

**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

<sub>1</sub> 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?

<sub>1</sub> 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

- <sub>1</sub> Yes
- <sub>2</sub> 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:

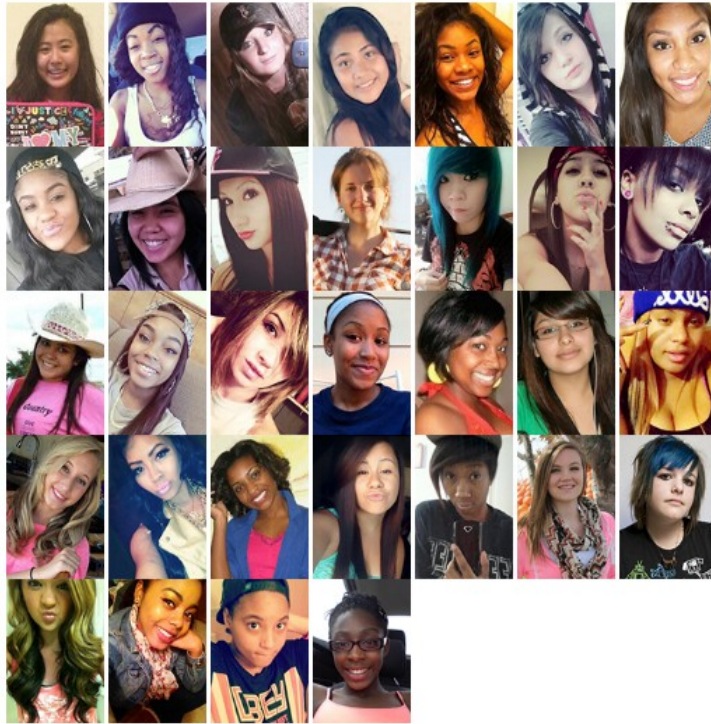
Viewing the videos in this survey is important. Try logging into the survey using a different computer or browser. If that doesn't work, you will not be able to take the survey online.

[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.

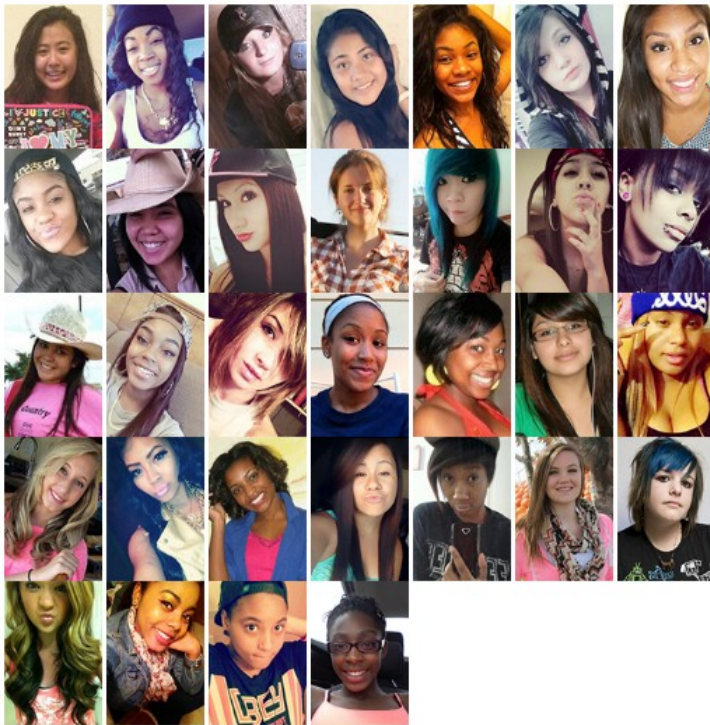
1st Best Fit	2nd Best Fit	3rd Best Fit
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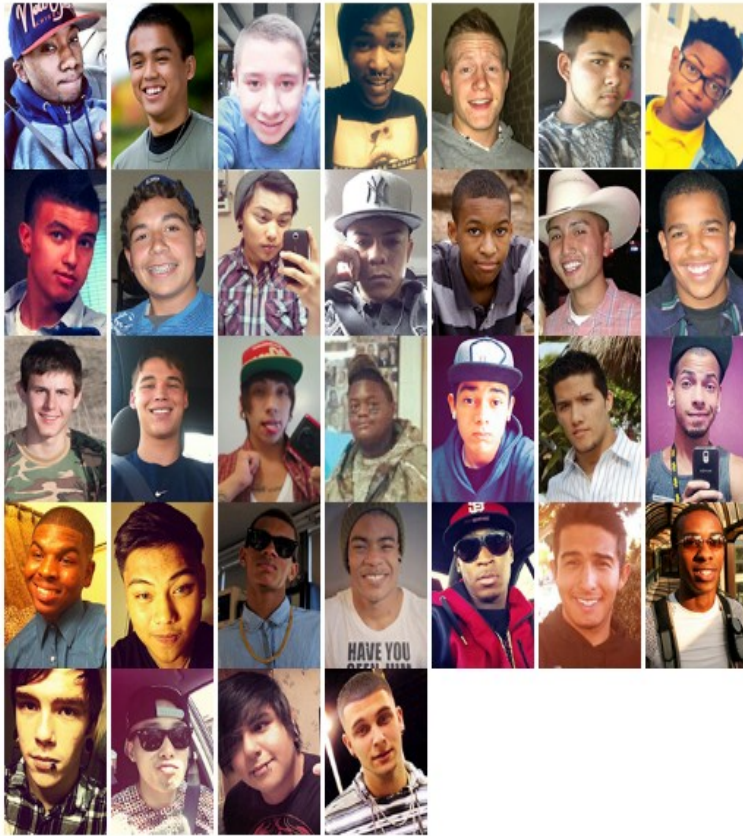
**S5b.** [IF LONGITUDINAL=YES] Rank the three people that would LEAST FIT in your main group of friends, starting with the worst fit. Click on the picture to make a selection.

