

**ATTACHMENT 1:
POST-CAMPAIGN INSTRUMENT**

Form Approved
OMB No. 0910-0788
Exp. Date 05/31/2018

**Evaluation of the Fresh Empire Campaign on Tobacco (EFFECT) -
Post-Campaign Survey**

Subjects for Questionnaire:

Section S: Study Screener

Section A: Demographics

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 and Social Norms

Section F: Media Use and Awareness

Section G: Environment

Section S: Study Screener, continued

Post-Campaign Follow up Instrument

Notes: Respondents to this survey will be longitudinal web respondents, longitudinal CAPI respondents, crossectional CAPI respondents, crossectional social media web respondents, CAPI respondents that are created on the fly.
IF CAPI MODE

FIID **ENTER YOUR FIID. [6 DIGIT ENTRY]**

CASID **ENTER THE CASE ID. [STC99999]**

RAVAIL **THE SELECTED RESPONDENT IS NAME: *PRELOAD* AGE: *PRELOAD* FROM *DOB/PRELOAD* FROM *SCREENER* IS THE SELECTED RESPONDENT AVAILABLE?**

- ₁ Yes
- ₂ No

SCHED [IF RAVAIL=2] PLEASE SCHEDULE A TIME FOR THE INTERVIEW WHEN THE SELECTED RESPONDENT WILL BE HOME.

IF WEB

S0a. Thank you for logging in to the study! Please enter the ID Number from the top right corner of your postcard. It is an 8 digit number like XXX11111. If you have misplaced your postcard or can't find your ID Number call [CONTACT NUMBER].

ID Number: _____

Enter ID Number Again: _____

PROGRAMMER: ENTRIES SHOULD AGREE WITH ONE ANOTHER. DO NOT MAKE CASE SENSITIVE. IF THEY DO NOT, PLEASE DISPLAY MESSAGE, "These ID numbers do not match. Please try again."

PROGRAMMER: PLEASE COMPARE ID NUMBERS TO VALID ID NUMBERS IN ID NUMBER TABLE. IF ID NUMBER MATCHES ONE IN THE TABLE, PROCEED. IF NOT DISPLAY THIS ERROR MESSAGE, "You have not entered a valid ID number. Please enter the ID number from the top right corner of your postcard."

WID Our records indicate that a XX PREFILL AGE year old named XX PREFILL NAME answered some questions online for this study 6 months age. Are you the parent or guardian of XX PREFILL NAME?
Yes
No - - GO TO WINELIG

IF CAPI MODE

CONAGE IS THE RESPONDENT AGE 18 OR OLDER?

- ₁ Yes
₂ No

ADRCON [IF CONAGE=1] ADMINISTER ADULT RESPONDENT CONSENT TEXT

Thank you for your continued interest in this study. We are interviewing about 2,100 youth across the nation. You are being asked to participate again, based on your participation in the first interview about 6 months ago. You will represent young people in this country who are similar to you. You may choose not to take part in this study, but no one else can take your place. We will offer you \$25 when you finish the interview.

GIVE STUDY DESCRIPTION TO RESPONDENT IF YOU HAVE NOT ALREADY DONE SO.

This study is designed to collect data from youth about tobacco use, media use, illegal behaviors, opinions about tobacco, and experiences at home and at school. It takes about 40 minutes to complete. You will answer most of the questions on the computer, so I will not see your answers. We are only interested in the combined responses from those selected to participate, not just one person's answers.

There are no physical risks to you from participating in this interview. It is possible that some questions might make you mildly uncomfortable, depending on your responses.

There are no direct benefits to you from answering our questions. However, you will be contributing to important research related to tobacco use among youth.

While the interview has some personal questions, your answers will be kept private. We hope that protecting your privacy will help you to give accurate answers. You can quit the interview at any time and you can refuse to answer any questions. No absolute guarantees can be made because of the technology used for electronic surveys like these, but we are taking extensive precautions to protect the confidentiality of your data.

RTI may contact you by phone or mail to ask a few questions about the quality of my work. We may contact you again to invite you to participate in two additional surveys every six months. Each of those surveys offers \$25 as a token of appreciation. You can decide at a later date whether or not you want to complete those surveys.

If it is all right with you, let's get started.

(Can we find a private place to complete the interview?)
REFUSE
NEXT

REFUSE _____ **[IF CONSENT=REFUSE]** Thank you for your time AND EXIT.

PAVAIL **[IF CONAGE =2] IS THE SELECTED RESPONDENT'S PARENT OR GUARDIAN PRESENT?**

- ₁ Yes
₂ No

SCHED2 [IF **CONAGE =2 AND PAVAIL=2**] PLEASE SCHEDULE A TIME FOR THE INTERVIEW WHEN A PARENT OR GUARDIAN WILL BE HOME.

PERMISS [IF **CONAGE =2 AND LONGITUDINAL = YES**] READ TO PARENT
About 6 months ago, we interviewed your (preload age) child about tobacco use and media. This study is being conducted again to measure what might have changed over time.

[IF **CONAGE=2 AND LONGITUDINAL=NO**] Your (PRELOAD AGE) year-old child has been selected to be in this study.

[IF **CONAGE=2**] Your child's participation is voluntary. This interview asks about tobacco use, media use, illegal behaviors, opinions about tobacco, and experiences at home and at school. Those who complete it will receive \$25.

All of your child's answers will be kept in strict confidence and used only for statistical purposes. Since your child will answer most of the questions on the computer, I will not see the answers, and we will not share their answers with you or anyone else outside the research team. No absolute guarantees can be made because of the technology used for electronic surveys like these, but we are taking extensive precautions to protect the confidentiality of your child's data.

There are no physical risks to your child from participating in this interview. It is possible that some questions might make your child mildly uncomfortable, depending on his or her responses.

There are no direct benefits to your child from answering our questions. However, he or she will be contributing to important research related to tobacco use among youth. The information provided will help researchers and policymakers understand the impact and effectiveness of public education activities aimed at reducing tobacco-related death and disease.

RTI may contact you by phone or mail to ask a few questions about the quality of my work.

We may contact you again to request your permission for your child to participate in the next two surveys every six months. Each of those surveys offers \$25 as a token of appreciation. You can decide at a later date whether to give your child permission to complete those surveys. Your child will also be able to decide whether or not to complete those surveys.

If it is all right with you, we'll get started.

(Can we find a private place to complete the interview?)

REFUSE

NEXT

REFUSE [IF **CONSENT=REFUSE**] Thank you for your time AND EXIT.

