

ATTACHMENT 2: LGBT YOUNG ADULT FOLLOW-UP INSTRUMENT

Research and Evaluation Survey for the Public Education Campaign on Tobacco among Lesbian Gay Bisexual Transgender (LGBT) (RESPECT)

Programming conventions and specifications notes

- Abbreviations used include 'R' for 'respondent' and 'PNTA' for 'prefer not to answer.'
- Prefer Not To Answer/Don't Know/Refused/None of these are not allowed in combination with other responses.
- Variable names and section headings are not displayed on screen.
- Response options should not be labeled with numbers.
- A back button will not be offered to respondents.
- Bolding conveys emphasis while capital letters convey instructions for programmers or interviewers.
- Questionnaire will include a progress bar.
- All items are required.
- "Next" buttons will be displayed on every survey screen as appropriate.
- All images should be arranged in such a way that focus on usability and layout. Images should be aligned and of similar sizes as one another.

PROGRAMMER: Insert Longitudinal Screener Informed Consent (Attachment 14)

PROGRAMMER: Insert Longitudinal Screener (Attachment 13)

PROGRAMMER: Insert Cross-sectional Survey Informed Consent (Attachment 6a)

PROGRAMMER: Insert Longitudinal Survey Informed Consent (Attachment 6b)

Y_video Please try to view this video to make sure you can see it.

PROGRAMMER: DISPLAY OCEAN VIDEO

ASK: All respondents

Y_video1 Are you able to view this video?

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

PROGRAMMER: IF Y_video1=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 the respondent answers 'No' the instrument should resume at this screen.

ASK: All respondents

A3. [IF LONGITUDINAL (LC_W3 NE 1) AND LONGITUDINAL NR (LI_W3 NE 1)]

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**.

PROGRAMMER: PREFER NOT TO ANSWER SHOULD NOT BE COMBINABLE WITH OTHER RESPONSE OPTIONS

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

ASK: All new cohort respondents

A4. Which best describes your current job or paid employment status?

- 1 Work full-time at least 35 hours per week
- 2 Work part-time 15 to 34 hours per week
- 3 Work part-time less than 15 hours per week
- 4 I don't currently work for pay
- 5 Don't know
- 9 Prefer not to answer

ASK: All respondents

A5. What is the highest grade or level of school you have completed?

- 1 Less than high school
- 2 Some high school, no diploma
- 3 GED
- 4 High school graduate—diploma
- 5 Some college but no degree
- 6 Associate degree—occupational/vocational
- 7 Associate degree—academic program
- 8 Bachelor's degree (ex: BA, AB, BS)
- 9 Master's degree (ex: MA, MS, MEng, Med, MSW)
- 10 Professional school degree (ex: MD, DDS, DVM, JD)
- 11 Doctorate degree (ex: PhD, EdD)
- 12 Don't know
- 99 Prefer not to answer

ASK: All respondents

A6. Are you currently enrolled in a degree program?

- 1 Yes
- 2 No
- 3 Don't know
- 9 Prefer not to answer

ASK: All respondents

A7. Which of the following categories best describes your total household income in the past 12 months?

This is the total income before taxes of all persons in your household combined. Please include money from jobs, relatives, pensions, dividends, interest, social security payments or retirement benefits, net income from business, farm or rent, and any other money received by household members.

- 1 Less than \$10,000
- 2 \$10,000 to \$14,999
- 3 \$15,000 to \$24,999
- 4 \$25,000 to \$34,999
- 5 \$35,000 to \$49,999
- 6 \$50,000 to \$74,999
- 7 \$75,000 to \$99,999
- 8 \$100,000 to \$149,999
- 9 \$150,000 to \$199,999
- 10 \$200,000 or more
- 11 Don't know
- 99 Prefer not to answer

ASK: All respondents

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 - GO TO B9
- 9 Prefer not to answer

ASK: All respondents

B2. [IF B1=1 or 9]

During the past 30 days, on how many days did you smoke cigarettes? Enter 99 if you prefer not to answer.

|_| days [RANGE: 0-30, 99]

ASK: Respondents who have ever smoked cigarettes or preferred not to answer whether they smoked cigarettes

B3. [IF B2=1 to 30]

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

- 1 Fewer than 5 cigarettes
- 2 5-9 cigarettes
- 3 10 cigarettes (1/2 a pack)
- 4 11-19 cigarettes (more than 1/2 pack but less than 1 pack)
- 5 20 cigarettes (1 pack)
- 6 30 cigarettes (1 ½ packs)
- 7 40 cigarettes (2 packs)
- 8 More than 40 cigarettes (more than 2 packs)
- 9 Prefer not to answer

ASK: Respondents who smoked between 1 and 30 days in the past 30 days

B4. [IF B2=1 to 30]

On the days that you smoke, how soon after you wake up do you have your first cigarette? Would you say...

- 1 Within 5 minutes
- 2 6-30 minutes
- 3 31-60 minutes
- 4 After 60 minutes
- 9 Prefer not to answer

ASK: Respondents who smoked between 1 and 30 days in the past 30 days

B5. [IF B2=1 to 30]

Do you consider yourself a smoker?

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

ASK: Respondents who smoked between 1 and 30 days in the past 30 days

B6. [IF B2=1 to 30]

Do you consider yourself a social smoker?

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

ASK: Respondents who smoked between 1 and 30 days in the past 30 days

B7. [IF B1=1]

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

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

ASK: Respondents who have ever smoked a cigarette

B8. [IF B1=1 AND B2=0 OR 99]

About how long has it been since you last smoked cigarettes?

- 1 More than 30 days ago but within the past 3 months
- 2 More than 3 months ago but within the past 12 months
- 3 More than 12 months ago but within the past 3 years
- 4 More than 3 years ago
- 9 Prefer not to answer

ASK: Respondents who have ever smoked but have not smoked in the past 30 days or refuse to answer whether they have smoked in the past 30 days

- B9.** Have you ever used smokeless tobacco, such as chewing tobacco, snuff, snus (rhymes with goose) or dip, such as Copenhagen, Skoal, Grizzly, Kodiak, and Red Seal even just a small amount?