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



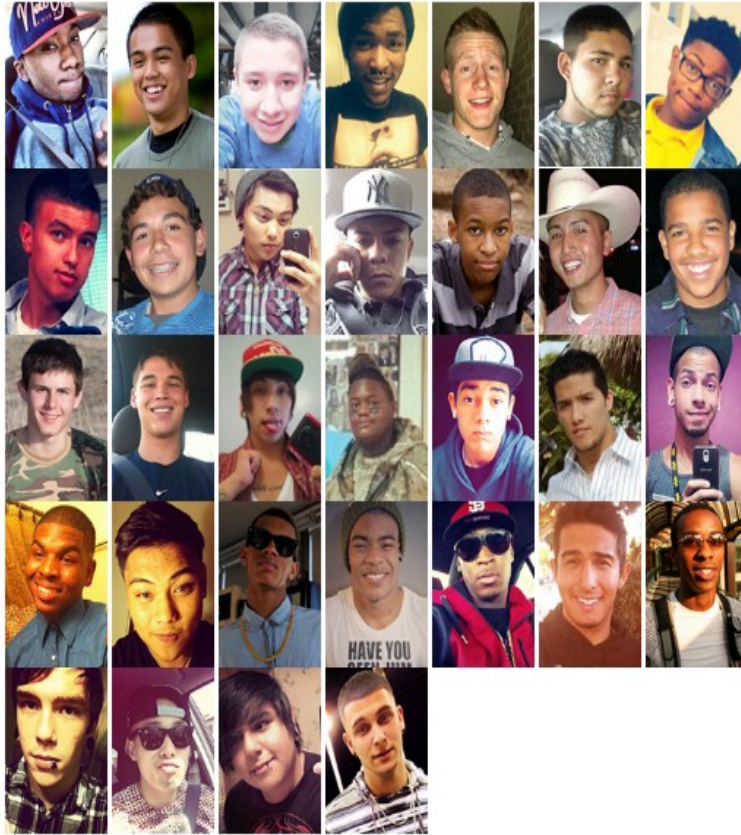
**S6a.** [IF LONGITUDINAL=YES] Rank the three people that would BEST FIT in your main group of friends, starting with the best fit. Click on the picture to make a selection.

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 Worst Fit	2nd Worst Fit	3rd Worst Fit
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**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]

- <sub>1</sub> No, not of Hispanic, Latino, Latina, or Spanish origin
- <sub>2</sub> Yes, Mexican, Mexican American, Chicano or Chicana
- <sub>3</sub> Yes, Puerto Rican
- <sub>4</sub> Yes, Cuban
- <sub>5</sub> Yes, Another Hispanic, Latino/a or Spanish origin
- <sub>9</sub> 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.)

