

## **ATTACHMENT 2: YOUTH BASELINE INSTRUMENT**

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### **Evaluation of the Rural Smokeless Tobacco Education Campaign (RuSTEC)**

#### **Subjects for Questionnaire:**

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

#### **Introduction**

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

Your responses will be kept strictly confidential, and neither your name nor other personal information will be associated with your responses. The data collected for this study will be combined with that of all participants before it is analyzed.

## Section A: Demographic Items

**A1.** The first part of the survey asks you some general questions about yourself.

How old are you?

- ☐<sub>1</sub> 11 years old
- ☐<sub>2</sub> 12 years old
- ☐<sub>3</sub> 13 years old
- ☐<sub>4</sub> 14 years old
- ☐<sub>5</sub> 15 years old
- ☐<sub>6</sub> 16 years old
- ☐<sub>7</sub> 17 years old
- ☐<sub>8</sub> 18 years old or older
  
- ☐<sub>9</sub> Prefer not to answer

**A2.** Are you female or male?

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

**A3.** Are you of Hispanic, Latino/a, or of Spanish origin? *Select all that apply.*

- ☐<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

**A4.** In general, do you usually speak...

- ☐<sub>1</sub> Only Spanish
- ☐<sub>2</sub> Spanish more than English
- ☐<sub>3</sub> Spanish and English equally
- ☐<sub>4</sub> English more than Spanish
- ☐<sub>5</sub> English only
- ☐<sub>6</sub> Some other language
  
- ☐<sub>9</sub> Prefer not to answer

[IF A4=6, ASK A4a]

**A4a.** What other language do you usually speak?

\_\_\_\_\_

**A5.** What race or races do you consider yourself to be? Please select one or more of these categories.

	<b>1 Yes</b>
<b>A4_1.</b> American Indian or Alaska Native	<input type="checkbox"/> _1
<b>A4_2.</b> Asian	<input type="checkbox"/> _1
<b>A4_3.</b> Black or African American	<input type="checkbox"/> _1
<b>A4_4.</b> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> _1
<b>A4_5.</b> White	<input type="checkbox"/> _1
<b>A4_6.</b> Other	<input type="checkbox"/> _1
<b>A3_7.</b> Prefer not to answer	<input type="checkbox"/> _1

[IF A5\_6=1, ASK A5a]

**A5a.** Please specify the other race you consider yourself to be.

\_\_\_\_\_

**A6.** What grade are you in? If school has not started for you, what grade are you going into?

- ☐\_1 5th
- ☐\_2 6th
- ☐\_3 7th
- ☐\_4 8th
- ☐\_5 9th
- ☐\_6 10th
- ☐\_7 11th
- ☐\_8 12th
- ☐\_9 Ungraded or other grade
- ☐\_99 Prefer not to answer

**A7.** During the past 30 days, about how much money did you have each week to spend any way you wanted to?

- ☐<sub>1</sub> None
- ☐<sub>2</sub> \$5 or less
- ☐<sub>3</sub> \$6 to \$10
- ☐<sub>4</sub> \$11 to \$20
- ☐<sub>5</sub> \$21 to \$35
- ☐<sub>6</sub> \$36 to \$50
- ☐<sub>7</sub> \$51 to \$75
- ☐<sub>8</sub> \$76 to \$125
- ☐<sub>9</sub> \$126 or more
  
- ☐<sub>99</sub> Prefer not to answer

## **Section B: Tobacco Use Behavior**

### ***Cigarette Use***

**B1.** The next section asks about your experiences with tobacco products.

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 B5]

**B2.** During the past 30 days, on how many days did you smoke cigarettes?

☐<sub>1</sub> 0 days

☐<sub>2</sub> 1 or 2 days

☐<sub>3</sub> 3 to 5 days

☐<sub>4</sub> 6 to 9 days

☐<sub>5</sub> 10 to 19 days

☐<sub>6</sub> 20 to 29 days

☐<sub>7</sub> All 30 days

☐<sub>9</sub> Prefer not to answer

[IF B3=1, ASK B4, otherwise ask B3]

