

**The Real Cost Campaign: Online Quantitative Study of Reactions to Rough-Cut
Advertising Designed to Prevent Youth Tobacco Use**

Youth Electronic Screener

DEMOGRAPHICS AND TOBACCO USE

A1. How old are you?

- A. 12 years old or younger [Terminate]
- B. 13 years old
- C. 14 years old
- D. 15 years old
- E. 16 years old
- F. 17 years old [If yes go to A1a]
- G. 18 years old or older [Terminate]

A1a. [If child is 17] Will you turn 18 before X date [latest date by which survey will be conducted]?

- A. Yes [Terminate]
- B. No

B1. Are you...?

- A. Female
- B. Male

B2. What is the 5-digit zip code where you CURRENTLY live?

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B3. Are you Hispanic, Latino/a, or Spanish origin? (You can choose one answer or more than one answer)

- A. No, not of Hispanic, Latino/a, or Spanish origin
- B. Yes, Mexican, Mexican American, Chicano or Chicana
- C. Yes, Puerto Rican
- D. Yes, Cuban
- E. Yes, another Hispanic, Latino/a, or Spanish origin

B4. What race or races do you consider yourself to be? (You can choose one answer or more than one answer)

- A. American Indian or Alaska Native
- B. Asian
- C. Black or African American

- D. Native Hawaiian or Other Pacific Islander
- E. White
- F. Other

C1. Do you or any member of your immediate family or a close friend work for...? (Select all that apply)

- A. A market research company
- B. A tobacco company (manufacturer or importer of tobacco products) [Terminate]
- C. An advertising agency or public relations firm
- D. The media (TV/radio/newspapers/magazines)
- E. A healthcare professional (doctor, nurse, pharmacist, dietician, etc.)
- F. None of these

C2. Have you ever received money or gift cards from a company for sharing your opinions in a discussion group, interview or survey about tobacco?

- A. Yes, within the past 6 months [Terminate]
- B. Yes, more than 6 months ago
- C. No
- D. I'm not sure

D1. During the past 7 days, did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)

- A. Yes [CONTINUE TO D2]
- B. No [SKIP TO D4]

D2. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? Your best guess is fine. (Do not count diet soda or diet pop.)

- A. I did not drink soda or pop during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 times or more per day

D3. Do you think that you will drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite, in the next week? (Do not count diet soda or diet pop.)

- A. Definitely yes
- B. Probably yes
- C. Probably not
- D. Definitely not

D4. In the past 30 days how often have you engaged in the follow activities?

	Often	Sometimes	Seldom	Never
Hunting				
Fishing				
Shopping				
Video Gaming				
Mudding				
Reading for enjoyment				
Four wheeling				
Sports (basketball, baseball, soccer, etc.)				

D5. Have you ever tried cigarette smoking, even one or two puffs?

- A. Yes [CONTINUE TO D6]
- B. No [SKIP TO D7]

D6. About how many cigarettes have you smoked in your entire life? Your best guess is fine.

- A. I have never smoked cigarettes, not even one or two puffs [Continue to D7]
- B. 1 or more puffs but never a whole cigarette
- C. 1 cigarette
- D. 2 to 5 cigarettes
- E. 6 to 15 cigarettes (about 1/2 pack total)
- F. 16 to 25 cigarettes (about 1 pack total)
- G. 26 to 99 cigarettes (more than 1 pack, but less than 5 packs)
- H. 100 or more cigarettes (5 or more packs) [Terminate]

[IF D6=A, CONTINUE, ELSE SKIP TO NEXT SECTION]

D7. Do you think that you will try a cigarette soon?

- A. Definitely yes
- B. Probably yes
- C. Probably not
- D. Definitely not

D8. Do you think you will try a cigarette in the next year?

- A. Definitely yes
- B. Probably yes
- C. Probably not
- D. Definitely not

D9. 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

D10. Have you ever been curious about smoking a cigarette?

- A. Definitely yes
- B. Probably yes
- C. Probably not
- D. Definitely not

The next few questions are about vaping, or using an e-cigarette, sometimes these products are also called vapes, vape pens, hookah pens, personal vaporizers and mods, e-cigars, pipes, or e-hookahs. We will be calling the products e-cigarettes from now on. We will also use the term “vaping” to describe using these products, please know that when we ask about “vaping” we are referring to using vapes or vaping only, not smoking traditional cigarettes or any other substance

D11. Have you ever tried a vape, electronic cigarette, e-cigarette, vape pen, or hookah pen, such as Juul, Fin, NJOY, Blu, e-Go, or Vuse, in your entire life, even one or two puffs?

