

## **Evaluation of the Rural Smokeless Tobacco Education Campaign (RuSTEC)**

### **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 except during front-end administrative items.
- 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.
- Prefer Not to Answer should be visible only after a respondent attempts to skip the question without answering. A box will appear instructing them to select PNTA as their option if they mean to skip the item.

**S0a/LOGIN PAGE.** [IF WEB]

Thank you for logging in to the FDA Health and Media Study! Please enter your username and password. Your username is 8 characters such as XXX11111. If you can't find your username call (866) 214-2039.

Username: \_\_\_\_\_(Alpha numeric entry, 16 characters)

Password: \_\_\_\_\_(Alpha numeric entry, 16 characters)

The username and password are CASE SENSITIVE, so please type carefully.

PROGRAMMER: IF ENTRIES DON'T AGREE DISPLAY "Invalid username and/or password. Please verify your username and password and try again. Please remember passwords are case sensitive."

**ASK:** All web respondents.

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**LAND.** [IF R IS ON MOBILE DEVICE AND WEB]

It looks like you are viewing this survey on a mobile device. This survey works best in landscape mode. Taking the survey on a mobile device might take longer.



NEXT

**ASK:** All respondents who access the web survey via a mobile device.

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Checkpoint: PROGRAMMER: USE MOST RECENTLY KNOWN DOB, WHETHER FROM WAVE4, WAVE 3, WAVE 2, OR BASELINE. IF WAVE4 DOB IS BLANK, THEN USE WAVE3 DOB. IF WAVE3 DOB IS BLANK, THEN USE WAVE2 DOB. IF WAVE2 DOB IS BLANK, THEN USE BASELINE DOB. CALCULATE DOB FROM MOST RECENTLY KNOWN DOB.

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**WID** [IF WEB AND BLAGE<18]

Our records indicate that [YouthFname] previously participated in our study. Before we begin with the interview, we need the parent or guardian of [YouthFname] to review some information. Are you the parent or guardian of [YouthFname]?

1. Yes -> GO TO STATE
2. No -> GO TO WIDFP

**ASK:** Web respondents who are under the age of 18 or their parents.

**DISPLAY:** YouthFname is the respondent's first name.

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**WIDFP** [IF WEB AND WID=NO AND BLAGE<18]

Is [YouthFname]'s parent available to review this information? If not, please log back in to the website when the parent or guardian is available.

1. Yes, parent is available GO TO STATE
2. No, I will log back in when parent is available STAY ON THIS SCREEN

Back

Next

**ASK:** Web respondents who indicate that the parent is not available in WID

**DISPLAY:** YouthFname is the respondent's first name.

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**WID18** [IF WEB AND BLAGE>=18]

Our records indicate that [YouthFname] previously participated in our study. Are you [YouthFname]?

1. Yes -> GO TO STATE
2. No -> GO TO WIDFP18

**ASK:** All web respondents who are 18 years old or older

**DISPLAY:** YouthFname is the respondent's first name.

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**WIDFP18** [IF WEB AND WID18=NO AND BLAGE>=18]

Is [YouthFname] available to begin the interview? If not, please log back in to the website when he is available.

1. Yes, he is available GO TO STATE
2. No, I will log back in when he is available STAY ON THIS SCREEN

Back

Next

**ASK:** Web respondents who indicate that the respondent is not available in WID18

**DISPLAY:** YouthFname is the respondent's first name.

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**STATE** [IF WEB]

What state do you currently live in?

PROGRAMMER: DISPLAY AN ALPHABETIZED DROP DOWN OF ALL 50 STATES, WASHINGTON DC, AND AN OPTION FOR "I DON'T LIVE IN THE UNITED STATES"

**ASK:** Parents of web respondents who are under 18, or respondents who are 18 or older

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**COUNTY** [IF WEB AND STATE NE I DON'T LIVE IN US]

What **county** do you currently live in?

PROGRAMMER: DISPLAY DROP DOWN LIST OF ALL COUNTIES WITHIN THE STATE SELECTED FROM STATE. [HERE](#) IS THE SOURCE FOR THE CONTENT.

PROGRAMMER: IF STATE=I DON'T LIVE IN US GO TO INELIG. COMPARE COUNTY TO BASELINE COUNTY FROM SAMPLE LIST. IF BASELINE COUNTY=COUNTY, GO TO PEMAIL. IF THE BASELINE COUNTY IS IN A INTERVENTION GROUP AND COUNTY IS IN CONTROL GO TO INELIG. IF THE BASELINE COUNTY IS IN A CONTROL COUNTY AND THE COUNTY IS IN INTERVENTION GO TO INELIG.

ELSE: IF BASELINE COUNTY NE COUNTY, BUT BASELINE COUNTY IS A C OR A D AND COUNTY IS A C OR D, GO TO PEMAIL. IF BASELINE COUNTY NE COUNTY BUT BASELINE COUNTY IS A B AND COUNTY IS A B, GO TO PEMAIL. IF BASELINE COUNTY NE COUNTY AND BASELINE COUNTY IS A C OR D AND COUNTY IS A B OR NOT IN LOOKUP TABLE, GO TO INELIG. IF BASELINE COUNTY NE COUNTY AND BASELINE COUNTY IS A B AND COUNTY IS A C OR D OR NOT IN LOOK UP TABLE, GO TO INELIG.

**ASK:** Parents of web respondents who are under 18, or respondents who are 18 or older who live in the United States

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**REMAIL** [IF WEB AND BLAGE>=18 ]

In case we need to contact you about the study, please provide your email address.

Email Address: \_\_\_\_\_ [ALLOW 50 CHARACTERS. FORMAT AS EMAIL ADDRESS]  
Confirm Email Address: \_\_\_\_\_ [MUST MATCH FIRST ENTRY]  
Prefer not to answer

PROGRAMMER: VALIDATE FORMAT FOR EMAIL ADDRESS. IF FORMAT IS INCORRECT, PLEASE DISPLAY "Please enter a valid email address." IF THE EMAIL ADDRESSES DON'T MATCH PLEASE DISPLAY "The email addresses do not match. Please try again. "

**ASK:** All web respondents who are 18 or older

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**PEMAIL** [IF WEB AND BLAGE<=18 ]

In case we need to contact you about the study, please provide your email address. Because your son is under 18, we will contact you about his participation in the study.

Parent Email Address: \_\_\_\_\_ [ALLOW 50 CHARACTERS. FORMAT AS EMAIL ADDRESS]

Confirm Parent Email Address: \_\_\_\_\_ [MUST MATCH FIRST ENTRY]

Prefer not to answer

PROGRAMMER: VALIDATE FORMAT FOR EMAIL ADDRESS. IF FORMAT IS INCORRECT, PLEASE DISPLAY "Please enter a valid email address." IF THE EMAIL ADDRESSES DON'T MATCH PLEASE DISPLAY "The email addresses do not match. Please try again. "

**ASK:** Parents of web respondents who are under 18

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**INELIG** Thank you for your interest in this study. Unfortunately, you are no longer located in the study area.

NEXT

**ASK:** Respondents who do not live in the United States or who do not live in a county that is in the study area or respondents that have moved between treatment and control counties.

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## **FINISH**

Thank you for taking the survey. Please close this window.

PROGRAMMER: CODE ITEM AS 2244.

**ASK:** Respondents who are ineligible.

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## **WPERMISS [IF WEB AND BLAGE<18] (PARENT OR GUARDIAN PERMISSION FOR YOUTH INTERVIEW FOR WEB)**

### **This text is to be read by the survey participant's parent or guardian**

The FDA Health and Media Study is designed to collect data from boys about their attitudes related to health, health behaviors, and advertisements they may have seen on TV, online, or heard on the radio.

If you recall, previously, your address was randomly chosen to take part in this study. [YOUTHNAME] was selected to be in this study and has completed at least one survey to date. This study is being conducted again to measure what might have changed over time or what has stayed the same. We are asking your permission for your child's participation in this next round of the survey.

### **Purpose of the Youth Survey**

We want to interview your child about these topics again. The child's answers, combined with the answers of other youth in the study, will improve our understanding of how public education campaigns affect youth. The answers may be shared with the FDA but not your child's personal information.

The interview will last about 45 minutes, depending on responses.

### **Voluntary Participation**

Your child's participation in this study is completely voluntary. He can refuse to answer any or all questions. Your child has the right to stop the interview at any time.

### **Risks**

There are no physical risks to your child from participating in this interview. It is possible that some questions might make your child mildly uncomfortable, depending on responses. No absolute guarantees can be made regarding the interception of data sent via the Internet. However, we are taking extensive precautions to protect the privacy of all data.

### **Future Contacts**

There are no future contacts planned at this time.

### **Benefits**

There are no direct benefits to your child from answering our questions. However, he will be contributing to important health research.

### **Compensation/Payment**

Because your child's contribution is important, we will offer your child a check for **\$25** if he completes the survey by [EARLY BIRD DATE] or a check for \$20 after [EARLY BIRD DATE], as a token of appreciation for completing the survey. Your child will receive \$20 in cash if he completes the survey in person.

### **Privacy**

The survey answers will be entered into a computer and labeled with a case identification number. Your name and that of your child will not be reported with any information your child provides. Information your child provides will be combined with answers of many others and reported in a summary form. We will not share any information that your child gives us with you or with anyone outside the FDA and RTI research teams. All staff involved in this research are committed to privacy and have signed a Privacy Pledge.

