

**ATTACHMENT 1:
POST-CAMPAIGN INSTRUMENT**

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

EVALUATION OF THE FRESH EMPIRE CAMPAIGN ON TOBACCO (EFFECT) -

Post-Campaign Survey

Subjects for Questionnaire:

Section S: Study Screener

Section A: Demographics

Section B: Tobacco Use Behavior

Section C: Tobacco Use Intentions and Self-Efficacy

Section D: Cessation (Intention, Behavior, Motivation)

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

Section F: Media Use and Awareness

Section G: Environment

FIID [IF CAPI] ENTER YOUR FIID. [6 DIGIT ENTRY]

RAVAIL [IF CAPI] THE SELECTED RESPONDENT IS [YOUTHFNAME]
IS THE SELECTED RESPONDENT AVAILABLE?

INTERVIEWER: IF R IS NOT AVAILABLE, PLEASE BREAKOFF AND SCHEDULE A TIME FOR THE INTERVIEW WHEN THE SELECTED RESPONDENT WILL BE HOME

₁ Yes

LDOBC [IF CAPI] What is your date of birth?
PROGRAMMER: PROGRAM DROP DOWN LISTS WITH MONTH, DAY AND YEAR. YEAR SHOULD RANGE FROM 1995 - 2007.

PROGRAMMER: CHECK DOB AGAINST LAST KNOWN DOB, WHETHER FROM FU1 OR FROM BASELINE. IF THE TWO DOBS MATCH, GO TO CONAGE. IF THE DOBS DO NOT MATCH, GO TO LDOB2C.

LDOB2C [IF CAPI AND DOBS DON'T MATCH] So that we can ask you the right questions, we need your correct age. Again, what is your date of birth?

PROGRAMMER: PROGRAM DROP DOWN LISTS WITH MONTH, DAY AND YEAR. YEAR SHOULD RANGE FROM 1995 - 2007.

CONAGE DEFINE CONAGE. CALCULATE AGE BASED ON LDOBC IF LDOB2C IS NOT BLANK. OTHERWISE USE LDOB2C. IF AGE CALCULATED BASED ON CURRENT DATE IS 18 OR OLDER, CONAGE = 1. OTHERWISE, CONAGE =2.

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

₁ Yes

INTERVIEWER: IF PARENT IS NOT AVAILABLE, PLEASE BREAKOFF AND SCHEDULE A TIME FOR THE INTERVIEW WHEN A PARENT OR GUARDIAN WILL BE HOME.

PERMISS [IF CAPI AND CONAGE=2] INSERT ATTACHMENT 5A

ASSENT [IF CAPI AND CONAGE=2] INSERT ATTACHMENT 5A

CONSENT [IF CAPI AND CONAGE=1] INSERT ATTACHMENT 5B

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

NEXT

TUTOR2

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

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

HAND R COMPUTER
NEXT

S0a/LOGIN PAGE. [IF WEB] Thank you for logging in to the Evaluation of the Fresh Empire Campaign on Tobacco (EFFECT) study! Please enter your ID Number and password. Your ID Number is 8 characters such as XXX11111. If you can't find your ID Number call 800-845-6708.

ID Number: _____

Password: _____

The ID Number and password are CASE SENSITIVE, so please type carefully.

PROGRAMMER: IF ENTRIES DON'T AGREE "Invalid ID Number and/or password. Please verify your ID Number and password and try again. Please remember passwords are CASE SENSITIVE

CONAGEW [IF WEB] INSTRUMENT CHECK POINT - IS THE RESPONDENT AGE 18 OR OLDER?
PROGRAMMER: REVIEW FLAG TO DETERMINE IF R IS 18 OR OLDER BASED ON DOB IN BASELINE OR FU1

- ₁ Yes
- ₂ No

CHECKPOINT: IF THE CASE IS COMING IN VIA A LEAD LETTER AND IS UNDER THE AGE OF 18 ACCORDING TO DOB BASED ON NIRVANA CASE MANAGEMENT, GO TO WID AND PERMISS. ELSE GO TO ASSENT.

CALCULATE CALCAGE: CALCULATE CURRENT AGE AS OF DATE OF INTERVIEW BASED ON THE DOB OF RESPONDENT

PROGRAMMER: ADMINISTER WID, WIDFP AND PERMISS IF PARENTAL PERMISSION IS NOT WAIVED OR COLLECTED OVER THE PHONE.

WID

[IF CONAGEW=2 AND WEB AND LONGITUDINAL=YES AND SOCIAL MEDIA=NO] Our records indicate that a [**CALCAGE**] year old named [YouthFname] participated in a previous wave of our study. Before we begin

with the interview, we need the parent or guardian of [YouthFname] to review some information. Are you the parent or guardian of [YouthFname]?

Yes

No

WIDFP [IF WID=NO AND CONAGEW =2 AND WEB AND LONGITUDINAL=YES AND SOCIAL MEDIA=NO] Is [YouthFname]'s parent available to review this information? If not, please log back in to the website when the parent or guardian is available.

