**

**E5. 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>E5_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>E5_2.</b>	Smoke <u>menthol</u> 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>E5_3.</b>	Use a hookah or water pipe to smoke tobacco?	<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>E5_4.</b>	Use electronic cigarettes, also called "e-cigarettes", "e-cigs", "vapor pens", or "e-hookahs",  Common brands are Blu, Njoy, Logic, Fin, Swisher, 21 <sup>st</sup> Century Smoke, Vuse, Markten, V2 Ecigs, Nicotek or Vapin Plus.	<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>E5_5.</b>	Smoke cigars, cigarillos, or little cigars without added marijuana?  Common brands are Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

**E6. How many LGBT people who are 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>E6_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>E6_2.</b>	Smoke <u>menthol</u> 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>E6_3.</b>	Use a hookah or water pipe to smoke tobacco?	<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>E6_4.</b>	Use electronic cigarettes, also called “e-cigarettes”, “e-cigs”, “vapor pens”, or “e-hookahs”?  Common brands are Blu, Njoy, Logic, Fin, Swisher, 21 <sup>st</sup> Century Smoke, Vuse, Markten, V2 Ecigs, Nicotek or Vapin Plus.	<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>E6_5.</b>	Smoke cigars, cigarillos, or little cigars without added marijuana?  Common brands are Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton’s.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

**E7. Thinking about LGBT people your age, do you think cigarette smoking is...**

- \_1 Increasing
- \_2 Decreasing
- \_3 Staying the same
- \_4 Not sure
- \_9 Prefer not to answer

**E8. How do LGBT people your age feel about cigarette smoking? Would YOU say most LGBT people your age...**

- \_2 Strongly disapprove
- \_3 Somewhat disapprove
- \_4 Neither approve nor disapprove
- \_4 Somewhat approve
- \_4 Strongly approve
- \_9 Prefer not to answer

**E9. Compared to 3 months ago, people my age at LGBT bars, clubs and events are smoking...**

- <sub>1</sub> More often
- <sub>2</sub> Less often
- <sub>3</sub> About the same
- <sub>4</sub> Not sure
- <sub>9</sub> Prefer not to answer

**Perceived Approval**

**E10.** How much do you agree or disagree with the following statements?

[RANDOMIZE E10\_1-E10\_4]

		<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>E10_1.</b>	According to <b>my friends</b> , it is very important for me to <u>not</u> smoke 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>E10_2.</b>	According to <b>most people my age</b> , it is very important for me to <u>not</u> smoke 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>E10_3.</b>	According to <b>most people who hang out where I hang out</b> , it is very important for me to <u>not</u> smoke 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>E10_4.</b>	According to <b>people my age in LGBT communities</b> it is very important for me to <u>not</u> smoke 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>

**E11.** How much do you agree or disagree with the following statements? **If I only smoke cigarettes on some days (for example, smoking only when I go out), I will...**

[RANDOMIZE ROWS]

		<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>E11_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>E11_2.</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>E11_3.</b>	Be able to stop smoking 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>E11_4.</b>	Become addicted to 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>E11_5.</b>	Be more attractive	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E11_6.</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>E11_7.</b>	Damage my immune system	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E11_8.</b>	Turn off potential partners	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E11_9.</b>	Get sick more easily	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E11_10.</b>	Damage 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>E11_11.</b>	Damage my skin	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E11_12.</b>	Develop 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

## APPROVAL OF SMOKING

**E12.** This next set of questions asks about how willing or unwilling you are to do things with people who smoke cigarettes. Would you:

		<b>1</b> Definitely Yes	<b>2</b> Probably Yes	<b>3</b> Probably Not	<b>4</b> Definitely Not	<b>9</b> Prefer Not to Answer
<b>E12_1.</b>	Go to a bar, club, party, concert or event where people are smoking cigarettes?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E12_2.</b>	Hang out with someone who smokes cigarettes?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E12_3.</b>	Dance with someone who smokes cigarettes?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E12_4.</b>	Kiss someone who smokes cigarettes?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E12_5.</b>	Date someone who smokes cigarettes?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