### **Questions**

If you have any questions about the study, you can call our project assistance line toll-free at (866) 214-2039, or email us at [mediastudy@rti.org](mailto:mediastudy@rti.org). If you have any questions about your rights as a study participant, you may call the RTI Office of Research Protection at 1-866-214-2043 (a toll-free number).

If it is all right with you, please ask your child to answer the survey. Please give him privacy so he can answer the questions on his own. If you would rather he take the survey on a different device, he can log in on that device at the link on the study letter.

After you select your answer, please press "Next."

- 1 Yes, I agree to allow my child to participate in this study. -> GO TO WASSENT
- 2 No, I do not want my child to participate in this study. -> GO TO PERMISREF.

**DISPLAY:** EARLY BIRD DATE is the date by which the respondents can receive a larger incentive for responding online. YOUTHFNAM is the respondent's name.

**ASK:** Parents of minor respondents who are web respondents

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**PERMISREF [IF WPERMISS=2] Thank you for your time. Please close this window.**

PROGRAMMER: CODE CASE AS REFUSAL.

EXIT

**ASK:** Parents who refuse to provide consent

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**WASSENT** 1[IF WEB AND BLAGE<18] (**Assent for Youth for WEB**)

**This screen is meant to be read by [YOUTHFNAME]**

We are talking to boys in 30 cities across the United States. This study is sponsored by the U.S. Food and Drug Administration. You have previously taken part in this study by completing a survey. We are asking for you to participate again by completing this web survey.

The survey asks boys ages 11-19 about their attitudes related to health behaviors. The survey asks about advertisements they may have seen on TV or online. The advertisements may have also been heard on the radio. The survey will take about 45 minutes to complete. Up to 2,200 boys will take this survey. This survey is part of a research study being conducted by RTI International. There are no direct benefits for answering our questions but you will be helping with important health research.

**Your parent or legal guardian has given permission for you to complete this survey.**

Your name will be kept private. Your answers will be labeled with a number instead of your name. This makes it so only research staff will know these are your answers. Your answers may be shared with the FDA but not your personal information. We will not share any information you give us with your parents or anyone outside the FDA and RTI research teams. All of your answers will be kept private. It is not completely safe to send data through the Internet but we are doing everything we can to protect your data.

There are no physical risks but some questions might make you uncomfortable. If you don't want to take the survey, that is okay. If you don't want to answer a certain question, that is okay too. You may also choose to drop out of the survey at any time, for any reason and you may take a break at any time.

We will offer you a check for **\$25** if you take the survey before [EARLY BIRD DATE]. If you complete the survey after that we will offer you a check for \$20. You will receive \$20 in cash if you complete the survey in person.

You can call us if you have any questions about the study. The phone number is (866) 214-2039. You can also email us at [mediastudy@rti.org](mailto:mediastudy@rti.org). You may also have questions about your rights as a study participant. For those questions call the RTI Office of Research Protection. Their phone number is (866) 214-2043. You can send them an email at [orpe@rti.org](mailto:orpe@rti.org).

After you select your answer, please press "Next."

- 1 Yes, I agree to participate in this study. GO TO PRIV
- 2 No, I do not wish to participate in this study. GO TO ASSENTREF

**DISPLAY:** EARLY BIRD DATE is the date by which the respondents can receive a larger incentive for responding online. YOUTHFNAME is the respondent's name.

**ASK:** Web respondents who are younger than 18 years old

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**ASSENTREF** [IF WASSENT = 2] **Thank you for your time. Please close this window.**  
PROGRAMMER: CODE CASE AS REFUSAL.

**ASK:** Respondents who refuse to provide consent

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**WCONSENT** 1[IF WEB AND BLAGE>=18] (**CONSENT FOR YOUTH 18 AND OVER FOR WEB**)

**This screen is meant to be read by [YOUTH FNAME]**

We are talking to boys in 30 cities across the United States. This study is sponsored by the U.S. Food and Drug Administration. You have previously taken part in this study by completing at least one survey. In past surveys, your parent provided permission for you to participate. Now that you are 18 or older, we are asking for your consent to participate in this web survey.

The survey asks boys ages 11-19 about their attitudes related to health behaviors. The survey asks about advertisements they may have seen on TV or online. The advertisements may have also been heard on the radio. The survey will take about 45 minutes to complete. Up to 2,200 boys will take this survey. The survey is part of a research study being conducted by RTI International. There are no direct benefits for answering our questions but you will be helping with important health research.

Your name will be kept private. Your answers will be labeled with a number instead of your name. This makes it so only research staff will know these are your answers. Your answers may be shared with the FDA but not your personal information. We will not share any information you give us with your parents or anyone outside the FDA and RTI research teams. All of your answers will be kept private. It is not completely safe to send data through the Internet but we are doing everything we can to protect your data.

There are no physical risks but some questions might make you uncomfortable. If you don't want to take the survey, that is okay. If you don't want to answer a certain question, that is okay too. You may also choose to drop out of the survey at any time, for any reason and you may take a break at any time.

We will offer you a check for **\$25** if you complete the survey before [EARLY BIRD DATE]. If you complete the survey after that we will offer you a check for **\$20**. You will receive \$20 in cash if you complete the survey in person.

You can call us if you have any questions about the study. The phone number is (866) 214-2039. You can also email us at [mediastudy@rti.org](mailto:mediastudy@rti.org). You may also have questions about your rights as a study participant. For those questions call the RTI Office of Research Protection. Their phone number is (866) 214-2043. You can send them an email at [orpe@rti.org](mailto:orpe@rti.org).

After you select your answer, please press "Next."



- 1 Yes, I agree to participate in this study. - GO TO PRIV
- 2 No, I do not wish to participate in this study. - GO TO CONSENTREF

**DISPLAY:** EARLY BIRD DATE is the date by which the respondents can receive a larger incentive for responding online. YOUTHFNNAME is the respondent's name.

**ASK:** Web respondents who are 18 years old or older

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**CONSENTREF** [IF WCONSENT = 2] Thank you for your time.

PROGRAMMER: CODE CASE AS REFUSAL.

**ASK:** Web respondents who are 18 years old and older and who refuse to provide consent

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**PRIV** [IF WEB] Please make sure that you can answer the questions in private where no one can see your answers.

NEXT

**ASK:** Web respondents

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**DRIV** [IF WEB] Do not answer the questions while driving.

NEXT

**ASK:** Web respondents

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**TUTOR3** [IF WEB] Please click on the answer to each survey question, using a mouse or a touchscreen. If you skip a question, an option for "Prefer not to answer" will appear. You can use that option if you don't know the answer to a question, or if you choose to not answer a question. Remember that your answers will be kept private. We will not share the answers to your questions with your parents or anyone else outside the research team.

NEXT

**ASK:** Web respondents

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**FIID**

[DISPLAY DATE OF INSTRUMENT RELEASE]

[IF CAPI] ENTER YOUR FIID. [6 NUMERIC DIGIT ENTRY]

PROGRAMMER: ALLOW 6 DIGITS IN ENTRY FIELD.

**ASK:** Interviewers of CAPI surveys

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**DISPLAY:** The date that the instrument version was released will be displayed on the screen to serve as a version number for the CAPI instrument.

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**CID** [IF CAPI AND BLAGE<18]

Our records indicate that [YouthFname] previously participated in our study. Before we begin with the interview, we need the parent or guardian of [YouthFname] to review some information. Are you the parent or guardian of [YouthFname]?

1. Yes -> GO TO PERMISS
2. No -> GO TO CIDFP

**ASK:** All CAPI respondents.

**DISPLAY:** YouthFname is the respondent's first name.

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**CIDFP** [IF CAPI AND CID=NO AND BLAGE<18]

Is [YouthFname]'s parent available to review this information?

1. YES, PARENT IS AVAILABLE → GO TO PERMISS
2. NO, THEY ARE NOT AVAILABLE → STAY ON THIS SCREEN

INTERVIEWER: BREAK OFF THE INTERVIEWER AND SCHEDULE A TIME TO RETURN FOR WHEN PARENTS WILL BE AVAILABLE. REMIND HOUSEHOLD ABOUT WEB OPTION FOR COMPLETION.

PROGRAMMER: CODE AS A 1231

Previous

**ASK:** CAPI respondents who indicate that the parent is not available in CID

**DISPLAY:** YouthFname is the respondent's first name.

---

**CID18** [IF CAPI AND BLAGE>=18]

Our records indicate that [YouthFname] previously participated in our study. Are you [YouthFname]?

1. YES -> GO TO CONSENT
2. NO -> GO TO CIDFP18

**ASK:** All CAPI respondents who are 18 years old or older

**DISPLAY:** YouthFname is the respondent's first name.

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**CIDFP18** [IF CAPI AND CID18=NO AND BLAGE>=18]

Is [YouthFname] available to begin the interview?

1. YES, HE IS AVAILABLE → GO TO CONSENT
2. NO, HE IS NOT AVAILABLE → STAY ON THIS SCREEN

INTERVIEWER: BREAK OFF THE INTERVIEWER AND SCHEDULE A TIME TO RETURN FOR WHEN HE IS AVAILABLE. REMIND HOUSEHOLD ABOUT WEB OPTION FOR COMPLETION.

[Previous](#)

[Next](#)

**ASK:** CAPI respondents who indicate that the respondent is not available in CID18

**DISPLAY:** YouthFname is the respondent's first name.

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**PERMISS** [IF CAPI AND BLAGE<18]  
**(PARENT OR GUARDIAN PERMISSION FOR YOUTH INTERVIEW)**

INTERVIEWER: HAND PINK PERMISSION FORM TO PARENT

The FDA Health and Media Study is designed to collect data from boys about their attitudes related to health, health behaviors, and advertisements they may have seen on TV, online, or heard on the radio.

