

ATTACHMENT 2_E2A: YOUTH BASELINE INSTRUMENT

OMB No. 0910-0753
Exp. Date xx/xx/xxxx

Evaluation of the Public Education Campaign on Teen Tobacco (ExPECTT-B-2nd Cohort)

Subjects for Questionnaire:

- Section A: Demographic Items
- Section B: Tobacco Use Behavior
- Section C: Tobacco Use Intentions and Self-Efficacy
- Section D: Cessation (Intention, Behavior, Motivation)
- Section E: Attitudes, Beliefs & Risk Perceptions, Social Norm
- Section F: Media Use and Awareness
- Section G: Environment

Introduction

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

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

Section A: Demographic Items

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

A1_2.

What is your date of birth?

(mm/dd/yyyy)

A1_3. That would make you XX years old, is that correct?

Yes

No

If A1_2 ≠ A1_3 ask A1_4.

A1_4. To be sure we have the right information, please enter your birthdate once more.

(mm/dd/yyyy)

A1_5. That would make you XX years old, is that correct?

Yes

No

If A1_4 ≠ A1_5, FI resolve and enter birthdate and or age.

A2. Are you male or female?

₁ Female

₂ Male

₉ Prefer not to answer

A3. Are you Hispanic, Latino/a, or of Spanish origin?

₁ No, not of Hispanic, Latino/a, or Spanish origin

₂ Yes, Mexican American, Chicano/a

₃ Yes, Puerto Rican

₄ Yes, Cuban

₅ Yes, another Hispanic, Latino/a, or Spanish origin

₉ Prefer not to answer

A4. What race or races do you consider yourself to be? Please select 1 or more of these categories.

	1 Yes		
A4_1. White	<input type="checkbox"/> _1		
A4_2. Black or African American	<input type="checkbox"/> _1		
A4_3. American Indian or Alaska Native	<input type="checkbox"/> _1		
A4_4. Asian Indian	<input type="checkbox"/> _1		
A4_5. Chinese	<input type="checkbox"/> _1		
A4_6. Filipino	<input type="checkbox"/> _1		
A4_7. Japanese	<input type="checkbox"/> _1		
A4_8. Korean	<input type="checkbox"/> _1		
A4_9. Vietnamese	<input type="checkbox"/> _1		
A4_10. Native Hawaiian	<input type="checkbox"/> _1		
A4_11. Guamanian or Chamorro	<input type="checkbox"/> _1		
A4_12. Samoan	<input type="checkbox"/> _1		
A4_13. Other Asian	<input type="checkbox"/> _1		
A4_14. Other Pacific Islander	<input type="checkbox"/> _1		

[IF A3=2-9, ASK A5, otherwise go to A7]

A5. 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
- _9 Prefer not to answer

[IF A5=1-4, ASK A6, otherwise go to A7]

A6. When you watch TV, what type of programming do you usually watch?

- _1 Only Spanish
- _2 Spanish more than English
- _3 Spanish and English equally
- _4 English more than Spanish
- _5 English only
- _9 Prefer not to answer

A7. What grade are you in?

- ₁ 5th
- ₂ 6th
- ₃ 7th
- ₄ 8th
- ₅ 9th
- ₆ 10th
- ₇ 11th
- ₈ 12th
- ₉ Ungraded or other grade
- ₉₉ Prefer not to answer

A8. 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

The next section asks about your experiences with tobacco products.

Cigarette Use

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

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

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

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

- 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
- ₉₉ Prefer not to answer

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

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

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

B4. 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 0 cigarettes
- 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 smoke:

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

B8. Do you consider yourself a smoker?

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

Other Substance Use

B9.

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



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

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

[IF B9=1, ASK B10]

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

- 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 or
- ₇ All 30 days
- ₉ Prefer not to answer

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



B11. Have you ever smoked cigars, cigarillos, or little cigars even one time?

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

[IF B11=1, ASK B12]

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

- 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 or
- ₇ All 30 days
- ₉ Prefer not to answer

B13. 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

[IF B13=1, ASK B14]

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

- 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 or
- ₇ All 30 days
- ₉ Prefer not to answer

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

B15. Have you ever tried any e-cigarettes, even one time?

