

## ATTACHMENT 2\_R: YOUTH FOLLOW-UP 1 INSTRUMENT

Form Approved  
OMB No. 0910-0753  
Exp. Date XX/XX/XXXX

### Evaluation of the Rural Smokeless Tobacco Education Campaign - First Follow-up (RuSTEC-1)

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

Section A: Demographic Items

Section B: Tobacco Use Behavior

Section C: Tobacco Use Intentions and Self-Efficacy

Section D: Cessation (Intention, Behavior, Motivation)

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

Section F: Media Use and Awareness

Section G: Environment

#### **Assent for Youth**

We are talking to boys in 30 cities across the United States. This study is sponsored by the U.S. Food and Drug Administration. About 8 months ago you took part in this study by completing a survey. We are asking for you to participate again by completing this web survey.

The survey asks boys ages 11-17 about their attitudes related to health behaviors. The survey asks about advertisements they may have seen on TV or online. The advertisements may have also been heard on the radio. The survey will take about 45 minutes to complete. Up to 2,200 boys will take this survey. The survey is part of a research study being conducted by RTI International.

Your parent or guardian has given permission for you to complete this survey.

Your name will be kept private. Your answers will be labeled with a number instead of your name. This makes it so only research staff will know these are your answers. We will not share any information you give us with your parents or anyone outside the research team. All of your answers will be kept private. It is not completely safe to send data through the Internet but we are doing everything we can to protect your data.

If you don't want to take the survey, that is okay. If you don't want to answer a certain question, that is okay too. You may also choose to drop out of the survey at any time, for any reason and you may take a break at any time.

e will offer you a check for **\$25** if you complete the survey before [EARLY BIRD DEADLINE]. If you complete the survey after that we will offer you a check for \$20. You will receive \$20 in cash if you complete the survey in person.

We may contact you again in the future. It is up to you to decide if you would like to take any future surveys.

You can call us if you have any questions about the study. The phone number is (866) 214-2039. You can also email us at [mediastudy@rti.org](mailto:mediastudy@rti.org). You may also have questions about your rights as a study participant. For those questions call the RTI Office of Research Protection. Their phone number is (866) 214-2043. You can send them an email at [orpe@rti.org](mailto:orpe@rti.org).

After you select your answer, please press "Next."

1. Yes, I agree to participate in this study.
2. No, I do not wish to participate in this study.

**Section A: Demographic Items**

**DOB** What is your date of birth?  
MM/ DD/ YYYY

9 Prefer not to answer

[PROGRAMMER: Only allow 1-12 in MM, 1-31 in DD. Please make sure that no invalid dates appear though. That is Feb 30, Nov 31, etc. cannot be valid. Do not allow future dates. If the date is not valid, please display a hard error, "Please enter a valid date."  
THIS ITEM SHOULD BE A REQUIRED ITEM.

IF RESPONDENT LEAVES ITEM BLANK, SHOW THE "Prefer not to answer" OPTION.

IF DOB=9, GOTO REALAGE.]

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

**Yes**

**No**

[PROGRAMMER: FILLAGE= (DATE TODAY)- DOB]

[IF AGE=NO, GOTO REALAGE]

[PROGRAMMER: MAKE THIS A REQUIRED QUESTION.]

**REALAGE**

How old are you?

[PROGRAMMER: ALLOW 1-99]

[PROGRAMMER: MAKE THIS A REQUIRED QUESTION. IF RESPONDENT DOES NOT ENTER ANYTHING SOFT PROMPT; "Please enter your age. This information is needed since your age is one of the ways we confirm you are the correct participant."

IF RESPONDENTS TRY TO SKIP THE SECOND TIME AROUND, GOTO INELIG.]

S2. [IF FILLAGE OR REALAGE≠[FU1 AGE] OR [FU1\_AGE +1] To be sure we have the right information, please indicate your age once more.

How old are you?

- 01 11 years old
- 02 12 years old
- 03 13 years old
- 04 14 years old
- 05 15 years old
- 06 16 years old
- 07 17 years old
- 08 18 years old or older
- 09 Prefer not to answer

HARD CHECK: IF WEB AND S2≠[BL1 AGE] OR [BL1 AGE +1]

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 may contact your parent or guardian to arrange an in-person interview.