Yes, parent is available

No, I will log back in when parent is available

PERMISS

[IF LONGITUDINAL=YES AND CALCAGE = 12-17 AND SOCIALMEDIA=NO AND WEB] INSERT ATTACHMENT 5C

ASSENT

[IF LONGITUDINAL=NO AND SOCIALMEDIA=YES AND CALCAGE =15-17 AND WEB] INSERT ATTACHMENT 5E

[IF LONGITUDINAL=YES AND CALCAGE = 12-17 AND SOCIALMEDIA=NO AND WEB] INSERT ATTACHMENT 5C

[IF LONGITUDINAL = YES AND CALCAGE=13-17 AND [(STARTWAVE = WAVE1 AND SOCIALMEDIA=YES) OR (STARTWAVE=WAVE2 AND AGE AT FU1=13-14) AND WEB] INSERT ATTACHMENT 5G

[IF LONGITUDINAL=NO AND CALCAGE=13-14 AND WEB] INSERT ATTACHMENT 5F

[IF LONGITUDINAL =YES AND AGE AT FU1= 15-17 AND STARTWAVE=WAVE2 AND SOCIAL MEDIA=YES AND WEB] INSERT ATTACHMENT 5I

CONSENT [IF LONGITUDINAL= YES AND WEB AND CALCAGE=18] INSERT ATTACHMENT 5D

PRIV [IF WEB] Please make sure that you can answer the questions in private where no one can see your answers.

NEXT

DRIV [IF WEB] We care about your safety. Do not attempt to answer these questions while driving.

NEXT

TUTOR3 [IF WEB] Please click on the answer to each survey question, using a mouse or a touchscreen. Each question has an option for "Prefer not to answer." You can use that option if you don't know the answer to a question, or if you choose to not answer a question. Remember that your answers will be kept

private. We will not share the answers to your questions with your parents or anyone else outside the research team.

NEXT

WEB DOB SERIES

DOB [IF (LONGITUDINAL = NO) AND WEB] What is your date of birth? (mm-dd-yyyy)
PROGRAMMER: PROGRAM DROP DOWN LISTS WITH MONTH, DAY AND YEAR. YEAR SHOULD RANGE FROM 1920 - 2015.

PROGRAMMER: CALCULATE RAGE BASED ON CURRENT DATE MINUS DOB.

AGE [IF (LONGITUDINAL = NO) AND WEB] That would make you [RAGE] years old, is that correct?
Yes
No

WINELIG [IF RAGE IS <13 OR >18 AND (LONGITUDINAL = NO) AND WEB] Thank you, but you are not eligible to take this survey.

LDOBW [IF (LONGITUDINAL = YES) AND WEB]What is your date of birth?
PROGRAMMER: PROGRAM DROP DOWN LISTS WITH MONTH, DAY AND YEAR. YEAR SHOULD RANGE FROM 1995 - 2007.

PROGRAMMER: CHECK LDOBW AGAINST BLD0B. IF THE TWO DOBS MATCH,GO TO Y_Video. IF THE DOBS DO NOT MATCH, CHECK AGAINST FU1_D0B. IF THOSE DOBS DO NOT MATCH,GO TO LDOB2W.

LDOB2W [IF ((LONGITUDINAL = YES) AND WEB AND (LDOBW NE BL_D0B OR FU1_D0B)) OR (LONGITUDINAL=NO AND AGE =NO AND WEB)] So that we can ask you the right questions, we need your correct age. Again, what is your date of birth?

PROGRAMMER: PROGRAM DROP DOWN LISTS WITH MONTH, DAY AND YEAR. YEAR SHOULD RANGE FROM 1995 - 2007. MONTH SOULD BE WRITTEN IN FULL IE "JANUARY"

PROGRAMMER: IF LONGITUNDIAL = NO UPDATE RAGE WITH LDOB2W BIRTHDAY.

INELIGAGE [IF (LONGITUDINAL = YES) AND (LDOB2W NE BLD0B OR FU1_D0B) AND WEB]
We're sorry, but 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.

Thank you for your time.

PROGRAMMER: EXIT PROGRAM

WINELIG2 [IF RAGE IS <13 OR >17 AND (LONGITUDINAL = NO) AND WEB] Thank you, but you are not eligible to take this survey.

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

Y_video1 [IF WEB] Are you able to view this video?

- 1 Yes
- 2 No

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

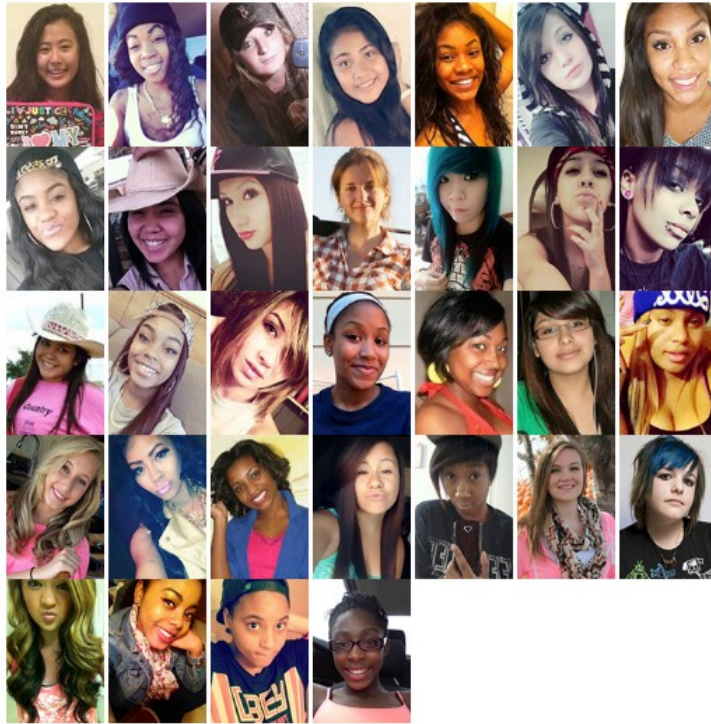
Viewing the videos in this survey is important. Try logging into the survey using a different computer or browser. If that doesn't work, you will not be able to take the survey online.