ASSENT [IF CONAGE =2 AND LONGITUDINAL=NO] READ TO YOUTH RESPONDENT

Thank you for your interest in this study. We are interviewing about 2,100 youth across the nation. You have been randomly chosen to take part. You will represent young people in this country who are similar to you. You may choose not to take part in this study, but no one else can take your place. We will offer you \$25 when you finish the interview.

[IF CONAGE =2 AND LONGITUDINAL=YES] Thank you for your continued interest in this study. We are interviewing about 2,100 youth across the nation. You are being asked to participate again, based on your participation in the first interview about 6 months ago. You will represent young people in this country who are similar to you. You may choose not to take part in this study, but no one else can take your place. We will offer you \$25 when you finish the interview.

GIVE STUDY DESCRIPTION TO RESPONDENT IF YOU HAVE NOT ALREADY DONE SO.

This study is designed to collect data from youth about tobacco use, media use, illegal behaviors, opinions about tobacco, and experiences at home and at school. It takes about 30 minutes to complete. You will answer most of the questions on the computer, so I will not see your answers. Your answers will not be shared with your parent or guardian. We are only interested in the combined responses from those selected to participate, not just one person's answers.

There are no physical risks to you from participating in this interview. It is possible that some questions might make you mildly uncomfortable, depending on your responses.

There are no direct benefits to you from answering our questions. However, you will be contributing to important research related to tobacco use among youth.

While the interview has some personal questions, your answers will be kept private. We hope that protecting your privacy will help you to give accurate answers. You can quit the interview at any time and you can refuse to answer any questions. No absolute guarantees can be made because of the technology used for electronic surveys like these, but we are taking extensive precautions to protect the confidentiality of your data.

RTI may contact you by phone or mail to ask a few questions about the quality of my work. We may contact you again to invite you to participate in two additional surveys every six months. Each of those surveys offers \$25 as a token of appreciation. You can decide at a later date whether or not you want to complete those surveys.

If it is all right with you, let's get started.

REFUSE
NEXT

REFUSE [IF CONSENT OR ASSENT=REFUSE] Thank you for your time AND EXIT.

ADCON [IF CONAGE =1] PROVIDE ADULT CONSENT TEXT TO RESPONDENT

TUTOR POINT TO TOUCHPAD: You will use the touchpad here to answer each survey question. Each question has an option for “Prefer not to answer.” You can use that option if you don’t know the answer to a question, or if you choose to not answer a question. Remember that your answers will be kept private. I will not be able to see them. Your parents and school will not be able to see them either.

TUTOR2 Some screens have more than one question. In this case, you will need to scroll down to view all of the questions on a screen. To scroll, use the Page Up and Page Down buttons. Those buttons are here. POINT TO BUTTONS

I will now give you the computer and you can answer the questions on your own. Please let me know if you have questions or need help with anything.

HAND R COMPUTER

NEXT

IF WEB

ASSENT We are interviewing about 2,100 youth across the nation. Your responses will help us understand the opinions and attitudes of teens like you. You may choose not to take part in this study. If you decide to participate, we will offer a \$25 virtual gift card when you finish the interview.

This study is designed to collect data from youth about tobacco use, media use, illegal behaviors, opinions about tobacco, and experiences at home and at school. It takes about 30 minutes to complete. You will answer the questions online. Your answers will not be shared with your parent or guardian, but please make sure that you are in a private place when you answer the questions. We are only interested in the combined responses from those selected to participate, not just one person’s answers.

There are no physical risks to you from participating in this interview. It is possible that some questions might make you mildly uncomfortable, depending on your responses.

There are no direct benefits to you from answering our questions. However, you will be contributing to important research related to tobacco use among youth.

While the interview has some personal questions, your answers will be kept private. We hope that protecting your privacy will help you to give accurate answers. You can quit the interview at any time and you can refuse to answer any questions. No absolute guarantees can be made because of the technology used for electronic surveys like these, but we are taking extensive precautions to protect the confidentiality of your data.

We may contact you again to invite you to participate in two additional surveys every six months. Each of those surveys offers \$25 as a token of appreciation. You can decide at a later date whether or not you want to complete those surveys.

If it is all right with you, let's get started.

CONTINUE

REFUSE

REFUSE **[IF ASSENT=REFUSE]** Thank you for your time AND EXIT.

Please click next to get started. NEXT

TUTOR3

Please click on the answer to each survey question, using a mouse or a touchscreen. Each question has an option for “Prefer not to answer.” You can use that option if you don’t know the answer to a question, or if you choose to not answer a question. Remember that your answers will be kept private. We will not share the answers to your questions with your parents or anyone else outside the research team.

NEXT

BOTH WEB AND CAPI

DOB What is your date of birth? (mm-dd-yyyy)

AGE That would make you XX years old, is that correct?

Yes

No

IF CAPI MODE

INELIG [IF R IS <12 OR >18] Thank you, but you must be between 12 and 18 to take this survey.

[IF WEB MODE]

WINELIG [IF R IS <13 OR >18] Thank you, but you are not eligible to take this survey.

Y_video Please try to view this video to make sure you can see it.
[DISPLAY TEST VIDEO]

Y_video1 Are you able to view this video?