- 1 Yes
- 2 No - GO TO B11
- 9 Prefer not to answer - GO TO B11

ASK: All respondents

- B10.** [IF B9=1]

During the past 30 days, on how many days did you use chewing tobacco, snuff, snus or dip?

- 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

ASK: Respondents who report ever having used chewing tobacco

B11. Have you ever smoked cigars, cigarillos, or little cigars such as Swisher Sweets, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's, even one or two puffs?



- 1 Yes
- 2 No - GO TO B13
- 9 Prefer not to answer - GO TO B13

ASK: All respondents

B12. [IF B11=1]

During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars such as Swisher Sweets, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's?

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

ASK: Respondents who report ever smoking cigars

B13. Have you ever tried smoking tobacco out of a water pipe (also called "hookah")?



- 1 Yes
- 2 No - GO TO B15
- 9 Prefer not to answer - GO TO B15

ASK: All respondents

B14. [IF B13=1]

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

ASK: Respondents who have ever used a hookah

B15. These are examples of electronic nicotine products: e-cigarettes, e-cigars, e-hookahs, epipes, vape pens, hookah pens, mods, and personal vaporizers. These products are battery-powered, usually use nicotine fluid, and produce vapor instead of smoke. Some common brands include Fin, NJOY, Blu, e-Go and Vuse. Have you ever tried these products, even once or twice?



- 1 Yes
- 2 No - GO TO B17
- 9 Prefer not to answer - GO TO B17

ASK: All respondents

B16. [IF B15=1]

During the past 30 days, on how many days did you use electronic nicotine products, such as “e-cigarettes”, “e-cigs”, “vapor pens”, or “e-hookahs”?

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

ASK: Respondents who report ever using electronic nicotine products

B17. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

- 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

ASK: All respondents

BBKO. Your opinions are vital to this study. Thank you for sharing your responses. Click the forward arrow to go on to the next question.

ASK: All respondents

Section C: Tobacco Use Intentions and Self-Efficacy**C1.** [IF B1=2 OR B2= 0]

Thinking about the future...

		Definitel y Yes	Probabl y Yes	Probabl y Not	Definitel y Not	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_3	If one of your best friends were to offer you a cigarette , would you smoke it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9

ASK: Respondents who have either not ever smoked or have not smoked in the past 30 days.

C2. How sure are you that, if you really wanted to, **you could avoid smoking cigarettes** if...

PROGRAMMER: RANDOMIZE C2_1-C2_5

		Not at all sure	Slightly sure	Somewhat sure	Mostly sure	Completely sure	Prefer not to answer
C2_1	You are at a party, bar or club?	<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	You are in a place 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_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
C2_4	Someone you want to get to 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
C2_5	Someone offers it to take a break?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

ASK: All respondents

Section D: Cessation (Intention, Behavior, Motivation)

Cigarette Use

D1. [IF B2=1-30]

How much do you want to stop smoking for good? Would you say...?

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

ASK: Respondents who have smoked between 1 and 30 days in the past 30 days.

D2. [IF B2=1-30]

How much do you think your health would improve if you were to stop smoking for good?

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

ASK: Respondents who have smoked between 1 and 30 days in the past 30.

D3. [IF B2=1-30]

How worried are you that smoking will damage your health in the future?

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

ASK: Respondents who have smoked between 1 and 30 days in the past 30.

D4. [IF B2=1-30]

How worried are you that smoking will damage your physical appearance or attractiveness?

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

ASK: Respondents who have smoked between 1 and 30 days in the past 30.

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

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

Attitude

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

PROGRAMMER: RANDOMIZE ALL ROWS

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer not to answer
E1_1.	People who are tobacco-free are confident .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E1_2.	People who are tobacco-free are trendsetting .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E1_3.	People who are tobacco-free are happy .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E1_4.	People who are tobacco-free are judgmental .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E1_5.	People who are tobacco-free are attractive .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E1_6.	People who are tobacco-free are basic .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E1_7.	People who are tobacco-free are boring .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E1_8.	People who are tobacco-free are predictable .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

ASK: All respondents

E2. Smoking cigarettes is...

[RANDOMIZE E2_1-E2_2]

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

PROGRAMMER: DETERMINE HOW TO HAVE AN OVERT PREFER NOT TO ANSWER OPTION

ASK: All respondents

E3A. [IF B1= 2 OR B2= 0 AND B9=2 OR B10= 1 AND B11= 2 OR B12= 1 AND B13= 2 OR B14= 1 AND B15= 2 OR B16= 1]

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

PROGRAMMER: RANDOMIZE E3A_1- E3A_5

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer not to answer
E3A_1.	I am proud to live tobacco-free.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3A_2.	Living tobacco-free is important to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3A_3.	Tobacco use is harmful to the LGBT community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3A_4.	Being tobacco free when I go out makes me feel excluded.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3A_5.	Using tobacco makes life harder.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

ASK: Any respondents who have either never used any of the tobacco products in Section B or have not used any of them in the past 30 days.

E3B. [IF B2 NE 0 OR B10 NE 1 OR B12 NE 1 OR B14 NE 1 OR B16 NE 1]

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

PROGRAMMER: RANDOMIZE E3B_1-E3B_7

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer not to answer
E3B_1	I would be 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
E3B_2	Living tobacco-free is important to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3B_3	If I lived tobacco-free I would be proud to tell other people.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3B_4	Using tobacco interferes with 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
E3B_5	Tobacco use is harmful to the LGBT community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E3B_6	If I was tobacco free I would feel excluded when I go 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
E3B_7	Using tobacco makes life harder.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

ASK: Respondents who have used any type of tobacco in the past 30 days

E4. How much do you agree or disagree with the following statements? If I smoke cigarettes every day, I will...