- A. Yes [CONTINUE TO D12]
- B. No [SKIP TO D13]

D12. How many times have you used a vape, electronic cigarette, e-cigarette, vape pen, or hookah pen in your entire life? Your best guess is fine.

- A. I have never used a vape, not even one or two puffs
- B. 1 time
- C. 2 to 5 times
- D. 6 to 15 times
- E. 16 to 25 times
- F. 26 to 50 times
- G. 50 – 99 times
- H. 100 or more [Terminate]

D.12a During the past 30 days, on how many days did you use a vape?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 16 days
- F. 16 to 20 days
- G. 21 to 29 days
- H. All 30 days

[IF D12=A, CONTINUE, ELSE SKIP TO NEXT SECTION]

D13. Do you think that you will try a vape, electronic cigarette, e-cigarette, vape pen, or hookah pen soon?

- A. Definitely yes
- B. Probably yes
- C. Probably not
- D. Definitely not

D14. Do you think you will try a vape, 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

D15. If one of your best friends were to offer you a vape, e-cigarette, vape pen, or hookah pen would you try it?

- A. Definitely yes
- B. Probably yes
- C. Probably not
- D. Definitely not

D16. Have you ever been curious about smoking a vape, electronic cigarette, e-cigarette, vape pen, or hookah pen?

- A. Definitely yes
- B. Probably yes
- C. Probably not
- D. Definitely not

The next few questions are about smokeless tobacco products that you hold in your mouth, like dip, spit, chewing tobacco, snus pouches, or moist snuff.

D17. Have you ever tried smokeless tobacco (such as dip, spit, chewing tobacco, snus pouches, or moist snuff)?

- A. Yes [CONTINUE TO D18]
- B. No [SKIP TO D19]

D18. About how many times have you tried smokeless tobacco in your entire life? Your best guess is fine.

- A. I have never tried smokeless tobacco, not even once
- B. 1 time
- C. 2 to 5 times
- D. 6 to 15 times
- E. 16 to 25 times

- F. 26 to 50 times
- G. 50 – 99 times
- H. 100 times or more [Terminate]

[IF A18=A, CONTINUE, ELSE SKIP TO NEXT SECTION]

D18a. A. During the past 30 days, on how many days did you use smokeless tobacco?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 16 days
- F. 16 to 20 days
- G. 21 to 29 days
- H. All 30 days

D19. Do you think that you will try smokeless tobacco soon?

- A. Definitely yes
- B. Probably yes
- C. Probably not
- D. Definitely not

D20. Do you think you will try smokeless tobacco in the next year?

- A. Definitely yes
- B. Probably yes
- C. Probably not
- D. Definitely not

D21. If one of your best friends were to offer you try smokeless tobacco, would you try it?

- A. Definitely yes
- B. Probably yes
- C. Probably not
- D. Definitely not

D22. Have you ever been curious about smokeless tobacco?

- A. Definitely yes
- B. Probably yes
- C. Probably not
- D. Definitely not

EMAIL ADDRESS

[SCREEN OUT DISQUALIFYING YOUTH BEFORE PROCEEDING TO NEXT PAGE.]

[**TERMINATION**: TEXT PRESENTED TO DISQUALIFIED PARTICIPANTS]: “Thank you for answering our questions! Unfortunately, you will not be invited to take part in the full survey.”

[TEXT PRESENTED TO QUALIFIED PARTICIPANTS]: “Congrats! You qualify to complete the full survey! We just need a little more info so we can send you the link in about 24 hours.”

E1. Before we can send you the full survey, we need to email a copy of our Parent Notification Form to your parent or guardian. This form explains what you will be doing, and **provides them with a way to contact us only if they do NOT want you to complete the survey.**

You may click [HERE](#) to see what a copy of the parental notification looks like.

Parent or guardian’s email address: _____

As a reminder, we will not share your answers with anyone outside the study, including your parents.

[TEXT PRESENTED TO QUALIFIED PARTICIPANTS]: “Thank you! We will email you the link to the full survey in about 24 hours. Don’t forget to check your junk mail folder if you do not see the survey link after 24 hours.”

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 5 minutes per response to complete this screener (the time estimated to read 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.