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

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

- <sub>1</sub> Only Spanish
- <sub>2</sub> Spanish more than English
- <sub>3</sub> Spanish and English equally
- <sub>4</sub> English more than Spanish
- <sub>5</sub> English only
- <sub>6</sub> Some other language (please specify \_\_\_\_\_)
- <sub>9</sub> Prefer not to answer

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

- <sub>1</sub> 6<sup>th</sup> grade or lower
- <sub>2</sub> 7<sup>th</sup> grade
- <sub>3</sub> 8<sup>th</sup> grade
- <sub>4</sub> 9<sup>th</sup> grade
- <sub>5</sub> 10<sup>th</sup> grade
- <sub>6</sub> 11<sup>th</sup> grade
- <sub>7</sub> 12<sup>th</sup> grade
- <sub>8</sub> In college
- <sub>10</sub> Ungraded or other grade
- <sub>11</sub> Out of school
- <sub>99</sub> 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?

- <sub>1</sub> None
- <sub>2</sub> \$5 or less
- <sub>3</sub> \$6 to \$10
- <sub>4</sub> \$11 to \$20
- <sub>5</sub> \$21 to \$35
- <sub>6</sub> \$36 to \$50
- <sub>7</sub> \$51 to \$75
- <sub>8</sub> \$76 to \$125
- <sub>9</sub> \$126 or more
- <sub>99</sub> 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?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> 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?

- <sub>1</sub> 8 years old or younger
- <sub>2</sub> 9 years old
- <sub>3</sub> 10 years old
- <sub>4</sub> 11 years old
- <sub>5</sub> 12 years old
- <sub>6</sub> 13 years old
- <sub>7</sub> 14 years old
- <sub>8</sub> 15 years old
- <sub>9</sub> 16 years old
- <sub>10</sub> 17 years old
- <sub>11</sub> 18 years old or older
- <sub>99</sub> 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?

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

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

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

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

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

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

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

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

**B7.** Do you consider yourself a smoker?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> 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?



- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> 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.



- <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

**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?



- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> 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”)?



- <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

**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?



- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> 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”?



- <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

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

**C1.** 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>C1_1.</b>	Do you think that you will smoke a <b>cigarette</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>C1_2.</b>	Do you think you will smoke a <b>cigarette</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>C1_3.</b>	If one of your best friends were to offer you a <b>cigarette</b> , would you smoke 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>

**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]

		<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>C2_1.</b>	You are at a party where most people are smoking?	<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>C2_2.</b>	A very close 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>C2_3.</b>	Someone you know 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)**

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

- <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

**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?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> 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]

		<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>E1_1.</b>	People who are tobacco-free are <b>confident</b> .	<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>E1_2.</b>	People who are tobacco-free are <b>fresh</b> .	<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>E1_3.</b>	People who are tobacco-free are <b>trendsetters</b> .	<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>E1_4.</b>	People who are tobacco-free are <b>in control</b> .	<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>E1_5.</b>	People who are tobacco-free are <b>real</b> .	<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>E1_6.</b>	People who are tobacco-free are <b>attractive</b> .	<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>E1_7.</b>	People who are tobacco-free are <b>lame</b> .	<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>E1_9.</b>	People who are tobacco-free are <b>fake</b> .	<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>E1_10.</b>	People who are tobacco-free are <b>annoying</b> .	<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>E1_12.</b>	People who are tobacco-free are <b>followers</b> .	<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.

<b>E3_1.</b>	<b>Bad</b>	<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	<b>Good</b>
<b>E3_2.</b>	<b>Not enjoyable</b>	<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	<b>Enjoyable</b>

\_\_\_\_\_ (Range 1-7)

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

[RANDOMIZE E4\_1-E4\_3]

		<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>E4_1.</b>	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
<b>E4_2.</b>	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
<b>E4_3.</b>	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.]

		<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>E5_1.</b>	Damage my body	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_3.</b>	Shorten my life	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_6.</b>	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
<b>E5_7.</b>	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
<b>E5_9.</b>	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
<b>E5_11.</b>	Have bad breath	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_14.</b>	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
<b>E5_18.</b>	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
<b>E5_19.</b>	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
<b>E5_20.</b>	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
<b>E5_21</b>	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
<b>E5_22</b>	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
<b>E6_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>E6_4.</b>	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
<b>E6_5.</b>	Smoke blunts (cigars, cigarillos, or little cigars <b>with marijuana added</b> )?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E6_6.</b>	Smoke cigars, cigarillos, or little cigars <b>without added marijuana</b> ?  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
<b>E6_7.</b>	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
<b>E7_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>E7_4.</b>	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
<b>E7_5.</b>	Smoke blunts (cigars, cigarillos, or little cigars <b>with marijuana added</b> )?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>E7_6.</b>	Smoke cigars, cigarillos, or little cigars <b>without added marijuana</b> ?  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
<b>E7_7.</b>	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]

		<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>E9_1.</b>	According to <b>my family</b> , 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
<b>E9_2.</b>	According to <b>my friends</b> , 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
<b>E9_3.</b>	According to <b>most people my age</b> , 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
<b>E9_4.</b>	According to <b>the people who hang out where I hang out</b> , it is very important for me to <b>not</b> 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...

