

## ATTACHMENT 2\_E1: YOUTH FOLLOW-UP INSTRUMENT

Form Approved  
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### **Evaluation of the Public Education Campaign on Teen Tobacco- Fourth Follow-up (ExPECTT-4)**

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

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, Social Norm

Section F: Media Use and Awareness

Section G: Environment

#### **Introduction**

Thank you for agreeing to take part in this survey. The survey will take approximately 45 minutes to complete. You will be asked various questions about your experiences with tobacco products, media use, as well as some questions about your background. Even if you do not use tobacco products, the information you provide will still be very important.

Your responses will be kept private to the fullest extent allowed by law, and neither your name nor other personal information will be associated with your responses. The data collected for this study will be combined with that of all participants before it is analyzed.

## Section A: Demographic Items

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

How old are you?

- O<sub>1</sub> 11 years old
- O<sub>2</sub> 12 years old
- O<sub>3</sub> 13 years old
- O<sub>4</sub> 14 years old
- O<sub>5</sub> 15 years old
- O<sub>6</sub> 16 years old
- O<sub>7</sub> 17 years old
- O<sub>8</sub> 18 years old
- O<sub>9</sub> 19 years old or older
- O<sub>99</sub> Prefer not to answer

[HOLD CHECK IF A1 ISN'T ANSWERED]

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

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

[HOLD CHECK IF A2 ISN'T ANSWERED]

IF A1=[FU1 AGE] OR [FU1 AGE +1] GO TO B1.

IF A1≠[FU1 AGE] OR [FU1\_AGE +1] GO TO S2

**S2.** To be sure we have the right information, please indicate your age once more.  
How old are you?

- O<sub>1</sub> 11 years old
- O<sub>2</sub> 12 years old
- O<sub>3</sub> 13 years old
- O<sub>4</sub> 14 years old
- O<sub>5</sub> 15 years old
- O<sub>6</sub> 16 years old
- O<sub>7</sub> 17 years old
- O<sub>8</sub> 18 years old
- O<sub>9</sub> 19 years old or older
- O<sub>99</sub> Prefer not to answer

FOR WEB RESPONDENTS ONLY: IF S2≠[FU1 AGE] OR [FU1 AGE +1]  
SHOW HARD CHECK THAT SAYS:

We're sorry, we are not able to locate your file in our records. For this reason, you will not be able to take this survey online at this time. An interviewer will contact your parent or guardian to arrange an in-person interview.

THANK YOU FOR YOUR TIME

[IF CAPI AGE IS INCONSISTENT, GO TO S4]

**S4. Interviewer: There is an age discrepancy. Please check that you are in the right case. If you are in the right case, please confirm respondent age, enter and continue.**

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

[IF ON THE YOUTH BASELINE SURVEY B1=2 or 9 (never smokers), ASK B1; IF ON THE YOUTH BASELINE SURVEY B1=1 (smokers) ASK B3]

#### ***Cigarette Use***

**B1.** Have you ever tried cigarette smoking, even one or two puffs?

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

[IF B1=1 or 9, ASK B2. IF B1=2, ASK B9]

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

- <sub>1</sub> 8 years old or younger
- <sub>2</sub> 9 years old
- <sub>3</sub> 10 years old
- <sub>4</sub> 11 years old
- <sub>5</sub> 12 years old
- <sub>6</sub> 13 years old
- <sub>7</sub> 14 years old
- <sub>8</sub> 15 years old
- <sub>9</sub> 16 years old
- <sub>10</sub> 17 years old
- <sub>11</sub> 18 years old
- <sub>12</sub> 19 years old
- <sub>99</sub> Prefer not to answer

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

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

[IF B3=1, ASK B6, otherwise ask B4]

**B4.** During the past 30 days, were the cigarettes that you usually smoked menthol?

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

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

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

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

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

**B7.** Do you smoke:

- <sub>1</sub> Only when you are alone
- <sub>2</sub> Mainly when you are alone
- <sub>3</sub> As often alone as with others
- <sub>4</sub> Mainly when you are with others
- <sub>5</sub> Only when you are with others
- <sub>9</sub> Prefer not to answer