**E13.** How much do you agree or disagree with the following statements **about smoking cigarettes?**

		<b>1</b> <b>Strongly</b> <b>Disagree</b>	<b>2</b> <b>Disagree</b>	<b>3</b> <b>Neither</b> <b>Agree or</b> <b>Disagree</b> <b>(Neutral)</b>	<b>4</b> <b>Agree</b>	<b>5</b> <b>Strongly</b> <b>Agree</b>	<b>9</b> <b>Prefer</b> <b>Not to</b> <b>Answer</b>
<b>E13_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>E13_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>E13_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>E13_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>E13_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>E13_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>E13_7.</b>	Smoking is a way to show my identity to 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>E13_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>E13_9.</b>	Smoking can cause damage to every part of your 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>E13_10.</b>	Smoking weakens your immune system.	<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 F: Media Use and Awareness

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

**F1.** How often do you...

	<b>1 Several times a day</b>	<b>2 About Once a Day</b>	<b>3 3-5 days a week</b>	<b>4 1-2 days a week</b>	<b>5 Every few weeks</b>	<b>6 Less often</b>	<b>7 Never</b>	<b>9 Prefer Not to Answer</b>
<b>F1_1.</b> Watch <u>TV shows or movies</u> on any platform including a TV set, a computer, laptop or tablet, a smartphone or an iPod or 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"/> _7	<input type="checkbox"/> _9
<b>F1_2.</b> Watch videos on YouTube?	<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	<input type="checkbox"/> _9
<b>F1_3.</b> Listen to streaming radio?	<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	<input type="checkbox"/> _9

**F2.** Thinking about the social networking sites you use... About how often do you visit or use the following...  
[RANDOMIZE ALL]

	<b>1 Several times a day</b>	<b>2 About Once a Day</b>	<b>3 3-5 days a week</b>	<b>4 1-2 days a week</b>	<b>5 Every few weeks</b>	<b>6 Less often</b>	<b>7 Never</b>	<b>9 Prefer Not to Answer</b>
<b>F2_1.</b> Facebook	<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	<input type="checkbox"/> _9
<b>F2_2.</b> Instagram	<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	<input type="checkbox"/> _9
<b>F2_3.</b> Twitter	<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	<input type="checkbox"/> _9
<b>F2_4.</b> Tumblr	<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	<input type="checkbox"/> _9
<b>F2_5.</b> Snapchat	<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	<input type="checkbox"/> _9

**F3.** Thinking about the following websites... About how often do you visit or use the following...

[RANDOMIZE ALL]

	<b>1 Several times a day</b>	<b>2 About Once a Day</b>	<b>3 3-5 days a week</b>	<b>4 1-2 days a week</b>	<b>5 Every few weeks</b>	<b>6 Less ofte n</b>	<b>7 Never</b>	<b>9 Prefer Not to Answer</b>
<b>F3_1.</b> Queerty <a href="http://www.queerty.com/">http://www.queerty.com/</a>	<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	<input type="checkbox"/> _9
<b>F3_2.</b> Edge Media Network <a href="http://www.edgemedianetwork.com/">http://www.edgemedianetwork.com/</a>	<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	<input type="checkbox"/> _9
<b>F3_3.</b> Logo TV <a href="http://www.logotv.com/">http://www.logotv.com/</a>	<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	<input type="checkbox"/> _9
<b>F3_4.</b> Out <a href="http://www.out.com/">http://www.out.com/</a>	<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	<input type="checkbox"/> _9
<b>F3_5.</b> Autostraddle <a href="http://www.autostraddle.com/">http://www.autostraddle.com/</a>	<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	<input type="checkbox"/> _9
<b>F3_6.</b> After Ellen <a href="http://www.afterellen.com/">http://www.afterellen.com/</a>	<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	<input type="checkbox"/> _9
<b>F3_7.</b> Towleroad <a href="http://www.towleroad.com/">http://www.towleroad.com/</a>	<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	<input type="checkbox"/> _9
<b>F3_8.</b> Homorazzi <a href="http://www.homorazzi.com/">http://www.homorazzi.com/</a>	<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	<input type="checkbox"/> _9
<b>F3_9.</b> Advocate <a href="http://www.advocate.com/">http://www.advocate.com/</a>	<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	<input type="checkbox"/> _9
<b>F3_10.</b> Gay.com <a href="http://www.gay.com/">http://www.gay.com/</a>	<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	<input type="checkbox"/> _9