PROGRAMMER: RANDOMIZE ROWS

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer not to answer
E4_1	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
E4_2	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
E4_3	Damage my immune system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E4_4	Turn off potential partners	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E4_5	Damage 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
E4_6	Damage my skin	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E4_7	Develop 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

ASK: Respondents who have used any type of tobacco in the past 30 days

Social Norms**E5. How many of your four closest friends...**

		None	One	Two	Three	Four	Prefer not to answer
E5_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
E5_4.	Smoke cigars, cigarillos, or little cigars? 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
E5_2.	Use a hookah or water pipe to smoke 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
E5_3.	Use electronic nicotine products such as "e-cigarettes", "e-cigs", "vapor pens", or "e-hookahs"? Common brands are Blu, Njoy, Logic, Fin, Swisher, 21st Century Smoke, Vuse, Markten, V2 Cigs, Nicotek or Vapin Plus.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9

ASK: All respondents

E6. How many LGBT people who are your age...

		None	A few	Some	Most	All	Prefer not to answer
E6_1.	Smoke cigarettes?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
E6_4.	Smoke cigars, cigarillos, or little cigars? Common brands are Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
E6_2.	Use a hookah or water pipe to smoke 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
E6_3.	Use electronic nicotine products such as "e-cigarettes", "e-cigs", "vapor pens", or "e-hookahs"? Common brands are Blu, Njoy, Logic, Fin, Swisher, 21st Century Smoke, Vuse, Markten, V2 Cigs, Nicotek or Vapin Plus.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9

ASK: All respondents

E7. How do LGBT people your age feel about cigarette smoking? Would you say most LGBT people your age...

- 1 Strongly disapprove
- 2 Somewhat disapprove
- 3 Neither approve nor disapprove
- 4 Somewhat approve
- 5 Strongly approve
- 9 Prefer not to answer

ASK: All respondents

E8. Compared to 3 months ago, **people my age at LGBT bars, clubs and events** are smoking...

- 1 More often
- 2 Less often
- 3 About the same
- 4 Not sure
- 9 Prefer not to answer

ASK: All respondents

EBKO. Thank you for thinking so carefully about your responses so far. Click the forward arrow to move on.

ASK: All respondents

Perceived Approval

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

PROGRAMMER: RANDOMIZE E9_1-E9_3

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer not to answer
E9_1.	According to my friends , it is very important for me to not smoke cigarettes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E9_2.	According to most people who hang out where I hang out , it is very important for me to not smoke cigarettes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E9_3.	According to people my age in LGBT communities it is very important for me to not smoke cigarettes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

ASK: All respondents

E10. How much do you agree or disagree with the following statements? **If I only smoke cigarettes on some days (for example, smoking only when I go out), I will...**

PROGRAMMER: RANDOMIZE ROWS IN TABLE

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer not to answer
E10_1	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
E10_2	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
E10_3	Damage my immune system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E10_4	Turn off potential partners	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E10_5	Damage 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
E10_6	Damage my skin	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E10_7	Develop 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

ASK: All respondents

Approval of Smoking

E11. This next set of questions asks about how willing or unwilling you are to do things with people who smoke cigarettes. Would you:

		Definitel y Yes	Probabl y Yes	Probabl y Not	Definitel y Not	Prefer not to answer
E11_1	Go to a bar, club, 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
E11_2	Hang out with someone who smokes cigarettes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
E11_3	Dance 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
E11_4	Kiss someone who smokes cigarettes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
E11_5	Date someone who smokes cigarettes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9

ASK: All respondents

E12. How much do you agree or disagree with the following statements **about smoking cigarettes?**

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer not to answer
E12_1.	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
E12_2.	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
E12_3.	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
E12_4	Cigarette ingredients are harmful.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E12_5	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
E12_6.	Smoking is a way to show my identity 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
E12_7.	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
E12_8.	Smoking can cause damage to nearly every part of your 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
E12_9.	Smoking weakens your immune system.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
E12_10.	Please select the option labeled '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

ASK: All respondents

Section F: Media Use and Awareness

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

How often do you...

	Several times a day	About Once a Day	3-5 days a week	1-2 days a week	Every few weeks	Less often	Never	Prefer not to answer
F1_1. Watch TV shows or movies on any platform including a TV set, a computer, laptop or tablet, a smartphone or an iPod or MP3 player?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
F1_2. Watch videos on YouTube?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
F1_3. Listen to streaming radio?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9

ASK: All respondents

F2. Thinking about the social media sites you use, about how often do you visit or use ...

[RANDOMIZE ALL]

	Severa l times a day	About Once a Day	3-5 days a week	1-2 days a week	Every few weeks	Less often	Neve r	Prefer not to answe r
F2_1. 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
F2_2. Instagram	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
F2_3. Twitter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
F2_4. Tumblr	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
F2_5. Snapchat	<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

ASK: All respondents

F3. Think about the following websites. About how often do 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
F3_1. Queerty http://www.queerty.com/	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
F3_2. Logo TV http://www.logotv.com/	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
F3_4. Autostraddle http://www.autostraddle.com/	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
F3_5. After Ellen http://www.afterellen.com/	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
F3_7. GayCities.com http://www.gaycities.com/	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9

ASK: All respondents

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

ASK: All respondents

F5. In the past 30 days, on how many days did you go to an LGBT party, night, bar, club, or event?

