

Screener

We are looking for teens to take part in an upcoming discussion group. If you are selected and agree to take part, you will receive \$25 as a thank you for participating. Your parent, or an adult that drives you will receive \$25. Please answer a few personal questions on the following pages to see if you qualify. We will let you know in the next few days if you were selected. If so, you will be asked to attend a 90 minute discussion group nearby.

There are no right or wrong answers, and only the researchers will know how you answer these questions, so please be honest in your responses. You don't have to answer any question you don't want to answer.

First Name:	Last Name:
Cell Phone:	Home Phone:
Email:	

1. How old are you?
a. 11 years old or younger
b. 12 years old
c. 13 years old
d. 14 years old
e. 15 years old
f. 16 years old
g. 17 years old
h. 18 years old or older

[Not visible to participant] Recruiter:

If Q1 = 11 yrs. old or younger (a) **OR** 18 yrs. or older participant is **NOT ELIGIBLE**

2. Have you ever tried cigarette smoking, even one or two puffs?
a. Yes
b. No

3. About how many cigarettes have you smoked in your entire life? A pack usually has 20 cigarettes in it.
a. I have never smoked cigarettes, even one or two puffs
b. 1 or more puffs but never a whole cigarette
c. 1 cigarette
d. 2 to 10 cigarettes (about ½ pack total)
e. 11 to 20 cigarettes (about ½ pack to 1 pack)
f. 21 to 50 cigarettes (more than 1 pack but less than 3 packs)
g. 51 to 99 cigarettes (more than 2 ½ packs but less than 5 packs)
h. 100 or more cigarettes (5 packs or more)

[Not visible to participant] Recruiter:

If Q3 = 100 cigarettes or more (h) participant is **NOT ELIGIBLE**

4. Do you think that you will smoke a cigarette <u>soon</u>?
a. Definitely yes
b. Probably yes
c. Probably not
d. Definitely not

5. Do you think that you will smoke a cigarette <u>in the next year</u>?
a. Definitely yes
b. Probably yes
c. Probably not
d. Definitely not

[Not visible to participant] Recruiter:

If Q2 = No (b)

AND

If Q4, Q5, Q6, Q9, **AND** Q10 = Definitely not (d), participant is **NOT ELIGIBLE**

6. If one of your best friends were to offer you a cigarette, would you smoke it?
a. Definitely yes
b. Probably yes
c. Probably not
d. Definitely not

7. During the past 30 days, on how many days did you smoke cigarettes?
a. 0 days
b. 1 or 2 days
c. 3 to 5 days
d. 6 to 9 days
e. 10 to 19 days
f. 20 to 29 days
g. All 30 days

[Not visible to participant] Recruiter:

If Q7 = All 30 days (g) participant is **NOT ELIGIBLE**

8. Have you ever tried smoking electronic cigarettes, e-cigarettes, vape pens, or hookah pens, such as Fin, NJOY, JUUL, Blu, e-Go, or Vuse, even one or two puffs?

a. Yes

b. No

9. Do you think you will smoke an electronic cigarette, e-cigarette, vape pen, or hookah pen soon?

a. Definitely yes

b. Probably yes

c. Probably not

d. Definitely not

10. Do you think you will smoke an electronic cigarette, e-cigarette, vape pen, or hookah pen in the next year?

a. Definitely yes

b. Probably yes

c. Probably not

d. Definitely not

11. During the past 30 days, on how many days did you use an electronic cigarette, e-cigarette, vape pen, or hookah pen?

a. 0 days

b. 1 or 2 days

c. 3 to 5 days

d. 6 to 9 days

e. 10 to 19 days

f. 20 to 29 days

g. All 30 days

12. What is your sex?

a. Female

b. Male

13. What race or races do you consider yourself to be?

(You can circle more than one)

a. American Indian

b. Alaska Native

c. Asian

d. Black or African American

e. Native Hawaiian or Other Pacific Islander

f. White

g. Other

14a. Are you currently an enrolled member of a Native tribe or village?

a. Yes

b. No

14b. If yes, in which tribes(s) or village(s) are you a member of?

[Not visible to participant] Recruiter:

If Q13 = American Indian or Alaska Native is not selected (c-g)

OR

If Q14a = No (b)

OR

If Q14b = blank (no written response) or a non-valid tribe or village name is provided, participant is NOT ELIGIBLE

Contact Information for Parent/Guardian Permission Only (For 12 and 13 year olds)

Parent/Guardian First & Last Name:	
Cell Phone:	Home Phone:
Email:	

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 5 minutes per response to complete the Screener (the time estimated to read, review, and complete). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to PRASStaff@fda.hhs.gov.