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

[IF B15=1, ASK B16]

B16. During the past 30 days, on how many days did you use e-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 or
- ₇ All 30 days
- ₉ Prefer not to answer

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

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

[IF B17=1, ASK B18]

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

- 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 or
- ₇ All 30 days
- ₉ Prefer not to answer

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

- 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 or
- ₇ All 30 days
- ₉ Prefer not to answer

Section C: Tobacco Use Intentions and Self-Efficacy

C1. Thinking about the future...

		1 Definitely Yes	2 Probably Yes	3 Probably Not	4 Definitely Not	9 Prefer Not to Answer
C1_1.	Do you think that you will try 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_5	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
C1_6	Do you think that you will try smokeless tobacco such as dip, chewing tobacco, snuff, or snus soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_7	Do you think you will use smokeless tobacco 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_8	If one of your best friends were to offer you smokeless tobacco , would you use it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_9	Do you think you will try cigars, cigarillos, or little cigars soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_10	Do you think you will try cigars, cigarillos, or little cigars 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_11	If one of your best friends were to offer you a cigar, cigarillo, or little cigar , would you smoke it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_12	Do you think that you use an e-cigarettes soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_13	Do you think you will use an e-cigarette at any time in the next year?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_14	If one of your best friends were to offer you an e-cigarette would you use it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

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

[RANDOMIZE C6_1-C6_3]

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

C3. How sure are you that, if you really wanted to, **you could say no to a smokeless tobacco offer**, such as chewing tobacco, snuff, snus or dip if...

[RANDOMIZE C3_1-C3_3]

	1 Not at all sure	2 Slightly sure	3 Somewhat sure	4 Mostly sure	5 Completel y sure	9 Prefer Not to Answer
C3_1. You are at a party where most people are using it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
C3_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
C3_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

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

[RANDOMIZE C3_1-C3_3]

	1 Not at all sure	2 Slightly sure	3 Somewhat sure	4 Mostly sure	5 Completely sure	9 Prefer Not to Answer
C4_1. You are at a party where most people are using it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
C4_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
C4_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)

Cigarette Use [Ask if B3=2-9]

D2. 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

D1. I plan to stop smoking cigarettes for good within the next... *(PLEASE CHOOSE THE FIRST ANSWER THAT FITS)*

- _1 7 days
_2 30 days
_3 6 months
_4 1 year
_5 I do not plan to stop smoking cigarettes within the next year
_9 Prefer not to answer

D3. How much do you want to quit smoking?

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

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

D5. During the past 3 months, did you stop using smokeless tobacco such as dip, chewing tobacco, snuff, or snus for one day or longer because you were trying to quit using smokeless tobacco for good?

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

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

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

Attitude

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

[RANDOMIZE E1_1-E1_4]

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

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

[RANDOMIZE E2_1-E2_4]

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

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

[RANDOMIZE E13_1-E13_2]

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

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

[RANDOMIZE E14_1-E14_2]

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

Attitudinal Beliefs and Risk Perceptions

E3. How much do you agree or disagree with the following statements? **If I smoke I will...**

	If I smoke I will...	1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree (Neutral)	4 Agree	5 Strongly Agree	9 Prefer Not to Answer
E3_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
E3_2.	Be controlled by smoking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_3.	Be unattractive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_4.	Inhale poisons	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_5.	Develop cancer of the lip, mouth, tongue or throat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_6.	Develop sexual and/or fertility problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_7.	Lose my taste buds	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_8.	Be unable to stop when I want to	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_9.	Get wrinkles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_10.	Develop skin problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_11	Have problems with my teeth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_12.	Lose my teeth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_13.	Have COPD	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_14	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
E3_15.	Develop a smoking-related disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_16.	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
E3_17	Get sick more often	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_18.	Decrease my sports performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_19.	End up wasting money on cigarettes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_22.	Become addicted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_20.	Harm others with second-hand smoke	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_21.	Be a bad influence on others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_23	Have trouble breathing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_24	Stunt the growth of my lungs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3_25	Have yellow, stained teeth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