- 1 0 days
- 2 1-3 days
- 3 4-6 days
- 4 7 or more days
- 5 Don't remember how many days
- 9 Prefer not to answer

ASK: All respondents

F6. How many LGBT celebrities, athletes, musicians, or artists do you follow on social media (e.g., [IF Z3= 2 OR 4 AND Z6= 1 OR 3; IF A3= 2 OR 4 AND A6= 1 OR 3 THEN FILL "Ingrid Nilsen, Tegan & Sara, Ruby Rose, Angel Haze"]

IF Z3= 1 OR 3 AND Z5= 1 OR 3; IF A3= 1 OR 3 AND A5= 1 OR 3; THEN FILL Adore Delano, Bretman Rock, Colton Hayes, Tom Daley

ELSE FILL "Laverne Cox, Ingrid Nilsen, Tom Daley, Adore Delano"]

- 1 0
- 2 1-2
- 3 3-4
- 4 5 or more
- 9 Prefer not to answer

ASK: All respondents

Brand Awareness

F7. 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.

F7_2. In the past 3 months, that is since [FILL DATE], have you seen or heard the following brand?

The Real Cost



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

ASK: All respondents

DISPLAY: FILL DATE will calculate the date 3 months prior to the current date.

F7_3. In the past 3 months, that is since [FILL DATE], have you seen or heard the following brand?

This Free Life



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

ASK: All respondents

DISPLAY: FILL DATE will calculate the date 3 months prior to the current date.

F7_5. In the past 3 months, that is since [FILL DATE], have you seen or heard the following brand?

Digital Young Adults Against Tobacco



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

ASK: All respondents

DISPLAY: FILL DATE will calculate the date 3 months prior to the current date.

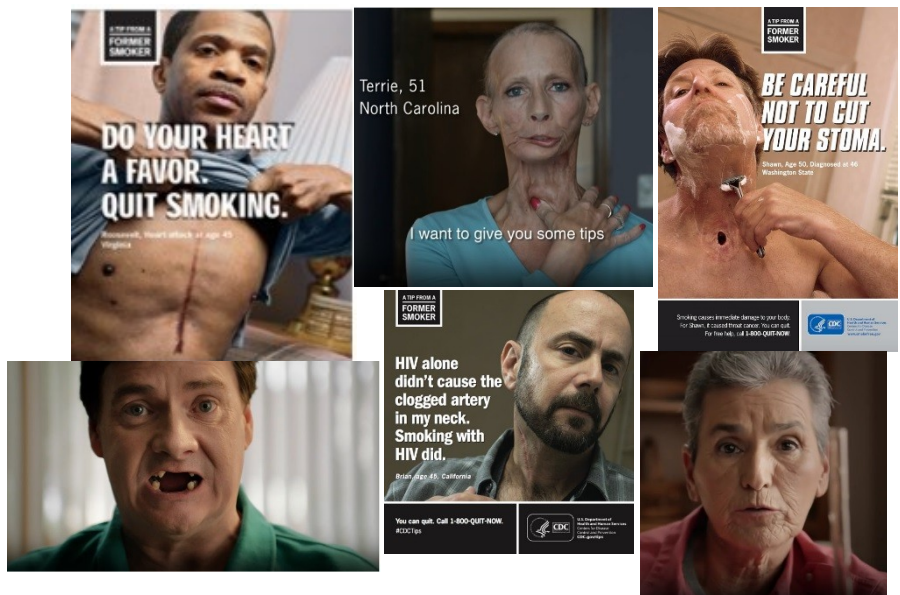
Ad Awareness Other TC Campaigns (To Use As Controls)

F8. The next set of questions asks whether or not you've seen any of the following ads.

ASK: All respondents

PROGRAMMER: RANDOMIZE F8_1-F8_3

F8_1. In the past 3 months, that is since [FILL DATE], have you seen a *Tips from Former Smokers (Tips)* ad? Examples of some *Tips from Former Smokers* ads are shown below.



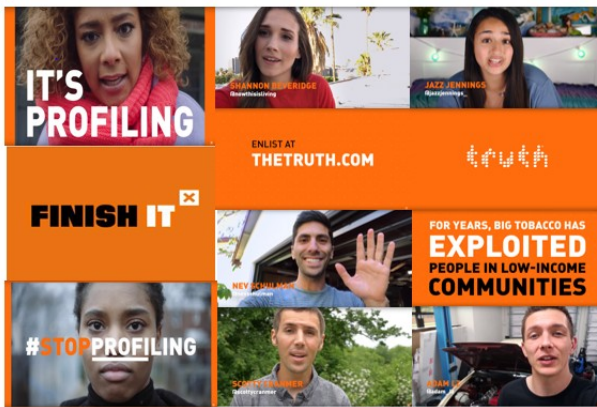
- 1 Yes
- 2 No
- 3 Not Sure
- 9 Prefer not to answer

ASK: All respondents

DISPLAY: FILL DATE will calculate the date 3 months prior to the current date.

F8_2. In the past 3 months, that is since [FILL DATE], have you seen a *truth*® campaign ad? Examples of some *truth*® campaign ads are shown below.





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

ASK: All respondents

DISPLAY: FILL DATE will calculate the date 3 months prior to the current date.

F8_3. In the past 3 months, that is since [FILL DATE], have you seen a *The Real Cost* campaign ad? Examples of some *The Real Cost* campaign ads are shown below.



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

ASK: All respondents

DISPLAY: FILL DATE will calculate the date 3 months prior to the current date.

Channels of This Free Life Awareness

F9. [IF F7_3= 1 or 3]

Where have you seen or heard about This Free Life? Check all that apply.

