

## ATTACHMENT 4: YOUTH MEDIA TRACKING SCREENER AND INSTRUMENT

Form Approved  
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### Evaluation of the Public Education Campaign on Teen Tobacco-Media Tracking (ExPECTT-MT)

Subjects for Questionnaire:

Study Screener

Section A: Media Use and Awareness

Section B: Tobacco Use Behavior, Attitudes & Beliefs

Section C: Demographic Items

#### Study Screener (Email invitation to pre-selected parents from existing panel)

Greetings!

We have a new survey and your participation is requested. The survey is meant for children (males/females) ages 13-17. If [he/she] qualifies and completes, your Global Test Market account will be credited with the Market Points stated in the invitation.

Best Regards -

Global Test Market Team

#### *Study 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 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. At the end of the survey, a link will take you to the GMI website to collect your MarketPoints.

If you have any questions about this study, you can call Jane Allen, at 1-800-334-8571 extension 25115 or send email to [jallen@rti.org](mailto:jallen@rti.org). If you have any questions about your rights as a study participant, you can call RTI's Human Research Protections Office at 1-866-214-2043 or send email to [orpe@rti.org](mailto:orpe@rti.org).

I have read and understand this information, and the study purpose and process are clear to me.

Yes, I agree to participate in this study

No, I do not wish to participate in this study

**S1.** How old are you?

- <sub>1</sub> 11 years old or younger (GO TO CLOSING TEXT)
- <sub>2</sub> 12 years old (GO TO CLOSING TEXT)
- <sub>3</sub> 13 years old (GO TO A1)
- <sub>4</sub> 14 years old (GO TO A1)
- <sub>5</sub> 15 years old (GO TO A1)
- <sub>6</sub> 16 years old (GO TO A1)
- <sub>7</sub> 17 years old (GO TO A1)
- <sub>8</sub> 18 years old or older (GO TO CLOSING TEXT)
- <sub>9</sub> Prefer not to answer (GO TO CLOSING TEXT)

CLOSING TEXT "You do not qualify for this survey, which is for children ages 13 to 17. Thank you very much for your response."

**C1.** Are you male or female?

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

**C2.** 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

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

	<b>1 Yes</b>		
<b>C3_1.</b> White	<input type="checkbox"/> <sub>1</sub>		
<b>C3_2.</b> Black or African American	<input type="checkbox"/> <sub>1</sub>		
<b>C3_3.</b> American Indian or Alaska Native	<input type="checkbox"/> <sub>1</sub>		
<b>C3_4.</b> Asian Indian	<input type="checkbox"/> <sub>1</sub>		
<b>C3_5.</b> Chinese	<input type="checkbox"/> <sub>1</sub>		
<b>C3_6.</b> Filipino	<input type="checkbox"/> <sub>1</sub>		
<b>C3_7.</b> Japanese	<input type="checkbox"/> <sub>1</sub>		
<b>C3_8.</b> Korean	<input type="checkbox"/> <sub>1</sub>		
<b>C3_9.</b> Vietnamese	<input type="checkbox"/> <sub>1</sub>		
<b>C3_10.</b> Native Hawaiian	<input type="checkbox"/> <sub>1</sub>		
<b>C3_11.</b> Guamanian or Chamorro	<input type="checkbox"/> <sub>1</sub>		
<b>C3_12.</b> Samoan	<input type="checkbox"/> <sub>1</sub>		
<b>C3_13.</b> Other Asian	<input type="checkbox"/> <sub>1</sub>		
<b>C3_14.</b> Other Pacific Islander	<input type="checkbox"/> <sub>1</sub>		

**Section A: Media Use and Awareness**

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

**A1.** Thinking only about yesterday, about how much time did you spend watching TV shows or movies on...

	None	At least one minute, but less than 1 hour	1 hour or more, but less than 2 hours	2 hours or more, but less than 3 hours	More than 3 hours	Prefer not to answer
<b>A1_1.</b> A TV set? Include time spent watching DVDs, streaming video like Netflix, shows that you recorded earlier, or shows "On Demand"	<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>A1_2.</b> A computer, laptop, or tablet? Include streaming video like Netflix, DVDs, Hulu, etc.?	<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>A1_3.</b> A cell phone/smartphone?	<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>A1_4.</b> An iPod or other 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"/> _9