- 1 Yes
- 2 No

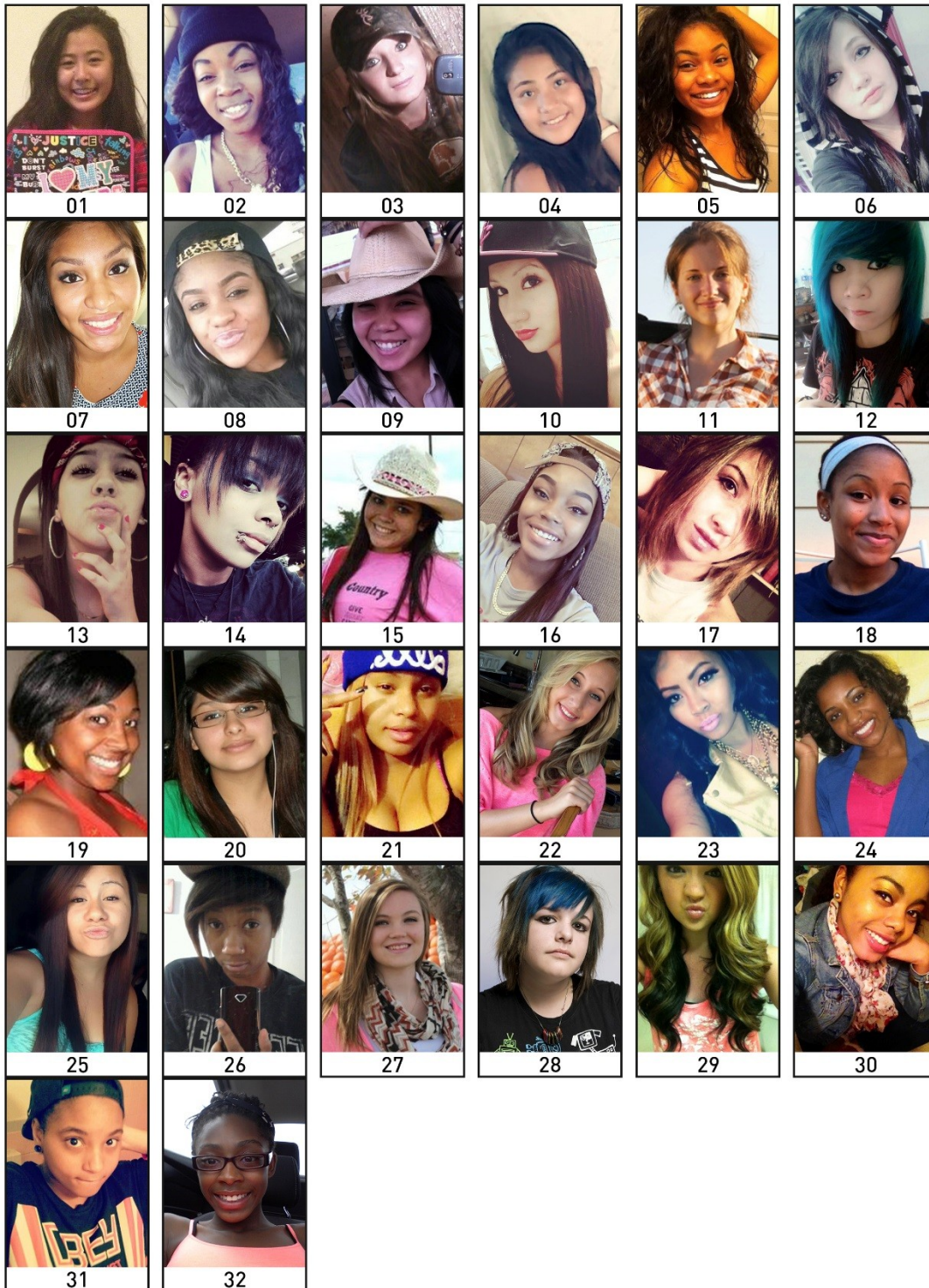
IF Y_video1 IS NO (=2), display this message:

Viewing the videos in this survey is important. Try logging into the survey using a different computer or browser. If that doesn't work, you will not be able to take the survey online. An interviewer will contact your parent or guardian to arrange an in-person interview

[IF NO, NEED to BEGIN with the viewing of the VIDEO when the R comes back to the survey from a different device.]

IBSE. [IF LONGITUDINAL=YES] First we have some questions about you and your friends. Press Enter to continue. You have seen these questions before, but we are asking them again to see if things have changed or stayed the same.

[DISPLAY I-BASE PHOTO ARRAY OF 32 FEMALES, then ask S5a and S5b]



S5a. [IF LONGITUDINAL=YES] Rank the three people that would BEST FIT in your main group of friends, starting with the best fit. Enter the number that matches each person below.

Best Fit _____
Second Best Fit _____
Third Best Fit _____

S5b. [IF LONGITUDINAL=YES] Rank the three people that would LEAST FIT in your main group of friends, starting with the worst fit. Enter the number that matches each person below.

Worst Fit _____
Second Worst Fit _____
Third Worst Fit _____

[DISPLAY I-BASE PHOTO ARRAY OF 32 MALES, then ask S6a and S6b]



S6a. [IF LONGITUDINAL=YES] Rank the three people that would BEST FIT in your main group of friends, starting with the best fit. Enter the number that matches each person below.

Best Fit _____
Second Best Fit _____
Third Best Fit _____

S6b. [IF LONGITUDINAL=YES] Rank the three people that would LEAST FIT in your main group of friends, starting with the worst fit. Enter the number that matches each person below.

Worst Fit _____
Second Worst Fit _____
Third Worst Fit _____

Section A: Demographics

A1. [IF LONG=NO] Are you of Hispanic, Latino/a, or Spanish origin?

[PROGRAM SO THAT RESPONDENTS CAN SELECT MORE THAN ONE RESPONSE ON 2-5]

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

A2. [IF LONG=NO] What race or races do you consider yourself to be? (You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER or YOU MAY SKIP THIS QUESTION)

- ₁ American Indian or Alaska Native
- ₂ Asian
- ₃ Black or African American
- ₄ Native Hawaiian or Other Pacific Islander
- ₅ White
- ₆ Other
- ₉ Prefer not to answer

A3. In general, do you usually speak...

- ₁ Only Spanish
- ₂ Spanish more than English
- ₃ Spanish and English equally
- ₄ English more than Spanish
- ₅ English only
- ₆ Some other language (please specify_____)
- ₉ Prefer not to answer

A4. What grade are you **currently** in? If school is not in session, what grade are you going into?

- ₁ 6th grade or lower
- ₂ 7th grade
- ₃ 8th grade
- ₄ 9th grade
- ₅ 10th grade
- ₆ 11th grade
- ₇ 12th grade
- ₈ In college
- ₁₀ Ungraded or other grade
- ₁₁ Out of school
- ₉₉ Prefer not to answer

A5. During the past 30 days, about how much money did you have each week to spend any way you wanted to?

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

Section B: Tobacco Use Behavior

B1. [IF BASELINE B1 NE 1] Have you ever tried cigarette smoking, even one or two puffs?

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

[IF B1=2, ASK B10]

[IF BASELINE B1=1] Previously, you reported that you have tried cigarette smoking.

B2. [IF B1=1 or 9 OR BASELINE B1 NE 1 AND BASELINE B2 NE 99] How old were you when you first tried cigarette smoking, even one or two puffs?

- ₁ 8 years old or younger
- ₂ 9 years old
- ₃ 10 years old
- ₄ 11 years old
- ₅ 12 years old
- ₆ 13 years old
- ₇ 14 years old
- ₈ 15 years old
- ₉ 16 years old
- ₁₀ 17 years old
- ₁₁ 18 years old or older
- ₉₉ 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, ASK B6, otherwise ASK B4]

B4. Menthol cigarettes are cigarettes that taste like mint. During the past 30 days, were the cigarettes that you usually smoked menthol?