Thank you for your time.

PROGRAMMER: EXIT PROGRAM

[IF CAPI AGE IS INCONSISTENT, ALLOW RESPONSES AND CONTINUE]

## Section B: Tobacco Use Behavior

### Cigarette Use

{Programmer: Please randomize the order in which the tobacco questions are presented in each section (i.e., Cigarette questions in section B would come first sometimes while other times, smokeless tobacco questions would come first).

The following are items that go together:

- B1- B4 == cigarettes
- B5- B9 == smokeless tobacco products
- B10- B11== cigars
- B12- B13 == hookah
- B14- B16 == e-cigs

Please randomize without breaking the blocks of items that go together sequentially.}

**B1.** [IF BLB1 NE 1] The next section asks about your experiences with tobacco products.

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

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

<sub>9</sub> Prefer not to answer

ASK B2. IF B1=2, ASK B5]

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

**B2.** [IF B1=1 or 9 OR BLB1 = 1 OR 9] 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

**B3. [IF BLB1=1 OR 9 OR B1=1 OR 9 AND B2 NE 1]** During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

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

**B4. [IF B1=1 or 9 OR BLB1 = 1 OR 9]** About how many cigarettes have you smoked in your entire life? Your best guess is fine.

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

**Other Tobacco Product Use**

**B5. [IF BLB5 NE 1]** 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

**B6.** [IF BLB5=1 OR B5=1 OR 9] During the past 30 days, on how many days did you use smokeless tobacco?

<sub>1</sub> 0 days

<sub>2</sub> 1 or 2 days

<sub>3</sub> 3 to 5 days

<sub>4</sub> 6 to 9 days

<sub>5</sub> 10 to 19 days

<sub>6</sub> 20 to 29 days or

<sub>7</sub> All 30 days

<sub>9</sub> Prefer not to answer

**B7.** [IF BLB5=1 OR B5=1 OR 9] How many times have you used smokeless tobacco in your entire life?

<sub>1</sub> 1 time

<sub>2</sub> 2 to 10 times

<sub>3</sub> 11 to 20 times

<sub>4</sub> 21 to 50 times

<sub>5</sub> 51 to 99 times

<sub>6</sub> 100 or more times

<sub>9</sub> Prefer not to answer

**B8.** [IF BLB5=1 OR B5=1 OR 9] How often do you swallow smokeless tobacco juices?

<sub>1</sub> Always

<sub>2</sub> Sometimes

<sub>3</sub> Rarely

<sub>4</sub> Never

<sub>9</sub> Prefer not to answer

**B9.** [IF BLB5=1 OR B5=1 OR 9] How soon after you wake up do you use smokeless tobacco?

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



**B10.** [IF BASELINE B10 NE 1]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

**B11.** [IF BLB10=1 OR B10=1 OR 9] During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

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

**B12.** [IF BLB12 NE 1] 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

**B13. [IF BLB12=1 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”)?

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

**B14. [IF BLB14NE 1]** The next questions are about e-cigarettes (e-cigs), e-hookahs, vape pens, hookah pens and personal vaporizers. Some common brands include Fin, NJOY, Blu, e-Go, and Vuse.

Have you ever tried any e-cigs or vape pens, even one time?

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

**B15. [IF BLB14=1 OR B14= 1 OR 9]** 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

**B16. [IF BLB14=1 OR B14= 1 OR 9]** Does the e-cig you usually use contain nicotine?

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

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

{Programmer: Randomize the ordering of the sets C1, C2, and C3.}

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

		Definitely Yes	Probably Yes	Probably Not	Definitely Not	Prefer Not to Answer
C1_1.	Do you think that you will smoke a <b>cigarette</b> soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_2.	Do you think you will smoke a <b>cigarette</b> at any time in the next year?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_3.	If one of your best friends were to offer you a <b>cigarette</b> , would you smoke it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_4.	Have you ever been curious about smoking <b>cigarettes</b> ?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