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

☐<sub>1</sub> Less than 1 cigarette per day

☐<sub>2</sub> 1 cigarette per day

☐<sub>3</sub> 2 to 5 cigarettes per day

☐<sub>4</sub> 6 to 10 cigarettes per day

☐<sub>5</sub> 11 to 20 cigarettes per day

☐<sub>6</sub> More than 20 cigarettes per day

☐<sub>9</sub> Prefer not to answer

**B4.** About how many cigarettes have you smoked in your entire life? Your best guess is fine.

- ☐<sub>1</sub> 0 cigarettes
- ☐<sub>2</sub> 1 or more puffs but never a whole cigarette
- ☐<sub>3</sub> 1 cigarette
- ☐<sub>4</sub> 2 to 5 cigarettes
- ☐<sub>5</sub> 6 to 15 cigarettes (about 1/2 a pack total)
- ☐<sub>6</sub> 16 to 25 cigarettes (about 1 pack total)
- ☐<sub>7</sub> 26 to 99 cigarettes (more than 1 pack, but less than 5 packs)
- ☐<sub>8</sub> 100 or more cigarettes (5 or more packs)
  
- ☐<sub>9</sub> Prefer not to answer

**Other Tobacco Product Use**

**B5.** The next questions are about smokeless tobacco, such as dip, chewing tobacco, snuff, or snus. Common brands include Copenhagen, Grizzly, Skoal, Camel Snus, Kodiak, and Longhorn.



Have you ever used smokeless tobacco even just a small amount?

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

[IF B5=1, ASK B6]

**B6.** During the past 30 days, on how many days did you use smokeless tobacco?

- ☐<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

**B7.** How many times have you used smokeless tobacco in your entire life?

- ☐<sub>1</sub> 1 time
- ☐<sub>2</sub> 2 to 10 times
- ☐<sub>3</sub> 11 to 20 times
- ☐<sub>4</sub> 21 to 50 times
- ☐<sub>5</sub> 51 to 99 times
- ☐<sub>6</sub> 100 or more times
  
- ☐<sub>9</sub> Prefer not to answer

**B8.** How often do you swallow smokeless tobacco juices?

- ☐<sub>1</sub> Always
- ☐<sub>2</sub> Sometimes
- ☐<sub>3</sub> Rarely
- ☐<sub>4</sub> Never
  
- ☐<sub>9</sub> Prefer not to answer

**B9.** How soon after you wake up do you use smokeless tobacco?

- ☐<sub>1</sub> Within 5 minutes
- ☐<sub>2</sub> 6 to 30 minutes
- ☐<sub>3</sub> 31 to 60 minutes
- ☐<sub>4</sub> More than 60 minutes
  
- ☐<sub>9</sub> Prefer not to answer

- B10.** The next questions are about cigars, cigarillos, or little cigars such as Black & Mild, Swisher Sweets, Dutch Masters, Phillies Blunts, Prime Time, and Winchester.



Have you ever smoked cigars, cigarillos, or little cigars even one time?

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

[IF B10=1, ASK B11]

- B11.** During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

- ☐<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



**B12.** Have you ever tried smoking tobacco out of a water pipe (also called “hookah”), even one time?



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

[IF B12=1, ASK B13]

**B13.** 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



**B14.** The next questions are about e-cigarettes (e-cigs), sometimes also called vape pens, personal vaporizers and mods, e-cigars, e-pipes, e-hookahs and hookah pens.

Have you ever tried any e-cigarettes, even one time?

☐<sub>1</sub> Yes

☐<sub>2</sub> No

☐<sub>9</sub> Prefer not to answer

[IF B14=1, ASK B15]

**B15.** During the past 30 days, on how many days did you use e-cigarettes?

☐<sub>1</sub> 0 days

☐<sub>2</sub> 1 or 2 days

☐<sub>3</sub> 3 to 5 days

☐<sub>4</sub> 6 to 9 days

☐<sub>5</sub> 10 to 19 days

☐<sub>6</sub> 20 to 29 days or

☐<sub>7</sub> All 30 days

☐<sub>9</sub> Prefer not to answer

[ASK IF B14=1]

**B16.** Does the e-cigarette you usually use contain nicotine?

- ☐<sub>1</sub> Yes  
☐<sub>2</sub> No  
☐<sub>3</sub> Don't Know  
  
☐<sub>9</sub> Prefer not to answer

***Marijuana use***

**B17.** Have you ever tried marijuana, even one time?

- ☐<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 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

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

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

		1 Definitely Yes	2 Probably Yes	3 Probably Not	4 Definitely Not	9 Prefer Not to Answer
C1_1.	Do you think that you will smoke 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
C1_2.	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
C1_3.	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
C1_4.	Have you ever been curious about smoking <b>cigarettes</b> ?	<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...