If you recall, previously, your address was randomly chosen to take part in this study. [YOUTHFNNAME] was selected to be in this study and has completed at least one survey to date. This study is being conducted again to measure what might have changed over time or what has stayed the same. We are asking your permission for your child's participation in this next round of the survey.

### **Purpose of the Youth Survey**

We want to interview your child about these topics again. The child's answers, combined with the answers of other youth in the study, will improve our understanding of how public education campaigns affect youth. The answers may be shared with the FDA but not your child's personal information.

### **Types of Questions for Youth**

The interview will last about 45 minutes, depending on responses. The interviewer will ask the first few questions and then youth respondents will answer questions directly into a laptop. The interviews will be completed in a part of the household that allows your child to answer in private.

### **Voluntary Participation**

Your child's participation in this study is completely voluntary. He can refuse to answer any or all questions. Your child has the right to stop the interview at any time.

### **Risks**

There are no physical risks to your child from participating in this interview. It is possible that some questions might make your child mildly uncomfortable, depending on responses. No absolute guarantees can be made regarding the interception of data sent via the Internet. However, we are taking extensive precautions to protect the privacy of all data.

### **Future Contacts**

There are no future contacts planned at this time.

### **Benefits**

There are no direct benefits to your child from answering our questions. However, he will be contributing to important health research.

### **Compensation/Payment**

Because your child's contribution is important, we will offer your child \$20 in cash as a token of appreciation for completing the survey.

### **Privacy**

The survey answers will be entered into a computer and labeled with a case identification number. Your name and that of your child will not be reported with any information your child provides. Information your child provides will be combined with answers of many others and reported in a summary form. We will not share any information that your child gives us with you or with anyone outside the FDA and RTI research teams. All staff involved in this research are committed to privacy and have signed a Privacy Pledge.

### **Questions**

If you have any questions about the study, you can call our project assistance line toll-free at (866) 214-2039, or email us at [mediastudy@rti.org](mailto:mediastudy@rti.org). If you have any questions about your rights as a study participant, you may call the RTI Office of Research Protection at 1-866-214-2043 (a toll-free number).

### **You will be given a copy of this consent form to keep.**

Do you give him permission to participate in the survey?

YES - GO TO ASSENT

NO -> GO TO CAPIREF

**ASK:** Parents of minor CAPI respondents

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**CAPIREF** [IF PERMISS=REFUSE] Thank you for your time.

PROGRAMMER: CODE AS A REFUSAL.

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**ASSENT** [IF CAPI AND BLAG<18]

**(1ASSENT FOR YOUTH FOR CAPI)**

INTERVIEWER: HAND BLUE ASSENT FORM TO RESPONDENT

We are talking to boys in 30 cities across the United States. The study is sponsored by the U.S. Food and Drug Administration. You have previously taken part in this study by completing a survey. We are asking for you to participate again by completing this survey.

The survey asks boys ages 11-19 about their attitudes related to health behaviors. The survey asks about advertisements they may have seen on TV or online. The advertisements may have also been heard on the radio. The survey will take about 45 minutes to complete. Up to 2,200 boys will take this survey. The survey is part of a research study being conducted by RTI International. There are no direct benefits for answering our questions but you will be helping with important health research.

Your parent or guardian has given permission for you to complete this survey.

Your name will be kept private. Your answers will be labeled with a number instead of your name. This makes it so only research staff will know these are your answers. Your answers may be shared with the FDA but not your personal information. We will not share any information you give us with your parents or anyone outside the FDA or RTI research teams. All of your answers will be kept private. It is not completely safe to send data through the Internet but we are doing everything we can to protect your data.

There are no physical risks but some questions might make you uncomfortable. If you don't want to take the survey, that is okay. If you don't want to answer a certain question, that is okay too. You may also choose to drop out of the survey at any time, for any reason and you may take a break at any time.

We will offer you **\$20** in cash to thank you for taking time to complete the survey.

You can call us if you have questions about the study. The phone number is (866) 214-2039. You can also email us at [mediastudy@rti.org](mailto:mediastudy@rti.org). You may also have questions about your rights as a study participant. For those questions call the RTI Office of Research Protection. Their phone number is (866) 214-2043. You can send them an email at [orpe@rti.org](mailto:orpe@rti.org).

Do you agree to take this survey?

1. YES -> GO TO OMB
2. NO -> GO TO CAPIREF2

[PROGRAMMER: IF ITEM IS LEFT BLANK, HARD PROMPT "INTERVIEWER, THIS IS A REQUIRED ITEM. PLEASE DO YOUR BEST TO FILL OUT THE ITEM."]

**ASK:** Minor CAPI respondents

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**CAPIREF2** [IF ASSENT=NO] Thank you for your time.

**PROGRAMMER:** CODE AS REFUSAL

**ASK:** CAPI minor respondents who refuse assent

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**CONSENT** [IF CAPI AND BLAGE>=18]

**(1CONSENT FOR YOUTH 18 AND OVER FOR CAPI)**

INTERVIEWER: HAND YELLOW CONSENT FORM TO RESPONDENT

We are talking to boys in 30 cities across the United States. The study is sponsored by the U.S. Food and Drug Administration. You have previously taken part in this study by completing at least one survey. In past surveys, your parent provided permission for you to participate. Now that you are 18 or older, we are asking for your consent to participate in this survey.

The survey asks boys ages 11-19 about their attitudes related to health behaviors. The survey asks about advertisements they may have seen on TV or online. The advertisements may have also been heard on the radio. The survey will take about 45 minutes to complete.

Up to 2,200 boys will take this survey. The survey is part of a research study being conducted by RTI International. There are no direct benefits for answering our questions but you will be helping with important health research.

Your name will be kept private. Your answers will be labeled with a number instead of your name. This makes it so only research staff will know these are your answers. Your answers may be shared with the FDA but not your personal information. We will not share any information you give us with your parents or anyone outside the FDA and RTI research teams. All of your answers will be kept private. It is not completely safe to send data through the Internet but we are doing everything we can to protect your data.

There are no physical risks but some questions might make you uncomfortable. If you don't want to take the survey, that is okay. If you don't want to answer a certain question, that is okay too. You may also choose to drop out of the survey at any time, for any reason and you may take a break at any time.

We will offer you **\$20** in cash to thank you for taking time to complete the survey.

You can call us if you have questions about the study. The phone number is (866) 214-2039. You can also email us at [mediastudy@rti.org](mailto:mediastudy@rti.org). You may also have questions about your rights as a study participant. For those questions call the RTI Office of Research Protection. Their phone number is (866) 214-2043. You can send them an email at [orpe@rti.org](mailto:orpe@rti.org).

Do you agree to take this survey?

1. YES -> GO TO OMB
2. NO -> GO TO CAPIREF3

[PROGRAMMER: IF ITEM IS LEFT BLANK, HARD PROMPT "INTERVIEWER, THIS IS A REQUIRED ITEM. PLEASE DO YOUR BEST TO FILL OUT THE ITEM."]

**ASK:** CAPI Respondents who are 18 years old or older

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**CAPIREF3** [IF CONSENT=NO] Thank you for your time.

**PROGRAMMER:** CODE AS REFUSAL

**ASK:** CAPI respondents 18 years old and older who refuse consent

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**OMB** [IF CAPI] [OPTIONAL. READ TEXT ONLY AS NECESSARY]

**OMB No: 0910-0753**

**Expiration Date: 09/30/2019**

**Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 45 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to [PRASstaff@fda.hhs.gov](mailto:PRASstaff@fda.hhs.gov).**

NEXT

**ASK:** Optional question for CAPI respondents

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**Y\_ACINTRO** [IF CAPI]

Now I'd like you to read the questions and enter your answers into the laptop yourself. This will allow you to answer the questions in complete privacy. I will not be able to see the answers you type into the computer. If you skip a question, an option for "Prefer not to answer" will appear. You can use that option if you don't know the answer to a question, or if you choose to not answer a question. Let me explain how to use the laptop.

MOVE COMPUTER SO YOUTH CAN USE IT AND POINT OUT THE FOLLOWING:

- NUMBER KEYS
- MOUSE TO CLICK RESPONSES AND NEXT

CAUTION RESPONDENT ABOUT ON/OFF SWITCH.

WHEN RESPONDENT IS READY, SELECT THE CONTINUE RESPONSE OPTION AND CLICK THE "NEXT" BUTTON.

INTERVIEWER: HAND LAPTOP TO RESPONDENT

Continue

Next

**ASK:** CAPI Respondents

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**Y\_AC1** [IF CAPI]

The next questions are for practice. You will answer these questions on your own. Select the "Continue" response option and click the "Next" button to see the first question.

Continue

Next

**ASK:** CAPI Respondents

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**Y\_AC2a** [IF CAPI]

In which state do you currently live?

