

## Check-In Survey

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Please fill out this survey. Any information you share about your attitudes, beliefs, and behaviors will be private. No one outside of the research team will know what you write. There are no right or wrong answers to these questions.

Read the instructions for each question carefully and let us know if you have any questions.

**Thank you very much for your help.**

**Paperwork Reduction Act Statement:** The public reporting burden for this information collection has been estimated to average 7 minutes per response to complete the Check-In Survey (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](mailto:PRASStaff@fda.hhs.gov)

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1. Have you <b>EVER</b> tried any of the following tobacco products?		Yes	No
Please fill in YES or NO for each row.			
a.	<b>Cigars, cigarillos, or little cigars</b> (like Black and Milds, Swisher Sweets, or Dutch Masters), even one or two puffs	<input type="radio"/>	<input type="radio"/>
b.	<b>Hookah or waterpipe</b> , even one or two puffs	<input type="radio"/>	<input type="radio"/>
c.	<b>Smokeless tobacco, such as dip, spit, or chewing tobacco</b> (like Redman, Levi Garrett, Beechnut, Skoal, and Copenhagen)	<input type="radio"/>	<input type="radio"/>
d.	<b>Electronic cigarettes, e-cigarettes, mods, personal vaporizers, vape pens, or hookah pens</b> (like Suorin, Vuse, Blu, JUUL, Logic, NJOY, and eGo), even one or two puffs	<input type="radio"/>	<input type="radio"/>

2. Do you think you will smoke an electronic cigarette, e-cigarette, mod, personal vaporizer, vape pen, or hookah pen <b>IN THE NEXT YEAR?</b>
<input type="radio"/> Definitely Yes
<input type="radio"/> Probably Yes
<input type="radio"/> Probably Not
<input type="radio"/> Definitely Not

3. Do you think you will smoke an electronic cigarette, e-cigarette, mod, personal vaporizer, vape pen, or hookah pen <b>SOON?</b>
<input type="radio"/> Definitely Yes
<input type="radio"/> Probably Yes
<input type="radio"/> Probably Not
<input type="radio"/> Definitely Not

4. If <b>ONE OF YOUR BEST FRIENDS</b> were to offer you an electronic cigarette, e-cigarette, mod, personal vaporizer, vape pen, or hookah pen, would you smoke it?
<input type="radio"/> Definitely Yes
<input type="radio"/> Probably Yes
<input type="radio"/> Probably Not
<input type="radio"/> Definitely Not

5. During the <b>PAST 30 DAYS</b> , have you used any of the following products, even one or two times?		Yes	No
Please fill in YES or NO for each row.			
a.	Cigarettes	<input type="radio"/>	<input type="radio"/>
b.	Cigars, cigarillos, or little cigars	<input type="radio"/>	<input type="radio"/>
c.	Hookah or a water pipe	<input type="radio"/>	<input type="radio"/>
d.	Smokeless tobacco, such as dip, spit, or chewing tobacco	<input type="radio"/>	<input type="radio"/>
e.	Electronic cigarettes, e-cigarettes, mods, personal vaporizers, vape pens, or hookah pens	<input type="radio"/>	<input type="radio"/>

6. In the <b>PAST TWO YEARS...</b> Please fill in YES or NO for each row.	Yes	No
a. Have <b>YOU</b> participated in a cultural or traditional Native event?	<input type="radio"/>	<input type="radio"/>
b. Has <b>YOUR PARENT/CAREGIVER</b> participated in a cultural or traditional Native event?	<input type="radio"/>	<input type="radio"/>
c. Have <b>YOU</b> visited a place within your community that offers activities or programs for Natives?	<input type="radio"/>	<input type="radio"/>

7. Have you <b>EVER</b> been taught about Native customs, traditions, or language through any resources in your school or community?
<input type="radio"/> Yes
<input type="radio"/> No
<input type="radio"/> Don't Know/Not sure

8. How much do you agree with each of the following statements? Please fill ONE bubble for each row.	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
a. When I'm with other people my age, it is important for me to show pride in my Native culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It is important to me to feel connected to the larger Native community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Knowing my traditions is important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Do you live...?
<input type="radio"/> In an urban or city area
<input type="radio"/> In a suburban area next to a city
<input type="radio"/> In a small town or rural area
<input type="radio"/> Don't Know/Not sure

10. Please describe where you <b>CURRENTLY</b> live:
<input type="radio"/> I live most of the time on a reservation
<input type="radio"/> I live some of the time on a reservation
<input type="radio"/> I do not currently live on a reservation
<input type="radio"/> Don't Know/Not sure

**Q10 FOR  
NON-ALASKA  
FGs ONLY**

11. Please write in the 5-digit zip code where you <b>CURRENTLY</b> live: _____
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