### C2. Thinking about the future...

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

**C3. Thinking about the future...**

		<b>Definitely Yes</b>	<b>Probably Yes</b>	<b>Probably Not</b>	<b>Definitely Not</b>	<b>Prefer Not to Answer</b>
<b>C3_1.</b>	Do you think that you will use an <b>e-cig</b> soon?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
<b>C3_2.</b>	Do you think you will use an <b>e-cig</b> at any time in the next year?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
<b>C3_3.</b>	If one of your best friends were to offer you an <b>e-cig</b> , would you use it?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
<b>C3_4</b>	Have you ever been curious about using <b>e-cigs</b> ?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>

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

[RANDOMIZE C4\_1-C4\_3]

	<b>Not at all sure</b>	<b>Slightly sure</b>	<b>Somewhat sure</b>	<b>Mostly sure</b>	<b>Completely sure</b>	<b>Prefer Not to Answer</b>	
<b>C4_1.</b>	You are hanging out where most people are using it?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>C4_2.</b>	A friend offers it?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>C4_3.</b>	If a family member offers it?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

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

{Programmer: Randomize the set:

- D1-D2 ==cigarettes
- D3-D4 == smokeless tobacco}

### ***Cigarette Use***

**D1. [IF B2=2-7 OR 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?

<sub>1</sub> Yes

<sub>2</sub> No

<sub>9</sub> Prefer not to answer

**D2. [IF D1 NE BLANK]** How much do you want to stop smoking?

<sub>1</sub> Not at all

<sub>2</sub> A little

<sub>3</sub> Somewhat

<sub>4</sub> A lot

<sub>9</sub> Prefer not to answer

### ***Other Tobacco Use***

**D3. [IF B5=2-7 OR 9]** During the past 3 months, did you stop using smokeless tobacco for one day or longer because you were trying to quit using smokeless tobacco for good?

<sub>1</sub> Yes

<sub>2</sub> No

<sub>9</sub> Prefer not to answer

**D4. [IF D3 NE BLANK]** How much do you want to stop using smokeless tobacco?

<sub>1</sub> Not at all

<sub>2</sub> A little

<sub>3</sub> Somewhat

<sub>4</sub> A lot

<sub>9</sub> Prefer not to answer

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

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

**Attitude**

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

[RANDOMIZE E1\_1-E1\_3] [MAKE THIS ITEM SKIPPABLE]

PROGRAMMER. DISPLAY ITEM LIKE THAT BELOW. R WILL CLICK BUTTON TO ENTER RESPONSE.

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

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

[RANDOMIZE E2\_1-E2\_3] [MAKE THIS ITEM SKIPPABLE]

PROGRAMMER: DISPLAY ITEM LIKE THAT BELOW. R WILL CLICK BUTTON TO ENTER RESPONSE.

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

**E3. Using e-cigs or vape pens** is...

[RANDOMIZE E3\_1-E3\_3] [MAKE THIS ITEM SKIPPABLE]

DISPLAY ITEM LIKE THAT BELOW. R WILL CLICK BUTTON TO ENTER RESPONSE.

<b>E3_1.</b>	<b>Bad</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good</b>
<b>E3_2.</b>	<b>Unenjoyable</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Enjoyable</b>
<b>E3_3.</b>	<b>Harmful</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Not Harmful</b>

**Attitudinal Beliefs and Risk Perceptions**

{PROGRAMMER: RANDOMIZE between the sets “E4\_1- E4\_9” and “E4\_10- E4\_18” }

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

{PROGRAMMER: RANDOMIZE E4\_1- E4\_9. }

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
<b>E4_1.</b>	Damage my body	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_2.</b>	Be controlled by smokeless tobacco	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_3.</b>	Be more attractive	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_4.</b>	Develop cancer of the lip, mouth, tongue or throat	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_5.</b>	Develop sexual and/or fertility problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_6.</b>	Fit in	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_7.</b>	Be unable to stop when I want to	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_8.</b>	Lose my teeth	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>E4_9 .</b>	Shorten my life	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**E4\_10- E4\_18.** How much do you agree or disagree with the following statements? **If I use smokeless tobacco, I will...**