		1 Definitely Yes	2 Probably Yes	3 Probably Not	4 Definitely Not	9 Prefer Not to Answer
C2_1.	Do you think that you will use <b>smokeless tobacco</b> ?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C2_2.	Do you think you will use <b>smokeless tobacco</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
C2_3.	If one of your best friends were to offer you <b>smokeless tobacco</b> would you use it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C2_4.	Have you ever been curious about using <b>smokeless tobacco</b> ?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

**C3.** 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>C3_1.</b>	Do you think that you will use an <b>e-cigarette</b> soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C3_2.</b>	Do you think you will use an <b>e-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>C3_3.</b>	If one of your best friends were to offer you an <b>e-cigarette</b> , would you use it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C3_4</b>	Have you ever been curious about using <b>e-cigarette</b> s?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

**C4.** How sure are you that, if you really wanted to, **you could say no to smokeless tobacco**, if...

[RANDOMIZE C4\_1-C4\_3]

	<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>C4_1.</b>	You are hanging out where most people are using 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>C4_2.</b>	A friend 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>C4_3.</b>	If a family member 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

## **Section D: Cessation (Intention, Behavior, Motivation)**

### ***Cigarette Use*** [Ask if B2=2-9]

**D1.** During the past 3 months, did you stop smoking cigarettes for one day or longer because you were trying to quit smoking cigarettes for good?

☐<sub>1</sub> Yes

☐<sub>2</sub> No

☐<sub>9</sub> Prefer not to answer

**D2.** How much do you want to quit stop smoking?

☐<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

### ***Other Tobacco Use*** [Ask if B5=2-9]

**D3.** During the past 3 months, did you stop using smokeless tobacco for one day or longer because you were trying to quit using smokeless tobacco for good?

☐<sub>1</sub> Yes

☐<sub>2</sub> No

☐<sub>9</sub> Prefer not to answer

**D4.** How much do you want to stop using smokeless tobacco?

☐<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

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

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

**Attitude****E1. Smoking cigarettes is...**

[RANDOMIZE E1\_1-E1\_3]

<b>E1_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>E1_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>
<b>E1_3.</b>	<b>Harmful</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Not Harmful</b>

**E2. Using smokeless tobacco is...**

[RANDOMIZE E2\_1-E2\_3]

<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>
<b>E2_3.</b>	<b>Harmful</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Not Harmful</b>

**E3. Using e-cigarettes is...**

[RANDOMIZE E3\_1-E3\_3]

<b>E3_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>E3_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>
<b>E3_3.</b>	<b>Harmful</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Not Harmful</b>



### ***Attitudinal Beliefs and Risk Perceptions***

**E4.** How much do you agree or disagree with the following statements? **If I use smokeless tobacco, I will...**

		<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>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>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>	Be controlled by smokeless tobacco	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_3.</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_4.</b>	Develop cancer of the lip, mouth, tongue or throat	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_5.</b>	Develop sexual and/or fertility problems	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_6.</b>	Fit in	<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>	Be unable to stop when I want to	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_8.</b>	Lose my teeth	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_9 .</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_10 .</b>	Get sick more often	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_11.</b>	End up wasting money on smokeless tobacco	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_12.</b>	Feel more relaxed	<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_13.</b>	Miss out on things I enjoy doing	<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_14.</b>	Gross out people I want to date	<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_16.</b>	Develop gum disease?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_17.</b>	Develop red or white patches in the mouth?	<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_18.</b>	Consume harmful chemicals	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**E5.** How much do you agree or disagree with the following statements? If I smoke I will...

		<b>1</b> Strongly Disagree	<b>2</b> Disagree	<b>3</b> Neither Agree or Disagree	<b>4</b> Agree	<b>5</b> Strongly Agree	<b>9</b> Prefer Not to Answer
<b>E5_1.</b>	Be controlled by smoking	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_2.</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>E5_3.</b>	Develop cancer of the lip, mouth, tongue or throat	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_4.</b>	Develop sexual and/or fertility problems	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_5.</b>	Be unable to stop when I want to	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_6.</b>	Develop skin problems	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_7.</b>	Lose my teeth	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_8.</b>	Feel more relaxed	<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>E5_9.</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>E5_10.</b>	End up wasting money on cigarettes	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_11.</b>	Be more popular	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**E6.** How much do you agree or disagree with the following statements **about smoking cigarettes?**