PROGRAMMER: RANDOMIZE RESPONSE OPTIONS. KEEP 'OTHER' AND 'PNTA' AT THE END

- F9_1 On TV
- F9_2 On the Internet or anywhere online
- F9_3 Outdoor ads like billboards, bus shelters, subways, or posters at bars or nightclubs

- F9_4 At a bar, nightclub, or other event (e.g. Pride festival)
- F9_5 LGBT nightlife magazine or bar photo book (Boi Magazine, Gay City News, LGBT Weekly, etc.)
- F9_6 National LGBT magazines (e.g., OUT Magazine, Curve, FTM Magazine)
- F9_7 Some other place (please specify _____)
- F9_9 Prefer not to answer

ASK: Respondents who have heard of This Free Life or are not sure

F10. [IF F7_3= 1 or 3]

This Free Life is online. In the past 3 months, have you seen This Free Life on... Check all that apply

[RANDOMIZE; ALL APPEAR ON SCREEN AT ONCE]



- F10_1 Twitter?
- F10_2 Instagram?
- F10_3 Facebook?
- F10_4 YouTube?
- F10_5 Pandora?
- F10_6 Tumblr?
- F10_7 LGBT websites (e.g., Autostraddle, After Ellen, Queerty, Gay Cities, etc.)?
- F10_8 Other websites with LGBT content (e.g., BuzzFeed)?
- F10_10 Other (please specify _____)?
- F10_11 I have not seen This Free Life online
- F10_99 Prefer not to answer

ASK: All respondents

F10b. [IF ANY RESPONSES TO F10_1 to F10_10 ARE YES] Have you 'liked', shared, or

commented on any social media posts about This Free Life?

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

ASK: Respondents who have seen This Free Life on social media in F10

F10c. [IF F7_3= 1 or 3] Do you know or know of anyone who is part of This Free Life?

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

ASK: Respondents who have heard of This Free Life or are not sure

Events Awareness, Channel of Awareness

F11_1. In the past 3 months, that is since [FILL DATE], have you seen This Free Life at an event, club concert, or nightclub??



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

ASK: All respondents

DISPLAY: FILL DATE will calculate the date 3 months prior to the current date.

F13_3. [IF F34_1=1 OR 3 OR 9] Did you talk to anyone from This Free Life at the event?

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

ASK: Respondents who have either seen This Free Life at an event or preferred not to answer

F15. [IF F34_1=1 OR 3 OR 9] 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
F15_7.	I would go to another This Free Life event in the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F15_8.	The event was fun	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

ASK: Respondents who have either attended a This Free Life event or preferred not to answer

Video Awareness

F11_2. In the past 3 months, that is since [FILL DATE], have you seen a This Free Life video online?



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

ASK: All respondents

DISPLAY: FILL DATE will calculate the date 3 months prior to the current date.

F18a_2. To show us that you are paying attention, please select Never as your response to this item.

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

ASK: All respondents

F17. Now we would like to show you some videos that have been shown in the U.S. Once you have viewed the video, please click on the forward arrow below to continue with the survey.

NEXT

ASK: All respondents

PROGRAMMER: RANDOMIZE BLOCKS OF QUESTIONS ABOUT EACH VIDEO (F18_1 - F23_1_h) AND [(F18_2 - F23_2_h)]. ALL RESPONDENTS RECEIVE ALL QUESTIONS.

F18_1. PROGRAMMER: DISPLAY OUR STORY VIDEO

Apart from this survey, how frequently have you seen this video in the past 3 months, that is since [FILL DATE]?

PROGRAMMER: ALLOW ANSWER TO BE MADE ONLY AFTER VIDEO PLAYS FOR 15 SECONDS.

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

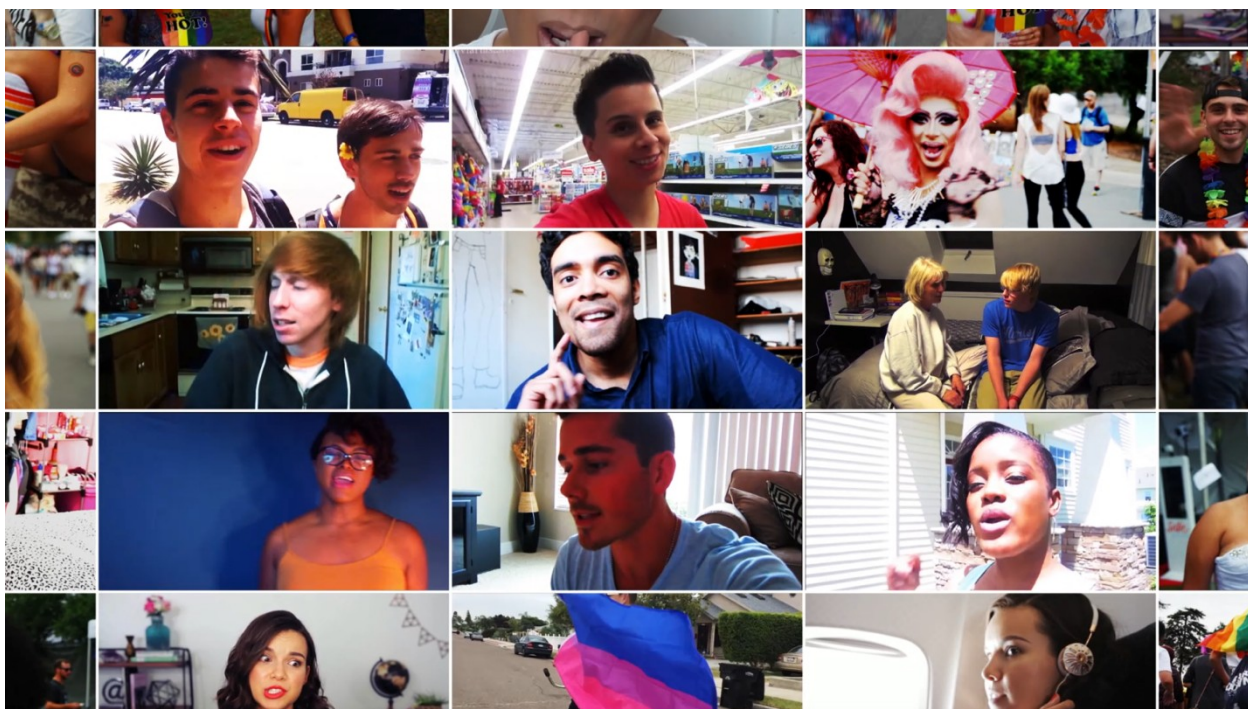
ASK: All respondents

DISPLAY: FILL DATE will calculate the date 3 months prior to the current date.