{PROGRAMMER: RANDOMIZE E4\_10- E4\_18. }



		<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree or Disagree</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>E4_10 .</b>	Get sick more often	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_11.</b>	End up wasting money on smokeless tobacco	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_12.</b>	Feel more relaxed	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_13.</b>	Miss out on things I enjoy doing	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_14.</b>	Gross out people I want to date	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_16.</b>	Develop gum disease	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_17.</b>	Develop red or white patches in the mouth	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E4_18.</b>	Consume harmful chemicals	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**E5.** How much do you agree or disagree with the following statements? If I **smoke cigarettes** I will...  
**{PROGRAMMER: RANDOMIZE E5\_1- E5\_11.}**

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
E5_1.	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
E5_2.	Be more attractive	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_3.	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
E5_4.	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
E5_5.	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
E5_6.	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
E5_7.	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
E5_8.	Feel more relaxed	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_9.	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_10.	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
E5_11.	Be more popular	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

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

{PROGRAMMER: RANDOMIZE E6\_1- E6\_4.}

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

**E7. How much do you agree or disagree with the following statements about using smokeless tobacco?**

{PROGRAMMER: RANDOMIZE E7\_1- E7\_7.}

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
<b>E7_1.</b>	Using smokeless tobacco can cause <b>immediate</b> damage to my body.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_2.</b>	It is safe for me to use smokeless tobacco for only a year or two, as long as I quit after that.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_3.</b>	If I used smokeless tobacco occasionally I would not become addicted.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_4.</b>	Using smokeless tobacco helps people relieve stress.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_5.</b>	Using smokeless tobacco is disgusting.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_7.</b>	Using smokeless tobacco is a way to show others you're not afraid to take risks	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_9</b>	Using smokeless tobacco is a manly thing to do	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

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

[Randomize E8\_1 - E8\_8]

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

**Social Norms**

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

[Randomize E9\_1 - E9\_3]

		None	One	Two	Three	Four	Prefer Not to Answer
<b>E9_1.</b>	Smoke cigarettes?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E9_2.</b>	Use smokeless tobacco?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E9_3.</b>	Use e-cigs?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

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

[Randomize E10\_1 - E10\_3]

		None	A few	Some	Most	All	Prefer Not to Answer
<b>E10_1.</b>	Smoke cigarettes?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E10_2.</b>	Use smokeless tobacco?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E10_3.</b>	Use e-cigs?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

**Section F: Media Use and Awareness**

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

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

	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
<b>F1_1.</b> Watch television?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
<b>F1_2.</b> Watch videos on YouTube/Twitch?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
<b>F1_3.</b> Listen to radio?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
<b>F1_4.</b> Listen to streaming radio?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
<b>F1_5.</b> Play games on any electronic devices including cell phones/ smartphones, computers, laptops, tablets, consoles (Xbox, Wii, PS) and handheld players (Nintendo DS, Sony PSP, iPod)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
<b>F1_6.</b> Look at or read any magazines on a computer, laptop, or tablet.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
<b>F1_7.</b> Watch Netflix, Hulu or Amazon Prime video?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
<b>F1_8.</b> Go to the movies at a movie theater?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9

**F2.** Thinking about the social networking sites you use, about how often do you visit or use the following...

{PROGRAMMER: RANDOMIZE F2\_1 - F2\_9.}

	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
<b>F2_1.</b> Facebook	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F2_2.</b> Instagram	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F2_3.</b> Twitter	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F2_4.</b> Periscope	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F2_5.</b> Snapchat	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F2_6.</b> Vine	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F2_7.</b> Skype	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F2_8.</b> Google Hangouts	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F2_9.</b> WhatsApp	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>

**F3.** Thinking about the following websites, about how often do you visit or use the following...

[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
<b>F3_1.</b> <a href="http://www.youtube.com">http://www.youtube.com</a>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F3_2.</b> <a href="http://www.facebook.com">http://www.facebook.com</a>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F3_3.</b> <a href="http://www.twitter.com">http://www.twitter.com</a>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F3_4.</b> <a href="http://www.spotify.com">http://www.spotify.com</a>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F3_5.</b> <a href="http://www.bleacherreport.com">http://www.bleacherreport.com</a>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F3_6.</b> <a href="http://www.majorleaguegaming.com">http://www.majorleaguegaming.com</a>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>

**F4.** We want to ask you about some slogans or themes that might or might not have appeared in the media around here, as part of ads about tobacco.