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

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

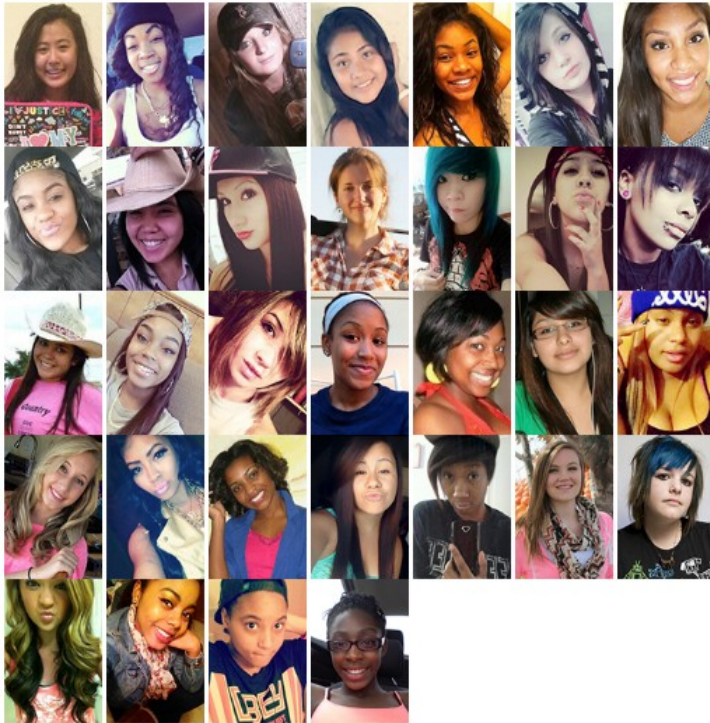
S5a. [IF LONGITUDINAL=YES] Rank the three people that would BEST FIT in your main group of friends, starting with the best fit. Click on the picture to make a selection.

1st Best Fit	2nd Best Fit	3rd Best Fit
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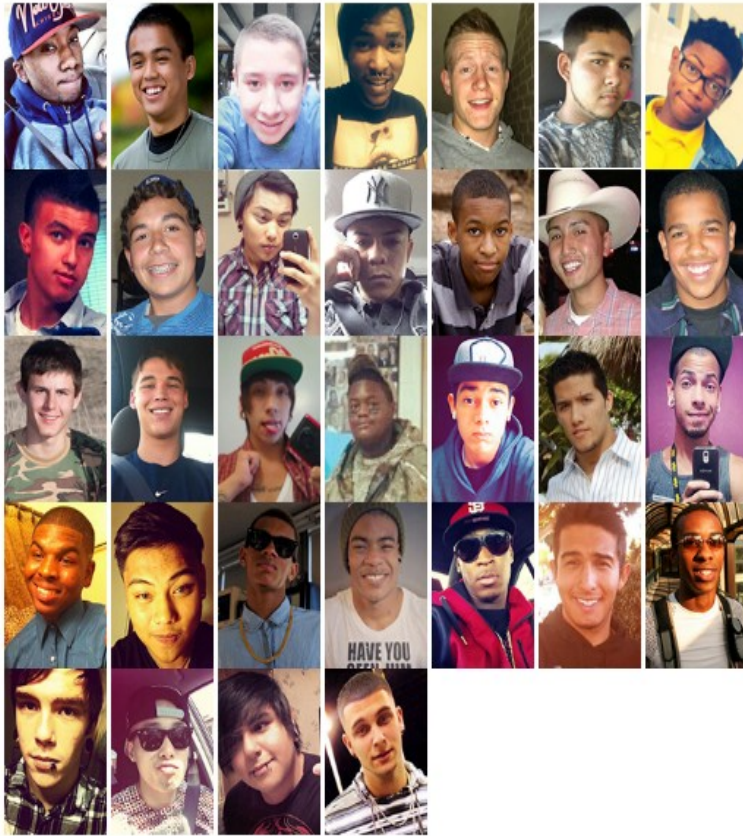
S5b. [IF LONGITUDINAL=YES] Rank the three people that would LEAST FIT in your main group of friends, starting with the worst fit. Click on the picture to make a selection.

1st	2nd	3rd
Worst Fit	Worst Fit	Worst Fit



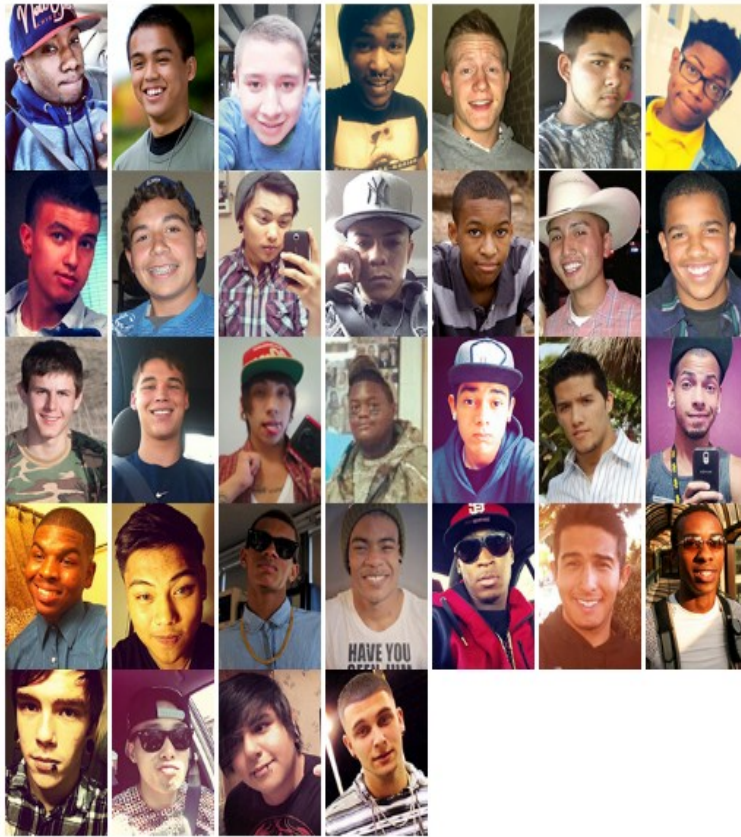
S6a. [IF LONGITUDINAL=YES] Rank the three people that would BEST FIT in your main group of friends, starting with the best fit. Click on the picture to make a selection.