- 1 Alabama
- 2 Alaska
- 3 Arizona
- 4 Arkansas
- 5 California
- 6 Colorado
- 7 Connecticut
- 8 Delaware
- 9 Florida
- 10 Georgia
- 11 Hawaii
- 12 Idaho
- 13 Illinois
- 14 Indiana
- 15 Iowa

- 16 Kansas
- 17 Kentucky
- 18 Louisiana
- 19 Maine
- 20 Maryland
- 21 Massachusetts
- 22 Michigan
- 23 Minnesota
- 24 Mississippi
- 25 Missouri
- 26 Montana
- 27 Nebraska
- 28 Nevada
- 29 New Hampshire
- 30 New Jersey
- 31 New Mexico
- 32 New York
- 33 North Carolina
- 34 North Dakota
- 35 Ohio
- 36 Pennsylvania
- 37 Rhode Island
- 38 South Carolina
- 39 Rhode Island
- 40 South Carolina
- 41 South Dakota
- 42 Tennessee
- 43 Texas
- 44 Utah
- 45 Vermont
- 46 Virginia
- 47 Washington
- 48 West Virginia
- 49 Wisconsin
- 50 Wyoming
- 51 District of Columbia

**ASK:** CAPI Respondents

---

**Y\_AC3a** [IF CAPI]

You have recorded that you live in [Y\_AC2a]. Is this correct?

- 1 Yes -> GO TO Y\_AC4a
- 2 No -> GO TO Y\_C2a
- 9 Prefer not to answer

PROGRAMMER: IF Y\_AC3a=2 OR PNTA DISPLAY A MESSAGE: 'PLEASE RE-ENTER YOUR ANSWER' AND RETURN TO Y\_C2A

**ASK:** CAPI Respondents

**DISPLAY:** Answer from Y-AC2a

---



**Y\_AC4a** [IF CAPI]

How many times in the **past 6 months** did you go to the movies?

- 1 1 time
- 2 2 times
- 3 3 times
- 4 4 times
- 5 5 or more times
- 8 I have not done this in the past 6 months
- 9 Prefer not to answer

**ASK:** CAPI Respondents

---

**Y\_AC5a** [IF CAPI]

In the **last 30 days**, on how many days did you eat ice cream?

\_\_\_\_\_ (Range: 0-30)

Prefer not to answer

**ASK:** CAPI Respondents

---

**Y\_AC6** [IF CAPI]

Thank you. If you have any questions about how to use the laptop, please feel free to ask your interviewer.

Please select the "Continue" response option and click the "Next >" button to begin the next portion of the interview.

Continue

NEXT

**ASK:** CAPI Respondents

---

**Y\_video** [IF WEB] Please try to view this video to make sure you can see it.  
[DISPLAY TEST VIDEO]

Are you able to view this video?

- 1 Yes -> GO TO DOB
- 2 No -> GO TO EXIT

IF Y\_video IS NO (=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.

EXIT  
PROGRAMMER: CODE AS BREAKOFF

PROGRAMMER: IF NO, need to begin with the viewing of the Y\_VIDEO when the R comes back to the survey from a different device.

**ASK:** Web respondents

---

**Section A: Demographic Items**

**DOB: THIS QUESTION SHOULD BE COMPLETED BY [YOUTHFNAME]**

What is your date of birth?

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Confirm your date of birth.

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

PROGRAMMER:  
PROGRAM DROP DOWN LISTS WITH MONTH, DAY AND YEAR. YEAR SHOULD RANGE FROM 1995 - 2007. SPELL OUT MONTHS IN FULL.

PLEASE MAKE SURE THAT NO INVALID DATES APPEAR. THAT IS FEB 30, NOV 31, ETC. CANNOT BE VALID. DO NOT ALLOW FUTURE DATES. IF THE DATE IS NOT VALID, PLEASE DISPLAY A HARD ERROR, "Please enter a valid date." THIS ITEM SHOULD BE A REQUIRED ITEM. USE DOUBLE ENTRY VERIFICATION. BOTH DATES MUST MATCH. IF DATES DO NOT MATCH, DISPLAY A HARD ERROR, "Entries do not match. Please try again."

DO NOT ALLOW MISSING DATA FOR THIS ITEM.

CALCULATE FILLAGE= (DATE TODAY)- DOB

**ASK:** All respondents

---

CHECKPOINT: PROGRAMMER: CHECK DOB AGAINST FU2DOB. IF DOB MATCHES FU2DOB, GO TO BINTRO. IF THE DOBS DO NOT MATCH, CHECK AGAINST FU1\_DOB. IF DOB AND FU1\_DOB MATCH,GO TO BINTRO. IF THE DOBS DO NOT MATCH, CHECK AGAINST BLDOB. IF DOB MATCHES BLDOB, GO TO BINTRO. IF BLDOB AND FU1\_DOB AND FU2DOB ARE BLANK GO TO BINTRO. IF THOSE DOBS DO NOT MATCH, GO TO DOB2.

**DOB2** [IF (BLDOB OR FU1\_DOB OR FU2 DOB NE DOB) AND (BLDOB AND FU1\_DOB AND FU2 DOB ARE NOT BLANK)] So that we can ask you the right questions, we need your correct age. Again, what is your date of birth?

\_\_\_\_\_ MM/ DD/ YYYY

Confirm your date of birth.

\_\_\_\_\_ MM/ DD/ YYYY

PROGRAMMER: USE DROP DOWN MENU. ONLY ALLOW 1-12 IN MM, 1-31 IN DD. PLEASE MAKE SURE THAT NO INVALID DATES APPEAR. THAT IS FEB 30, NOV 31, ETC. CANNOT BE VALID. DO NOT ALLOW FUTURE DATES. IF THE DATE IS NOT VALID, PLEASE DISPLAY A HARD ERROR, "Please enter a valid date." THIS ITEM SHOULD BE A REQUIRED ITEM. USE DOUBLE ENTRY VERIFICATION. BOTH DATES MUST MATCH. IF DATES DO NOT MATCH, DISPLAY A HARD ERROR, "Entries do not match. Please try again."  
DO NOT ALLOW MISSING DATA FOR THIS ITEM.

CALCULATE FILLAGE= (DATE TODAY)- DOB2

**ASK:** Respondents who enter a birthday in DOB that doesn't match their entry from either baseline or follow up 1

---

### CHECKPOINT

CHECKPOINT: PROGRAMMER: CHECK DOB2 AGAINST FU2\_DOB. IF THE TWO DOBS MATCH,GO TO BINTRO. IF THE DOBS DO NOT MATCH, CHECK AGAINST FU1\_DOB. IF DOB2 AND FU1\_DOB MATCH,GO TO BINTRO. IF THOSE DOBS DO NOT MATCH, CHECK AGAINST BASELINE DOB. IF THOSE DOBS DO NOT MATCH AND WEB, GO TO DOBINELIG

---

**DOBINELIG** [IF WEB AND (DOB2 NE BLDOB OR FU1\_DOB OR FU2\_DOB) CHECKPOINT We're sorry, but we are not able to locate your file in our records. For this reason, you will not be able to take this survey online at this time. Please call 866-214-2039 with any questions.

Thank you for your time.

PROGRAMMER: EXIT PROGRAM AND CODE AS INELIGIBLE

[IF CAPI AGE IS INCONSISTENT, ALLOW RESPONSES AND CONTINUE]

**ASK:** Respondents who entered a birthday that doesn't match any of the birthdays from prior waves

## Section B: Tobacco Use Behavior

### Cigarette Use

---

PROGRAMMER: PLEASE RANDOMIZE THE ORDER IN WHICH THE TOBACCO QUESTIONS ARE PRESENTED IN EACH SECTION (E.G., CIGARETTE QUESTIONS IN SECTION B WOULD COME FIRST SOMETIMES WHILE OTHER TIMES, SMOKELESS TOBACCO QUESTIONS WOULD COME FIRST).

THE FOLLOWING ARE ITEMS THAT GO TOGETHER:

- B1- B4 == CIGARETTES
- B5- B9 == SMOKELESS TOBACCO PRODUCTS
- B10- B11== CIGARS
- B12- B13 == HOOKAH
- B14- B16 == E-CIGS

PLEASE RANDOMIZE WITHOUT BREAKING THE BLOCKS OF ITEMS THAT GO TOGETHER SEQUENTIALLY.

---

**B\_INTRO.** The next section asks about your experiences with tobacco products.

NEXT

**ASK:** All respondents

---

**Checkpoint:** If BLB1 = 1 OR FU1B1 = 1 OR FU2B1=1 OR FU3B1=1 then go to B2. Else Ask B1.

---

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

- 1 Yes -> GO TO B2
- 2 No -> GO TO NEXT RANDOM BLOCK IN SECTION B, OR IF THE LAST RANDOM BLOCK GO TO SECTION C
- 9 Prefer not to answer -> GO TO B2

PROGRAMMER: STARTING WITH THIS ITEM DISPLAY "Prefer not to answer" AFTER RESPONDENT TRIES TO SKIP QUESTION.

**ASK:** Respondents who did not report ever trying cigarette smoking at the follow-up3 or follow-up 2 or follow-up 1 or baseline interviews.

---

**CHECKPOINT:** If B1 = 2 then go to the next random block in section B, or if the last random block go to section C. Else Ask B2 through B4.

---

**B2.** [IF BLB1=1 OR FU1B1 = 1 OR FU2B1=1 OR FU3B1=1] Previously, you reported that you have tried cigarette smoking.

[IF B1=1 or 9 OR BLB1=1 OR FU1B1 = 1 OR FU2B1=1 OR FU3B1=1] During the past 30 days, on how many days did you smoke cigarettes?

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

**ASK:** Respondents who reported trying cigarette smoking or did not answer the question about trying cigarette smoking in B1 today or who reported smoking in previous interviews. Respondents who report smoking at the follow-up3 or follow-up 2 or follow-up 1 or baseline interviews receive an additional introductory sentence for flow.