E3_26	Develop gum disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
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E13. How much do you agree or disagree with the following statements? **If I use e-cigarettes I will...[RANDOMIZE PRESENTATION]**

		1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree (Neutral)	4 Agree	5 Strongly Agree	9 Prefer Not to Answer
E13_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
E13_2.	Inhale poisons	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E13_3.	Become addicted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E13_4.	Inhale nicotine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E13_5.	Inhale chemicals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E13_6.	Harm my lungs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E13_7.	Develop sexual and/or fertility problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E13_8.	Decrease my sports performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E13_9	End up wasting money.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E13_10	Inhale metal particles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

E5. How much do you agree or disagree with the following statements about smoking cigarettes?

		1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree (Neutral)	4 Agree	5 Strongly Agree	9 Prefer Not to Answer
E5_1.	Smoking can cause <u>immediate</u> damage to my body.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E5_2.	It is safe for me to smoke for only a year or two, as long as I quit after that.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E5_3.	If I started to smoke occasionally I would not become addicted.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E5_4.	Smoking cigarettes helps people relieve stress.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E5_5.	Cigarette ingredients are disgusting.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E5_6.	Cigarette ingredients are dangerous.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E5_7.	Smoking is a way to show others you're not afraid to take risks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E5_8.	Smoking cigarettes can help keep your weight down	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E5_9.	The lungs of teenage smokers may not grow to normal size.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E5_10.	Smoking just a few cigarettes can make you crave more.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E5_11.	If I smoke, nicotine will rewire my brain.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E5_12	Smoking as a teen can permanently stunt your lungs.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E5_13	Smoking cigarettes will make me have serious breathing problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E5_14	If I smoke, the consequences will find me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E5_15	Nicotine can reprogram your brain	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉

E5_16	If I smoke, it will be hard to think about anything but my next cigarette	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E5_17	The nicotine in cigarettes may hack your brain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

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

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

E16. Does e-cigarette smoke contain....[RANDOMIZE PRESENTATION]

	1	2	3	4	Don't Know	9
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		Definitely Yes	Probably Yes	Probably Not	Definitely Not		Prefer Not to Answer
E16_1	Nicotine, an addictive substance	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E16_2	Formaldehyde, a chemical used to preserve dead animals?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E16_3	Acrolein, a chemical that is also found in cigarette smoke	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E16_4	Metal Particles	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E16_5	Diacetyl, a chemical that can cause lung damage (or, "popcorn lung").	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

E7. Do you believe **cigarette smoking** is related to...

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

E9. Does cigarette smoke contain....

		1 Definitely Yes	2 Probably Yes	3 Probably Not	4 Definitely Not	Don't Know	9 Prefer Not to Answer
E9_1	Ammonia, a substance found in fertilizer and household cleaners?	<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	Arsenic, a substance found in motor oil?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E9_3	Benzene, a chemical found in gasoline?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E9_4	Beryllium, a substance used in nuclear weapons and nuclear power reactors?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E9_5	Cadmium, a substance found in batteries?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E9_6	Carbon monoxide, a substance found in car exhaust?	<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_7	Formaldehyde, a chemical used to preserve dead animals?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E9_8	Hydrogen cyanide, a substance used to kill insects?	<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_9	Lead, a substance found in bullets?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E9_10	Naphthalene, a chemical found in mothballs?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E9_11	2-Nitropropane, a substance found in paint and ink?	<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_12	Polonium 210, a poison?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E9_13	Uranium, a substance used in nuclear weapons and nuclear power reactors?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E9_14	Nitromethane, a chemical found in rocket fuel?	<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_15	Over 7,000 chemicals?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

Social Norms

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

		0 None	1 One	2 Two	3 Three	4 Four	9 Prefer Not to Answer
E11_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
E11_2.	Smoke menthol cigarettes?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
E11_3.	Use smokeless tobacco?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
E11_4.	Use cigars, cigarillos, or little cigars?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
E11_5.	Use e-cigarettes?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9

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

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

Section F: Media Use and Awareness

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

F1/F2. Thinking only about yesterday, about how much time did you spend...