1st Best Fit	2nd Best Fit	3rd Best Fit
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S6b. [IF LONGITUDINAL=YES] Rank the three people that would LEAST FIT in your main group of friends, starting with the worst fit. Click on the picture to make a selection.

1st	2nd	3rd
Worst Fit	Worst Fit	Worst Fit



S7. [IF LONGITUDINAL=YES AND WEB] What is your zip code?

- Don't Know
- Prefer Not to Answer

PROGRAMMER: COMPARE ZIP TO LAST AVAILABLE ZIP FROM SAMPLE LIST. IF LAST AVAILABLE ZIP=ZIP, CONTINUE TO A1. IF THE LAST AVAILABLE ZIP IS IN AN INTERVENTION GROUP AND ZIP IS IN CONTROL GO TO ZIPCHK. IF THE LAST AVAILABLE ZIP IS IN A CONTROL ZIP AND THE ZIP IS IN INTERVENTION GO TO ZIPCHK. IF ZIP IS NOT IN SAMPLE GO TO ZIPCHK. ELSE GO TO A1.

PROGRAMMER: ADD A POP UP BOX CHECK IF S7=DK OR PNTA. IF S7=DK OR PNTA, POP UP BOX SHOULD SAY: "Please enter a valid zip code to continue with the survey. If you don't know or prefer not to enter your zip code, you will exit the survey. Choose Change Answer to enter a valid zip code or Keep Answer if you wish to exit." THE POP UP BOX WILL HAVE TWO OPTIONS: 'CHANGE ANSWER' OR 'KEEP ANSWER AND CONTINUE'

ZIPCHK You have entered [FILL S7]. If that is correct, press next. If not, please press 'Back' and update your entry.

BACK

NEXT

PROGRAMMER: IF THE LAST AVAILABLE ZIP IS IN AN INTERVENTION GROUP AND ZIP IS IN CONTROL AND ZIPCHK=NEXT GO TO INELIG. IF THE LAST AVAILABLE ZIP IS IN A CONTROL ZIP AND THE ZIP IS IN INTERVENTION AND ZIPCHK=NEXT GO TO INELIG. IF ZIP IS NOT IN SAMPLE AND ZIPCHK=NEXT GO TO INELIG.

INELIG Thank you for your interest in this study. Unfortunately, you are no longer located in the study area.

Section A: Demographics

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

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

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

A2. [IF LONGITUDINAL=NO] What race or races do you consider yourself to be? (You can choose one answer or more than one answer or you may skip this question.)

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

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

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

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

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

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

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

Section B: Tobacco Use Behavior

Checkpoint: If BASELINE B1 = 1 OR FU1 B1 = 1 then go to B2. Else Ask B1

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

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

Checkpoint: [IF B1=2, ASK B10]

B2. [IF BASELINE B1=1 OR FU1 B1=1] Previously, you reported that you have tried cigarette smoking. [IF B1=1 or 9 OR (BASELINEB1= 1 OR 9) OR (FU1B1=1 OR 9)] How old were you when you first tried cigarette smoking, even one or two puffs?

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

CHECK - IF AGE ENTERED IS GREATER THAN AGE CALCULATED FROM DOB IN THEN
DISPLAY: Please provide an age as old as or younger than you are currently.

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

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

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

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

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

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

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

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

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

B7. Do you consider yourself a smoker?

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

Checkpoint: If BASELINE B10 = 1 OR FU1 B10 = 1 then go to B11b. Else Ask B10

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



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

B11b. [IF BASELINEB10=1 OR FU1B10=1 OR CURRENT B10=1 OR 9] During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars **without added marijuana**? Common brands are Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's.



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

Checkpoint: If BASELINE B12 = 1 OR FU1 B12 = 1 then go to B13. Else Ask B12

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



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

B13. [IF BASELINE B12=1 OR FU1B12=1 OR CURRENT B12=1 OR 9] During the past 30 days, on how many days did you smoke tobacco out of a water pipe (also called “hookah”)?



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

Checkpoint: If BASELINE B14 = 1 OR FU1 B14 = 1 then go to B15. Else Ask B14

B14. [IF BASELINE B14 NE 1 OR FU1B14 NE 1] These are examples of electronic nicotine products: e-cigarettes, e-cigars, e-hookahs, epipes, vape pens, hookah pens and personal vaporizers. These products are battery-powered, use nicotine fluid rather than tobacco leaves, and produce vapor instead of smoke. Some common brands include Fin, NJOY, Blu, e-Go and Vuse. Have you ever tried these products, even one or two puffs?



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

B15. [IF BASELINE B14=1 OR FU1B14=1 OR CURRENT B14= 1 OR 9] During the past 30 days, on how many days did you use electronic nicotine products, such as “e-cigarettes”, “e-cigs”, “vapor pens”, or “e-hookahs”?



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

Section C: Tobacco Use Intentions and Self-Efficacy

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 cigarette soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_2.	Do you think you will smoke a cigarette at any time in the next year?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_3.	If one of your best friends were to offer you a cigarette , would you smoke it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

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

[RANDOMIZE C2_1-C2_3]

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

Section D: Cessation (Intention, Behavior, Motivation)

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

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

D4. [IF B3=2-9] During the past 3 months, did you stop smoking cigarettes for one day or longer because you were trying to quit smoking cigarettes for good?