**A2.** Thinking only about yesterday, about how much time did you spend...

	<b>None</b>	<b>At least one minute, but less than 1 hour</b>	<b>1 hour or more, but less than 2 hours</b>	<b>2 hours or more, but less than 3 hours</b>	<b>More than 3 hours</b>	<b>Prefer not to answer</b>
<b>Using a Computer, Laptop, or Tablet</b>						
<b>A2_2.</b> Watching or uploading videos such as YouTube 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"/> _9
<b>A2_3.</b> Using social networking sites like Facebook or Twitter 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"/> _9
<b>A2_4.</b> Browsing any other type of website for anything besides schoolwork on a computer, laptop, or tablet, like news or entertainment.	<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>A2_5.</b> Instant messaging or Video chatting (on Skype, Googletalk, iChat, etc.) 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"/> _9



**A3.** We want to ask you about some slogans or themes that might or might not have appeared in the media around here.

**A3\_2**

[RANDOMIZE PRESENTATION OF A3\_2b through A3\_2f]

A3\_2b. 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)

- 1\_\_ Yes
- 2\_\_ No
- 3\_\_ Not Sure
- 9\_\_ Prefer not to Answer

A3\_2c. In the past 3 months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

The Real Cost

- 1\_\_ Yes
- 2\_\_ No
- 3\_\_ Not Sure
- 9\_\_ Prefer not to Answer

A3\_2e. 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)

- 1\_\_ Yes
- 2\_\_ No
- 3\_\_ Not Sure
- 9\_\_ Prefer not to Answer

A3\_2f. 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

**A4. The next set of questions ask whether or not you've seen any of the following advertisements.**

[RANDOMIZE ORDER OF A4\_1 and A4\_2]

**A4\_1.** In the past 3 months, have you seen a Tips from Former Smokers (Tips) advertisement? Examples of some Tips from Former Smokers ads are shown below.

- 1\_\_ Yes
- 2\_\_ No
- 3\_\_ Not sure
- 9\_\_ Prefer not to Answer

[INSERT Tips from Former Smokers PHOTO COLLAGE]

[INSERT Tips from Former Smokers PHOTO COLLAGE]

**A4\_2.** In the past 3 months, have you seen a truth campaign advertisement? Examples of some truth campaign ads are shown below.

- 1\_\_ Yes
- 2\_\_ No
- 3\_\_ Not sure
- 9\_\_ Prefer not to Answer

[INSERT truth PHOTO COLLAGE]

[If A4\_1 ≠NO, ASK A5\_1. IF A4\_2 ≠NO, ASK A5\_2. IF BOTH A4\_1 and A4\_2 =NO ASK A6. IF BOTH A4\_1 and A4\_2 ≠NOTHEN RANDOMIZE ORDER OF A5\_1 and A5\_2]

**A5\_1.** Where have you seen or heard a Tips from Former Smokers (Tips) ad? Examples of some Tips from Former Smokers ads are shown below.

[RANDOMIZE ORDER OF CHECKBOX LIST]



- 1\_\_ On TV
- 2\_\_ On the radio
- 3\_\_ In newspapers or magazines
- 4\_\_ On the Internet
- 5\_\_ Billboards or other outdoor ads
- 6\_\_ Not sure
- 9\_\_ Prefer not to Answer

[INSERT Tips from Former Smokers PHOTO COLLAGE]

**A5\_2.** Where have you seen or heard a truth campaign ad? Examples of some truth campaign ads are shown below.

[RANDOMIZE ORDER OF CHECKBOX LIST]

- 1\_\_ On TV
- 2\_\_ On the radio
- 3\_\_ In newspapers or magazines
- 4\_\_ On the Internet
- 5\_\_ Billboards or other outdoor ads
- 6\_\_ Not sure
- 9\_\_ Prefer not to Answer

[INSERT truth campaign PHOTO COLLAGE]

[If A4\_1 ≠NO, ASK A6\_1. IF A4\_2 ≠NO, ASK A6\_2. IF BOTH A4\_1, A4\_2 and A4\_3 =NO ASK A6. IF BOTH A4\_1 and A4\_2 ≠NOTHEN RANDOMIZE ORDER OF A6\_1 and A6\_2]

