

ATTACHMENT 4: YOUTH MEDIA TRACKING SCREENER AND INSTRUMENT

Form Approved
OMB No. 0910-0753
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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. 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.

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?

- ₁ 11 years old or younger (GO TO CLOSING TEXT)
- ₂ 12 years old (GO TO CLOSING TEXT)
- ₃ 13 years old (GO TO A1)
- ₄ 14 years old (GO TO A1)
- ₅ 15 years old (GO TO A1)
- ₆ 16 years old (GO TO A1)
- ₇ 17 years old (GO TO A1)
- ₈ 18 years old or older (GO TO CLOSING TEXT)
- ₉ 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?

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

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

- ₁ No, not of Hispanic, Latino/a, or Spanish origin
- ₂ Yes, Mexican American, Chicano/a
- ₃ Yes, Puerto Rican
- ₄ Yes, Cuban
- ₅ Yes, another Hispanic, Latino/a, or Spanish origin
- ₉ Prefer not to answer

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

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

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
A1_1. 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
A1_2. 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
A1_3. 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
A1_4. 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...

	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
Using a Computer, Laptop, or Tablet						
A2_2. 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
A2_3. 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
A2_4. 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
A2_5. 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?

A10_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
A10_2.	Unenjoyable	<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	Enjoyable

A11_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 (Neutral)	4 Agree	5 Strongly Agree	9 Prefer Not to Answer
A11_1	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
A11_2	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
A11_3	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
A11_4	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
A11_5	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
A11_6	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
A11_7	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
A11_8	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
A11_9	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
A11_10	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
A11_12	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
A11_13	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
A11_14	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
A11_15	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
A11_16	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
A11_17	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

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

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

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

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

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

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

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

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

A18. Did you talk to anyone about this ad?

- ₁ Yes
- ₂ No
- ₉ 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?

- ₁ Yes
- ₂ No
- ₉ 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.

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

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

- 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
- ₇ All 30 days
- ₉ 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?

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

B5. Do you consider yourself a smoker?

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

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

- ₁ 7 days
- ₂ 30 days
- ₃ 6 months
- ₄ 1 year
- ₅ I do not plan to stop smoking cigarettes within the next year
- ₉ 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?

- ₁ Yes
- ₂ No
- ₉ 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?

- 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

[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)

- ₁ 7 days
- ₂ 30 days
- ₃ 6 months
- ₄ 1 year
- ₅ I do not plan to stop using smokeless tobacco within the next year
- ₉ 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...

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

B11. Smoking cigarettes is...

B11_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
B11_2	Unenjoyable	<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	Enjoyable

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

B12_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
B12_2	Unenjoyable	<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	Enjoyable

B13. How much do you agree or disagree with the following statements? **If I smoke I will...**

		1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree (Neutral)	4 Agree	5 Strongly Agree	9 Prefer Not to Answer
B13_1.	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
B13_2.	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
B13_3.	Be unattractive	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
B13_4.	Inhale poisons	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
B13_5.	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
B13_6.	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
B13_7.	Lose my taste buds	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
B13_8.	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
B13_9.	Get wrinkles	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
B13_10.	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
B13_11.	Have problems with 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
B13_12.	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
B13_13.	Have trouble breathing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
B13_14.	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
B13_15.	Develop a smoking-related 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
B13_16.	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
B13_17.	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
B13_18.	Decrease my sports performance	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
B13_19.	Waste 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
B13_20.	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
B13_21.	Harm others with second- hand smoke	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
B13_22.	Be a bad influence on 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
B13_22.	Miss out on things	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉

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

		1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree (Neutral)	4 Agree	5 Strongly Agree	9 Prefer Not to Answer
B15_1.	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
B15_2.	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
B15_3.	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
B15_4.	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
B15_5.	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
B15_6.	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
B15_7.	Smoking 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
B15_8.	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
B15_9.	Menthol cigarettes are safer than non-menthol 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

B21. How many of your four closest friends...

		0 None	1 One	2 Two	3 Three	4 Four	9 Prefer Not to Answer
B21_1.	Smoke cigarettes?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

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)

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

C8. Do you have any brother(s) and/or sister(s) who have smoked cigarettes during the past 30 days?

- ₁ Yes
- ₂ No
- ₃ I don't know
- ₄ I don't have any brothers or sisters
- ₉ 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...

- ₁ Strongly Disagree
- ₂ Disagree
- ₃ Neither agree nor disagree (neutral)
- ₄ Agree
- ₅ Strongly Agree
- ₉ Prefer not to answer

C10. I like to do frightening things. Would you say you...

- ₁ Strongly Disagree
- ₂ Disagree
- ₃ Neither agree nor disagree (neutral)
- ₄ Agree
- ₅ Strongly Agree
- ₉ Prefer not to answer

C11. I like new and exciting experiences, even if I have to break the rules. Would you say you...

- ₁ Strongly Disagree
- ₂ Disagree
- ₃ Neither agree nor disagree (neutral)
- ₄ Agree
- ₅ Strongly Agree
- ₉ Prefer not to answer

C12. I prefer friends who are exciting and unpredictable. Would you say you...

- ₁ Strongly Disagree
- ₂ Disagree
- ₃ Neither agree nor disagree (neutral)
- ₄ Agree
- ₅ Strongly Agree
- ₉ 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

- ₂ None
- ₃ Don't know
- ₉ Prefer not to answer

C14. What is your zip code?

- ₃ Don't know
- ₉ Prefer not to answer

C15. What county do you live in?

[DROP DOWN MENU BASED ON ZIP]

- ₃ Don't know
- ₉ Prefer not to answer

Thank you for taking time to complete this survey.

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