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

B5. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- ₁ Less than 1 cigarette per day
- ₂ 1 cigarette per day
- ₃ 2 to 5 cigarettes per day
- ₄ 6 to 10 cigarettes per day
- ₅ 11 to 20 cigarettes per day
- ₆ More than 20 cigarettes per day
- ₉ Prefer not to answer

B6. About how many cigarettes have you smoked in your entire life? Your best guess is fine.

- ₁ I have never smoked cigarettes, not even one or two puffs
- 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

B7. Do you consider yourself a smoker?

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

B10. [IF BASELINE B10 NE 1] Have you ever tried smoking cigars, cigarillos, or little cigars, such as Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's, even one time?



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

B11b. [IF BASELINEB10=1 OR B10=1 OR 9] During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars **without added marijuana**? Common brands are Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's.



- 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

B12. [IF BASELINE B12 NE 1] Have you ever tried smoking tobacco out of a water pipe (also called “hookah”), even one time?



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

B13. [IF BASELINE B12=1 OR 9 OR B12=1 OR 9] During the past 30 days, on how many days did you smoke tobacco out of a water pipe (also called “hookah”)?



- 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

B14. [IF BASELINE B14 NE 1] These are examples of electronic nicotine products: e-cigarettes, e-cigars, e-hookahs, epipes, vape pens, hookah pens and personal vaporizers. These products are battery-powered, use nicotine fluid rather than tobacco leaves, and produce vapor instead of smoke. Some common brands include Fin, NJOY, Blu, e-Go and Vuse. Have you ever tried these products, even one or two puffs?



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

B15. [IF BASELINE B14=1 OR 9 OR BASELINE B14= 1 OR 9] During the past 30 days, on how many days did you use electronic nicotine products, such as “e-cigarettes”, “e-cigs”, “vapor pens”, or “e-hookahs”?



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 cigarette 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 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 |
| C1_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 |

C2. How sure are you that, if you really wanted to, you could say no to a cigarette offer if...

[RANDOMIZE C2_1-C2_3]

| | | 1 Not at all sure | 2 Slightly sure | 3 Somewhat sure | 4 Mostly sure | 5 Completely sure | 9 Prefer Not to Answer |
|--------------|---|--------------------------------|------------------------------|------------------------------|-----------------------------|--------------------------------|-------------------------------------|
| C2_1. | You are at a party where most people are smoking? | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| C2_2. | A very close 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 |
| C2_3. | Someone you know offers it? | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |

Section D: Cessation (Intention, Behavior, Motivation)

D2. [IF B3 = 2-9] How much do you want to stop smoking cigarettes for good?

- ₁ Not at all
- ₂ A little
- ₃ Somewhat
- ₄ A lot
- ₉ Prefer not to answer

D4. [IF B3=2-9] 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?

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

Section E: Attitudes, Beliefs, Risk Perceptions and Social Norms

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

Attitudes, Beliefs and Risk Perceptions

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

[RANDOMIZE ALL ROWS]

| | | 1 Strongly Disagree | 2 Disagree | 3 Neither Agree or Disagree | 4 Agree | 5 Strongly Agree | 9 Prefer Not to Answer |
|---------------|---|------------------------------------|-----------------------------|--|-----------------------------|---------------------------------|---|
| E1_1. | People who are tobacco-free are confident . | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| E1_2. | People who are tobacco-free are fresh . | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| E1_3. | People who are tobacco-free are trendsetters . | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| E1_4. | People who are tobacco-free are in control . | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| E1_5. | People who are tobacco-free are real . | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| E1_6. | People who are tobacco-free are 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 |
| E1_7. | People who are tobacco-free are lame . | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| E1_9. | People who are tobacco-free are fake . | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| E1_10. | People who are tobacco-free are 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 |
| E1_12. | People who are tobacco-free are followers . | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |

E3. Please enter the number that best fits your response. Smoking cigarettes is...
(pick one)

[RANDOMIZE E3_1-E3_2] [MAKE THIS ITEM SKIPPABLE]

PROGRAMMER. DISPLAY IMAGE OF SCALE LABELED 1 THROUGH 7 AND A NUMERIC ENTRY FIELD FOR RESPONSE.

| | | | | | | | | | |
|--------------|----------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------|
| E3_1. | Bad | <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 | Good |
| E3_2. | Not enjoyable | <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 | Enjoyable |

E4. How much do you agree or disagree with the following statements?

[RANDOMIZE E4_1-E4_3]

| | | 1 Strongly Disagree | 2 Disagree | 3 Neither Agree or Disagree | 4 Agree | 5 Strongly Agree | 9 Prefer Not to Answer |
|--------------|--|------------------------------------|-----------------------------|--|-----------------------------|---------------------------------|---|
| E4_1. | I am proud to live tobacco-free. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| E4_2. | Living tobacco-free is important to me. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| E4_3. | I am proud to tell other people I live tobacco-free. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |

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

[RANDOMIZE ROWS]

| | | 1 Strongly Disagree | 2 Disagree | 3 Neither Agree or Disagree | 4 Agree | 5 Strongly Agree | 9 Prefer Not to Answer |
|---------------|--|------------------------------------|-----------------------------|--|-----------------------------|---------------------------------|---|
| E5_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 |
| E5_3. | 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 |
| E5_6. | Be able to stop smoking when I want to | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| E5_7. | Become addicted to smoking | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| E5_9. | Be less attractive to others | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| E5_11. | 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 |
| E5_14. | Be a bad influence on my younger brothers, sisters, cousins, family or friends | <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_18. | Be able to reach my goals | <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_19. | Be less successful | <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_20. | Be less physically fit | <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_21. | Not perform at my best | <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

E6. How many of your four closest friends...

| | | None | One | Two | Three | Four | Prefer Not to Answer |
|--------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| E6_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 |
| E6_4. | Use marijuana? | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _9 |
| E6_5. | Smoke blunts (cigars, cigarillos, or little cigars with marijuana added)? | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _9 |
| E6_6. | Smoke cigars, cigarillos, or little cigars without added marijuana ? Common brands are Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _9 |
| E6_7. | Use electronic nicotine products, such as "e-cigarettes", "e-cigs", "vapor pens", or "e-hookahs"? | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _9 |

E7. How many of the people who hang out where you hang out...

| | | None | A few | Some | Most | All | Prefer Not to Answer |
|--------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| E7_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 |
| E7_4. | Use marijuana? | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _9 |
| E7_5. | Smoke blunts (cigars, cigarillos, or little cigars with marijuana added)? | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _9 |
| E7_6. | Smoke cigars, cigarillos, or little cigars without added marijuana ? Common brands are Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's. | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _9 |
| E7_7. | Use electronic nicotine products, such as "e-cigarettes", "e-cigs", "vapor pens", or "e-hookahs"? | <input type="checkbox"/> _0 | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _9 |

E8. Thinking about the people who hang out where you hang out, do you think tobacco use is...