{PROGRAMMER: RANDOMIZE F4\_1 - F4\_5. }

**F4\_1.** Since [FILL DATE], have you seen or heard the following slogan or theme?

truth

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> Not Sure
  
- <sub>9</sub> Prefer not to answer



**F4\_2.** Since [FILL DATE], have you seen or heard the following slogan or theme?

Down and Dirty

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> Not Sure
  
- <sub>9</sub> Prefer not to answer



**F4\_3.** Since [FILL DATE], have you seen or heard the following slogan or theme?

Digital Youth Against Tobacco (DYAT)

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



<sub>9</sub> Prefer not to answer

**F4\_4.** Since [FILL DATE], have you seen or heard the following slogan or theme?

*The Real Cost*

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



<sub>9</sub> Prefer not to answer

**F4\_4a.** Since [FILL DATE], have you seen or heard the following slogan or theme?

*The Real Cost* Smokeless Doesn't Mean Harmless

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



<sub>9</sub> Prefer not to answer

**F4\_5.** Since [FILL DATE], have you seen or heard the following slogan or theme?

Tips from Former Smokers (Tips)

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



<sub>9</sub> Prefer not to answer



**F4\_6.** Since [FILL DATE], have you seen or heard the following slogan or theme?

Fresh Empire

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> Not Sure
  
- <sub>9</sub> Prefer not to answer



ASK F5\_3 IF F4\_4a =1 or 3, OTHERWISE ASK F7\_x.

**F5\_3.** Where have you seen or heard about *The Real Cost Smokeless Doesn't Mean Harmless Campaign*? Check all that apply.

[RANDOMIZE]

		Yes	No
<b>F5_3a.</b>	On TV or the Internet/online		
<b>F5_3b.</b>	On the radio		
<b>F5_3c.</b>	Billboards or other outdoor ads		
<b>F5_3d.</b>	At the movie theatre		

**F6a.** *The Real Cost Smokeless Doesn't Mean Harmless Campaign* is online. Have you ever seen this Campaign on... Check all that apply.

RANDOMIZE

		Yes	No
<b>F6_1.</b>	Facebook?		
<b>F6_2.</b>	Twitter?		
<b>F6_3.</b>	YouTube?		
<b>F6_4.</b>	Pandora or Spotify?		
<b>F6_5.</b>	In video games?		

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

[DISPLAY VIDEOS OR SCREENSHOTS IN RANDOM ORDER. USE VIDEO FOR *THE REAL COST SMOKELESS DOESN'T MEAN HARMLESS CAMPAIGN* AND SCREENSHOTS FOR ADS FROM OTHER CAMPAIGNS (I.E., *THE REAL COST*, *TIPS*, *TRUTH*, AND *FRESH EMPIRE*). DON'T ALLOW A RESPONSE UNTIL THE VIDEO HAS PLAYED FOR 15 SECONDS. F8\_X WILL BE ASKED AFTER ALL VIDEOS AND SCREENSHOTS. F19\_X WILL ONLY BE ASKED AFTER *THE REAL COST SMOKELESS DOESN'T MEAN HARMLESS CAMPAIGN* VIDEOS.]

**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

**SHOW SCREENGAB OF AD**

**F19\_x.** What is the main message of this ad? Select only one response

[RANDOMIZE ORDER OF CHECKBOX LIST] [notes here indicate the ad for which this is a key message]

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

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

<b>F10_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>

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

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>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_7.</b>	This ad is terrible	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F11_10.</b>	This ad told me things I never knew before about tobacco	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F10_12.</b>	This ad gave me good reasons not to use tobacco	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

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

This ad makes me want to...