		<b>1</b> Strongly Disagree	<b>2</b> Disagree	<b>3</b> Neither Agree or Disagree	<b>4</b> Agree	<b>5</b> Strongly Agree	<b>9</b> Prefer Not to Answer
<b>E6_1.</b>	Smoking can cause <b>immediate</b> 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>E6_2.</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>E6_3.</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>E6_4.</b>	Smoking cigarettes is a manly thing to do	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**E7. How much do you agree or disagree with the following statements **about using smokeless tobacco such as dip, chewing tobacco, or snuff?****

		<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>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>E7_1.</b>	Using smokeless tobacco can cause <b>immediate</b> 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>E7_2.</b>	It is safe for me to use smokeless tobacco for only a year or two, as long as I quit after that.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_3.</b>	If I used smokeless tobacco occasionally I would not become addicted.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_4.</b>	Using smokeless tobacco helps people relieve stress.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_5.</b>	Using smokeless tobacco is disgusting.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_7.</b>	Using smokeless tobacco is a way to show others you're not afraid to take risks	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_9</b>	Using smokeless tobacco is a manly thing to do	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**E8.** Does **smokeless tobacco such as dip, chewing tobacco, or snuff** contain....

[Randomize E8\_1 - E8\_8]

		1 Definitel y Yes	2 Probabl y Yes	3 Probabl y Not	4 Definitel y Not	Don't Know	9 Prefer Not to Answer
<b>E8_1.</b>	Arsenic, a substance found in motor oil?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E8_2.</b>	Beryllium, a substance used in nuclear weapons and nuclear power reactors?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E8_3.</b>	Cadmium, a substance found in batteries?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E8_4.</b>	Formaldehyde, a chemical used to preserve dead animals?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E8_5.</b>	Lead, a substance found in bullets?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E8_6.</b>	Naphthalene, a chemical found in mothballs?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E8_7.</b>	Polonium 210, a poison?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E8_8.</b>	Uranium, a substance used in nuclear weapons and nuclear power reactors?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

### **Social Norms**

**E9.** How many of your four closest friends...

[Randomize E9\_1 - E9\_3]

		0 None	1 One	2 Two	3 Three	4 Four	9 Prefer Not to Answer
<b>E9_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>E9_2.</b>	Use smokeless 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>E9_3.</b>	Use e-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

**E10.** How many others your age...

[Randomize E10\_1 - E10\_3]

		0 None	1 A few	2 Some	3 Most	4 All	9 Prefer Not to Answer
<b>E10_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>E10_2.</b>	Use smokeless 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>E10_3.</b>	Use e-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

## Section F: Media Use and Awareness

**F1.** Next, we'd like to ask you about your use of TV and other media.

How often do you... [Randomize F1\_1 - F1\_8]

	<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 television?	<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/Twitch?	<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 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
<b>F1_4.</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
<b>F1_5.</b> Play games on all electronic devices. Including cell phones/smartphones, computers, laptops, tablets, consoles (Xbox, Wii, PS) and handheld players (Nintendo DS, Sony PSP, iPod)?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _9
<b>F1_6.</b> Look at or reading any magazines on a computer, laptop, or tablet.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _9
<b>F1_7.</b> Watch Netflix, Hulu or Amazon Prime video?	<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_8.</b> Go to the movies at a movie theater?	<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> Periscope	<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
<b>F2_6.</b> Vine	<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_7.</b> Skype	<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_8.</b> Google Hangouts	<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_9.</b> WhatsApp	<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]

	1 Several times a day	2 About Once a Day	3 3-5 days a week	4 1-2 days a week	5 Every few weeks	6 Less often	7 Never	9 Prefer Not to Answer
<b>F3_1.</b> WEBSITE NAME <a href="http://www.xxxx.com">http://www.xxxx.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> WEBSITE NAME <a href="http://www.xxxx.com">http://www.xxxx.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> WEBSITE NAME <a href="http://www.xxxx.com">http://www.xxxx.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> WEBSITE NAME <a href="http://www.xxxx.com">http://www.xxxx.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> WEBSITE NAME <a href="http://www.xxxx.com">http://www.xxxx.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> WEBSITE NAME <a href="http://www.xxxx.com">http://www.xxxx.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.** We want to ask you about some slogans or themes that might or might not have appeared in the media around here, as part of ads about tobacco.