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

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

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

Attitudes, Beliefs and Risk Perceptions

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

[RANDOMIZE ALL ROWS]

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

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

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

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

E3_1.	Bad	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	Good
E3_2.	Not enjoyable	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	Enjoyable

_____ (Range 1-7)

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

[RANDOMIZE E4_1-E4_3]

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

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

[RANDOMIZE E5_1 to E5_21. Keep E5_22 as the last item.]

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
E5_1.	Damage my body	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_3.	Shorten my life	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_6.	Be able to stop smoking when I want to	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_7.	Become addicted to smoking	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_9.	Be less attractive to others	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_11.	Have bad breath	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_14.	Be a bad influence on my younger brothers, sisters, cousins, family or friends	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_18.	Be able to reach my goals	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_19.	Be less successful	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_20.	Be less physically fit	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_21	Not perform at my best	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_22	Please select the option labeled 'Strongly Disagree' as your answer.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

Social Norms

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

		None	One	Two	Three	Four	Prefer Not to Answer
E6_1.	Smoke cigarettes?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
E6_4.	Use marijuana?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
E6_5.	Smoke blunts (cigars, cigarillos, or little cigars with marijuana added)?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
E6_6.	Smoke cigars, cigarillos, or little cigars without added marijuana ? Common brands are Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
E6_7.	Use electronic nicotine products, such as "e-cigarettes", "e-cigs", "vapor pens", or "e-hookahs"?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

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

		None	A few	Some	Most	All	Prefer Not to Answer
E7_1.	Smoke cigarettes?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
E7_4.	Use marijuana?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
E7_5.	Smoke blunts (cigars, cigarillos, or little cigars with marijuana added)?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
E7_6.	Smoke cigars, cigarillos, or little cigars without added marijuana ? Common brands are Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's.	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
E7_7.	Use electronic nicotine products, such as "e-cigarettes", "e-cigs", "vapor pens", or "e-hookahs"?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

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

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

Perceived Approval

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

[RANDOMIZE E9_1-E9_4]

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

APPROVAL OF SMOKING

E10.

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

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

Perceived Popularity

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

[RANDOMIZE E12_1-E12_4]

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

Section F: Media Use and Awareness

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

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

PROGRAMMER: {Calculate 6 months from the date of current interview.}

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

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

[RANDOMIZE ALL]

	Several times a day	About Once a Day	3-5 days a week	1-2 days a week	Every few weeks	Less often	Never	Prefer Not to Answer
F2_1. That Grapejuice http://www.thatgrapejuice.net	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _9
F2_2. XXL http://www.xxlmag.com	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _9
F2_3. Rap-Up http://www.rap-up.com	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _9
F2_4. Complex http://www.complex.com/	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _9
F2_5. BoomBox http://theboombox.com	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _9
F2_6. NiceKicks http://www.nicekicks.com	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _9

F3. How often do you go to the movies at a movie theater?

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

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

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

HOME ENVIRONMENT

[IF LONGITUDINAL=NO]

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

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

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

F10. Do your parent(s) or guardian(s) have rules about what you are allowed to do on the computer, which video games you are allowed to play, or what music you're allowed to listen to?

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

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

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

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

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

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

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

F14. To show us that you are paying attention, please select Never as your response to this item.

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

BRAND AWARENESS

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

[RANDOMIZE F5_1-F5_4]

F5_1.

[IF (LONGITUDINAL = YES AND FU1_DATE NE BLANK) OR STARTWAVE = WAVE2]

In the past [FILL MONTHS SINCE LAST SURVEY] months, have you seen or heard the following brand?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU1_DATE = BLANK)] In the past [FILL MONTHS SINCE JULY 1] months, have you seen or heard the following brand?

truth®



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

F5_2.

[IF (LONGITUDINAL = YES AND FU1_DATE NE BLANK) OR STARTWAVE = WAVE2] In the past [FILL MONTHS SINCE LAST SURVEY] months, have you seen or heard the following brand?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU1_DATE = BLANK)] In the past [FILL MONTHS SINCE JULY 1] months, have you seen or heard the following brand?

Digital Youth Against Tobacco (DYAT)



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

F5_3.

[IF (LONGITUDINAL = YES AND FU1_DATE NE BLANK) OR STARTWAVE = WAVE2]In the past [FILL MONTHS SINCE LAST SURVEY] months, have you seen or heard the following brand?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU1_DATE = BLANK)] In the past [FILL MONTHS SINCE JULY 1] months, have you seen or heard the following brand?

The Real Cost



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

F5_4.

[IF (LONGITUDINAL = YES AND FU1_DATE NE BLANK) OR STARTWAVE = WAVE2]In the past [FILL MONTHS SINCE LAST SURVEY] months, have you seen or heard the following brand?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU1_DATE = BLANK)] In the past [FILL MONTHS SINCE JULY 1] months, have you seen or heard the following brand?

Fresh Empire



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

F5_5.

[IF (LONGITUDINAL = YES AND FU1_DATE NE BLANK) OR STARTWAVE = WAVE2] In the past [FILL MONTHS SINCE LAST SURVEY] months, have you seen or heard the following brand?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU1_DATE = BLANK)] In the past [FILL MONTHS SINCE JULY 1] months, have you seen or heard the following brand?