Reactions to Videos

F19_1. What is the main message of this video?

PROGRAMMER: RANDOMIZE RESPONSE OPTIONS KEEPING NOT SURE AND PNTA LAST



- 1 Many LGBT lives are cut short by tobacco each year
- 2 Tobacco gets in the way of your health and happiness
- 3 Many LGBT people are proud to live tobacco free
- 4 Life is better when you're tobacco free
- 5 You don't need tobacco to express who you are
- 6 Smoking tobacco puts poisons into your body
- 98 Not sure
- 99 Prefer not to answer

ASK: All respondents

F21_1. How much do you agree or disagree with the following statements?

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
F21_1_a	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"/> 6
F21_1_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"/> 6
F21_1_c	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"/> 6
F21_1_d	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"/> 6
F21_1_e	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"/> 6
F21_1_f	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"/> 6
F21_1_g	This video is terrible	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
F21_1_h	This video told me things I never knew before about tobacco	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
F1_1_i	This video gave me good reasons not to 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"/> 6
F21_1_j	This video gave me good reasons not to use tobacco	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

ASK: All respondents

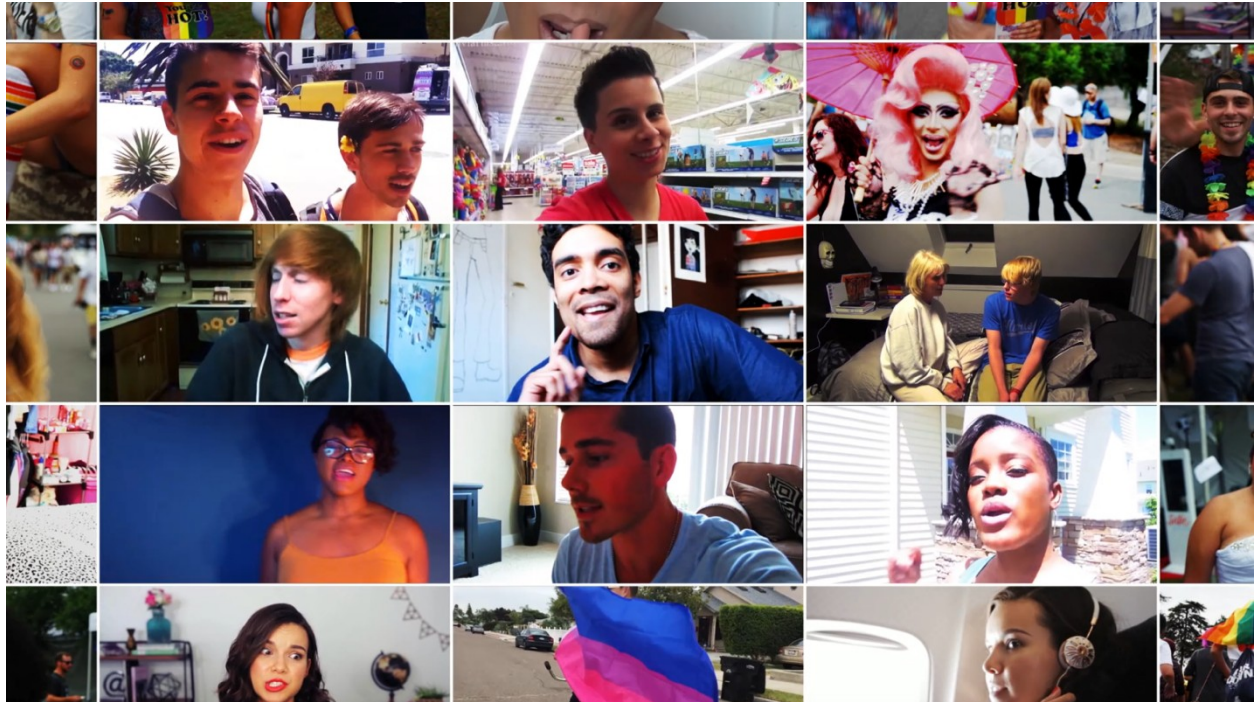
F32_1. [IF F18_1=2 - 5] Have you 'liked', shared, or commented on any social media posts about this video?



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

ASK: All respondents

F23_1 On scale of 1 to 5, where 1 means “not at all” and 5 means “very”, please indicate how much this video made you feel...



	1 Not at all	2	3	4	5 Very	Prefer not to answer
F23_1_a. Afraid	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_1_b. Irritated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_1_c. Understood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_1_d. Uneasy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_1_e. Happy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_1_f. Accepted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_1_g. Inspired	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_1_h. Confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

ASK: All respondents

F18_2. PROGRAMMER: DISPLAY FLAWLESS VIDEO

Apart from this survey, how frequently have you seen this video in the past 3 months, that is since [FILL DATE]?

PROGRAMMER: ALLOW ANSWER TO BE MADE ONLY AFTER VIDEO PLAYS FOR 15 SECONDS.

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

ASK: All respondents

DISPLAY: FILL DATE will calculate the date 3 months prior to the current date.

Reactions to Videos

F19_2. What is the main message of this video?



PROGRAMMER: RANDOMIZE ORDER OF RESPONSE OPTIONS NOT SURE AND PNTA LAST

- 1 Smoking can hurt nearly every part of you
- 2 Smoking tobacco messes with your appearance
- 3 Tobacco gets in the way of your health and happiness
- 4 You don't need tobacco to express who you are

- 5 Many LGBT lives are cut short by tobacco each year
- 6 Carbon monoxide is a chemical found in both cigarette smoke and car exhaust

98 Not sure

99 Prefer not to answer

ASK: All respondents

F21_2. How much do you agree or disagree with the following statements?