**F4\_1.** In the past 3 months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

truth

- ☐1 Yes  
☐2 No  
☐3 Not Sure

☐9 Prefer not to answer

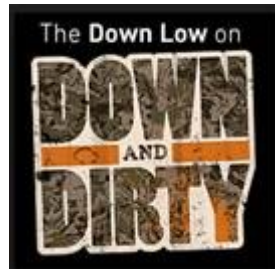


**F4\_2.** In the past 3 months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

Down and Dirty

- ☐<sub>1</sub> Yes  
☐<sub>2</sub> No  
☐<sub>3</sub> Not Sure

☐<sub>9</sub> Prefer not to answer





**F4\_3.** In the past 3 months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

Digital Youth Against Tobacco (DYAT)

- ☐<sub>1</sub> Yes  
☐<sub>2</sub> No  
☐<sub>3</sub> Not Sure



☐<sub>9</sub> Prefer not to answer

**F4\_4.** In the past 3 months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

The Real Cost

- ☐<sub>1</sub> Yes  
☐<sub>2</sub> No  
☐<sub>3</sub> Not Sure



☐<sub>9</sub> Prefer not to answer

**F4\_5.** In the past 3 months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

Tips from Former Smokers (Tips)

- ☐<sub>1</sub> Yes  
☐<sub>2</sub> No  
☐<sub>3</sub> Not Sure



☐<sub>9</sub> Prefer not to answer

**Follow-up survey Place holder: F5\_3 - F14\_X**

ASK F5\_3 IF F3\_6=1 or 3, OTHERWISE ASK F7\_x.

**F5\_3.** Where have you seen or heard about CAMPAIGN NAME? Check all that apply.

1      2  
Yes    No

[RANDOMIZE]

**F5\_3a.** On TV or the Internet/online

**F5\_3b.** On the radio

**F5\_3c.** In magazines

**F5\_3d.** Billboards or other outdoor or mall ads

**F5\_3\_e.** At the movie theatre

**F5\_3\_f.** I have not seen or heard about CAMPAIGN NAME

**F6.** The CAMPAIGN NAME campaign is online. Have you ever seen the CAMPAIGN NAME on... Check all that apply.

1      2  
Yes    No

**F6\_1.** Facebook?

**F6\_2.** Twitter?

**F6\_3.** YouTube?

**F6\_4.** Hulu?

**F6\_5.** Pandora or Spotify?

**F6\_6.** In video games?

**F7\_x.** Now we would like to show you some advertisements that have been shown in the U.S. Once you have viewed the video or screenshot, please click on the forward arrow below to continue with the survey.

[DISPLAY VIDEOS OR SCREENSHOTS IN RANDOM ORDER. Use VIDEO for CAMPAIGN NAME and SCREENSHOTS for ads from other campaigns]

**F8\_x.** Apart from this survey, how frequently have you seen this ad [SCREENSHOT LANGUAGE: these ads] in the past [FILL MONTHS SINCE LAST SURVEY]?

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

**LOOP BACK TO ASK ABOUT NEXT AD HERE.**

**SHOW SCREENGAB OF AD**

F19\_x. What is the main message of this ad? Select only one response  
[RANDOMIZE ORDER OF CHECKBOX LIST] [notes here indicate the ad for which this is a key message]

- 1\_\_ Smokeless tobacco can damage your teeth [face of denial]
- 3\_\_ Smokeless tobacco is addictive [football, movie monster]
- 4\_\_ Smokeless tobacco can control your life [football, movie monster]
- 5\_\_ Smokeless tobacco can cause mouth cancer [face of denial, jeans]
- 6\_\_ Smokeless tobacco contains cancer-causing chemicals [pound]
- 7\_\_ Smokeless doesn't mean harmless
- 99\_\_ I am not sure

**F10\_x.** How would you describe this advertisement?

F10_1.	Bad	<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	Good

**F11\_x.** Please tell us if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements.

		1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree	4 Agree	5 Strongly Agree	9 Prefer Not to Answer
<b>F11_1.</b>	This ad is worth remembering	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F11_2.</b>	This ad grabbed my attention	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F11_3.</b>	This ad is powerful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F11_4.</b>	This ad is informative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F11_5.</b>	This ad is meaningful to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F11_6.</b>	This ad is convincing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F11_7.</b>	This ad is terrible	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F11_10.</b>	This ad told me things I never knew before about tobacco	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F10_12.</b>	This ad gave me good reasons not to use tobacco	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

**F12\_x.** On a scale of 1 to 5, indicate whether the ad made smokeless tobacco look like something you would or wouldn't want to do.