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

Perceived Approval

E9. How much do you agree or disagree with the following statements?

[RANDOMIZE E9_1-E9_4]

| | | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | Prefer Not to Answer |
|--------------|--|-----------------------------|-----------------------------|----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| E9_1. | According to my family , it is very important for me to <u>not</u> smoke cigarettes. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| E9_2. | According to my friends , it is very important for me to <u>not</u> smoke cigarettes. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| E9_3. | According to most people my age , it is very important for me to <u>not</u> smoke cigarettes. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| E9_4. | According to the people who hang out where I hang out , it is very important for me to <u>not</u> smoke cigarettes. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |

APPROVAL OF SMOKING

E10.

This next set of questions asks about things you would or would not do with people who smoke cigarettes. Would you...

| | | Definitely Yes | Probably Yes | Probably Not | Definitely Not | Prefer Not to Answer |
|---------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| E10_1. | Go to a party, concert or event where people are smoking cigarettes? | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _9 |
| E10_2. | Hang out with someone who smokes cigarettes? | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _9 |
| E10_4. | Kiss someone who smokes cigarettes? | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _9 |
| E10_5. | Go out with someone who smokes cigarettes? | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _9 |

Perceived Popularity

E12. How much do you agree or disagree with the following statements?

[RANDOMIZE E12_1-E12_4]

| | | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | Prefer Not to Answer |
|---------------|--|-----------------------------|-----------------------------|----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| E12_1. | Most successful people smoke cigarettes once a month or more. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| E12_2. | More fresh people smoke cigarettes than people who are not fresh. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| E12_3. | Rich and famous people are more likely to smoke cigarettes than people who aren't rich and famous. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| E12_4. | My favorite hip hop artists probably smoke cigarettes once a month or more. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |

Section F: Media Use and Awareness

F1. These next questions ask about your use of TV and other media.

In the past 6 months, that is since [FILL DATE], about how often did you...

| | Several times a day | About once a day | 3-5 days a week | 1-2 days a week | Every few weeks | Less often | Never | Prefer Not to Answer |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| F1_1. Watch TV shows or movies on any platform including a TV, computer, tablet, or smartphone? | <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 |
| F1_2. Watch videos on YouTube | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _6 | <input type="checkbox"/> _7 | <input type="checkbox"/> _9 |
| F1_3. Listen to streaming music on DatPiff, Pandora, Spotify, Apple Music, SoundCloud or others | <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 |
| F1_4. Listen to the radio (local radio stations) | <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 |
| F1_5. Go to social networking sites like Twitter, Instagram or 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 |
| F1_6. Browse any other type of website, 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"/> _6 | <input type="checkbox"/> _7 | <input type="checkbox"/> _9 |

F2. Think about the following websites. In the past 6 months, that is since [FILL DATE], about how often did you visit or use...

[RANDOMIZE ALL]

| | Several times a day | About Once a Day | 3-5 days a week | 1-2 days a week | Every few weeks | Less often | Never | Prefer Not to Answer |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| F2_1. That Grapejuice http://www.thatgrapejuice.net | <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_2. XXL http://www.xxlmag.com | <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_3. Rap-Up http://www.rap-up.com | <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_4. Complex http://www.complex.com/ | <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_5. BoomBox http://theboombox.com | <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_6. NiceKicks http://www.nicekicks.com | <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. How often do you go to the movies at a movie theater?

- _1 Once a week or more often
- _2 One or two times a month
- _3 Once every two or three months
- _4 One or two times a year
- _5 I do not see movies at a movie theater
- _9 Prefer not to answer

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

- _1 Once a week or more often
- _2 One or two times a month
- _3 Once every two or three months
- _4 One or two times a year
- _5 I do not attend concerts, live shows, or other events
- _9 Prefer not to answer

HOME ENVIRONMENT

[IF LONGITUNDINAL=NO]

These next questions ask about your parent(s) or guardian(s). Some people your age have parents who they do not live with. As you answer these questions, please think only about the parent(s) or guardian(s) you live with.

F9. Do your parent(s) or guardian(s) have rules about how much time you can spend using media, such as TV, computer, video games, cell phones, and music?

- ₁ Yes, my parent(s) or guardian(s) have lots of rules about it.
- ₂ Yes, my parent(s) or guardian(s) have a few rules about it.
- ₃ No, my parent(s) or guardian(s) don't have any rules about it.
- ₉ Prefer not to answer

F10. Do your parent(s) or guardian(s) 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 parent(s) or guardian(s) have lots of rules about it.
- ₂ Yes, my parent(s) or guardian(s) have a few rules about it.
- ₃ No, my parent(s) or guardian(s) don't have any rules about it.
- ₉ Prefer not to answer

F11. In general, how often do your parent(s) or guardian(s) make sure you follow the rules they have about using media, such as TV, computers, video games, and music?

- ₁ Most of the time
- ₂ Some of the time
- ₃ A little of the time
- ₄ Never
- ₅ My parent(s) or guardian(s) don't have rules about using media
- ₉ Prefer not to answer

F12. How often do your parent(s) or guardian(s) let you watch movies or videos that are rated R?

- ₁ Never
- ₂ Once in awhile
- ₃ Sometimes
- ₄ All the time
- ₉ Prefer not to answer

F13. How often do your parent(s) or guardian(s) let you go to concerts, live shows, or other events?

- 1 Never
- 2 Once in awhile
- 3 Sometimes
- 4 All the time
- 9 Prefer not to answer

BRAND AWARENESS

F5. We want to ask you about some brands that might or might not have appeared in the media around here, as part of ads or videos about tobacco or at concerts, live shows, or other events.

[RANDOMIZE F5_1-F5_4]

F5_1. In the past 6 months, that is since [FILL DATE], have you seen or heard the following brand?

truth®



- 1__ Yes
- 2__ No
- 3__ Not Sure
- 9__ Prefer not to answer

F5_2. In the past 6 months, that is since [FILL DATE], have you seen or heard the following brand?

Digital Youth Against Tobacco (DYAT)



- 1__ Yes
- 2__ No
- 3__ Not Sure
- 9__ Prefer not to answer

F5_3. In the past 6 months, that is since [FILL DATE], have you seen or heard the following brand?