Drop Vape



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

CHANNELS OF FRESH EMPIRE AWARENESS

F5_5a. [IF (LONGITUDINAL = YES AND FU1_DATE NE BLANK) OR STARTWAVE = WAVE2] In the past [FILL MONTHS SINCE LAST SURVEY] months, have you heard of an event in your area sponsored by, or associated with, Fresh Empire?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU1_DATE = BLANK)] In the past [FILL MONTHS SINCE JULY 1] months, have you heard of an event in your area sponsored by, or associated with, Fresh Empire?



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

EVENT ATTENDANCE AND REACTIONS

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

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

VIDEO AWARENESS

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

[RANDOMIZE SCREENSHOTS AND VIDEOS- Videos are 5 Fresh Empire videos, Screenshots are collages of Real Cost, Truth, and Tips ads]

DISPLAY BIG KRIT PART 1 [RANDOMIZE]

F29_1. [IF (LONGITUDINAL = YES AND FU1_DATE NE BLANK) OR STARTWAVE = WAVE2] Apart from this survey, how frequently have you seen this video in the past [FILL MONTHS SINCE FU_1 COMPLETION] months?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU1_DATE = BLANK)] Apart from this survey, how frequently have you seen this video in the past [FILL MONTHS SINCE JULY 1] months?

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

INSERT 2 SCREENSHOTS SIDE BY SIDE OF BIG KRIT PART 1

F30_1. What is the main message of this video?

1. Secondhand smoke causes an estimated 41,300 deaths per year
2. Living tobacco-free keeps you healthy so you can get to where you want to be in life.
3. Tobacco addiction interrupts things and gets in the way of your life.
4. Reject cigarettes to regain control.
5. The legal age for buying cigarettes is going up
6. Smoking is not an option because younger brothers and sisters are always watching.
7. I'm breaking the chain of smoking for myself and for my family.
98. Not sure
99. Prefer not to answer

INSERT 2 SCREENSHOTS SIDE BY SIDE OF BIG KRIT PART 1

F32_1. How much do you agree or disagree with the following statements?

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
F32_1.	This video is worth remembering	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
F32_2.	This video grabbed my attention	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
F32_3.	This video is powerful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
F32_4.	This video is informative	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
F32_5.	This video is meaningful to me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
F32_6.	This video is convincing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉

DISPLAY SAGE THE GEMINI PART 1 [RANDOMIZE]

F29_2.

[IF (LONGITUDINAL = YES AND FU1_DATE NE BLANK) OR STARTWAVE = WAVE2] Apart from this survey, how frequently have you seen this video in the past [FILL MONTHS SINCE FU_1 COMPLETION] months?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU1_DATE = BLANK)] Apart from this survey, how frequently have you seen this video in the past [FILL MONTHS SINCE JULY 1] months?

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

INSERT 2 SCREENSHOTS SIDE BY SIDE OF SAGE THE GEMINI PART 1

F30_2. What is the main message of this video?

1. Secondhand smoke causes an estimated 41,300 deaths per year
2. Living tobacco-free keeps you healthy so you can get to where you want to be in life.
3. Tobacco addiction interrupts things and gets in the way of your life.
4. Reject cigarettes to regain control.
5. The legal age for buying cigarettes is going up
6. Smoking is not an option because younger brothers and sisters are always watching.
7. I'm breaking the chain of smoking for myself and for my family.
98. Not sure
99. Prefer not to answer

INSERT 2 SCREENSHOTS SIDE BY SIDE OF SAGE THE GEMINI PART 1

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

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

DISPLAY BREAK FREE [RANDOMIZE]

F29_3.

[IF (LONGITUDINAL = YES AND FU1_DATE NE BLANK) OR STARTWAVE = WAVE2] Apart from this survey, how frequently have you seen this video in the past [FILL MONTHS SINCE FU_1 COMPLETION] months?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU1_DATE = BLANK)] Apart from this survey, how frequently have you seen this video in the past [FILL MONTHS SINCE JULY 1] months?

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

INSERT SCREENSHOT OF BREAK FREE

F30_3. What is the main message of this video?

1. Secondhand smoke causes an estimated 41,300 deaths per year

2. Living tobacco-free keeps you healthy so you can get to where you want to be in life.
3. Tobacco addiction interrupts things and gets in the way of your life.
4. Reject cigarettes to regain control.
5. The legal age for buying cigarettes is going up
6. Smoking is not an option because younger brothers and sisters are always watching.
7. I'm breaking the chain of smoking for myself and for my family.
98. Not sure
99. Prefer not to answer

INSERT SCREENSHOT OF BREAK FREE

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

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

DISPLAY J. REYEZ [RANDOMIZE]

F29_4.

[IF (LONGITUDINAL = YES AND FU1_DATE NE BLANK) OR STARTWAVE = WAVE2]Apart from this survey, how frequently have you seen this video in the past [FILL MONTHS SINCE FU_1 COMPLETION] months?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU1_DATE = BLANK)]Apart from this survey, how frequently have you seen this video in the past [FILL MONTHS SINCE JULY 1] months?

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

INSERT SCREENSHOT OF J. REYEZ

F30_4. What is the main message of this video?

1. Secondhand smoke causes an estimated 41,300 deaths per year
2. Living tobacco-free keeps you healthy so you can get to where you want to be in life.
3. Tobacco addiction interrupts things and gets in the way of your life.
4. Reject cigarettes to regain control.
5. The legal age for buying cigarettes is going up
6. Smoking is not an option because younger brothers and sisters are always watching.
7. I'm breaking the chain of smoking for myself and for my family.
98. Not sure
99. Prefer not to answer

INSERT SCREENSHOT OF J. REYEZ

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

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
F32_31.	This video is worth remembering	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
F32_32.	This video grabbed my attention	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
F32_33.	This video is powerful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
F32_34.	This video is informative	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
F32_35.	This video is meaningful to me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
F32_36.	This video is convincing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉

DISPLAY LEX LANE [RANDOMIZE]

F29_5.