---

**B3.** [IF (BLB1=1 OR FU1B1=1 OR FU2B1=1 OR FU3B1=1 OR B1=1 OR 9) AND B2 NE 1] During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- 1 Less than 1 cigarette per day
- 2 1 cigarette per day
- 3 2 to 5 cigarettes per day
- 4 6 to 10 cigarettes per day
- 5 11 to 20 cigarettes per day
- 6 More than 20 cigarettes per day
- 9 Prefer not to answer

**ASK:** Respondents who reported trying cigarette smoking or did not answer the question about trying cigarette smoking in B1 today or who reported smoking in previous interviews and who reported smoking 1 or more of the past 30 days or did not answer the question about how many of the past 30 days they had smoked in B2 today.

---

**B4.** [IF (BLB1=1 OR FU1B1=1 OR FU2B1=1 OR FU3B1=1 OR B1=1 OR 9)] About how many cigarettes have you smoked in your entire life? Your best guess is fine.

- 1 0 cigarettes
- 2 1 or more puffs but never a whole cigarette
- 3 1 cigarette
- 4 2 to 5 cigarettes
- 5 6 to 15 cigarettes (about 1/2 a pack total)
- 6 16 to 25 cigarettes (about 1 pack total)
- 7 26 to 99 cigarettes (more than 1 pack, but less than 5 packs)
- 8 100 or more cigarettes (5 or more packs)
- 9 Prefer not to answer

**ASK:** Respondents who reported trying cigarette smoking or did not answer the question about trying cigarette smoking in B1 today or who report trying cigarettes at the follow-up 3 or follow-up 2 or follow-up 1 or baseline interviews.

---

**Other Tobacco Product Use**

---

**Checkpoint:** If BLB5 = 1 OR FU1B5 = 1 OR FU2B5=1 OR FU3B5=1 then go to B6. Else Ask B5.

---

**B5.** The next questions are about smokeless tobacco, such as dip, chewing tobacco, snuff, or snus. Common brands include Copenhagen, Grizzly, Skoal, Camel Snus, Kodiak, and Longhorn.



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

- 1 Yes -> GO TO B6
- 2 No -> GO TO NEXT RANDOM BLOCK IN SECTION B, OR IF THE LAST RANDOM BLOCK GO TO SECTION C
- 9 Prefer not to answer -> GO TO B6

**ASK:** Respondents who reported never having used smokeless tobacco or did not answer the question about using smokeless tobacco in B5 at the previous interviews.

**CHECKPOINT:** If B5 = 2 go to the next random block in section B, or if the last random block go to section C. Else Ask B6.

---

**B6.** [IF BLB5=1 OR FU1B5=1 OR FU2B5=1 OR FU3B5=1 OR (B5=1 OR 9)] During the past 30 days, on how many days did you use smokeless tobacco?

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

**ASK:** Respondents who reported having used smokeless tobacco in any of the previous interviews or did not answer the question about using smokeless tobacco in B5 today.

---

**B7.** [IF BLB5=1 OR FU1B5=1 OR FU2B5=1 OR FU3B5=1 OR (B5=1 OR 9)] How many times have you used smokeless tobacco in your entire life?

- 1 1 time
- 2 2 to 10 times
- 3 11 to 20 times
- 4 21 to 50 times
- 5 51 to 99 times
- 6 100 or more times
- 9 Prefer not to answer

**ASK:** Respondents who reported having used smokeless tobacco in any of the previous interviews or did not answer the question about using smokeless tobacco in B5 today.

---

**B8.** [IF BLB5=1 OR FU1B5=1 OR FU2B5=1 OR FU3B5=1 OR (B5=1 OR 9)] How often do you swallow smokeless tobacco juices?

- 1 Always
- 2 Sometimes
- 3 Rarely
- 4 Never
- 9 Prefer not to answer

**ASK:** Respondents who reported having used smokeless tobacco in any of the previous interviews or did not answer the question about using smokeless tobacco in B5 today.

---

**B9.** [IF BLB5=1 OR FU1B5=1 OR FU2B5=1 OR FU3B5=1 OR (B5=1 OR 9)] How soon after you wake up do you use smokeless tobacco?

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

**ASK:** Respondents who reported having used smokeless tobacco in any of the previous interviews or did not answer the question about using smokeless tobacco in B5 today.

---

**Checkpoint:** If BLB10 = 1 OR FU1B10 = 1 OR FU2B10=1 OR FU3B10=1 then go to the next random block in section B, or if the last random block go to section C. Else Ask B10.

---

**B10.** The next questions are about cigars, cigarillos, or little cigars such as Black & Mild, Swisher Sweets, Dutch Masters, Phillies Blunts, Prime Time, and Winchester.





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

- 1 Yes -> GO TO B11
- 2 No -> GO TO NEXT RANDOM BLOCK IN SECTION B, OR IF THE LAST RANDOM BLOCK GO TO SECTION C
- 9 Prefer not to answer -> GO TO B11

**ASK:** Respondents who reported never smoking cigars, cigarillos, or little cigars or did not answer the question about smoking cigars, cigarillos, or little cigars in B10 at the previous interviews.

---

**CHECKPOINT:** If B10 = 2 then go to the next random block in section B, or if the last random block go to section C. Else Ask B11.

---

**B11.** [IF BLB10=1 OR FU1B10=1 OR FU2B10=1 OR FU3B10=1 OR (B10=1 OR 9)] During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

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

**ASK:** Respondents who reported smoking cigars, cigarillos, or little cigars in any of the three interviews or did not answer the question about smoking cigars, cigarillos, or little cigars in B10 today.

---

---

**Checkpoint:** If BLB12 = 1 OR FU1B12 = 1 OR FU2B12=1 OR FU3B12=1 then go to the next random block in section B, or if the last random block go to section C. Else Ask B12.

---

**B12.** Have you ever tried smoking tobacco out of a water pipe (also called “hookah”), even one time?



- 1 Yes -> GO TO B13
- 2 No - > GO TO NEXT RANDOM BLOCK IN SECTION B, OR IF THE LAST RANDOM BLOCK GO TO SECTION C
- 9 Prefer not to answer ->GO TO B13

**ASK:** Respondents who reported never having tried smoking tobacco out of a water pipe or did not answer the question about trying smoking tobacco out of a water pipe in B12 at the previous interviews.

---

**CHECKPOINT:** If B12 = 2 then go to the next random block in section B, or if the last random block go to section C. Else Ask B13.

---

**B13.** [IF BLB12=1 OR FU1B12=1 OR FU2B12=1 OR FU3B12=1 OR (B12= 1 OR 9)]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

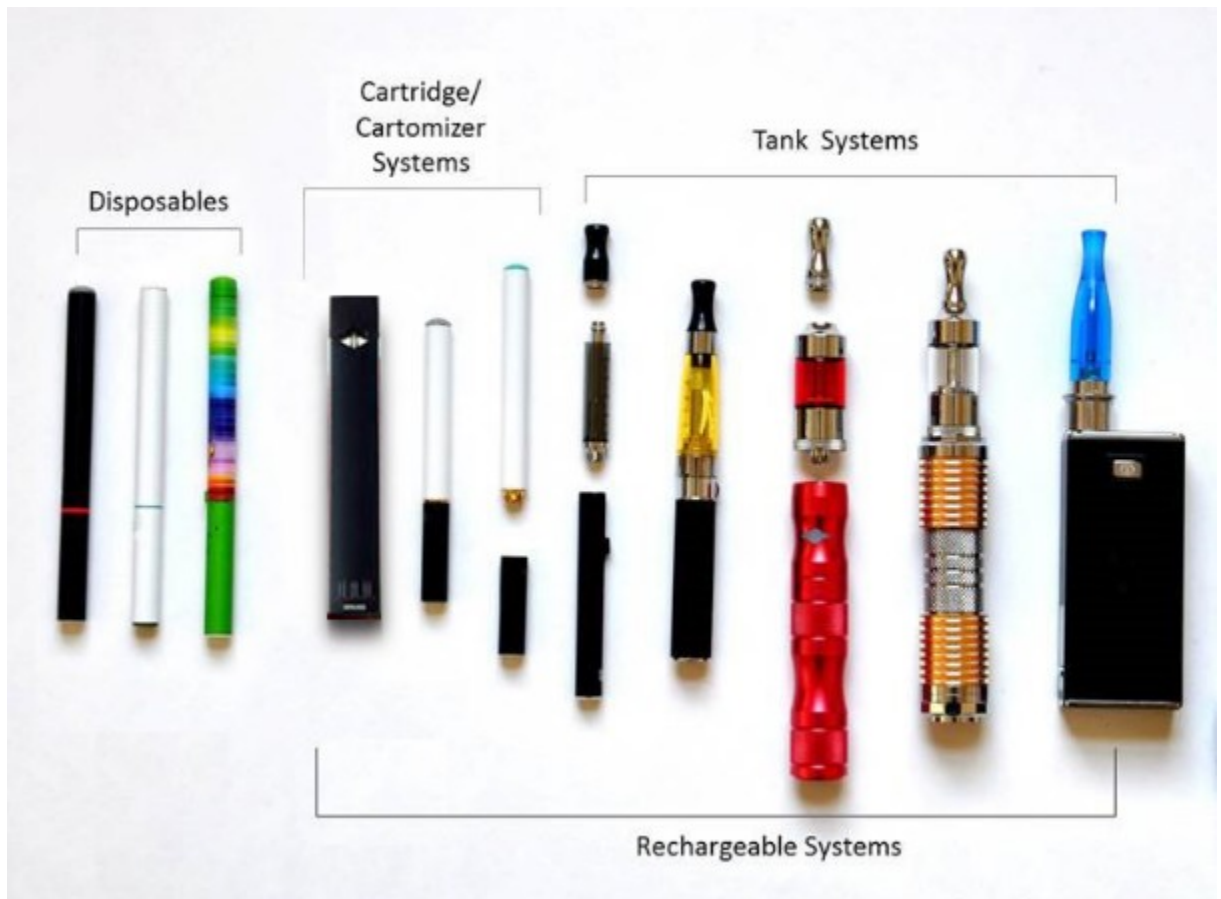
**ASK:** Respondents who reported having tried smoking tobacco out of a water pipe in any of the three interviews or did not answer the question about using smokeless tobacco in B12 today.