**F4.** How often do you go to concerts, live shows, or other events at a store, local stage, community center, or music venue?

- \_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 attend concerts, live shows, or other events
- \_9 Prefer not to answer



**F5.** In the past 30 days, on how many days did you go to an LGBT party, night, bar, club, or event?

- <sub>1</sub> 0 days
- <sub>2</sub> 1-3 days
- <sub>3</sub> 4-6 days
- <sub>4</sub> 7 or more days
- <sub>5</sub> Don't remember how many days
- <sub>9</sub> Prefer not to answer

**F6.** How many LGBT celebrities, athletes, musicians, or artists do you follow on social media (e.g. Laverne Cox, Tegan & Sara, Ruby Rose, Angel Haze)?

- <sub>1</sub> 0
- <sub>2</sub> 1-2
- <sub>3</sub> 3-4
- <sub>4</sub> 5 or more
- <sub>9</sub> Prefer not to answer

### **BRAND AWARENESS**

**F7.** We want to ask you about some brands that might or might not have appeared in the media around here, as part of ads or videos about tobacco or at concerts, live shows, or other events.

**F7\_1.** In the past 3 months, that is since [FILL DATE], have you seen or heard the following brand?

*COMMUNE*

[DISPLAY CAMPAIGN LOGO]

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> Not Sure
- <sub>9</sub> Prefer not to answer

**F7\_2.** In the past 3 months, that is since [FILL DATE], have you seen or heard the following brand?

*The Real Cost*

[DISPLAY CAMPAIGN LOGO]

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> Not Sure
- <sub>9</sub> Prefer not to answer

**F7\_3.** In the past 3 months, that is since [FILL DATE], have you seen or heard the following brand?

[LGBT CAMPAIGN NAME]

[DISPLAY CAMPAIGN LOGO]

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> Not Sure
- <sub>9</sub> Prefer not to answer

**AD AWARENESS OTHER TC CAMPAIGNS (TO USE AS CONTROLS)**

**F8.** The next set of questions asks whether or not you've seen any of the following ads.

[RANDOMIZE F8\_1-F8\_3]

**F8\_1.** In the past 3 months, that is since [FILL DATE], have you seen a Tips from Former Smokers (Tips) ad? Examples of some Tips from Former Smokers ads are shown below.

[DISPLAY Tips from Former Smokers PHOTO COLLAGE]

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> Not Sure
- <sub>9</sub> Prefer not to answer

**F8\_2.** In the past 3 months, that is since [FILL DATE], have you seen a truth® campaign ad? Examples of some truth® campaign ads are shown below.

[DISPLAY truth® PHOTO COLLAGE]

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> Not Sure
- <sub>9</sub> Prefer not to answer

**F8\_3.** In the past 3 months, that is since [FILL DATE], have you seen a *The Real Cost* campaign ad? Examples of some *The Real Cost* campaign ads are shown below.