1. The ad makes me want to USE smokeless tobacco
- 2
- 3
- 4
5. The ad makes me want to NOT USE made tobacco

**F13\_x.** On scale of 1 to 5, where 1 means “not at all” and 5 means “very”, please indicate how much this ad made you feel...

	1	2	3	4	5
[RANDOMIZE ORDER]	<u>Not at all</u>				<u>Very</u>

- F13a\_x.** Afraid  
**F13b\_x.** Hopeful  
**F13c\_x.** Motivated  
**F13d\_x.** Worried  
**F13e\_x.** Understood  
**F13f\_x.** Surprised

**[REPEAT F10\_x - F18x FOR OTHER CAMPAIGN NAME ADS]**

**F18a.** Have you visited CAMPAIGN WEBSITE in the past [FILL MONTHS] months, since **[FILL DATE]**?

- ☐<sub>1</sub> Yes  
☐<sub>2</sub> No

**F14 x.** Did you talk to anyone in person or online about these ads?

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

[IF F14=1, ASK F15]

**F5.** Do your parents have rules about what you are allowed to do on the computer, which video games you are allowed to play, or what music you're allowed to listen to?

- ☐ 1 Yes, my parents have lots of rules about it.
- ☐ 2 Yes, my parents have a few rules about it.
- ☐ 3 No, my parents don't have any rules about it.
- ☐ 9 Prefer not to answer

**F6.** How often do your parents let you watch movies or videos that are rated R?

- ☐<sub>1</sub> Never
- ☐<sub>2</sub> Once in awhile
- ☐<sub>3</sub> Sometimes
- ☐<sub>4</sub> All the time
  
- ☐<sub>9</sub> Prefer not to answer

**F7.** Please tell us if you strongly agree, agree, disagree, or strongly disagree with the following statements.

I try to do what my parents want me to do.

- ☐<sub>1</sub> Strongly agree
- ☐<sub>2</sub> Agree
- ☐<sub>3</sub> Disagree
- ☐<sub>4</sub> Strongly disagree

**F8.** What my parents think of me is important.

- ☐<sub>1</sub> Strongly agree
- ☐<sub>2</sub> Agree
- ☐<sub>3</sub> Disagree
- ☐<sub>4</sub> Strongly disagree

**F9.** I do what my friends want me to do, even if I don't want to.

- ☐<sub>1</sub> Strongly agree
- ☐<sub>2</sub> Agree
- ☐<sub>3</sub> Disagree
- ☐<sub>4</sub> Strongly disagree

**F10.** To keep my friends, I'd even do things I don't want to do.

- ☐<sub>1</sub> Strongly agree
- ☐<sub>2</sub> Agree
- ☐<sub>3</sub> Disagree
- ☐<sub>4</sub> Strongly disagree

## Section G: Environment

**G1.** The next section asks some questions about your household and peers.

Other than you, has anyone who lives with you used any of the following during the past 30 days? *Select all that apply.*

- ☐<sub>1</sub> Cigarettes
- ☐<sub>2</sub> Smokeless tobacco
- ☐<sub>3</sub> Cigars, cigarillos, or little cigars
- ☐<sub>4</sub> Tobacco out of a water pipe (also called "hookah")
- ☐<sub>5</sub> Electronic cigarettes
- ☐<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.** Do you have any brother(s) and/or sister(s) who have used smokeless tobacco during the past 30 days?