**A6\_1.** The Tips Campaign is on social networking sites. Have you ever seen Tips ads on the following sites?

- |     |    |
|-----|----|
| 1   | 2  |
| Yes | No |

**A6\_1a.** Facebook?

**A6\_1b.** Twitter?

- 3\_\_ Not sure
- 9\_\_ Prefer not to Answer

**A6\_2.** The truth Campaign is on social networking sites. Have you ever seen truth ads on the following sites?

- |     |    |
|-----|----|
| 1   | 2  |
| Yes | No |

- A6\_2a.** Facebook?  
**A6\_2b.** Twitter?  
3\_\_ Not sure  
9\_\_ Prefer not to Answer

**A7\_x.** Now we would like to show you some advertisements that have been shown in the U.S. Once you have viewed the video below, please click on the forward arrow below to continue with the survey.

[NOTE, we will ask about all 9 video ads ]

[DISPLAY EMBEDDED AD FOR AD\_x]

**A8\_x.** Apart from this survey, have you seen or heard this ad in the past three months?

- 1 Yes  
2 No  
9 Prefer not to answer

[IF A8x=1 or 9, ASK A8a\_x; OTHERWISE **SHOW NEXT AD**]

**A8a\_x.** How frequently have you seen or heard this ad in the past three months??

- 1 Rarely  
2 Sometimes  
3 Often  
4 Very Often  
9 Prefer not to answer

ASK A8\_x UNTIL ALL 9 ADS HAVE BEEN SEEN/HEARD.

IF A8=1 or 9 FOR ANY AD, ASK A9a.

A9a. Where have you seen or heard these ads? Check all that apply. [Channels]  
[RANDOMIZE ORDER OF CHECKBOX LIST]

- 1\_\_ On TV  
2\_\_ On the Internet  
3\_\_ On the radio  
4\_\_ In newspapers or magazines  
5\_\_ Billboards or posters  
6\_\_ Not sure  
9\_\_ Prefer not to Answer

A9bx. Where have you seen these ads? Check all that apply. [Locations]  
[RANDOMIZE ORDER OF CHECKBOX LIST]

- 1\_\_ At the movie theatre
- 2\_\_ At school
- 3\_\_ At the mall, in an arcade or store
- 4\_\_ On buses, trains or other public transportation
- 5\_\_ Outdoors
- 6\_\_ Not sure
- 7\_\_ None of these places
- 9\_\_ Prefer not to Answer

A9cx. Where on the Internet have you seen these ads? Check all that apply.  
 [RANDOMIZE ORDER OF CHECKBOX LIST]

- 1\_\_ Internet or banner ad
- 2\_\_ Facebook
- 3\_\_ Twitter
- 4\_\_ YouTube
- 5\_\_ Hulu
- 6\_\_ Other social networking sites
- 7\_\_ I have not seen this ad on the Internet
- 9\_\_ Prefer not to Answer

ASK A10\_x for a random set of 2 of the 5 currently airing Real Cost TV ads (Found It, Science Class, Fingers, Skinny Jeans, Contract). DO NOT INCLUDE 7,000, teeth, skin or BARBER

**A10\_x.** How would you describe this advertisement?

<b>A10_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>A10_2.</b>	<b>Unenjoyable</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>

**A11\_x.** Please tell us if you strongly agree, agree, neither agree nor disagree, disagree, or strongly 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>A11_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>A11_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>A11_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>A11_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>A11_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>A11_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>A11_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>A11_8</b>	This ad is silly	<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>A11_9</b>	I trust the information in this ad	<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>A11_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>A11_12</b>	The person/people in this ad are 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>A11_13</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
<b>A11_14</b>	This ad is annoying	<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>A11_15</b>	This ad was difficult to watch	<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>A11_16</b>	I can identify with what the ad says	<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>A11_17</b>	This ad is different from other anti-tobacco ads I've seen or heard	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**A12a\_x.** On a scale of 1 to 5, how would you rate the claims or arguments in this ad:

1. Not believable
- 2
- 3
- 4
5. Believable
- 9\_\_ Prefer not to Answer

**A12b\_x.** On a scale of 1 to 5, indicate whether the ad made smoking look like something you would or wouldn't want to do.