[DISPLAY *The Real Cost* PHOTO COLLAGE]

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> Not Sure
- <sub>9</sub> Prefer not to answer

**CHANNELS OF [LGBT CAMPAIGN NAME] AWARENESS**

[IF F7\_3= 1 or 3, Ask F9]

**F9.** Where have you seen or heard about [LGBT CAMPAIGN NAME] ? Check all that apply

[RANDOMIZE; ALL APPEAR ON SCREEN AT ONCE (IF NOT ABLE TO DISPLAY ALL, MAKE ITEM SKIPPABLE AND REMOVE F9\_h)]

- F9\_a.** On TV
- F9\_b.** On the Internet or anywhere online
- F9\_c.** Billboards or other outdoor ads
- F9\_d.** At an event
- F9\_e.** [INSERT PLACEHOLDER FOR CHANNEL OF EXPOSURE]
- F9\_f.** [INSERT PLACEHOLDER FOR CHANNEL OF EXPOSURE]
- F9\_g.** Some other place (please specify \_\_\_\_\_)
- F9\_h.** Prefer not to answer

**F10.** The [LGBT CAMPAIGN NAME] campaign is online. Have you ever seen [LGBT CAMPAIGN NAME] or [DISPLAY LGBT CAMPAIGN LOGO] on... Check all that apply

[RANDOMIZE; ALL APPEAR ON SCREEN AT ONCE (IF NOT ABLE TO DISPLAY ALL, MAKE ITEM SKIPPABLE AND REMOVE F10\_9)]

- F10\_1.** Twitter?
- F10\_2.** Instagram?
- F10\_3.** Facebook?
- F10\_4.** YouTube?
- F10\_5.** Streaming radio?
- F10\_6.** Tumblr?
- F10\_7.** Snapchat?

**F10\_8.** Other (please specify \_\_\_\_\_)  
**F10\_9.** Prefer not to answer

**EVENTS AWARENESS, CHANNEL OF AWARENESS**

**F11\_1.** In the past 3 months, that is since [FILL DATE], have you heard of an event in your area sponsored by, or associated with, [LGBT CAMPAIGN NAME]? (DISPLAY LOGO)

- \_1 Yes
- \_2 No
- \_3 Not Sure
- \_9 Prefer not to answer

[IF F11\_1=1,3, or 9 ASK F12]

**F12\_1.** How frequently have you heard of an event in your area sponsored by, or associated with [LGBT CAMPAIGN NAME] , in the past 3 months, that is since [FILL DATE]?

- \_1 Never
- \_2 Rarely
- \_3 Sometimes
- \_4 Often
- \_5 Very Often
- \_9 Prefer not to answer

**F12\_2.** How did you hear about the [LGBT CAMPAIGN NAME] event?

- 1\_\_ Poster
- 2\_\_ Flyer or promotional materials
- 3\_\_ Streaming Radio ad
- 4\_\_ Online Video ad
- 5\_\_ Friend
- 6\_\_ [INSERT PLACEHOLDER FOR OTHER EVENT PROMOTION]
- 7\_\_ [INSERT PLACEHOLDER FOR OTHER EVENT PROMOTION]
- 8\_\_ Other (please specify \_\_\_\_\_)
- 9\_\_ Not sure
- 99\_\_ Prefer not to answer

**EVENT ATTENDANCE AND REACTIONS**

**F13.** Have you ever attended an event sponsored by, or associated with [LGBT CAMPAIGN NAME] ?

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

[IF F13=2 GO TO VIDEO AWARENESS (F11\_2)]

**F14.** How would you describe the event/s? [RANDOMIZE F14\_1-F14\_2] [MAKE THIS ITEM SKIPPABLE]

<b>F14_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>F14_2.</b>	<b>Not enjoyable</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>

**F15.** How much do you agree or disagree with the following statements?

		<b>1</b> <b>Strongly</b> <b>Disagree</b>	<b>2</b> <b>Disagree</b>	<b>3</b> <b>Neither</b> <b>Agree or</b> <b>Disagree</b> <b>(Neutral)</b>	<b>4</b> <b>Agree</b>	<b>5</b> <b>Strongly</b> <b>Agree</b>	<b>9</b> <b>Prefer</b> <b>Not to</b> <b>Answer</b>
<b>F15_1.</b>	The event/s was 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>F15_2.</b>	The event/s 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>F15_3.</b>	The event/s was 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>F15_4.</b>	The event/s was 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>F15_5.</b>	The event/s was 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>F15_6.</b>	The event/s was 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>F15_7.</b>	The event/s was 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>F15_8.</b>	The event/s 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>F15_9.</b>	The event/s gave me good reasons NOT to smoke 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>F15_10.</b>	The event/s 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\_a.** On a scale of 1 to 5, indicate whether the event/s made smoking cigarettes seem like something you would or wouldn't want to do.