**B8.** Do you consider yourself a smoker?

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

**Other Tobacco Use**

[IF ON THE YOUTH BASELINE SURVEY B9=2 or 9 (never users), ASK B9; IF ON THE YOUTH BASELINE SURVEY B9=1 (smokeless users) ASK B10]

**B9.**

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



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

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

[IF B9=1, ASK B10]

**B10.** During the past 30 days, on how many days did you use smokeless tobacco?

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

[IF ON THE YOUTH BASELINE SURVEY B11=2 or 9 (never users), ASK B11; IF ON THE YOUTH BASELINE SURVEY B11=1 (cigar users) ASK B12]

**B11.** The next questions are about cigars, cigarillos, or little cigars such as Black & Mild, Swisher Sweets, Dutch Masters, Phillies Blunts, Prime Time, and Winchester.



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

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

[IF B11=1, ASK B12]

**B12.** During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

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

[IF ON THE YOUTH BASELINE SURVEY B13=2 or 9 (never users), ASK B13; IF ON THE YOUTH BASELINE SURVEY B13=1 (hookah users) ASK B14]

**B13.** Have you ever tried smoking tobacco out of a water pipe (also called “hookah”), even one time?



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

[IF B13=1, ASK B14]

**B14.** During the past 30 days, on how many days did you smoke tobacco out of a water pipe (also called “hookah”)?

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

[IF ON THE YOUTH BASELINE SURVEY B15=2 or 9 (never users), ASK B15; IF ON THE YOUTH BASELINE SURVEY B15=1 (e-cigarette users) ASK B16]

**[EMBED SCREENSHOT OF PRODUCTS]**

**B15.** The next questions are about e-cigarettes (e-cigs), sometimes also called vape pens, personal vaporizers and mods, e-cigars, e-pipes, e-hookahs and hookah pens.

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

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

[IF B15=1, ASK B16]

**B16.** During the past 30 days, on how many days did you use e-cigarettes?

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

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

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

[IF B17=1, ASK B18, OTHERWISE GO TO SECTION C]



**B18.** During the past 30 days, on how many days did you use marijuana?

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

**B19.** During the past 30 days, on how many days did you add marijuana to a tobacco product, such as a cigar (sometimes known as a “blunt”)?

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

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

### C1. Thinking about the future...

		1 Definitely Yes	2 Probably Yes	3 Probably Not	4 Definitely Not	9 Prefer Not to Answer
<b>C1_1.</b>	Do you think that you will smoke a <b>cigarette</b> soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C1_2</b>	Do you think you will smoke a <b>cigarette</b> at any time in the next year?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C1_5</b>	If one of your best friends were to offer you a <b>cigarette</b> , would you smoke it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C1_6</b>	Do you think that you will use <b>smokeless tobacco</b> such as dip, chewing tobacco, snuff, or snus soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C1_7</b>	Do you think you will use <b>smokeless tobacco</b> at any time in the next year?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C1_8</b>	If one of your best friends were to offer you <b>smokeless tobacco</b> would you use it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C1_9</b>	Do you think you will smoke <b>cigars, cigarillos, or little cigars</b> soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C1_10</b>	Do you think you will smoke <b>cigars, cigarillos, or little cigars</b> at any time in the next year?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C1_11</b>	If one of your best friends were to offer you a <b>cigar, cigarillo, or little cigar</b> , would you smoke it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C1_12</b>	Do you think that you use an e-cigarettes soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C1_13</b>	Do you think you will use an e-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
<b>C1_14</b>	If one of your best friends were to offer you an e-cigarette would you use it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

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

[RANDOMIZE C6\_1-C6\_3]

	<b>1</b> Not at all sure	<b>2</b> Slightly sure	<b>3</b> Somewhat sure	<b>4</b> Mostly sure	<b>5</b> Completely sure	<b>9</b> Prefer Not to Answer
<b>C2_1.</b> 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
<b>C2_2.</b> 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
<b>C2_3.</b> Someone you know offers it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>C2_4.</b> A family member offers it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**C3.** How sure are you that, if you really wanted to, **you could say no to smokeless tobacco**, if...