---

**Checkpoint:** If BLB14 = 1 OR FU1B14 = 1 OR FU2B14=1 OR FU3B14=1 then go to the next random block in section B, or if the last random block go to section C. Else Ask B14.

---

**B14.** The next questions are about e-cigarettes (e-cigs), e-hookahs, vape pens, hookah pens and personal vaporizers.



Have you ever tried any e-cigs or vape pens, even one time?

- 1 Yes -> GO TO B15
- 2 No -> GO TO NEXT RANDOM BLOCK IN SECTION B, OR IF THE LAST RANDOM BLOCK GO TO SECTION C
- 9 Prefer not to answer -> GO TO B15

**ASK:** Respondents who reported never having tried any e-cigs or vape pens or did not answer the question about trying any e-cigs or vape pens at the follow-up 1 or baseline interviews.

---

**CHECKPOINT:** If B14 = 2 then go to the next random block in section B, or if the last random block go to section C. Else Ask B15 and B16.

---

**B15.** [IF BLB14=1 OR FU1B14=1 OR FU2B14=1 OR FU3B14=1 OR (B14= 1 OR 9)]During the past 30 days, on how many days did you use e-cigarettes?

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

**ASK:** Respondents who reported having ever tried any e-cigs or vape pens in any of the three interviews or did not answer the question about ever trying any e-cigs or vape pens in B14 today

---

**B16.** [IF BLB14=1 OR FU1B14=1 OR FU2B14=1 OR FU3B14=1 OR (B14= 1 OR 9)] Does the e-cig you usually use contain nicotine?

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

**ASK:** Respondents who reported having ever tried any e-cigs or vape pens in any of the three interviews or did not answer the question about ever trying any e-cigs or vape pens in B14 today

---

**Section C: Tobacco Use Intentions and Self-Efficacy**

PROGRAMMER: RANDOMIZE THE ORDERING OF THE SETS C1, C2, AND C3.

**C1. Thinking about the future...**

		<b>Definitel y Yes</b>	<b>Probabl y Yes</b>	<b>Probably Not</b>	<b>Definitel y Not</b>	<b>Prefer Not to Answer</b>
<b>C1_1.</b>	Do you think that you will smoke a <b>cigarette</b> soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C1_2.</b>	Do you think you will smoke a <b>cigarette</b> 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
<b>C1_3.</b>	If one of your best friends were to offer you a <b>cigarette</b> , would you smoke it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C1_4.</b>	Have you ever been curious about smoking <b>cigarettes</b> ?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

**ASK:** All respondents

**C2. Thinking about the future...**

		<b>Definitel y Yes</b>	<b>Probably Yes</b>	<b>Probably Not</b>	<b>Definitel y Not</b>	<b>Prefer Not to Answer</b>
<b>C2_1.</b>	Do you think that you will use <b>smokeless tobacco</b> soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C2_2.</b>	Do you think you will use <b>smokeless tobacco</b> 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
<b>C2_3.</b>	If one of your best friends were to offer you <b>smokeless tobacco</b> would you use it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C2_4.</b>	Have you ever been curious about using <b>smokeless tobacco</b> ?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

**ASK:** All respondents

**C3. Thinking about the future...**

		<b>Definitel y Yes</b>	<b>Probably Yes</b>	<b>Probably Not</b>	<b>Definitel y Not</b>	<b>Prefer Not to Answer</b>
<b>C3_1.</b>	Do you think that you will use an <b>e-cig</b> soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C3_2.</b>	Do you think you will use an <b>e-cig</b> 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
<b>C3_3.</b>	If one of your best friends were to offer you an <b>e-cig</b> , would you use it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C3_4.</b>	Have you ever been curious about using <b>e-cigs</b> ?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

**ASK:** All respondents

---

**C4.** How sure are you that, if you really wanted to, you could say **no** to smokeless tobacco, if...

PROGRAMMER: RANDOMIZE C4\_1-C4\_3

	<b>Not at all sure</b>	<b>Slightly sure</b>	<b>Somewhat sure</b>	<b>Mostly sure</b>	<b>Completel y sure</b>	<b>Prefer Not to Answer</b>	
<b>C4_1.</b>	You are hanging out where most people are using it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>C4_2.</b>	A friend offers it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>C4_3.</b>	A family member 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

**ASK:** All respondents

---

## Section D: Cessation (Intention, Behavior, Motivation)

PROGRAMMER: RANDOMIZE THE SET:

- D1-D2 == CIGARETTES
  - D3-D4 == SMOKELESS TOBACCO
- 

### Cigarette Use

**D1.** [IF B2=2-7 OR 9]

During the past 3 months, did you stop smoking cigarettes for one day or longer because you were trying to quit smoking cigarettes for good?

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

**ASK:** Respondents who report smoking more than 0 days in the past 30 days in B2, or who report that they don't know how many days they smoked in the past 30 days.

---

**D2.** [IF D1 NE BLANK]

How much do you want to stop smoking?

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

**ASK:** Respondents who report smoking more than 0 days in the past 30 days in B2, or who report that they don't know how many days they smoked in the past 30 days.

---

### Other Tobacco Use

**D3.** [IF B6=2-7 OR 9]

During the past 3 months, did you stop using smokeless tobacco for one day or longer because you were trying to quit using smokeless tobacco for good?

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

**ASK:** Respondents who report using smokeless tobacco more than 0 days in the past 30 days in B6, or who report that they don't know how many days they used smokeless tobacco in the past 30.

---

**D4.** [IF D3 NE BLANK]

How much do you want to stop using smokeless tobacco?



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

**ASK:** Respondents who report using smokeless tobacco more than 0 days in the past 30 days in B6, or who report that they don't know how many days they used smokeless tobacco in the past 30.

---

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

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

NEXT

**ASK:** All respondents

---

**E1. Smoking cigarettes is...**

PROGRAMMER: RANDOMIZE E1\_1-E1\_3

PROGRAMMER: DISPLAY ITEM LIKE THAT BELOW. R WILL CLICK BUTTON TO ENTER RESPONSE. FIND A WAY TO DISPLAY A PREFER NOT TO ANSWER.

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

**ASK:** All respondents

---

**E2. Using smokeless tobacco is...**

PROGRAMMER: RANDOMIZE E2\_1-E2\_3

PROGRAMMER: DISPLAY ITEM LIKE THAT BELOW. R WILL CLICK BUTTON TO ENTER RESPONSE. FIND A WAY TO DISPLAY A PREFER NOT TO ANSWER.

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

**ASK:** All respondents

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**E3. Using e-cigs or vape pens is...**

PROGRAMMER: RANDOMIZE E3\_1-E3\_3

DISPLAY ITEM LIKE THAT BELOW. R WILL CLICK BUTTON TO ENTER RESPONSE. FIND A WAY TO DISPLAY A PREFER NOT TO ANSWER.

<b>E3_1.</b>	<b>Bad</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good</b>
<b>E3_2.</b>	<b>Unenjoyable</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Enjoyable</b>
<b>E3_3.</b>	<b>Harmful</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Not Harmful</b>

**ASK:** All respondents

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**E4.** How much do you agree or disagree with the following statements? **If I use smokeless tobacco, I will...**

PROGRAMMER: RANDOMIZE E4\_1- E4\_9

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer Not to Answer</b>
<b>E4_1.</b>	Damage my body	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E4_2.</b>	Be controlled by smokeless 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
<b>E4_3.</b>	Be more 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
<b>E4_4.</b>	Develop cancer of the lip, mouth, tongue or throat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E4_5.</b>	Develop sexual and/or fertility problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E4_6.</b>	Fit in	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E4_7.</b>	Be unable to stop when I want to	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E4_8.</b>	Lose my teeth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E4_9.</b>	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

**ASK:** All respondents

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**E4\_10a.** How much do you agree or disagree with the following statements? If I use smokeless tobacco, I will...

PROGRAMMER: RANDOMIZE E4\_10- E4\_19

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer Not to Answer</b>
<b>E4_10 .</b>	Get sick more often	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E4_11.</b>	End up wasting money on smokeless 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
<b>E4_12.</b>	Feel more relaxed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E4_13.</b>	Miss out on things I enjoy doing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E4_14.</b>	Gross out people I want to date	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E4_16.</b>	Develop gum disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E4_17.</b>	Develop red or white patches in the mouth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E4_18.</b>	Consume harmful chemicals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E4_19.</b>	Lose my jaw	<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

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**E5.** How much do you agree or disagree with the following statements? **If I smoke cigarettes** I will...