		At least one minute, but less than 1 hour	1 hour or more, but less than 2 hours	2 hours or more, but less than 3 hours	More than 3 hours	Prefer not to answer
	None					
F2_2. Watching or uploading videos to YouTube?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F1_1. Watching TV shows a TV, a computer or laptop, 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"/> _9
F2_3. Using social networking sites like Twitter, Instagram or Tumblr?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F2_4. Looking at any other type of website for anything besides schoolwork?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F2_5. Video chatting (on Snapchat, FaceTime, GoogleTalk, iChat, etc.)	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F2_6. Text messaging?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F2_10. Playing games on all electronic devices. Include cell phones/smartphones, computers, laptops, tablets, game consoles hooked up to a TV/computer (Xbox, Wii, PSP) and handheld devices (Nintendo DS, Sony PSP, iPod)	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

	None	At least one minute, but less than 1 hour	1 hour or more, but less than 2 hours	2 hours or more, but less than 3 hours	More than 3 hours	Prefer not to answer
F2_12. Looking at or reading any magazines? Do <u>not</u> include time spent reading magazines on a computer, laptop, or tablet.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

F2_13. How often do you go to the movies at a movie theater?

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

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

	Never	Rarely	Sometimes	Often	Very Often	Prefer not to Answer
F2_14. [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F2_15. [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F2_16. [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F2_17. [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F2_18. [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F2_19. [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F2_20. [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F2_21. [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F2_22. [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F2_23. [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F2_24. [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F2_25. [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

F2_26. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_27. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_28. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_29. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_30. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_31. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_32. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F2_33. [insert show name] on [insert network name]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

F2_31. In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you been on [social media property]?

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

F2_32. In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you been on [social media property]?

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

F2_33. In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you been on [social media property]?

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

F2_34. In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you used [social media property]?

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

F2_35. In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you used [gaming properties]?

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

F2_36. In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you used [social media property]?

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

F2_37. In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you used [social media property]?

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

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

F3_3. In the past 3 months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

Digital Youth Against Tobacco (DYAT)

- 1__ Yes
- 2__ No
- 3__ Not Sure



F3_4. In the past 3 months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

The Real Cost

- 1__ Yes
- 2__ No
- 3__ Not Sure



F4_4a. Since [FILL DATE], have you seen or heard the following slogan or theme?

The Real Cost Smokeless Doesn't Mean Harmless

- _1 Yes
- _2 No
- _3 Not Sure



- _9 Prefer not to answer

F3_11. In the past [FILL MONTHS] months,, that is since [FILL DATE], have you seen or heard the following slogan or theme?

Tips from Former Smokers (Tips)

- 1__ Yes
- 2__ No
- 3__ Not Sure



F3_12. In the past [FILL MONTHS] months,, that is since [FILL DATE], have you seen or heard the following slogan or theme?

truth [insert current truth campaign name]

- 1__ Yes
- 2__ No
- 3__ Not Sure



F3_13. In the past [FILL MONTHS] months,, that is since [FILL DATE], have you seen or heard the following slogan or theme?

Fresh Empire

- 1__ Yes
- 2__ No
- 3__ Not Sure



ASK F5_3 IF F3_4=1 or 3, OTHERWISE ASK F7_x.

F5_3. Where have you seen or heard about The Real Cost? Check all that apply.

- | | |
|-----|----|
| 1 | 2 |
| Yes | No |

[RANDOMIZE]

F5_3a. On TV or the Internet/online

F5_3b. On the radio

F5_3c. In magazines

F5_3d. Billboards or other outdoor or mall ads

F5_3e. At the movie theatre

F5_3f. I have not seen or heard about The Real Cost

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

1 2
Yes No

F6_1. Facebook?

F6_2. Twitter?

F6_3. YouTube?

F6_4. Hulu?

F6_5. Instagram

F6_6. Tumblr

F6_7. Pandora or Spotify?

F6_8. In video games?

F7_x. Now we would like to show you some advertisements that have been shown in the U.S. Once you have viewed the video or screenshot, please click on the forward arrow below to continue with the survey.