[RANDOMIZE C3\_1-C3\_3]

	<b>1</b> Not at all sure	<b>2</b> Slightly sure	<b>3</b> Somewhat sure	<b>4</b> Mostly sure	<b>5</b> Completely sure	<b>9</b> Prefer Not to Answer
<b>C3_1.</b> You are at a party where most people are using it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>C3_2.</b> 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
<b>C3_3.</b> Someone you know offers it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>C3_4.</b> A family member offers it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**C4.** How sure are you that, if you really wanted to, **you could say no to an e-cigarette if..., if...**

[RANDOMIZE C3\_1-C3\_3]

	<b>1 Not at all sure</b>	<b>2 Slightly sure</b>	<b>3 Somewhat sure</b>	<b>4 Mostly sure</b>	<b>5 Completely sure</b>	<b>9 Prefer Not to Answer</b>
<b>C4_1.</b> You are at a party where most people are using it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>C4_2.</b> A 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
<b>C4_3.</b> Someone you know offers it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>C4_4.</b> A family member offers it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

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

**Cigarette Use** [Ask if B3=2-9]

**D2.** During the past [FILL DATE SINCE LAST INTERVIEW], 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

**D1.** 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

**D3.** How much do you want to quit smoking?

- \_1 Not at all
- \_2 A little
- \_3 Somewhat
- \_4 A lot
- \_9 Prefer not to answer

**Other Tobacco Use** [Ask if B10=2-9]

**D5.** During the past [FILL DATE SINCE LAST INTERVIEW], did you stop using smokeless tobacco such as dip, chewing tobacco, snuff, or snus for one day or longer because you were trying to quit using smokeless tobacco for good?

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

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

[ASK ALL]

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

**Attitude**

**E1. Smoking cigarettes** is... (pick one)

[RANDOMIZE E1\_1-E1\_2]

<b>E1_1.</b>	<b>Bad</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good</b>
<b>E1_2.</b>	<b>Unenjoyable</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Enjoyable</b>
<b>E1_3.</b>	<b>Harmful</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Not Harmful</b>

**E2. Using smokeless tobacco**, such as dip, chewing tobacco, snuff, or snus is... (pick one)

[RANDOMIZE E2\_1-E2\_2]

<b>E2_1.</b>	<b>Bad</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good</b>
<b>E2_2.</b>	<b>Unenjoyable</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Enjoyable</b>
<b>E2_3.</b>	<b>Harmful</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Not Harmful</b>

**E13. Smoking cigars, cigarillos, or little cigars** is... (pick one)

[RANDOMIZE E13\_1-E13\_2]

<b>E13_1.</b>	<b>Bad</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good</b>
<b>E13_2.</b>	<b>Unenjoyable</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Enjoyable</b>
<b>E13_3.</b>	<b>Harmful</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Not Harmful</b>

**E14. Using e-cigarettes** is... (pick one)

[RANDOMIZE E14\_1-E14\_2]

<b>E14_1.</b>	<b>Bad</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good</b>
<b>E14_2.</b>	<b>Unenjoyable</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Enjoyable</b>
<b>E14_3.</b>	<b>Harmful</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Not Harmful</b>

**Attitudinal Beliefs and Risk Perceptions**

**E3.** How much do you agree or disagree with the following statements? **If I smoke cigarettes I will...**[RANDOMIZE PRESENTATION]

		<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree or Disagree (Neutral)</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>E3_1.</b>	Damage my body	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3_2.</b>	Be controlled by smoking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3_3.</b>	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
<b>E3_4.</b>	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
<b>E3_5.</b>	Develop cancer of the lip, mouth, tongue or throat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3_6.</b>	Develop sexual and/or fertility problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3_7.</b>	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
<b>E3_8.</b>	Be unable to stop when I want to	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3_9.</b>	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
<b>E3_10.</b>	Develop skin problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3_11.</b>	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
<b>E3_12.</b>	Lose my teeth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3_13.</b>	Have COPD	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3_14.</b>	Shorten my life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3_15.</b>	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
<b>E3_16.</b>	Have bad breath	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3_17.</b>	Get sick more often	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3_18.</b>	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
<b>E3_19.</b>	End up wasting money on cigarettes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3_22.</b>	Become addicted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3_20.</b>	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
<b>E3_21.</b>	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
<b>E3_23.</b>	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