The Real Cost



- 1__ Yes
- 2__ No
- 3__ Not Sure
- 9__ Prefer not to answer

F5_4. In the past 6 months, that is since [FILL DATE], have you seen or heard the following brand?

Fresh Empire



- 1__ Yes
- 2__ No
- 3__ Not Sure
- 9__ Prefer not to answer

CHANNELS OF FRESH EMPIRE AWARENESS

F5_5a. In the past 6 months, that is since [FILL DATE], have you heard of an event in your area sponsored by, or associated with, Fresh Empire?



- 1__ Yes
- 2__ No
- 3__ Not sure
- 9__ Prefer not to answer

EVENT ATTENDANCE AND REACTIONS

F24. [IF F5_5a=1,3, or 9] Have you ever attended an event sponsored by, or associated with Fresh Empire?

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

VIDEO AWARENESS

F29. Now we would like to show you some videos and ads that have been shown in the U.S. Once you have viewed the video or ads, please click on the forward arrow below to continue with the survey.

[RANDOMIZE SCREENSHOTS AND VIDEOS - Videos are 4 Fresh Empire videos, Screenshots are collages of Real Cost, Truth, and Tips ads]

DISPLAY VIDEO 1 [RANDOMIZE]

F29_1. Apart from this survey, how frequently have you seen this video in the past 6 months, that is since [FILL DATE]?

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

INSERT SCREENSHOTS OF VIDEO 1

F30_1. What is the main message of this video?
[RANDOMIZE ORDER OF CHECKBOX LIST]

- 1__ Live tobacco-free for the love of your family
- 2__ Reject cigarettes to regain control
- 3__ Tobacco use causes death and disease
- 4__ Live tobacco-free to set a good example for your younger brother or sister
- 5__ Tobacco use can control you
- 6__ Secondhand smoke causes an estimated 41,300 deaths per year
- 7__ The legal age for buying cigarettes is going up
- 98__ Not sure
- 99__ Prefer not to answer

F32_x. How much do you agree or disagree with the following statements?

| | | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | Prefer Not to Answer |
|---------------|---------------------------------|-----------------------------|-----------------------------|----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| F32_1. | This video is worth remembering | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_2. | This video grabbed my attention | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_3. | This video is powerful | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_4. | This video is informative | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_5. | This video is meaningful to me | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_6. | This video is convincing | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |

DISPLAY VIDEO 2 [RANDOMIZE]

F29_2. Apart from this survey, how frequently have you seen this video in the past 6 months, that is since [FILL DATE]?

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

INSERT SCREENSHOTS OF VIDEO 2

F30_2. What is the main message of this video?
[RANDOMIZE ORDER OF CHECKBOX LIST]

1. Live tobacco-free for the love of your family
 2. Reject cigarettes to regain control
 3. Tobacco use causes death and disease
 4. Live tobacco-free to set a good example for your younger brother or sister
 5. Tobacco use can control you
 6. Secondhand smoke causes an estimated 41,300 deaths per year
 7. The legal age for buying cigarettes is going up
- 98 Not sure
- 99 Prefer not to answer

F32_2. How much do you agree or disagree with the following statements?

| | | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | Prefer Not to Answer |
|----------------|---------------------------------|-----------------------------|-----------------------------|----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| F32_11. | This video is worth remembering | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_12. | This video grabbed my attention | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_13. | This video is powerful | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_14. | This video is informative | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_15. | This video is meaningful to me | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_16. | This video is convincing | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |

DISPLAY VIDEO 3 [RANDOMIZE]

F29_3. Apart from this survey, how frequently have you seen this video in the past 6 months, that is since [FILL DATE]?

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

INSERT SCREENSHOTS OF VIDEO 3

F30_3. What is the main message of this video?
[RANDOMIZE ORDER OF CHECKBOX LIST]

1. Live tobacco-free for the love of your family
 2. Reject cigarettes to regain control
 3. Tobacco use causes death and disease
 4. Live tobacco-free to set a good example for your younger brother or sister
 5. Tobacco use can control you
 6. Secondhand smoke causes an estimated 41,300 deaths per year
 7. The legal age for buying cigarettes is going up
- 98 Not sure
- 99 Prefer not to answer

F32_3. How much do you agree or disagree with the following statements?

| | | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | Prefer Not to Answer |
|----------------|---------------------------------|-----------------------------|-----------------------------|----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| F32_21. | This video is worth remembering | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_22. | This video grabbed my attention | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_23. | This video is powerful | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_24. | This video is informative | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_25. | This video is meaningful to me | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_26. | This video is convincing | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |

DISPLAY VIDEO 4 [RANDOMIZE]

F29_4. Apart from this survey, how frequently have you seen this video in the past 6 months, that is since [FILL DATE]?

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

INSERT SCREENSHOTS OF VIDEO 4

F30_4. What is the main message of this video?
[RANDOMIZE ORDER OF CHECKBOX LIST]

1. Live tobacco-free for the love of your family
 2. Reject cigarettes to regain control
 3. Tobacco use causes death and disease
 4. Live tobacco-free to set a good example for your younger brother or sister
 5. Tobacco use can control you
 6. Secondhand smoke causes an estimated 41,300 deaths per year
 7. The legal age for buying cigarettes is going up
- 98 Not sure
- 99 Prefer not to answer

F32_4. How much do you agree or disagree with the following statements?

| | | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | Prefer Not to Answer |
|----------------|---------------------------------|-----------------------------|-----------------------------|----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| F32_31. | This video is worth remembering | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_32. | This video grabbed my attention | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_33. | This video is powerful | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_34. | This video is informative | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_35. | This video is meaningful to me | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| F32_36. | This video is convincing | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |

DISPLAY SCREENSHOT 1 [RANDOMIZE]

F29_5. Apart from this survey, how frequently have you seen these ads in the past 6 months, that is since [FILL DATE]?

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

DISPLAY SCREENSHOT 2 [RANDOMIZE]

F29_6. Apart from this survey, how frequently have you seen these ads in the past 6 months, that is since [FILL DATE]?

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

DISPLAY SCREENSHOT 3 [RANDOMIZE]

F29_7. Apart from this survey, how frequently have you seen these ads in the past 6 months, that is since [FILL DATE]?

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

RADIO AWARENESS

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

[RANDOMIZE F36_1 - F36_5]

PLAY RADIO CLIP 1

F36_1. Apart from this survey, how frequently have you heard this on the radio in the past 6 months, that is since [FILL DATE]?