- \_1 The event/s makes me want to smoke cigarettes
- \_2
- \_3
- \_4
- \_5 The event/s makes me want to NOT smoke cigarettes
- \_9 Prefer not to answer

**F16\_b.** On a scale of 1 to 5, indicate whether the event/s made using tobacco seem like something you would or wouldn't want to do.

- \_1 The event/s makes me want to use tobacco
- \_2
- \_3
- \_4
- \_5 The event/s makes me want to NOT use tobacco

\_9 Prefer not to answer

## VIDEO AWARENESS

**F11\_2.** In the past 3 months, that is since [FILL DATE], have you seen a [LGBT CAMPAIGN NAME] video online? (DISPLAY LOGO)

- \_1 Yes
- \_2 No
- \_3 Not Sure
- \_9 Prefer not to answer

**F17.** Now we would like to show you some videos that have been shown in the U.S. Once you have viewed the video, please click on the forward arrow below to continue with the survey.

[DISPLAY VIDEOS OR SCREENSHOTS IN RANDOM ORDER. Use VIDEO for [LGBT CAMPAIGN NAME] ads and fake ad if relevant. Use SCREENSHOTS for truth<sup>®</sup> and Tips from Former Smokers ads if relevant. Each participant will view the video or screenshot then answer F18-F23, then watch the next video and answer the same questions for that video and so on until all videos/screenshots have been viewed]

[RANDOMIZE]

**F18\_x.** Apart from this survey, how frequently have you seen this video [SCREENSHOT LANGUAGE: these ads] in the past 3 months, that is since [FILL DATE]?

- \_1 Never
- \_2 Rarely
- \_3 Sometimes
- \_4 Often
- \_5 Very Often
- \_9 Prefer not to answer

## REACTIONS TO VIDEOS

[Ask all items for each video]

F19\_x. What is the main message of this video?  
[RANDOMIZE ORDER OF CHECKBOX LIST]

- \_1 Live tobacco-free for the love of your family
- \_2 Addiction to cigarettes is expensive
- \_3 Smoking can damage nearly every party of your body
- \_4 Smelling like cigarettes is gross
- \_5 Smoking weakens your immune system and makes you more likely to get sick
- \_6 Choose to live tobacco-free because secondhand smoke causes death and disease
- \_7 Every year 10s of 1000s of LGBT lives are cut short by tobacco
- \_8 Being with friends is more important than smoking
- \_9 Tobacco gets in the way of your health and happiness
- \_10 Live tobacco-free for the love of your friends
- \_11 Tobacco is addictive
- \_12 Cigarettes cause 1,300 people to die every day
- \_13 Smoking tobacco can make your breath and hair stink
- \_14 Tobacco smokers are found to be less attractive
- \_15 Secondhand smoke causes an estimated 41,300 deaths per year
- \_16 Smoking tobacco gives you smelly hair, yellow nails, wrinkled skin and a busted smile
- \_17 [INSERT MAIN MESSAGE OF NEW CAMPAIGN VIDEOS OR DIGITAL CONTENT]
- \_98 Not sure
- \_99 Prefer not to answer

**F20\_x.** How would you describe this video? [RANDOMIZE F20\_1-F20\_2] [MAKE THIS ITEM SKIPPABLE]

<b>F20_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>F20_2.</b>	<b>Not enjoyable</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>

**F21\_x.** How much do you agree or 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>F21_1.</b>	This video 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>F21_2.</b>	This video 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>F21_3.</b>	This video 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>F21_4.</b>	This video 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>F21_5.</b>	This video 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>F21_6.</b>	This video 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>F21_7.</b>	This video 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>F21_8.</b>	This video 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>F21_9</b>	This video gave me good reasons NOT to smoke cigarettes						
<b>F21_10.</b>	This video 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





## STREAMING RADIO AWARENESS

**F24.** In the past 3 months, that is since [FILL DATE], have you heard about [LGBT CAMPAIGN NAME] on streaming radio? (DISPLAY LOGO)

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> Not Sure
- <sub>9</sub> Prefer not to answer

Now we would like to play you some radio clips that have aired in the U.S. Once you have listened the clip, please click on the forward arrow below to continue with the survey.