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

F8_x. Apart from this survey, how frequently have you seen this ad [SCREENSHOT LANGUAGE: these ads] in the past [FILL MONTHS SINCE LAST SURVEY]?

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

LOOP BACK TO ASK ABOUT NEXT AD HERE.

SHOW SCREENGRAB OF AD

F19_x. What is the main message of this ad? Select only one response
 [RANDOMIZE ORDER OF CHECKBOX LIST]

- 1__ Smoking can damage your teeth
- 2__ Smoking can cause wrinkles
- 3__ Cigarettes are addictive
- 4__ Cigarettes can control your life
- 8__ Being with friends is more important than smoking
- 9__ This generation of teens can play a big role in stopping smoking
- 10__ If you smoke you lose your freedom
- 11__ There are toxic chemicals in cigarette smoke
- 13__ You don't need a good reason not to smoke
- 14. Nicotine can reprogram your brain until it's hard to think about anything but your next cigarette.
- 15. Cigarettes may leave you with stained teeth, gum disease and more.
- 16. Smoking as a teen can permanently stunt your lungs.
- 99__ I am not sure

F11_x. Please tell us if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements.

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

F14. Did you talk to anyone about any of these ads?

- ₁ Yes
₂ No
₉ Prefer not to answer

[IF F14=1, ASK F15]

F15. When you talked about the ads, did you talk about any of the following topics?

- 1 2
Yes No

[RANDOMIZE]

F15_1. These ads were good

F15_2. These ads were NOT good

F15_3. I should not smoke

F15_4. The person I was talking to or someone else I know should not smoke

F15_5. Other, specify _____

F16. Do your parents have rules about how much time you can spend using media, such as TV, computer, video games, cell phones, and music?

- ₁ Yes, my parents have lots of rules about it.
- ₂ Yes, my parents have a few rules about it.
- ₃ No, my parents don't have any rules about it.
- ₉ Prefer not to answer

F17. Do your parents have rules about what you are allowed to do on the computer, which video games you are allowed to play, or what music you're allowed to listen to?

- ₁ Yes, my parents have lots of rules about it.
- ₂ Yes, my parents have a few rules about it.
- ₃ No, my parents don't have any rules about it.
- ₉ Prefer not to answer

F18. In general, how often do your parents 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 parents don't have rules about using media
- ₉ Prefer not to answer

F19. How often do your parents let you watch movies or videos that are rated R?

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

Section G: Environment

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

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

- ₁ cigarettes
- ₂ smokeless tobacco, such as chewing tobacco, snuff, snus (rhymes with goose) or dip, such as Copenhagen, Skoal, Grizzly, Kodiak, and Red Seal
- ₃ cigars, cigarillos, or little cigars such as Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's
- ₄ tobacco out of a water pipe (also called "hookah")
- ₅ electronic cigarettes, such as blu, NJOY, Mystic, 21st Century Smoke
- ₆ any other form of tobacco
- ₇ No, no one who lives with me has used any form of tobacco during the past 30 days
- ₉ Prefer not to answer

G2. Do you have any brother(s) and/or sister(s) who have 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. 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. 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. I feel close to people at my school. Would you say you...

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

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

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

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

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

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

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

G9. How many close friends do you have? (Close friends include people whom you feel at ease with, can talk to about private matters, and can call on for help.)

- _____ MIN 0 MAX 7
- ₉ Prefer not to answer

G10. How often do you attend church or religious services? Would you say...

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

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

G11. I would like to explore strange places. Would you say you...

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

G12. I like to do frightening things. Would you say you...

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

G13. I like new and exciting experiences, even if I have to break the rules. Would you say you...

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

G14. I prefer friends who are exciting and unpredictable. Would you say you...

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

G15. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

_____ Number of days

- ₂ None
- ₃ Don't know
- ₉ Prefer not to answer

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

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

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

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

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

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

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

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

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

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

- _____ MIN 0 MAX 7
- ₉ Prefer not to answer

Thank you for taking time to complete this survey.

OMB No: 0910-0753

Expiration Date: XX/XX/XXXX

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