		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

**LOOP BACK TO ASK ABOUT NEXT RADIO CLIP HERE. PRESENT ALL CLIPS BEFORE ASKING ANY RECEPTIVITY QUESTIONS.**

**F18a.** Have you visited therealcost.gov/dip since **[FILL DATE]**?

- \_1 Yes
- \_2 No

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

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

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

- \_1 Yes, my parents have lots of rules about it.
- \_2 Yes, my parents have a few rules about it.
- \_3 No, my parents don't have any rules about it.
- \_9 Prefer not to answer

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

- \_1 Never
- \_2 Once in awhile
- \_3 Sometimes
- \_4 All the time
- \_9 Prefer not to answer

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

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

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

9 Prefer not to answer

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

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

9 Prefer not to answer

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

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

9 Prefer not to answer

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

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

9 Prefer not to answer

## Section G: Environment

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

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

- <sub>1</sub> Cigarettes
- <sub>2</sub> Smokeless tobacco
- <sub>3</sub> Cigars, cigarillos, or little cigars
- <sub>4</sub> Tobacco out of a water pipe (also called “hookah”)
- <sub>5</sub> Electronic cigarettes (also called e-cigs)
- <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

**{Programmer: Allow respondents to select more than one response on 1-6.}**

**If response 7 was chosen with other response options, “You indicated that no one who lives with you used any form of tobacco during the past 30 days and also said that in the past 30 days someone has used a form of tobacco. Please choose either someone or no one has smoked any form of tobacco as your response.” }**

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

**G10.** How many close friends do you have? Close friends include people whom you feel at ease with, can talk to about private matters, and can call on for help.

\_\_\_\_\_ (Range: 0-7)

[Programmer: Numeric String. Allow a minimum of 0 and maximum of 7. If anything else is typed in error message should say, "You have entered a number outside the allowed range. Please enter an answer between 0 and 7."]

- <sub>9</sub> Prefer not to answer

**G11.** How often do you attend church or religious services? Would you say...

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

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

I would like to explore strange places. Would you say you...

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

<sub>9</sub> Prefer not to answer

**G13.** I like to do frightening things. Would you say you...

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

<sub>9</sub> Prefer not to answer

**G14.** I like new and exciting experiences, even if I have to break the rules. Would you say you...

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

<sub>9</sub> Prefer not to answer

**G15.** I prefer friends who are exciting and unpredictable. Would you say you...

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

<sub>9</sub> Prefer not to answer

**G16.** Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

\_\_\_\_\_ Number of days

\_3 Don't know

\_9 Prefer not to answer

**{Programmer: Numeric String. Allow a minimum of 0 and maximum of 30. If anything else is typed in, error message should say, "You have entered a number outside the allowed range. Please enter a number between 0 and 30."}**

**Respondents can only respond with the option Don't Know, or type in a numeric response. If respondents try to do multiple things, error message should say "You have entered a number and selected Don't Know. Please choose one or the other as your response."}**

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

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

\_1 Strongly Disagree

\_2 Disagree

\_3 Neither agree nor disagree

\_4 Agree

\_5 Strongly Agree

\_9 Prefer not to answer

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

\_1 Not at all close

\_2 Not very close

\_3 Somewhat close

\_4 Quite close

\_5 Very close

\_9 Prefer not to answer

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

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

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

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

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

\_\_\_\_\_

- <sub>9</sub> Prefer not to answer

**{Programmer: Numeric String. Allow a minimum of 0 and maximum of 7. If anything else is typed in error message should say, "You have entered a number outside the allowed range. Please enter a number between 0 and 7."}**

## **FINAL**

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.

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

**{Programmer: Have a screen with the "Thank you" text bolded.}**

**CODE INTERVIEWER - ENTER 3 DIGIT CODE TO LOCK RESPONSES**

**{Programmer: Code is RTI}**

## **SECTION H: CLOSING CONTACT ITEMS**

**RECON.** Thank you for your responses! We will be conducting two other rounds of this survey every 8 months. Your participation in these next rounds is really important, so that we can measure what has changed over time. 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?

1. Yes
2. No

[PROGRAMMER: MAKE THIS A REQUIRED QUESTION. IF ITEM IS LEFT BLANK, HARD PROMPT CAPI "Interviewer, this is a required item. Please do your best to fill out the item." WEB "Please provide a response to this item"]

**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 a cash token of appreciation after you complete the interview. Can we contact you for the next two surveys?