[IF (LONGITUDINAL = YES AND FU1_DATE NE BLANK) OR STARTWAVE = WAVE2] Apart from this survey, how frequently have you seen this video in the past [FILL MONTHS SINCE FU_1 COMPLETION] months?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU1_DATE = BLANK)] Apart from this survey, how frequently have you seen this video in the past [FILL MONTHS SINCE JULY 1] months?

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

INSERT SCREENSHOT OF LEX LANE

F30_5. What is the main message of this video?

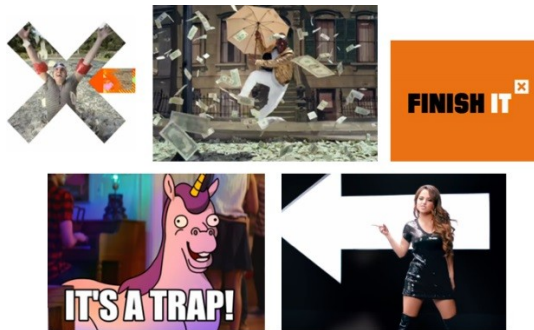
1. Secondhand smoke causes an estimated 41,300 deaths per year
2. Living tobacco-free keeps you healthy so you can get to where you want to be in life.
3. Tobacco addiction interrupts things and gets in the way of your life.
4. Reject cigarettes to regain control.
5. The legal age for buying cigarettes is going up
6. Smoking is not an option because younger brothers and sisters are always watching.
7. I'm breaking the chain of smoking for myself and for my family.
98. Not sure
99. Prefer not to answer

INSERT SCREENSHOT OF LEX LANE

F32_5. How much do you agree or disagree with the following statements?

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
F32_51.	This video is worth remembering	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F32_52.	This video grabbed my attention	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F32_53.	This video is powerful	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F32_54.	This video is informative	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F32_55.	This video is meaningful to me	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F32_56.	This video is convincing	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

DISPLAY SCREENSHOT 1 [RANDOMIZE] FE_Truth1.png



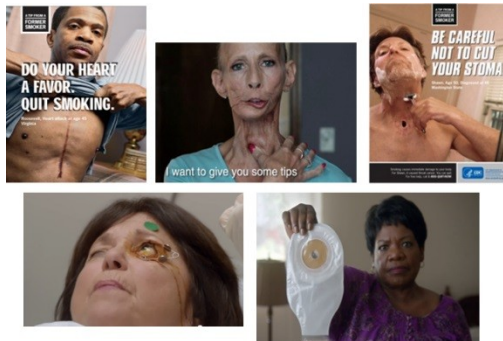
F29_5a.

[IF (LONGITUDINAL = YES AND FU1_DATE NE BLANK) OR STARTWAVE = WAVE2] Apart from this survey, how frequently have you seen these ads in the past [FILL MONTHS SINCE FU_1 COMPLETION] months?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU1_DATE = BLANK)] Apart from this survey, how frequently have you seen these ads in the past [FILL MONTHS SINCE JULY 1] months?

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

DISPLAY SCREENSHOT 2 [RANDOMIZE] FE_Truth2.png



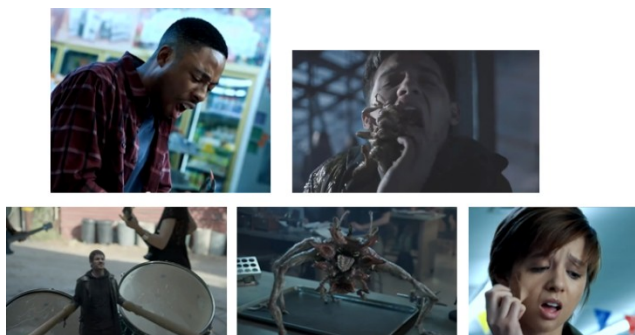
F29_6.

[IF (LONGITUDINAL = YES AND FU1_DATE NE BLANK) OR STARTWAVE = WAVE2] Apart from this survey, how frequently have you seen these ads in the past [FILL MONTHS SINCE FU_1 COMPLETION] months?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU1_DATE = BLANK)] Apart from this survey, how frequently have you seen these ads in the past [FILL MONTHS SINCE JULY 1] months?

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

DISPLAY SCREENSHOT 3 [RANDOMIZE] FE_Truth3.png



F29_7.

[IF (LONGITUDINAL = YES AND FU1_DATE NE BLANK) OR STARTWAVE = WAVE2] Apart from this survey, how frequently have you seen these ads in the past [FILL MONTHS SINCE FU_1 COMPLETION] months?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU1_DATE = BLANK)] Apart from this survey, how frequently have you seen these ads in the past [FILL MONTHS SINCE JULY 1] months?

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

RADIO AWARENESS

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

[RANDOMIZE F36_1 - F36_5]

PLAY RADIO CLIP CHASE LIFE A

F36_1.

[IF (LONGITUDINAL = YES AND FU1_DATE NE BLANK) OR STARTWAVE = WAVE2] Apart from this survey, how frequently have you heard this on the radio in the past [FILL MONTHS SINCE FU_1 COMPLETION] months?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU1_DATE = BLANK)] Apart from this survey, how frequently have you heard this on the radio in the past [FILL MONTHS SINCE JULY 1] months?

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

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

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
F37_1.	This radio ad is convincing	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

PLAY RADIO CLIP CHASE LIFE B

F36_2.