		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
F21_2_a	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
F21_2_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
F21_2_c	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
F21_2_d	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
F21_2_e	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
F21_2_f	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
F21_2_g	This video is terrible	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F21_2_h	This video told me things I never knew before about tobacco	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F21_2_i	This video gave me good reasons not to 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
F21_2_j	This video gave me good reasons not to use tobacco	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

ASK: All respondents



F32_2. [IF F18_2=2-5] Have you 'liked', shared, or commented on any social media posts about this video?

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

ASK: All respondents



F23_2. On scale of 1 to 5, where 1 means “not at all” and 5 means “very”, please indicate how much this video made you feel...

	1 Not at all	2	3	4	5 Very	Prefer not to answer
F23_2_a. Afraid	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_2_b. Irritated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_2_c. Understood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_2_d. Uneasy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_2_e. Happy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_2_f. Accepted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_2_g. Inspired	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

F23_2_h. Confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
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ASK: All respondents

F18_3. [DISPLAY TIP THE SCALE VIDEO] Apart from this survey, how frequently have you seen this video in the past 3 months, that is since [FILL DATE]?

[SHOW FEMALE VIDEO IF Z3= 2 OR 4 AND Z6= 1 OR 3; IF A3= 2 OR 4 AND A6= 1 OR 3; ELSE RANDOMLY ASSIGN TO SEE EITHER MALE OR FEMALE VIDEO]

[SHOW MALE VIDEO IF Z3= 1 OR 3 AND Z5= 1 OR 3 ; IF A3= 1 OR 3 AND A5= 1 OR 3; ELSE RANDOMLY ASSIGN TO SEE EITHER MALE OR FEMALE VIDEO]

PROGRAMMER: ALLOW ANSWER TO BE MADE ONLY AFTER VIDEO PLAY FOR 15 SECONDS.

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

ASK: All respondents. Respondents who identify as male will see the video featuring male characters while respondents who identify as female will see the video featuring female characters. Sexual minorities will be randomized to either version of the video.

DISPLAY: FILL DATE will calculate the date 3 months prior to the current date.

REACTIONS TO VIDEOS

F19_3. What is the main message of this video?



[RANDOMIZE ORDER OF CHECKBOX LIST KEEPING NOT SURE AND PNTA LAST]

1. Many LGBT lives are cut short by tobacco each year
2. Tobacco gets in the way of your health and happiness
3. Smoking tobacco can make you smell bad
4. Life is better when you're tobacco-free
5. You don't need tobacco to express who you are
6. Smoking tobacco puts poisons in your body
7. Many LGBT people are proud to live tobacco free

- 98 Not sure
- 99 Prefer not to answer

F21_3. How much do you agree or disagree with the following statements?



		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
F21_3_a.	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
F21_3_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
F21_3_c.	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
F21_3_d.	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
F21_3_e.	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
F21_3_f.	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
F21_3_g.	This video is terrible	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
F21_3_h.	This video told me things I never knew before about tobacco	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
F21_3_i	This video gave me good reasons NOT to 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
F21_3_j.	This video gave me good reasons NOT to use tobacco	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉

ASK: All respondents



F32_3. [IF F18_3=2-5] Have you 'liked', shared, or commented on any social media posts about this video?

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

ASK: All respondents



F23_3. On scale of 1 to 5, where 1 means “not at all” and 5 means “very”, please indicate how much this video made you feel...

	1 Not at all	2	3	4	5 Very	Prefer not to answer
F23_3_a. Afraid	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_3_b. Irritated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_3_c. Understood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_3_d. Uneasy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_3_e. Happy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_3_f. Accepted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_3_g. Inspired	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F23_3_h. Confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

ASK: All respondents

OTHER CONTENT AWARENESS

F33. Now we would like to show you some digital content you may have seen online.

DISPLAY NEON SIGNS BRAND CONTENT - OTHER CONTENT 1



Apart from this survey, how frequently have you seen ads with similar content in the past 3 months, that is since [FILL DATE]?

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

ASK: All respondents

DISPLAY: FILL DATE will calculate the date 3 months prior to the current date.

DISPLAY DIGITAL MASHUP VIDEO]

F33b. PROGRAMMER: DISPLAY THESE NIGHTS VIDEO

Apart from this survey, how frequently have you seen ads with similar content in the past 3 months, that is since [FILL DATE]?

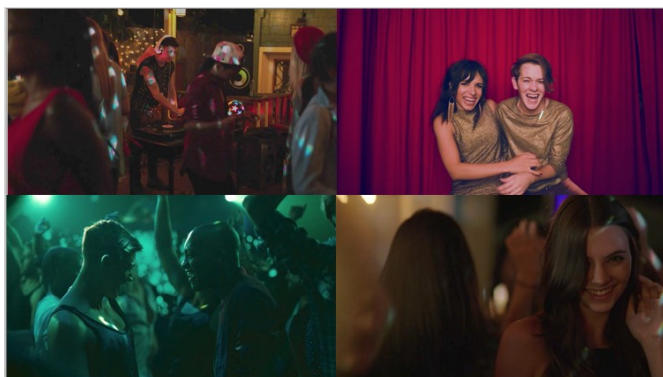
- 1 Never

- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very Often
- 9 Prefer not to answer

ASK: All respondents

DISPLAY: FILL DATE will calculate the date 3 months prior to the current date.

F33c.



[IF F33b=2-5] Have you 'liked', shared, or commented on any social media posts about this video?

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

ASK: All respondents

Brand Equity

F29. [IF F7_3 = 1 OR 3 OR 9]

How much do you agree or disagree with the following statements about This Free Life?