1. Yes
2. No

[PROGRAMMER: MAKE THIS A REQUIRED QUESTION. IF ITEM IS LEFT BLANK, HARD PROMPT WEB "Interviewer, this is a required item. Please do your best to fill out the item." WEB "Please provide a response to this item"]

**H3.** [IF RECON=1 OR RECONREF=1 AND CAPI] INTERVIEWER: ASK ITEM OF PARENT Please provide an email address where we can contact you about the next two rounds of the survey.

OPEN END TEXT

email address: \_\_\_\_\_ [ALLOW 50 CHARACTERS]

confirm email address: \_\_\_\_\_ [MUST MATCH FIRST ENTRY]

PROGRAMMER: VALIDATE FORMAT FOR EMAIL ADDRESS. IF FORMAT IS INCORRECT, PLEASE DISPLAY "Please enter a valid email address." IF THE EMAIL ADDRESSES DON'T MATCH PLEASE DISPLAY "The email addresses do not match. Please try again."

**H4.** [IF RECON=1 OR RECONREF=1 AND CAPI] ASK ITEM OF PARENTS Please provide your phone number including area code in case we are unable to reach you by e-mail during the next follow-up survey.

OPEN END NUM

VALIDATION: MIN 0 MAX 9999999999

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone Number [ALLOW 10 CHARACTERS]

PROGRAMMER: VALIDATE FORMAT FOR PHONE NUMBER. IF FORMAT IS INCORRECT, PLEASE DISPLAY "Please enter a valid phone number."

**INCENT01** [IF CAPI] PROGRAMMER: DISPLAY CASE ID FROM IFMS ON SCREEN.

INTERVIEWER [IF APPLICABLE]: SIGN COMPENSATION RECEIPT AND HAND \$20 TO R

INTERVIEWER, DID YOU GIVE THE RESPONDENT THEIR INCENTIVE?

- 1 Yes
- 2 No

[PROGRAMMER:

MAKE SURE THIS ITEM IS REQUIRED. HARD PROMPT ""INTERVIEWER, THIS IS A REQUIRED ITEM. PLEASE DO YOUR BEST TO FILL OUT THE ITEM."]

**INCENT02**

[IF INCENT01=1 AND CAPI] I have signed this form to indicate that I have given you \$25 for completing this interview. Thanks again!

NEXT

**INCENT03** [IF INCENT01=2 AND CAPI] INTERVIEWER, PLEASE INDICATE WHY YOU ARE NOT ABLE TO GIVE THE INCENTIVE TO THE RESPONDENT.

---

[PROGRAMMER: MAKE THIS A REQUIRED ITEM IF THEY WERE ROUTED HERE. HARD PROMPT "INTERVIEWER, THIS IS A REQUIRED ITEM. PLEASE DO YOUR BEST TO FILL OUT THE ITEM."]

**END**

**WEBTH** [IF WEB]To thank you for completing the survey, you will receive a check for [\$20/\$25 IF EARLY BIRD]. We will need to collect some information from you so that we can mail out a check. This information will be kept completely confidential in secure and protected data files and will be separate from the responses provided in the survey. If you would like to decline receiving this payment, you can leave the information blank and simply press "Next" to continue to the next screen.

[SOFT CHECK IF ANY FIELDS ARE MISSING]

Please provide FILL IF AGE\_CONFIRM = 1: "your"; FILL IF AGE\_CONFIRM = 2: "your child's"]  
first and last name

First name: **YFNAME**

Last name: **YLNAME**

What is the best address where we should mail the check?

Street: **YSTREET**

City: **YCITY**

State: **YSTATE**

Zip Code: **YZIP**

Press "Next" to continue.

[PROGRAMMER INSTRUCTION: PLEASE HAVE YFNAME, YLNAME, YCITY YSTATE ONLY ALLOW ALPHA CHARACTERS AND HAVE YZIP ONLY ALLOW NUMERIC CHARACTERS]

**EXIT**

**OMB No: 0910-0753**

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

**Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 45 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov).**