PROGRAMMER: RANDOMIZE E5\_1- E5\_11

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer Not to Answer</b>
<b>E5_1.</b>	Be controlled by smoking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E5_2.</b>	Be more 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
<b>E5_3.</b>	Develop cancer of the lip, mouth, tongue or throat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E5_4.</b>	Develop sexual and/or fertility problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E5_5.</b>	Be unable to stop when I want to	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E5_6.</b>	Develop skin problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E5_7.</b>	Lose my teeth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E5_8.</b>	Feel more relaxed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E5_9.</b>	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
<b>E5_10.</b>	End up wasting money on cigarettes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E5_11.</b>	Be more popular	<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

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**E6. How much do you agree or disagree with the following statements about smoking cigarettes?**

PROGRAMMER: RANDOMIZE E6\_1- E6\_5. Keep E6\_5 as the last item.

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer Not to Answer</b>
<b>E6_1.</b>	Smoking can cause <b>immediate</b> damage to my body.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E6_2.</b>	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
<b>E6_3.</b>	Cigarette ingredients are disgusting.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E6_4.</b>	Smoking cigarettes is a manly thing to do.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E6_5</b>	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

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**E7. How much do you agree or disagree with the following statements **about using smokeless tobacco?****

PROGRAMMER: RANDOMIZE E7\_1- E7\_10

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer Not to Answer</b>
<b>E7_1.</b>	Using smokeless tobacco can cause <b>immediate</b> damage to my body.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_2.</b>	It is safe for me to use smokeless tobacco 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
<b>E7_3.</b>	If I used smokeless tobacco 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
<b>E7_4.</b>	Using smokeless tobacco 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
<b>E7_5.</b>	Using smokeless tobacco is disgusting.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_7.</b>	Using smokeless tobacco is a way to show others you're not afraid to take risks.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_9</b>	Using smokeless tobacco is a manly thing to do.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E7_10.</b>	Using smokeless tobacco can cause red patches which can lead to mouth 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

**E8\_4.** Does **smokeless tobacco such as dip, chewing tobacco, or snuff** contain Formaldehyde, a chemical used to preserve dead animals?

1. Definitely yes
2. Probably yes
3. Probably not
4. Definitely not
5. Don't Know
9. Prefer not to answer

**ASK:** All respondents

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**E9.** How many of your four closest friends...

PROGRAMMER: RANDOMIZE E9\_1 - E9\_3

		None	One	Two	Three	Four	Prefer Not to Answer
<b>E9_1.</b>	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
<b>E9_2.</b>	Use smokeless tobacco?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
<b>E9_3.</b>	Use e-cigs?	<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

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**E10.** How many others your age...

PROGRAMMER: RANDOMIZE E10\_1 - E10\_3

		None	A few	Some	Most	All	Prefer Not to Answer
<b>E10_1.</b>	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
<b>E10_2.</b>	Use smokeless tobacco?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
<b>E10_3.</b>	Use e-cigs?	<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

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**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...

PROGRAMMER: RANDOMIZE F1\_1 - F1\_8

	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
<b>F1_1.</b> Watch television?	<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
<b>F1_2.</b> Watch videos on YouTube/Twitch?	<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
<b>F1_3.</b> Listen to 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
<b>F1_4.</b> 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
<b>F1_5.</b> Play games on any electronic devices including cell phones/ smartphones, computers, laptops, tablets, consoles (Xbox, Wii, PS) and handheld players (Nintendo DS, Sony PSP, iPod)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
<b>F1_7.</b> Watch Netflix, Hulu or Amazon Prime video?	<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 networking sites you use, about how often do you visit or use the following...

PROGRAMMER: RANDOMIZE F2\_1 - F2\_7

	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
<b>F2_1.</b> 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
<b>F2_2.</b> 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
<b>F2_3.</b> 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
<b>F2_5.</b> 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
<b>F2_7.</b> Skype	<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\_V2.** Thinking about the following websites, about how often do you visit or use the following...

PROGRAMMER: 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
<b>F3_1.</b> YouTube www.youtube.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
<b>F3_4.</b> Spotify www.spotify.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
<b>F3_5.</b> Bleacher Report www.bleacherreport.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
<b>F3_6.</b> Major League Gaming www.majorleaguegaming.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
<b>F3_7.</b> SoundCloud www.soundcloud.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
<b>F3_8.</b> Oovoo www.oovoo.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.** We want to ask you about some slogans or themes that might or might not have appeared in the media around here, as part of ads about tobacco.

NEXT  
PROGRAMMER: RANDOMIZE F4\_1 - F4\_6

**ASK:** All respondents

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**F4\_1.** Since [FILL DATE], have you seen or heard the following slogan or theme?  
truth

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



**ASK:** All respondents

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**F4\_2.** Since [FILL DATE], have you seen or heard the following slogan or theme?  
Down and Dirty

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



**ASK:** All respondents

---

**F4\_3.** Since [FILL DATE], have you seen or heard the following slogan or theme?  
Digital Youth Against Tobacco (DYAT)

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



**ASK:** All respondents

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**F4\_4.** Since [FILL DATE], have you seen or heard the following slogan or theme?  
The Real Cost

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



**ASK:** All respondents

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**F4\_4a.** Since [FILL DATE], have you seen or heard the following slogan or theme?  
*The Real Cost, Smokeless Doesn't Mean Harmless*

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



**ASK:** All respondents

---

**F4\_5.** Since [FILL DATE], have you seen or heard the following slogan or theme?  
*Tips from Former Smokers (Tips)*

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



**ASK:** All respondents

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**F4\_6.** Since [FILL DATE], have you seen or heard the following slogan or theme?

*Fresh Empire*

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



**ASK:** All respondents

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**F4\_7.** 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

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**F5\_3.** [IF F4\_4a=1 or 3] Where have you seen or heard about *The Real Cost*, Smokeless Doesn't Mean Harmless Campaign?

PROGRAMMER: RANDOMIZE OPTIONS

		Yes	No	Prefer not to answer
<b>F5_3a.</b>	On TV or the Internet/online			
<b>F5_3b.</b>	On the radio			
<b>F5_3c.</b>	Billboards or other outdoor ads			
<b>F5_3d.</b>	At the movie theater			

**ASK:** Respondents who report having seen or heard *The Real Cost* theme in F4\_4a, or who report they are not sure if they have seen or heard *The Real Cost* theme.

**F29.** How many celebrities, athletes, musicians, or artists do you follow on social media (e.g., Joe Rogan, Dude Perfect, Hannah Barron, Jess DeLorenzo, Eva Shockey, Travis Pastrana, Jason Aldean)?

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

**ASK:** All respondents

**F7\_x.** Now we would like to show you some advertisements that have been shown in the U.S.

PROGRAMMER: RANDOMIZE BATTERIES OF QUESTIONS ABOUT VIDEOS. DON'T ALLOW A RESPONSE UNTIL THE VIDEO HAS PLAYED FOR 15 SECONDS. REPEAT F8\_X - F13f\_X FOR EACH ADDITIONAL VIDEO. THE LIST OF VIDEOS IS IN ATTACHMENT 12a.

Next

**ASK:** All respondents

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PROGRAMMER: EMBED [TO BE DETERMINED] VIDEO

[SCREENSHOT OF TBD VIDEO]

**F8\_X.** Apart from this survey, how frequently have you seen this ad since [FILL DATE]?

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

**ASK:** All respondents

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[SCREENSHOT OF TBD VIDEO]

**F11\_X.** Please tell us if you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree with the following statements.

PROGRAMMER: RANDOMIZE ALL

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer Not to Answer</b>
<b>F11_X1</b>	This ad is worth remembering	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F11_X2</b>	This ad grabbed my attention	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F11_X3</b>	This ad is powerful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F11_X4</b>	This ad is informative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F11_X5</b>	This ad is meaningful to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F11_X6</b>	This ad is convincing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F11_X7</b>	This ad 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
<b>F11_X10</b>	This ad 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
<b>F11_X12</b>	This ad 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

---

[SCREENSHOT OF TBD VIDEO]

**F13\_X.** On scale of 1 to 5, where 1 means “not at all” and 5 means “very”, please indicate how much this ad made you feel...

PROGRAMMER: RANDOMIZE ORDER

		<b>1 Not at all</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 Very</b>	<b>Prefer not to answer</b>
<b>F13a_X.</b>	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
<b>F13b_X.</b>	Hopeful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F13c_X.</b>	Motivated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F13d_X.</b>	Worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F13e_X.</b>	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
<b>F13f_X.</b>	Surprised	<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

---



**F7\_INTRO.** The next few questions are about other ads.

**ASK:** All respondents

---

**F7\_1.** Apart from this survey, how frequently have you seen these ads since [FILL DATE]?



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

**ASK:** All respondents

---

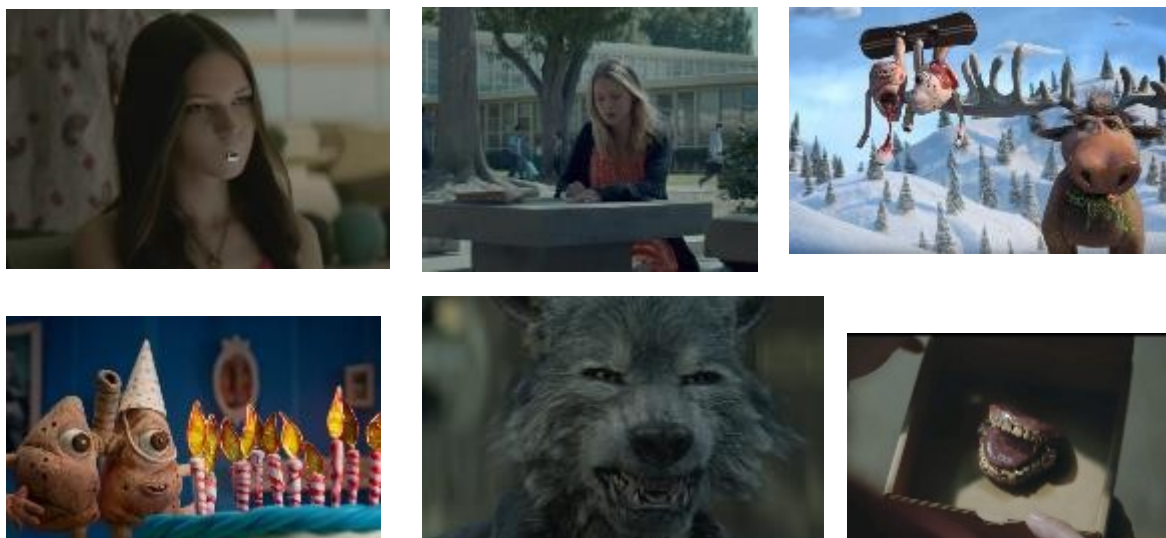
**F7\_2.** Apart from this survey, how frequently have you seen these ads since [FILL DATE]?