[RANDOMIZE F29_1- F29_3]

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
F29_1	I want to help promote This Free 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
F29_2	I'd defend This Free Life if someone was making fun of 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
F29_3	I'd wear a This Free Life 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

ASK: Respondents who have heard of This Free Life, or those who are not sure or who preferred not to answer

PROGRAMMER: RANDOMIZE ITEMS BELOW WITH F29_5/ F29_6 ASKED TOGETHER IN THAT ORDER

F29_4.	I talk to my friends about This Free 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
F29_5.	If I had the chance, I would tell people I know to watch This Free Life videos	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F29_6.	If I had the chance, I would tell people I know to check out This Free Life at events	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F29_7.	If I see anything from This Free Life, 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

ASK: Respondents who have heard of This Free Life, or those who are not sure or who preferred not to answer

PROGRAMMER: RANDOMIZE ITEMS BELOW WITH F29_10/ F29_11 AND F29_12/ F29_13
 ASKED TOGETHER IN THAT ORDER

F29_8.	This Free Life 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
F29_9.	People are talking about This Free 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
F29_10 .	This Free Life videos are 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
F29_11 .	Checking out This Free Life at events is becoming more popular with the people who hang out where I hang out	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F29_12 .	This Free Life videos are for 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
F29_13 .	This Free Life events are for 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

ASK: Respondents who have heard of This Free Life, or those who are not sure or who preferred not to answer

F30. [IF F7_3 = 1 OR 3 OR 9]

To what extent do you agree that each of the traits or statements listed below describe This Free Life?

PROGRAMMER: RANDOMIZE RESPONSE OPTIONS

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
F30_1.	Trendsetting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F30_2.	Motivating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F30_3.	Confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F30_4.	Outgoing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F30_5.	Hosts the best parties	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F30_6.	Always looks good	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

ASK: Respondents who have heard of This Free Life, or those who are not sure or who preferred not to answer

F31. [IF F7_3 = 1 OR 3 OR 9]

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

When I think of This Free Life, I think...

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
F31_1	I have the freedom to be 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
F31_2	Using tobacco can undo some of the progress I have made	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F31_3	Tobacco use is not attractive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

ASK: Respondents who have heard of This Free Life, or those who are not sure or who preferred not to answer

Section G: Environment

G1. Your survey is almost complete. The next section asks some questions about your household and peers.

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

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

PROGRAMMER: DO NOT ALLOW A RESPONSE OF 4 IN COMBINATION WITH OTHER RESPONSES.

ASK: All respondents

G2. 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

ASK: All respondents

G3. Please tell us if you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree with the following statements.

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

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

ASK: All respondents

G4. I like to do frightening things. Would you say you...

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

ASK: All respondents

G5. 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
- 4 Agree
- 5 Strongly Agree
- 9 Prefer not to answer

ASK: All respondents

G6. I prefer friends who are exciting and unpredictable. Would you say you...

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

ASK: All respondents

G7. 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)

- None
- Don't know
- Prefer not to answer

ASK: All respondents

G8. In the last month, how often have you...

		Never	Almost never	Sometimes	Fairly often	Very often	Prefer not to answer
G8_1	Felt that you were unable to control the important things in your 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
G8_2	Felt confident about your ability to handle your personal 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
G8_3	Felt that things were going your way?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
G8_4	Felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

ASK: All respondents

Section H: LGBT Identity and Community

Discrimination

H1. You have reached the final questions in the survey.

Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following seven situations because of your **sexual identity** (lesbian, gay, bisexual, transgender)?

		Yes	No	Prefer not to answer
H1_1.	In your family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
H1_2.	At school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
H1_3.	Getting a job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
H1_4.	At work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
H1_5.	At home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
H1_6.	Getting medical care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
H1_7.	On the street or in a public setting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

ASK: All respondents

LGBT Community Involvement

H2_1. Have you ever attended an LGBT pride event?

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

ASK: All respondents

H2_2. [IF H2_1= 1]

Have you attended an LGBT pride event in the past 12 months?

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

ASK: Respondents who have attended an LGBT pride event

LGBT Identity Development

H3. For each of the following questions, please mark the response that best indicates your current experience as an LGBT person. Please be as honest as possible. Indicate how you really feel now, not how you think you should feel. There is no need to think too much about any one question. Answer each question according to your initial reaction and then move on to the next.

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
H3_1	I am glad to be an LGBT person.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
H3_2	My sexual identity is an insignificant part of who I am.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
H3_3	I'm proud to be part of the LGBT community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
H3_4	My sexual identity is a central part of my identity.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
H3_5	To understand who I am as a person, you have to know that I'm LGBT.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
H3_6	Being an LGBT person is a very important aspect of 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
H3_7	I believe being LGBT is an important part of 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
H3_8	I am proud to be LGBT.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
H3_9	I feel part of the LGBT community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
H3_10	I feel accepted by the LGBT community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

ASK: All respondents

PROGRAMMER: CALCULATE A VARIABLE CALLED COMPLETED THAT EQUALS 1 ONCE A RESPONDENT ANSWERS H3_10. ELSE VARIABLE EQUALS 0.

Please indicate how much you agree or disagree with the following statements about the RESPECT study.

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
SSAT1	This survey took too long to complete.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
SSAT2	Researchers value my participation in the RESPECT study.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
SSAT3	The questions in this survey are repetitive.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
SSAT4	If I am invited, I will participate in another RESPECT study.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
SSAT5	The questions in the survey are interesting.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
SSAT6	This research doesn't benefit 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

ASK: All respondents

WEBTH Within 3 business days, we will send an email containing information about how to access and redeem your digital gift card. This information must be sent via email to the email address you supplied before starting this survey. Check your spam, junk or clutter folder(s) if you don't see our email in your email inbox. The study team is available to assist you at respect@rti.org if you are unable to locate the message in your inbox, junk, or clutter folders.

RECON Thank you for your responses!

We may contact you again to complete another survey and offer you the same digital gift

card as a reward, so please be on the lookout for that invitation email. If you have any questions about the study, please email us at respect@rti.org.

Should we contact you, 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.

OMB No. 0910-0808

Expiration Date: 01/31/2019

Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 30 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRStaff@fda.hhs.gov.

NEXT

ASK: All respondents

END Thank you for taking time to complete this survey. You may close this window now.

ASK: All respondents