<b>E3_24</b>	Stunt the growth of my lungs	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_25</b>	Have yellow, stained teeth	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_26</b>	Develop gum disease	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9



**E17. How much do you agree or disagree with the following statements? If I use e-cigarettes I will...[RANDOMIZE PRESENTATION]**

		<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree or Disagree (Neutral)</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>E17_1.</b>	Damage my body	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E17_2.</b>	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
<b>E17_3.</b>	Become addicted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E17_4.</b>	Inhale nicotine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E17_5.</b>	Inhale chemicals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E17_6.</b>	Harm my lungs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E17_7.</b>	Develop sexual and/or fertility problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E17_8.</b>	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
<b>E17_9</b>	End up wasting money.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E17_10</b>	Inhale metal particles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E17_11</b>	Change my brain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E17_12</b>	Be more likely to smoke cigarettes in the future	<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 about smoking cigarettes? [RANDOMIZE PRESENTATION]**

		<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither or Disagree (Neutral)</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>E5_1.</b>	Smoking can cause <u>immediate</u> damage to my body.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_2.</b>	It is safe for me to smoke for only a year or two, as long as I quit after that.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_3.</b>	If I smoked occasionally I would not become addicted.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_4.</b>	Smoking cigarettes helps people relieve stress.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_5.</b>	Cigarette ingredients are disgusting.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_6.</b>	Cigarette ingredients are dangerous.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_7.</b>	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
<b>E5_8.</b>	Smoking cigarettes can help keep your weight down.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_9.</b>	The lungs of teenage smokers may not grow to normal size.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_10.</b>	Smoking just a few cigarettes can make you crave 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
<b>E5_11.</b>	If I smoke, nicotine will rewire my brain.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_12</b>	Smoking as a teen can permanently stunt your lungs.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_13</b>	Smoking cigarettes will make me have serious breathing problems	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_14</b>	If I smoke, the consequences will find me.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

<b>E5_15</b>	Nicotine can reprogram your brain	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_16</b>	If I smoke, it will be hard to think about anything but my next cigarette	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_17</b>	The nicotine in cigarettes may hack your brain	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_18</b>	If I smoke, nicotine will reach my brain in just 10 seconds	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**E15. How much do you agree or disagree with the following statements using e-cigarettes ? [RANDOMIZE PRESENTATION]**

		<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree or Disagree (Neutral)</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>E15_1.</b>	Some of the chemicals in e-cigarettes are the same as in regular cigarettes.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E15_2.</b>	The potential health risks of e-cigarettes use are unknown	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E15_3.</b>	E-cigs contain potentially harmful chemicals	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E15_4.</b>	Smoking e-cigarettes may cause lung damage	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E15_5.</b>	Vaping or using e-cigarettes may result in nicotine addiction	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E15_6.</b>	The ingredients in e-cigarettes may be dangerous when inhaled.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E15_7.</b>	Vaping or using e-cigarettes helps people relieve stress.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E15_8.</b>	Using e-cigarettes can help keep your weight down	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E15_9</b>	The nicotine in e-cigarettes may hack your brain	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**E7.** Do you believe **cigarette smoking** is related to... [RANDOMIZE PRESENTATION]