[IF (LONGITUDINAL = YES AND FU1_DATE NE BLANK) OR STARTWAVE = WAVE2] Apart from this survey, how frequently have you heard this on the radio in the past [FILL MONTHS SINCE FU_1 COMPLETION] months?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU1_DATE = BLANK)] Apart from this survey, how frequently have you heard this on the radio in the past [FILL MONTHS SINCE JULY 1] months?

- ₁ Never
- ₂ Rarely
- ₃ Sometimes
- ₄ Often
- ₅ Very Often

₉ _____ Prefer not to answer

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

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
	This radio ad is convincing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉

PLAY RADIO CLIP FTLOF A

F36_3.

[IF (LONGITUDINAL = YES AND FU1_DATE NE BLANK) OR STARTWAVE = WAVE2] Apart from this survey, how frequently have you heard this on the radio in the past [FILL MONTHS SINCE FU_1 COMPLETION] months?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU1_DATE = BLANK)] Apart from this survey, how frequently have you heard this on the radio in the past [FILL MONTHS SINCE JULY 1] months?

- ₁ Never
- ₂ Rarely
- ₃ Sometimes
- ₄ Often
- ₅ Very Often

₉ _____ Prefer not to answer

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

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
	This radio ad is convincing	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

PLAY RADIO CLIP FTLOF B

F36_4.

[IF (LONGITUDINAL = YES AND FU1_DATE NE BLANK) OR STARTWAVE = WAVE2] Apart from this survey, how frequently have you heard this on the radio in the past [FILL MONTHS SINCE FU_1 COMPLETION] months?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU1_DATE = BLANK)] Apart from this survey, how frequently have you heard this on the radio in the past [FILL MONTHS SINCE JULY 1] months?

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

_9 _____ Prefer not to answer

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

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
	This radio ad is convincing	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

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

[RANDOMIZE F39_1-F39_3]

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
F39_1	I want to help promote Fresh Empire	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F39_2	I'd defend Fresh Empire if someone was hating on it	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F39_3	I'd wear a Fresh Empire T-shirt	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

[RANDOMIZE ITEMS BELOW]

F39_6	I talk to my friends about Fresh Empire	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F39_9	If I see anything from Fresh Empire, I check it out	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

[RANDOMIZE ITEMS BELOW]

F39_12	Fresh Empire is popular with people like me	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F39_13	People are buzzing about Fresh Empire	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F39_14	Fresh Empire is becoming more popular with the people who hang out where I hang out	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

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

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
F40_1	Trendy	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F40_2	Fresh	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F40_3	In control	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F40_4	Keeps it 100	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

Section G: Environment

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

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

- ₁ Cigarettes
- ₂ Cigars, cigarillos, or little cigars, such as Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's
- ₃ Tobacco out of a water pipe (also called "hookah")
- ₄ Electronic nicotine products, also called "e-cigarettes", "e-cigs", "vapor pens", or "e-hookahs"
- ₅ Any other form of tobacco
- ₆ No, no one who lives with me has used any form of tobacco during the past 30 days
- ₉ Prefer not to answer

G1a. [IF G1=5 AND LONGITUDINAL = NO] What other form of tobacco has anyone who lives with you used during the past 30 days?

G2. [IF LONGITUDINAL = NO] Have any of your brother(s) and/or sister(s) smoked cigarettes during the past 30 days?

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

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

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

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

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

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

[RANDOMIZE G5_1-G5_3]

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

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

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

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

_____ MIN 0 MAX 7
_9 Prefer not to answer

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

- _1 Never
- _2 Less than once a month
- _3 About once a month
- _4 About 2 or 3 times a month
- _5 Once a week
- _6 More than once a week
- _9 Prefer not to answer

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

[RANDOMIZE G9_1-G9_4]

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
G9_1.	I would like to explore strange places.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
G9_2.	I like to do frightening things.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
G9_3.	I like new and exciting experiences, even if I have to break the rules.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
G9_4.	I prefer friends who are exciting and unpredictable.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

G10. [IF LONGITUDINAL = NO] Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- _____ Number of days (Range: 1-30)
- _2 None
 - _3 Don't know
 - _9 Prefer not to answer

Hard error: Please enter a number between 1 and 30 or select "None"

Hard Error: Please either enter a number or select None, Don't know, or Prefer not to answer, but not both.

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

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

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

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

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

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

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

YES

NO

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

YES

NO - - GO TO INCENT01

MOVE Do you plan to move in the next 6 months?

YES

NO

DON'T KNOW

MOVEL [IF LONGITUDINAL = YES]

During your last interview, you said that [FILL BL_FAMFRNM] would know how to contact you and provided the following phone number [FILL BL_FAMFRPH].

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

1 INFORMATION IS CORRECT

2 UPDATE INFORMATION

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

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

Name

Phone Number

RECONTH Thanks for providing this information. NEXT

INCENT01 [IF CAPI AND CONAGE=2] PROGRAMMER: DISPLAY CASE ID FROM IFMS ON SCREEN.

SIGN COMPENSATION RECEIPT AND HAND MONEY TO R I have signed this form to indicate that I have given you \$25 for completing this interview. Thanks again!

NEXT

INCENT02 [IF CAPI AND CONAGE=1] PROGRAMMER: DISPLAY CASE ID FROM IFMS ON SCREEN.

SIGN COMPENSATION RECEIPT AND HAND MONEY TO R I have signed this form to indicate that I have given you \$25 for completing this interview. Thanks again!

NEXT

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

Name

Phone Number

NEXT

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

EXIT

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

_____ PROGRAMMER: MAKE ENTRY MANDATORY. NO SKIPS ACCEPTED.

Note: You can participate only once and are eligible to receive only one gift card.

END

NEXT

Thank you for taking time to complete this survey.

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MIEND. You may now close your browser or navigate away from this page.