		<b>Definitely Yes</b>	<b>Probably Yes</b>	<b>Probably Not</b>	<b>Definitely Not</b>	<b>Prefer Not to Answer</b>
<b>E10_1.</b>	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
<b>E10_2.</b>	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
<b>E10_4.</b>	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
<b>E10_5.</b>	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]

		<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>E12_1.</b>	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
<b>E12_2.</b>	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
<b>E12_3.</b>	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
<b>E12_4.</b>	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
<b>F1_1.</b> Watch <b>TV shows or movies</b> 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
<b>F1_2.</b> 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
<b>F1_3.</b> 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
<b>F1_4.</b> 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
<b>F1_5.</b> 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
<b>F1_6.</b> 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
<b>F2_1.</b> That Grapejuice <a href="http://www.thatgrapejuice.net">http://www.thatgrapejuice.net</a>	<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>F2_2.</b> XXL <a href="http://www.xxlmag.com">http://www.xxlmag.com</a>	<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>F2_3.</b> Rap-Up <a href="http://www.rap-up.com">http://www.rap-up.com</a>	<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>F2_4.</b> Complex <a href="http://www.complex.com/">http://www.complex.com/</a>	<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>F2_5.</b> BoomBox <a href="http://theboombox.com">http://theboombox.com</a>	<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>F2_6.</b> NiceKicks <a href="http://www.nicekicks.com">http://www.nicekicks.com</a>	<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?

- <sub>1</sub> Yes, my parent(s) or guardian(s) have lots of rules about it.
- <sub>2</sub> Yes, my parent(s) or guardian(s) have a few rules about it.
- <sub>3</sub> No, my parent(s) or guardian(s) don't have any rules about it.
- <sub>9</sub> 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?

- <sub>1</sub> Yes, my parent(s) or guardian(s) have lots of rules about it.
- <sub>2</sub> Yes, my parent(s) or guardian(s) have a few rules about it.
- <sub>3</sub> No, my parent(s) or guardian(s) don't have any rules about it.
- <sub>9</sub> 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?

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

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

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

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

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

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

- <sub>1</sub> Never
- <sub>2</sub> Once in awhile
- <sub>3</sub> Sometimes
- <sub>4</sub> All the time
- <sub>9</sub> 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?

- <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

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?

		<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>F32_1.</b>	This video is worth remembering	<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>F32_2.</b>	This video grabbed my attention	<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>F32_3.</b>	This video is powerful	<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>F32_4.</b>	This video is informative	<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>F32_5.</b>	This video is meaningful to me	<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>F32_6.</b>	This video is convincing	<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>

**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?

- <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

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?

		<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>F32_11.</b>	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
<b>F32_12.</b>	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
<b>F32_13.</b>	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
<b>F32_14.</b>	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
<b>F32_15.</b>	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
<b>F32_16.</b>	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?

		<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>F32_21.</b>	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
<b>F32_22.</b>	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
<b>F32_23.</b>	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
<b>F32_24.</b>	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
<b>F32_25.</b>	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
<b>F32_26.</b>	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?

- <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

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?

		<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>F32_31.</b>	This video is worth remembering	<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>F32_32.</b>	This video grabbed my attention	<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>F32_33.</b>	This video is powerful	<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>F32_34.</b>	This video is informative	<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>F32_35.</b>	This video is meaningful to me	<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>F32_36.</b>	This video is convincing	<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>

**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?

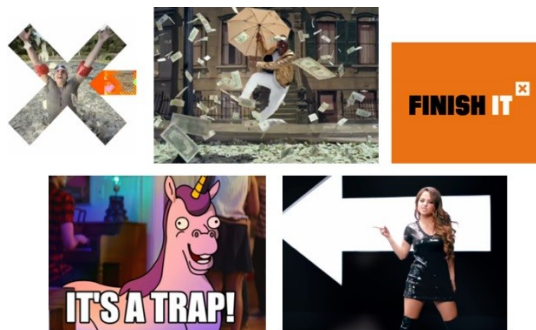
1. Secondhand smoke causes an estimated 41,300 deaths per year
2. Living tobacco-free keeps you healthy so you can get to where you want to be in life.
3. Tobacco addiction interrupts things and gets in the way of your life.
4. Reject cigarettes to regain control.
5. The legal age for buying cigarettes 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
<b>F32_51.</b>	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
<b>F32_52.</b>	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
<b>F32_53.</b>	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
<b>F32_54.</b>	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
<b>F32_55.</b>	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
<b>F32_56.</b>	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