1. The ad makes me want to smoke
- 2
- 3
- 4
5. The ad makes me want to NOT smoke
- 9\_\_ Prefer not to Answer

**A13\_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...

[RANDOMIZE ORDER]	1	2	3	4	5
	<u>Not at all</u>				<u>Very</u>
A13a_x. Sad					
A13b_x. Afraid					
A13c_x. Irritated					
A13d_x. Angry					
A13e_x. Ashamed					
A13f_x. Discouraged					
A13g_x. Hopeful					
A13h_x. Motivated					
A13i_x. Understood					
A13j_x. Amused					
A13k_x. Worried					
A13l_x. Disgusted or grossed out					
A13m_x. Happy					
A13n_x. Uneasy					
A13o_x. Surprised					

REPEAT A10 through A13 for 2 Real Cost TV ads.

Randomize respondents to be asked A14 through A19 for 2 of the 5 currently airing Real Cost TV ads (Found It, Science Class, Fingers, Skinny Jeans, Contract) for which they report prior exposure (A8=1 or 9).

**A14.** After seeing this ad, did you look for more information online?

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

**A15.** After seeing this ad, did you visit [insert campaign name] website or Facebook page?

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

**A16.** After seeing this ad, did you share [insert campaign name] YouTube channel with a friend?

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

**A17.** After seeing this ad, did you mention it on social media?

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

**A18.** Did you talk to anyone about this ad?

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

[IF A18=1, ASK A19]

**A19.** When you talked about the ads, did you talk about any of the following topics?

- 1 Yes
- 2 No
- 3 Prefer not to respond

[RANDOMIZE]

**A15\_1.** This ad was good

**A15\_2.** This ad was NOT good

**A15\_3.** I should not smoke

**A15\_4.** The person I was talking to or someone else I know should not smoke

**A15\_5.** Other, specify \_\_\_\_\_

**A23.** What do you take away from this ad? [check all that apply]

[RANDOMIZE ORDER OF CHECKBOX LIST]

- 1\_\_ Smoking can damage your teeth
- 2\_\_ Smoking can cause wrinkles
- 3\_\_ Cigarettes are addictive
- 4\_\_ Cigarettes can control your life
- 5\_\_ The ingredients in cigarettes are harmful
- 6\_\_ Every cigarette costs you something
- 7\_\_ Smoking is scary in a good way, like a horror movie
- 8\_\_ One cigarette is not all that bad
- 9\_\_ This makes smoking seem more serious than it really is
- 10\_\_ Adults want to control me
- 11\_\_ Smokers don't care what other people think
- 12\_\_ Smokers don't scare easily
- 13\_\_ You don't need a good reason not to smoke
- 99\_\_ I am not sure

[REPEAT A14\_x through A19. FOR 2 ADS.]

## Section B: Tobacco Use Behavior, Attitudes & Beliefs

### 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, GO TO B2. IF B1=2, GO TO B7]

**B2.** 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

**B3.** 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, GO TO B7, otherwise GO TO B4]

**B4.** 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



**B5.** Do you consider yourself a smoker?

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

**B6.** I plan to stop smoking cigarettes for good within the next... *(PLEASE CHOOSE THE FIRST ANSWER THAT FITS)*

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

**Other Tobacco Use**

**B7.** 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 B7=1 or 9, GO TO B8; IF B7=2 GO TO B10]

**B8.** During the past 30 days, on how many days did you use chewing tobacco, snuff 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

[IF B8=2-9 GO TO B9; OTHERWISE GO TO B10]

**B9.** I plan to stop using smokeless tobacco such as chewing tobacco, snuff, or dip for good within the next... (PLEASE CHOOSE THE FIRST ANSWER THAT FITS)

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

[IF B1=2 or 9 ASK B10\_1 through B10\_3. IF B7=2 or 9 ASK B10\_4 through B10\_6. OTHERWISE GO TO B11]