		<b>1 Definitel y Yes</b>	<b>2 Probably Yes</b>	<b>3 Probably Not</b>	<b>4 Definitel y Not</b>	<b>Don't Know</b>	<b>9 Prefer Not to Answer</b>
<b>E7_1</b>	Lung Cancer?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_2</b>	Cancer of the lip, mouth, tongue or throat?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_3</b>	Heart Disease?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_4</b>	Diabetes?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_5</b>	Emphysema?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_6</b>	Stroke?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_7</b>	Hole in throat (stoma or tracheotomy)?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_8</b>	Buerger's Disease?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_9</b>	Removal of limbs (amputations)?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_10</b>	Asthma?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_11</b>	Gallstones?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_12</b>	COPD or chronic bronchitis?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_13</b>	Gum disease?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**E9. Does cigarette smoke contain....[RANDOMIZE PRESENTATION]**

		<b>1 Definitel y Yes</b>	<b>2 Probably Yes</b>	<b>3 Probably Not</b>	<b>4 Definitel y Not</b>	<b>Don't Know</b>	<b>9 Prefer Not to Answer</b>
<b>E9_3</b>	Benzene, a chemical found in gasoline?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E9_5</b>	Cadmium, a substance found in batteries?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E9_7</b>	Formaldehyde, a chemical used to preserve dead animals?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E9_15</b>	Over 7,000 chemicals?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

**Social Norms**

**E11. How many of your four closest friends...**

		<b>0 None</b>	<b>1 One</b>	<b>2 Two</b>	<b>3 Three</b>	<b>4 Four</b>	<b>9 Prefer Not to Answer</b>
<b>E11_1.</b>	Smoke cigarettes?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E11_2.</b>	Smoke menthol cigarettes?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E11_3.</b>	Use smokeless tobacco?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E11_4.</b>	Use cigars, cigarillos, or little cigars?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E11_5.</b>	Use e-cigarettes ?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

**E12. How many other people your age...**

		<b>0 None</b>	<b>1 A few</b>	<b>2 Some</b>	<b>3 Most</b>	<b>4 All</b>	<b>9 Prefer Not to Answer</b>
<b>E12_1.</b>	Smoke cigarettes <b>every day</b> ?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E12_2.</b>	Smoke menthol cigarettes <b>every day</b> ??	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E12_3.</b>	Use smokeless tobacco <b>every day</b> ?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E12_7</b>	Use e-cigarettes , <b>every day</b> ?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E12_4.</b>	Smoke cigarettes, <b>but not every day</b> ?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E12_5.</b>	Smoke menthol cigarettes, <b>but not every day</b> ?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E12_6.</b>	Use smokeless tobacco, <b>but not every day</b> ?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E12_8</b>	Use e-cigarettes <b>but not every day</b> ?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

**Section F: Media Use and Awareness**

**F1.** 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
<b>F1_1.</b> <u>watching TV shows</u> on a TV set? Include time spent watching DVDs, streaming video like Netflix, shows that you recorded earlier, or shows "On Demand"	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F1_2.</b> <u>watching TV shows</u> on a computer, laptop, or tablet? Include streaming video like Netflix, DVDs, Hulu, etc.?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F1_3.</b> <u>watching TV shows</u> on a cell phone/smartphone?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F1_4.</b> <u>watching TV shows</u> on 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

**F2.** 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
<b>Using a Computer, Laptop, or Tablet</b>						
<b>F2_2.</b> Watching or uploading videos such as from YouTube on a computer, laptop, or tablet	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_3.</b> Using social networking sites like Facebook or twitter on a computer, laptop, or tablet	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_4.</b> Looking at any other type of website for anything besides schoolwork on a computer, laptop, or tablet.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_5.</b> Instant messaging or Video chatting (on Snapchat, Googletalk, iChat, Facetime, 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



	None	At least one minute, but less than 1 hour	1 hour or more, but less than 2 hours	2 hours or more, but less than 3 hours	More than 3 hours	Prefer not to answer
<b>Using a Cell Phone/Smartphone</b>						
<b>F2_6.</b> Text messaging on a cell phone/smartphone	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_7.</b> Watching or uploading videos such as from YouTube on a cell phone/smartphone	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_8.</b> Using social networking apps like Twitter or Instagram on a cell phone/smartphone	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_9.</b> Browsing any other type of website on a cell phone/smartphone like news or entertainment. Include smartphone apps.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>Playing Games and Reading</b>						
<b>F2_10.</b> Playing games on all electronic devices. Include cell phones/smartphones, computers, laptops, tablets, game players hooked up to a TV/computer (Xbox, Wii, PSP) and handheld players (Nintendo DS, Sony PSP, iPod)	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_12.</b> Looking at or reading any magazines? Do <u>not</u> include time spent reading magazines on a computer, laptop, or tablet.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**F2\_13.** 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

Thinking about the past [FILL MONTHS], that is since [FILL DATE], how frequently have you watched the following shows?