- ☐<sub>1</sub> Yes
- ☐<sub>2</sub> No
- ☐<sub>3</sub> I don't know
- ☐<sub>4</sub> I don't have any brothers or sisters
- ☐<sub>9</sub> Prefer not to answer

**G3.** 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

**G4.** Which statement best describes the rules about using smokeless tobacco in your home? Would you say...

- ☐<sub>1</sub> Smokeless tobacco is not allowed anywhere inside your home
- ☐<sub>2</sub> Smokeless tobacco is allowed in some places or at some times
- ☐<sub>3</sub> Smokeless tobacco is allowed anywhere inside the home
- ☐<sub>4</sub> There are no rules about using smokeless tobacco inside the home
- ☐<sub>9</sub> Prefer not to answer

**G5.** How well would you say you have done in school? Would you say...

- ☐<sub>1</sub> Much better than average
- ☐<sub>2</sub> Better than average
- ☐<sub>3</sub> Average
- ☐<sub>4</sub> Below average
- ☐<sub>5</sub> Much worse than average

☐<sub>9</sub> Prefer not to answer

**G6.** Please tell us if you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree with the following statements.

I feel close to people at my school. Would you say you...

- ☐<sub>1</sub> Strongly Disagree
- ☐<sub>2</sub> Disagree
- ☐<sub>3</sub> Neither agree nor disagree
- ☐<sub>4</sub> Agree
- ☐<sub>5</sub> Strongly Agree

☐<sub>9</sub> Prefer not to answer

**G7.** I am happy to be at my school. Would you say you...

- ☐<sub>1</sub> Strongly Disagree
- ☐<sub>2</sub> Disagree
- ☐<sub>3</sub> Neither agree nor disagree
- ☐<sub>4</sub> Agree
- ☐<sub>5</sub> Strongly Agree

☐<sub>9</sub> Prefer not to answer

**G8.** I feel like I am a part of my school. Would you say you...

- ☐<sub>1</sub> Strongly Disagree
- ☐<sub>2</sub> Disagree
- ☐<sub>3</sub> Neither agree nor disagree
- ☐<sub>4</sub> Agree
- ☐<sub>5</sub> Strongly Agree

☐<sub>9</sub> Prefer not to answer

**G9.** How far do you think you will go in school?

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

**G10.** 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.

\_\_\_\_\_

- ☐<sub>9</sub> Prefer not to answer

**G11.** 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

**G12.** Please tell us if you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree with the following statements.

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
- ☐<sub>4</sub> Agree
- ☐<sub>5</sub> Strongly Agree
  
- ☐<sub>9</sub> Prefer not to answer



**G13.** 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
- ☐<sub>4</sub> Agree
- ☐<sub>5</sub> Strongly Agree

☐<sub>9</sub> Prefer not to answer

**G14.** 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
- ☐<sub>4</sub> Agree
- ☐<sub>5</sub> Strongly Agree

☐<sub>9</sub> Prefer not to answer

**G15.** 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
- ☐<sub>4</sub> Agree
- ☐<sub>5</sub> Strongly Agree

☐<sub>9</sub> Prefer not to answer

**G16.** 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>3</sub> Don't know

☐<sub>9</sub> Prefer not to answer

**G17.** The next section asks some questions about how you feel about your current relationship with your parents or guardians.

Thinking about the adult or adults you live with would you say you are satisfied with the way you communicate with each other.

- ☐<sub>1</sub> Strongly Disagree
- ☐<sub>2</sub> Disagree
- ☐<sub>3</sub> Neither agree nor disagree
- ☐<sub>4</sub> Agree
- ☐<sub>5</sub> Strongly Agree

☐<sub>9</sub> Prefer not to answer

**G18.** How close do you feel to the adult or adults you live with?

- ☐<sub>1</sub> Not at all close
- ☐<sub>2</sub> Not very close
- ☐<sub>3</sub> Somewhat close
- ☐<sub>4</sub> Quite close
- ☐<sub>5</sub> Very close

☐<sub>9</sub> Prefer not to answer

**G19.** How often has a parent or other adult caregiver said things that really hurt your feelings or made you feel like you were not wanted or loved?

- ☐<sub>1</sub> One time
- ☐<sub>2</sub> Two times
- ☐<sub>3</sub> Three to five times
- ☐<sub>4</sub> Six to ten times
- ☐<sub>5</sub> More than ten times
- ☐<sub>6</sub> This has never happened
- ☐<sub>7</sub> Don't know

☐<sub>9</sub> Prefer not to answer

**G20.** Has a parent or other adult caregiver ever talked to you about reasons for not using smokeless tobacco?

- ☐<sub>1</sub> Yes
- ☐<sub>2</sub> No

☐<sub>9</sub> Prefer not to answer

**G21.** During the past 7 days, on how many days did you and one or both of your parents or other adult caregivers do something together just for fun?

\_\_\_\_\_

☐ 9 Prefer not to answer

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

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