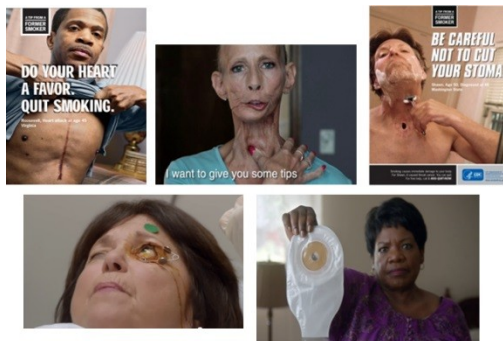
**F29\_5a.**

[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**



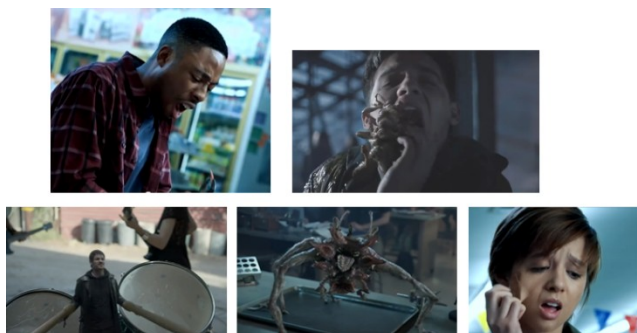
**F29\_6.**

[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?

		<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>F37_1.</b>	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?

- <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

**F37\_2.** How much do you agree or disagree with the following statement?

		<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>
	This radio ad is convincing	<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>

**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?

- <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

**F37\_3.** How much do you agree or disagree with the following statement?

		<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>
	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?

		<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>
	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
<b>F39_1</b>	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
<b>F39_2</b>	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
<b>F39_3</b>	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]

<b>F39_6</b>	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
<b>F39_9</b>	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]

<b>F39_12</b>	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
<b>F39_13</b>	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
<b>F39_14</b>	Fresh Empire <b>is</b> 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
<b>F40_1</b>	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
<b>F40_2</b>	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
<b>F40_3</b>	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
<b>F40_4</b>	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.

- <sub>1</sub> Cigarettes
- <sub>2</sub> Cigars, cigarillos, or little cigars, such as Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's
- <sub>3</sub> Tobacco out of a water pipe (also called "hookah")
- <sub>4</sub> Electronic nicotine products, also called "e-cigarettes", "e-cigs", "vapor pens", or "e-hookahs"
- <sub>5</sub> Any other form of tobacco
- <sub>6</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

**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?

- <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.** [IF LONGITUDINAL = NO] 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.** [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]

		<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>G5_1.</b>	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
<b>G5_2.</b>	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
<b>G5_3.</b>	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 6<sup>th</sup> grade
- \_3 7<sup>th</sup> grade
- \_4 8<sup>th</sup> grade
- \_5 9<sup>th</sup> grade
- \_6 10<sup>th</sup> grade
- \_7 11<sup>th</sup> grade
- \_8 12<sup>th</sup> 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  
<sub>9</sub> Prefer not to answer

**G8.** [IF LONGITUDINAL = NO] 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

**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
<b>G9_1.</b>	I would like to explore strange places.	<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>G9_2.</b>	I like to do frightening things.	<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>G9_3.</b>	I like new and exciting experiences, even if I have to break the rules.	<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>G9_4.</b>	I prefer friends who are exciting and unpredictable.	<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>

**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)
- <sub>2</sub> None
  - <sub>3</sub> Don't know
  - <sub>9</sub> 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?

- <sub>1</sub> Not at all satisfied
- <sub>2</sub> Not very satisfied
- <sub>3</sub> Somewhat satisfied
- <sub>4</sub> Quite satisfied
- <sub>5</sub> Very satisfied
- <sub>9</sub> 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.**

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**END**

NEXT

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

**OMB No: 0910-0788**  
**Expiration Date: 05/31/2018**

**Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 45 minutes per response to complete the assent/consent and survey (the time estimated to read, review and respond). 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).**

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