[RANDOMIZE]

**F25\_x.** Apart from this survey, how frequently have you heard this on the radio in the past 3 months, that is since [FILL DATE]?

- <sub>1</sub> Never
- <sub>2</sub> Rarely
- <sub>3</sub> Sometimes
- <sub>4</sub> Often
- <sub>5</sub> Very Often
- <sub>9</sub> Prefer not to answer

**LOOP BACK TO ASK ABOUT NEXT RADIO CLIP HERE. PRESENT ALL CLIPS BEFORE ASKING ANY RECEPTIVITY QUESTIONS.**

## DIGITAL CONTENT AWARENESS

Now we would like to show you some digital content that you may have seen online.

[DISPLAY SCREENSHOT OF MATERIALS]

**F26a.** Apart from this survey, have you seen this content online in the past 3 months, that is since [FILL DATE]?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> Not Sure
- <sub>9</sub> Prefer not to answer

IF F26a=1,3, or 9 ASK F27b

**F27b.** How frequently have you seen this content online in the past 3 months, that is since [FILL DATE]?

- <sub>1</sub> Never
- <sub>2</sub> Rarely
- <sub>3</sub> Sometimes
- <sub>4</sub> Often
- <sub>5</sub> Very Often

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

### **PROMOTIONAL MATERIALS AWARENESS**

Now we would like to show you some materials that have been circulating in some cities in the U.S.

[DISPLAY SCREENSHOT OF MATERIALS]

**F28a.** Apart from this survey, have you seen promotional materials like this in the past 3 months, that is since [FILL DATE]?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> Not Sure
- <sub>9</sub> Prefer not to answer

IF F28a=1,3, or 9 ASK F28b

**F28b.** How frequently have you seen promotional materials like this in the past 3 months, that is since [FILL DATE]?

- <sub>1</sub> Never
- <sub>2</sub> Rarely
- <sub>3</sub> Sometimes
- <sub>4</sub> Often
- <sub>5</sub> Very Often
- <sub>9</sub> Prefer not to answer

[ASK F28a and F28b UNTIL ALL MATERIALS HAVE BEEN SEEN]

**BRAND EQUITY**

**F29.** How much do you agree or disagree with the following statements about [LGBT CAMPAIGN NAME] ?

[RANDOMIZE F29\_1- F29\_3]

		<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>F29_1.</b>	I want to help promote [LGBT CAMPAIGN NAME]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F29_2.</b>	I'd defend [LGBT CAMPAIGN NAME] if someone was making fun of 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>F29_3.</b>	I'd wear a [LGBT CAMPAIGN NAME] T-shirt	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

[RANDOMIZE ITEMS BELOW WITH F29\_5/ F29\_6 ASKED TOGETHER IN THAT ORDER]

<b>F29_4.</b>	I talk to my friends about [LGBT CAMPAIGN NAME]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F29_5.</b>	If I had the chance, I would tell people I know to watch [LGBT CAMPAIGN NAME] <b>videos</b>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F29_6.</b>	If I had the chance, I would tell people I know to check out [LGBT CAMPAIGN NAME] at <b>events</b>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F29_7.</b>	If I see anything from [LGBT CAMPAIGN NAME] , I check it out	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

[RANDOMIZE ITEMS BELOW WITH F29\_10/ F29\_11 AND F29\_12/ F29\_13 ASKED TOGETHER IN THAT ORDER]