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

F37_1. How much do you agree or disagree with the following statements?

| | | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | Prefer Not to Answer |
|---------------|-----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| F37_1. | This radio 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 |

PLAY RADIO CLIP 2

F36_2. Apart from this survey, how frequently have you heard this on the radio in the past 6 months, that is since [FILL DATE]?

- ₁ Never
- ₂ Rarely
- ₃ Sometimes
- ₄ Often
- ₅ Very Often
- ₉ _____ Prefer not to answer

F37_2. How much do you agree or disagree with the following statements?

| | | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | Prefer Not to Answer |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| | This radio 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 |

PLAY RADIO CLIP 3

F36_3. Apart from this survey, how frequently have you heard this on the radio in the past 6 months, that is since [FILL DATE]?

- _1 Never
- _2 Rarely
- _3 Sometimes
- _4 Often
- _5 Very Often

_9 _____ Prefer not to answer

F37_3. How much do you agree or disagree with the following statements?

| | | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | Prefer Not to Answer |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| | This radio 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 |

PLAY RADIO CLIP 4

F36_4. Apart from this survey, how frequently have you heard this on the radio in the past 6 months, that is since [FILL DATE]?

- _1 Never
- _2 Rarely
- _3 Sometimes
- _4 Often
- _5 Very Often

_9 _____ Prefer not to answer

F37_4. How much do you agree or disagree with the following statements?

| | | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | Prefer Not to Answer |
|--|-----------------------------|-----------------------------|-----------------------------|----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| | This radio 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 |

PLAY RADIO CLIP 5

F36_5. Apart from this survey, how frequently have you heard this on the radio in the past 6 months, that is since [FILL DATE]?

- _1 Never
- _2 Rarely
- _3 Sometimes
- _4 Often
- _5 Very Often

_9 _____ Prefer not to answer

F37_5. How much do you agree or disagree with the following statements?

| | | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | Prefer Not to Answer |
|--|-----------------------------|-----------------------------|-----------------------------|----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| | This radio 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 |

F39. [IF F5_4=1 OR 3 OR 9] How much do you agree or disagree with the following statements about Fresh Empire?

[RANDOMIZE F39_1-F39_3]

| | | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | Prefer Not to Answer |
|--------------|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| F39_1 | I want to help promote Fresh Empire | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| F39_2 | I'd defend Fresh Empire if someone was hating on 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 |
| F39_3 | I'd wear a Fresh Empire T-shirt | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |

[RANDOMIZE ITEMS BELOW]

| | | | | | | | |
|--------------|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| F39_6 | I talk to my friends about Fresh Empire | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| F39_9 | If I see anything from Fresh Empire, I check it out | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |

[RANDOMIZE ITEMS BELOW]

| | | | | | | | |
|---------------|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| F39_12 | Fresh Empire is popular with people like me | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| F39_13 | People are buzzing about Fresh Empire | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| F39_14 | Fresh Empire is becoming more popular with the people who hang out where I hang out | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |

F40_x. To what extent do you agree that each of the traits or statements listed below describe Fresh Empire?

| | | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | Prefer Not to Answer |
|--------------|--------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| F40_1 | Trendy | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| F40_2 | Fresh | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| F40_3 | In control | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| F40_4 | Keeps it 100 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |

Section G: Environment

[IF LONGITUDINAL = NO] The next section asks some questions about your household and peers.

G1. [IF LONGITUDINAL = NO] Other than you, has **anyone who lives with you** used any of the following during the past 30 days...? Select all that apply.

- ₁ Cigarettes
- ₂
- 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 nicotine products, also called "e-cigarettes", "e-cigs", "vapor pens", or "e-hookahs"
- 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

G1a. [IF G1=6 AND LONGITUDINAL = NO] What other form of tobacco has anyone who lives with you used during the past 30 days?

G2. [IF LONGITUDINAL = NO] Have any of your brother(s) and/or sister(s) 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

G3. [IF LONGITUDINAL = NO] Which statement best describes the rules about smoking in your home? Would you say...

- ₁ Smoking is not allowed anywhere inside your home
- ₂ Smoking is allowed in some places or at some times
- ₃ Smoking is allowed anywhere inside the home
- ₄ There are no rules about smoking inside the home
- ₉ Prefer not to answer

G4. [IF LONGITUDINAL = NO] How well would you say you have done in school? Would you say...

- _1 Much better than average
- _2 Better than average
- _3 Average
- _4 Below average
- _5 Much worse than average
- _9 Prefer not to answer

G5. [IF LONGITUDINAL = NO] How much do you agree or disagree with the following statements?

[RANDOMIZE G5_1-G5_3]

| | | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | Prefer Not to Answer |
|--------------|---------------------------------------|-----------------------------|-----------------------------|----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| G5_1. | I feel close to people at my school. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| G5_2. | I am happy to be at my school. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |
| G5_3. | I feel like I am a part of my school. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _9 |

G6. [IF LONGITUDINAL = NO] How far do you think you will go in school?

- _1 I don't plan to go to school anymore
- _2 6th grade
- _3 7th grade
- _4 8th grade
- _5 9th grade
- _6 10th grade
- _7 11th grade
- _8 12th grade or GED
- _9 Some college or technical school but no degree
- _10 Technical school degree
- _11 College degree
- _12 Graduate school, medical school, or law school
- _99 Prefer not to answer

G7. [IF LONGITUDINAL = NO] How many close friends do you have? Close friends include people whom you feel at ease with, can talk to about private matters, and can call on for help.

_____ MIN 0 MAX 7
₉ Prefer not to answer

G8. [IF LONGITUDINAL = NO] How often do you attend church or religious services? Would you say...

- ₁ Never
- ₂ Less than once a month
- ₃ About once a month
- ₄ About 2 or 3 times a month
- ₅ Once a week
- ₆ More than once a week
- ₉ Prefer not to answer

G9. How much do you agree or disagree with the following statements?

[RANDOMIZE G9_1-G9_4]

| | | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree | 9 Prefer Not to Answer |
|--------------|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| G9_1. | I would like to explore strange places. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| G9_2. | I like to do frightening 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 |
| G9_3. | I like new and exciting experiences, even if I have to break the rules. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |
| G9_4. | I prefer friends who are exciting and unpredictable. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₉ |

G10. [IF LONGITUDINAL = NO] 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

[IF LONGITUDINAL = NO] The next question asks about your relationship with your parent(s) or guardian(s). Some people your age have parents who they do not live with. As you answer this question, please think only about the parent(s) or guardian(s) you live with.

G11. [IF LONGITUDINAL = NO] Thinking about the parent(s) or guardian(s) you live with, how satisfied are you with the way you communicate with each other?