	Never	Rarely	Sometimes	Often	Very Often	Prefer not to Answer
F2_14. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_15. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_16. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_17. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_18. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_19. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_20. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_21. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_22. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_23. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_24. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_25. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_26. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_27. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_28. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_29. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_30. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_31. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_32. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_33. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

**F2\_31.** In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you been on YouTube or Hulu?

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

**F2\_32.** In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you been on Facebook?

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

**F2\_33.** In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you been on Twitter?

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

**F2\_34.** In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you used Pandora, Soundcloud or Spotify?

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

**F2\_35.** In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you used PlayStation or Xbox?

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

**F2\_36.** In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you used Instagram?

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

**F2\_37.** In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you used Tumblr?

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

**F2\_38.** In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you used Snapchat?

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

**F2\_39.** In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you used Kik?

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

**F3.** We want to ask you about some slogans or themes that might or might not have appeared in the media around here, as part of ads about tobacco.

F3\_3. In the past [FILL 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



**F3\_4.** In the past [FILL 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



**F3\_11.** In the past [FILL MONTHS] months,, that is since [FILL DATE], have you seen or heard the following slogan or theme?

[FILL

Tips from Former Smokers (Tips)

- 1\_\_\_ Yes
- 2\_\_\_ No
- 3\_\_\_ Not Sure



**F3\_12.** In the past [FILL MONTHS] months,, that is since [FILL DATE], have you seen or heard the following slogan or theme?

[FILL

truth [insert current truth campaign name]

- 1\_\_\_ Yes
- 2\_\_\_ No
- 3\_\_\_ Not Sure



**F3\_13.** In the past [FILL MONTHS] months,, that is [FILL DATE], have you seen or heard the following slogan or theme?

since

Fresh Empire

- 1\_\_\_ Yes
- 2\_\_\_ No
- 3\_\_\_ Not Sure



ASK F5\_3 IF F3\_4=1 or 3, OTHERWISE ASK F7\_x.

**F5\_3.** Where have you seen or heard about The Real Cost? Check all that apply.

1      2  
Yes    No

[RANDOMIZE]

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

**F5\_3b.** On the radio

**F5\_3c.** In magazines

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

**F5\_3e.** At the movie theatre

**F5\_3f.** I have not seen or heard about The Real Cost

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

1      2  
Yes    No

**F6\_1.** Facebook?

**F6\_2.** Twitter?

**F6\_3.** YouTube?

**F6\_4.** Hulu?

**F6\_5.** Instagram

**F6\_6.** Tumblr

**F6\_7.** Pandora, Soundcloud or Spotify?

**F6\_8.** In video games?

**F6\_9.** Snapchat?

**F6\_10.** Kik?

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

[DISPLAY VIDEOS OR SCREENSHOTS IN RANDOM ORDER. USE VIDEO FOR REAL COST ADS, USE SCREENSHOTS FOR TRUTH, TIPS FROM FORMER SMOKERS, AND FRESH EMPIRE ADS ]

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

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

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

**SHOW SCREENGRAB OF AD**

F19\_x. What is the main message of this ad? Select only one response  
 [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
- 8\_\_ Being with friends is more important than smoking
- 9\_\_ This generation of teens can play a big role in stopping smoking
- 10\_\_ If you smoke you lose your freedom
- 11\_\_ There are toxic chemicals in cigarette smoke
- 13\_\_ You don't need a good reason not to smoke
- 14\_\_ Nicotine can reprogram your brain until it's hard to think about anything but your next cigarette.
- 15\_\_ Cigarettes may leave you with stained teeth, gum disease and more.
- 16\_\_ Smoking as a teen can permanently stunt your lungs.
- 99\_\_ I am not sure