**B10.** Thinking about the future...

		<b>1 Definitely Yes</b>	<b>2 Probably Yes</b>	<b>3 Probably Not</b>	<b>4 Definitely Not</b>	<b>9 Prefer Not to Answer</b>
<b>B10_1</b>	Do you think that you will try a <b>cigarette</b> soon?	<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>9</sub>
<b>B10_2</b>	Do you think you will smoke a <b>cigarette</b> at any time in the next year?	<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>9</sub>
<b>B10_3</b>	If one of your best friends were to offer you a <b>cigarette</b> , would you smoke it?	<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>9</sub>
<b>B10_4</b>	Do you think that you will try <b>smokeless tobacco</b> such as chewing tobacco, snuff or dip soon?	<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>9</sub>
<b>B10_5</b>	Do you think you will use <b>smokeless tobacco</b> such as chewing tobacco, snuff or dip at any time in the next year?	<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>9</sub>
<b>B10_6</b>	If one of your best friends were to offer you <b>smokeless tobacco</b> such as chewing tobacco, snuff or dip, would you use it?	<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>9</sub>

**B11. Smoking cigarettes is...**

<b>B11_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>B11_2</b>	<b>Unenjoyable</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>

**B12. Using smokeless tobacco, such as chewing tobacco, snuff, or dip is...**

<b>B12_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>B12_2</b>	<b>Unenjoyable</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>

**B13.** 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 (Neutral)	<b>4</b> Agree	<b>5</b> Strongly Agree	<b>9</b> Prefer Not to Answer
<b>B13_1.</b>	Damage my body	<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>B13_2.</b>	Be controlled by smoking	<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>B13_3.</b>	Be unattractive	<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>B13_4.</b>	Inhale poisons	<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>B13_5.</b>	Develop cancer of the lip, mouth, tongue or throat	<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>B13_6.</b>	Develop sexual and/or fertility problems	<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>B13_7.</b>	Lose my taste buds	<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>B13_8.</b>	Be unable to stop when I want to	<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>B13_9.</b>	Get wrinkles	<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>B13_10.</b>	Develop skin problems	<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>B13_11.</b>	Have problems with my teeth	<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>B13_12.</b>	Lose my teeth	<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>B13_13.</b>	Have trouble breathing	<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>B13_14.</b>	Shorten my life	<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>B13_15.</b>	Develop a smoking-related disease	<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>B13_16.</b>	Have bad breath	<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>B13_17.</b>	Get sick more often	<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>B13_18.</b>	Decrease my sports performance	<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>B13_19.</b>	Waste money on 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>B13_20.</b>	Become addicted	<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>B13_21.</b>	Harm others with second- hand smoke	<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>B13_22.</b>	Be a bad influence on others	<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>B13_22.</b>	Miss out on things	<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>

**B15. How much do you agree or disagree with the following statements about smoking cigarettes?**

		<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>B15_1.</b>	Smoking can cause <u>immediate</u> damage to my body.	<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>B15_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"/> <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>B15_3.</b>	If I started to smoke occasionally I would not become addicted.	<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>B15_4.</b>	Smoking cigarettes helps people relieve stress.	<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>B15_5.</b>	Cigarette ingredients are disgusting.	<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>B15_6.</b>	Cigarette ingredients are dangerous.	<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>B15_7.</b>	Smoking is a way to show others you're not afraid to take risks	<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>B15_8.</b>	Smoking cigarettes can help keep your weight down	<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>B15_9.</b>	Menthol cigarettes are safer than non-menthol 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>

**B21. 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>B21_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

## Section C: Demographic Items

[IF C2=2-9, GO TO C4, OTHERWISE GO TO C5]

**C7. 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, Black & Mild, 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

**C8.** Do you have any brother(s) and/or sister(s) who have smoked cigarettes 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

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

**C9.** 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

**C10.** 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

**C11.** 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

**C12.** 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

**C13.** 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

**C14.** What is your zip code?

- 
- <sub>3</sub> Don't know
  - <sub>9</sub> Prefer not to answer

**C15.** What county do you live in?  
[DROP DOWN MENU BASED ON ZIP]

- <sub>3</sub> Don't know
- <sub>9</sub> Prefer not to answer

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

**OMB No: 0910-0753** **Expiration Date: 10/31/2016**  
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