- ₁ Not at all satisfied
- ₂ Not very satisfied
- ₃ Somewhat satisfied
- ₄ Quite satisfied
- ₅ Very satisfied
- ₉ Prefer not to answer

FINAL [IF IN PERSON] That was the last question. Once you move past this screen, your responses will be locked. They cannot be seen by your interviewer. Please tell your interviewer that you are finished.

CODE INTERVIEWER - ENTER 3 DIGIT CODE TO LOCK RESPONSES
[IN PERSON INTERVIEW ONLY]

RECON Thank you for your responses! We will be conducting another two rounds of this survey every 6 months. Your participation in these next rounds is really important, so that we can measure what has changed over time and what has stayed the same. When we contact you again in the future, you will be able to decide if you want to take part in the survey at that time, and you can change your mind at any point.

Can we contact you to invite you to take the next two rounds of the survey?

YES

NO

RECONREF [IF RECON=NO] Your participation is important for the success of this study. We will find a time that works for you to be interviewed, and you will receive another \$25 after you complete the interview. Can we contact you for the next two surveys?

YES

NO - - GO TO QCID

MOVE [IF LONGITUDINAL = NO] Do you plan to move in the next 6 months?

YES

NO

DON'T KNOW

MOVE1 During your first interview, you said that [FILL FRIFAM NAME] WOULD KNOW HOW TO CONTACT YOU AND PROVIDED THE FOLLOWING PHONE NUMBER [FILL FRIFAM PHONE].

Is this information still correct or would you like to update this information?

1 INFORMATION IS CORRECT

2 UPDATE INFORMATION

FRIFAM [IF LONGITUDINAL = NO OR MOVE1=2] Just in case we have a hard time finding you, can you please give me the name and number of a close family member who does not live here, but who will know how to reach you?

Name

Phone Number

RECONTH Thanks for providing this information. NEXT

INCENT01 [IF CONAGE=2] PROGRAMMER: DISPLAY CASE ID FROM IFMS ON SCREEN.
SIGN COMPENSATION RECEIPT AND HAND MONEY TO R I have signed this form to indicate that I have given you \$25 for completing this interview. Thanks again!
NEXT

S01. [IF CONAGE=2] Next I have some questions about the people who live in this home. I would like to ask these questions to one of your parents. Please ask one of your parents to join us.

ONCE PARENT HAS JOINED, READ REMAINING QUESTIONS TO PARENT

Thank you for joining us. Your child has completed his/her portion of the interview. I have just a few questions for you about other children in the household.

[IF CONAGE=1] Next I have some questions about the people who live in this home.

Please think about all of the people who live in this home who are 17 years old or younger. Not including your child who just completed the interview, how many people live in this home who are 17 years old or younger?

_____ MIN 0 MAX 7
_9 Prefer not to answer

S02. If S01>1. Please tell me more about these people, starting with the oldest. How old is this person?

_____ MIN 0 MAX 17
_9 Prefer not to answer

S02a. If S02=13-17. What is this person's name?

_9 Prefer not to answer

S03. If S01>2 How old is the next oldest person in the household who is 17 years old or younger?

_____ MIN 0 MAX 17
_9 Prefer not to answer

S03a. If S03=13-17. What is this person's name?

₉ Prefer not to answer

S04. If S01>3. How old is the next oldest person in the household who is 17 years old or younger?

_____ MIN 0 MAX 17
₉ Prefer not to answer

S04a. If S04=13-17. What is this person's name?

₉ Prefer not to answer

S05. If S01>4. How old is the next oldest person in the household who is 17 years old or younger?

_____ MIN 0 MAX 17
₉ Prefer not to answer

S05a. If S05=13-17. What is this person's name?

₉ Prefer not to answer

S06. If S01>5. How old is the next oldest person in the household who is 17 years old or younger?

_____ MIN 0 MAX 17
Prefer not to answer

S06a. If S06=13-17. What is this person's name?

₉ Prefer not to answer

S07. If S01>6. How old is the next oldest person in the household who is 17 years old or younger?

_____ MIN 0 MAX 17

₉ Prefer not to answer

S07a. If S07=13-17. What is this person's name?

₉ Prefer not to answer

S08. [IF S01>1 AND CONAGE=2] We would like to invite [FILL S02A THROUGH S07A NAMES WHERE AGE = 12-17] to see if he/she qualifies for this study.

[IF S01>1 AND CONAGE=1] We would like to invite [FILL S02A THROUGH S07A NAMES WHERE AGE = 12-17] to see if he/she qualifies for this study. But first we need parental permission. Is there a parent who is available to provide that permission?

INCENT02 [IF CONAGE=1] PROGRAMMER: DISPLAY CASE ID FROM IFMS ON SCREEN. SIGN COMPENSATION RECEIPT AND HAND MONEY TO R I have signed this form to indicate that I have given you \$25 for completing this interview. Thanks again!
NEXT

[IF S01>1 AND CONAGE=1] ONCE PARENT HAS JOINED, READ REMAINING QUESTIONS TO PARENT.

[IF S01>1 AND CONAGE=1] Thank you for joining us. Your child has completed his/her portion of the interview. I have just a few questions for you about other children in the household.

Is [FILL NAMES OF 12-17 YEAR OLDS] available to answer a few questions to determine whether they qualify? If he/she/they are eligible, we can conduct the survey here and they will receive \$25.

S09. Finally, RTI may contact you by phone or mail to ask a few questions about the quality of my work. Can you please give me your name and phone number?

Name

Phone Number

NEXT

SPAWNEND INTERVIEWER: ATTEMPT TO BEGIN THE SCREENER WITH KIDS IN THE HOUSEHOLD. IF KIDS ARE NOT AVAILABLE, SCHEDULE AN APPOINTMENT.

FINAL [IF S01=0] Thank you again for your help. That was my last question.

EXIT

WEBTH [IF WEB] Thank you for your responses. Within 2 business days, we will send an email containing information about how to access and redeem your digital gift card. This information must be sent via email. What is the email address where we should send your gift card?

_____ PROGRAMMER: MAKE ENTRY MANDATORY. NO SKIPS ACCEPTED.

SNWBLL [IF WEB] Share this survey with your friends! Your friends could earn \$25 too if they are eligible.

SHARE BUTTON TO SHARE VIA EMAIL, FACEBOOK, MESSENGER, TWITTER, TEXT

NEXT

END

Thank you for taking time to complete this survey.

OMB Control No. 0910-0788

Exp. 05/31/2018

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 45 minutes per response to complete the mail screener (the time estimated to read, review, respond). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to PRASstaff@fda.hhs.gov.