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

		<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree or Disagree (Neutral)</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>F11_1.</b>	This ad is worth remembering	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F11_2.</b>	This ad grabbed my attention	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F11_3.</b>	This ad is powerful	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F11_4.</b>	This ad is informative	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F11_5.</b>	This ad is meaningful to me	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F11_6.</b>	This ad is convincing	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F11_13</b>	This ad is intense	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

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

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

## Section G: Environment

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

### ASK G21 IF YOUTH IS AGE 18 or OLDER (A1=8 or 9)

**G21.** In the past 8 months, have you moved away from home or lived away from home anywhere including in on-campus college housing for an extended period?

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

**G1.** Other than you, has anyone who lives with you used any of the following during the past 30 days...? (You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER)

- <sub>1</sub> cigarettes
- <sub>2</sub> smokeless tobacco, such as dip, chewing tobacco, snuff, or snus. Common brands include Copenhagen, Grizzly, Skoal, Camel Snus, Kodiak, and Longhorn
- <sub>3</sub> cigars, cigarillos, or little cigars, such as Black & Mild, Swisher Sweets, Dutch Masters, Phillies Blunts, Prime Time, and Winchester
- <sub>4</sub> tobacco out of a water pipe (also called "hookah")
- <sub>5</sub> electronic cigarettes, sometimes also called e-cigs, vape pens, personal vaporizers and mods, e-cigars, e-pipes, e-hookahs and hookah pens
- <sub>6</sub> any other form of tobacco
- <sub>7</sub> No, no one who lives with me has used any form of tobacco during the past 30 days
- <sub>9</sub> Prefer not to answer

**G2.** Do you have any brother(s) and/or sister(s) who have smoked cigarettes during the past 30 days?

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

**G3.** Which statement best describes the rules about smoking in your home? Would you say...

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



**G4.** How well would you say you have done in school? Would you say...

- <sub>1</sub> Much better than average
- <sub>2</sub> Better than average
- <sub>3</sub> Average
- <sub>4</sub> Below average
- <sub>5</sub> Much worse than average
- <sub>9</sub> Prefer not to answer

**G5.** I feel close to people at my school. Would you say you...

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

**G6.** I am happy to be at my school. Would you say you...

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

**G7.** I feel like I am a part of my school. Would you say you...

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

**G8.** How far do you think you will go in school?

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

**G9.** 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

**G10.** 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

**G15.** 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

**IFA1=8, END SURVEY**

These next questions ask about how you feel about your current relationship with your parents or guardians. Please tell us if you strongly agree, agree, disagree, or strongly disagree with the following statement.

**G16.** Thinking about the adult or adults you live with would you say you are satisfied with the way you communicate with each other.

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

**G17.** How close do you feel to the adult or adults you live with?

- <sub>1</sub> Not at all close
- <sub>2</sub> Not very close
- <sub>3</sub> Somewhat close
- <sub>4</sub> Quite close
- <sub>5</sub> Very close
- <sub>9</sub> Prefer not to answer

**G18.** How often has a parent or other adult caregiver said things that really hurt your feelings or made you feel like you were not wanted or loved?

- <sub>1</sub> One time
- <sub>2</sub> Two times
- <sub>3</sub> Three to five times
- <sub>4</sub> Six to ten times
- <sub>5</sub> More than ten times
- <sub>6</sub> this has never happened
- <sub>7</sub> Don't know
- <sub>9</sub> Prefer not to answer

**G19.** Has your parent or adult caregiver ever talked to you about reasons for not smoking cigarettes or using other types of tobacco like cigars and chewing tobacco?

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

**G21.** Has your parent or adult caregiver ever talked to you about reasons for not using e-cigarettes or vaping?

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

**G20.** During the past 7 days, on how many days did you and one or both of your parents or adult caregivers do something together just for fun?

\_\_\_\_\_ MIN 0 MAX 7

9 Prefer not to answer

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

**OMB No: 0910-0753**

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

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