<b>F29_8.</b>	[LGBT CAMPAIGN NAME] is popular with people 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>F29_9.</b>	People are talking about [LGBT CAMPAIGN NAME]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F29_10.</b>	[LGBT CAMPAIGN NAME] <b>videos</b> are becoming more popular with the people who hang out where I hang out	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F29_11.</b>	Checking out [LGBT CAMPAIGN NAME] at <b>events</b> is becoming more popular with the people who hang out where I hang out	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F29_12.</b>	[LGBT CAMPAIGN NAME] <b>videos</b> are for people 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>F29_13.</b>	[LGBT CAMPAIGN NAME] <b>events</b> are for people 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

**F30.** To what extent do you agree that each of the traits or statements listed below describe [LGBT CAMPAIGN NAME] ?

		<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>F30_1.</b>	Trendsetting	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F30_2.</b>	Motivating	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F30_3.</b>	Confident	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F30_4.</b>	Outgoing	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F30_5.</b>	Hosts the best parties	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F30_6.</b>	Always looks good	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**F31.** How much do you agree or disagree with the following statements?

When I think of [LGBT CAMPAIGN NAME] , I think...

		<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>F31_1.</b>	I have the freedom to be tobacco-free	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F31_2.</b>	Using tobacco can undo some of the progress I have made	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F31_3.</b>	Tobacco use is not attractive	<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, 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.** 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

**G3.** 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

**G4.** 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.

**G5.** 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

**G6.** 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

**G7.** 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

**G8.** 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

**G9.** 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



**G10.** In the last month, how often have you

		<b>0 Never</b>	<b>1 Almost never</b>	<b>2 Sometimes</b>	<b>3 Fairly often</b>	<b>4 Very often</b>	<b>9 Prefer Not to Answer</b>
<b>G10_1.</b>	Felt that you were unable to control the important things in your 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>G10_2.</b>	Felt confident about your ability to handle your personal 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>G10_3.</b>	Felt that things were going your way.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>G10_4.</b>	Felt difficulties were piling up so high that you could not overcome them.	<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 H: LGBT Identity and Community

### Discrimination

**H1.** Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following seven situations because of your **sexual identity** (lesbian, gay, bisexual, transgender)?

		<b>1 Yes</b>	<b>2 No</b>	<b>9 Prefer not to answer</b>
<b>H1_1.</b>	In your family	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _9
<b>H1_2.</b>	At school	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _9
<b>H1_3.</b>	Getting a job	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _9
<b>H1_4.</b>	At work	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _9
<b>H1_5.</b>	At home	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _9
<b>H1_6.</b>	Getting medical care	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _9
<b>H1_7.</b>	On the street or in a public setting	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _9

### LGBT Community Involvement

**H2\_1.** Have you ever attended a LGBT pride event?

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

[IF H2\_1= 1 SKIP TO H3]

**H2\_2.** Have you attended a LGBT pride event in the past 12 months?

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

**LGBT Identity Development**

**H3.** For each of the following questions, please mark the response that best indicates your current experience as an LGBT person. Please be as honest as possible: Indicate how you really feel now, not how you think you should feel. There is no need to think too much about any one question. Answer each question according to your initial reaction and then move on to the next.

		<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>H3_1.</b>	I am glad to be an LGBT person.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>H3_2.</b>	My sexual identity is an insignificant part of who I am.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>H3_3.</b>	I'm proud to be part of the LGBT community.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>H3_4.</b>	My sexual identity is a central part of my identity.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>H3_5.</b>	To understand who I am as a person, you have to know that I'm LGBT.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>H3_6.</b>	Being an LGBT person is a very important aspect of 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>H3_7.</b>	I believe being LGBT is an important part of 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>H3_8.</b>	I am proud to be LGBT.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>H3_9.</b>	I feel part of the LGBT community	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>H3_10.</b>	I feel accepted by the LGBT community"	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

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

**OMB No: 0910-XXXX**

**Expiration Date: XX/XX/XXXX**

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