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

**ASK:** All respondents

**F7\_3.** Apart from this survey, how frequently have you seen these ads since [FILL DATE]?



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

**ASK:** All respondents

---

**F7\_4.** Apart from this survey, how frequently have you seen these ads since [FILL DATE]?



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

**ASK:** All respondents

---

## STREAMING RADIO AWARENESS

**F24.** Since [FILL DATE], have you heard about *The Real Cost*, Smokeless Doesn't Mean Harmless Campaign on streaming radio?



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

**ASK:** All respondents

---

**F24a.** Now we would like to play you some radio clips that have aired in the U.S. Once you have listened to the clip, please click on the Next arrow below to continue with the survey.

NEXT

PROGRAMMER: RANDOMIZE RADIO CLIPS. DON'T ALLOW A RESPONSE UNTIL THE AD HAS PLAYED FOR 10 SECONDS. REPEAT F25\_X - F26\_X FOR EACH RADIO AD. THE LIST OF RADIO ADS IS IN ATTACHMENT 12a.

**ASK:** All respondents

---

PROGRAMMER: EMBED RADIO CLIP [TBD]

**F25\_X.** Apart from this survey, how frequently have you heard this on the radio since [FILL DATE]?

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

**ASK:** All respondents

---

**F26\_X.** How much do you agree or disagree with the following statement?

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer Not to Answer</b>
	This radio ad is convincing	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**ASK:** All respondents

**F28.** Apart from this survey, how frequently have you seen any of these advertisements on websites you visited since [FILL DATE]?

[INSERT BANNER AD COLLAGE]

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

**ASK:** All respondents

**F18a.** Have you visited [www.therealcost.gov/dip](http://www.therealcost.gov/dip) since [FILL DATE]?

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

**ASK:** All respondents

**F14\_x.** [F8\_1 NE 1 OR F8\_2 NE 1 OR F8\_3 NE 1 OR F8\_5 NE 1 OR F8\_6 NE 1 OR F25\_1 NE 1 OR F25\_9 NE 1 OR F25\_10 NE 1 OR F25\_11 NE 1 OR F25\_12 NE 1] Did you talk to anyone in person or online about these ads?

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

**ASK:** Respondents who did NOT report having never seen or heard Face of Dip in F8\_1, Football in F8\_2, Jeans in F8\_3, Pounds in F8\_5, Don't Search It in F8\_6, Come On in F25\_1, Warning Signs in F25\_9, The Ring in F25\_10, Don't Search It in F25\_11, or Can't get addiction out of my head in F25\_12.

**F5.** Do your parents have rules about what you are allowed to do on the computer, which video games you are allowed to play, or what music you're allowed to listen to?

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

**ASK:** All respondents

---

**F6.** How often do your parents let you watch movies or videos that are rated R?

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

**ASK:** All respondents

---

**F7.** Please tell us if you strongly agree, agree, disagree, or strongly disagree with the following statements.

I try to do what my parents want me to do.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 9 Prefer not to answer

**ASK:** All respondents

---

**F8.** What my parents think of me is important.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 9 Prefer not to answer

**ASK:** All respondents

---

**F9.** I do what my friends want me to do, even if I don't want to.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 9 Prefer not to answer

**ASK:** All respondents

---

**F10.** To keep my friends, I'd even do things I don't want to do.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 9 Prefer not to answer

**ASK:** All respondents

---



## Section G: Environment

**G1.** 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? Select all that apply.

- 1 Cigarettes
- 2 Smokeless tobacco
- 3 Cigars, cigarillos, or little cigars
- 4 Tobacco out of a water pipe (also called "hookah")
- 5 e-cigarettes, vape pens, and other electronic vapor products
- 6 Any other form of tobacco
- 7 No, no one who lives with me has used any form of tobacco during the past 30 days
- 9 Prefer not to answer

PROGRAMMER: ALLOW RESPONDENTS TO SELECT MORE THAN ONE RESPONSE ON 1-6.

IF RESPONSE 7 WAS CHOSEN WITH ANY OTHER RESPONSE OPTIONS, "You indicated that no one who lives with you used any form of tobacco during the past 30 days and also said that in the past 30 days someone has used a form of tobacco. Please choose either someone or no one has smoked any form of tobacco as your response."

**ASK:** All respondents

---

**G2.** Do you have any brother(s) and/or sister(s) who have used smokeless tobacco during the past 30 days?

- 1 Yes
- 2 No
- 3 I don't know
- 4 I don't have any brothers or sisters
- 9 Prefer not to answer

**ASK:** All respondents

---

**G3.** Which statement best describes the rules about smoking in your home? Would you say...

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside the home
- 4 There are no rules about smoking inside the home
- 9 Prefer not to answer

**ASK:** All respondents

---

**G4.** Which statement best describes the rules about using smokeless tobacco in your home? Would you say...

- 1 Smokeless tobacco is not allowed anywhere inside your home
- 2 Smokeless tobacco is allowed in some places or at some times
- 3 Smokeless tobacco is allowed anywhere inside the home
- 4 There are no rules about using smokeless tobacco inside the home
- 9 Prefer not to answer

**ASK:** All respondents

---

**G5.** How well would you say you have done in school? Would you say...

- 1 Much better than average
- 2 Better than average
- 3 Average
- 4 Below average
- 5 Much worse than average
- 9 Prefer not to answer

**ASK:** All respondents

---

**G6.** Please tell us if you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree with the following statements.

I feel close to people at my school. 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.** I am happy to be at my school. 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

---

**G8.** I feel like I am a part of my school. 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

---

**G9.** How far do you think you will go in school?

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

**ASK:** All respondents

---

**G10.** How many close friends do you have? Close friends include people whom you feel at ease with, can talk to about private matters, and can call on for help.  
\_\_\_\_\_ (Range: 0-7)

PROGRAMMER: NUMERIC STRING. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 7. IF ANYTHING ELSE IS TYPED IN ERROR MESSAGE SHOULD SAY, "You have entered a number outside the allowed range. Please enter an answer between 0 and 7."

- 9 Prefer not to answer

**ASK:** All respondents

---

**G11.** 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

---

**G12.** 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

---

**G13.** 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

---

**G14.** 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

---

**G15.** 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

---

**G16.** 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  
33 Don't know

99 Prefer not to answer

PROGRAMMER: NUMERIC STRING. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 30. IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "You have entered a number outside the allowed range. Please enter a number between 0 and 30."

RESPONDENTS CAN ONLY RESPOND WITH THE OPTION DON'T KNOW, OR TYPE IN A NUMERIC RESPONSE. IF RESPONDENTS TRY TO DO MULTIPLE THINGS, ERROR MESSAGE SHOULD SAY "You have entered a number and selected Don't Know. Please choose one or the other as your response."

**ASK:** All respondents

---

**G17.** The next section asks some questions about how you feel about your current relationship with your parents or guardians.

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

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

**ASK:** All respondents

---

**G18.** How close do you feel to the adult or adults you live with?

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

**ASK:** All respondents

---

**G19.** How often has a parent or other adult caregiver said things that really hurt your feelings or made you feel like you were not wanted or loved?

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

**ASK:** All respondents

---

**G20.** Has a parent or other adult caregiver ever talked to you about reasons for not using smokeless tobacco?

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

**ASK:** All respondents

---

**G21.** During the past 7 days, on how many days did you and one or both of your parents or other adult caregivers do something together just for fun?

- \_\_\_\_\_
- 9 Prefer not to answer

PROGRAMMER: NUMERIC STRING. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 7. IF ANYTHING ELSE IS TYPED IN ERROR MESSAGE SHOULD SAY, "You have entered a number outside the allowed range. Please enter a number between 0 and 7."

**ASK:** All respondents

---

**FINAL** [IF CAPI] That was the last question. Once you move past this screen, your responses will be locked. They cannot be seen by your interviewer. Please tell your interviewer that you are finished. Thank you for taking the time to complete the survey.

Next

**CODE** [IF CAPI] INTERVIEWER - ENTER 3 DIGIT CODE TO LOCK RESPONSES.  
Programmer: Code is RTI

**ASK:** CAPI respondents

---

## Section H: Closing Contact Items

**H4.** [IF CAPI AND FILLAGE <18] INTERVIEWER: ASK ITEM OF PARENTS

[IF CAPI] Thank you for your responses! We may need to reach you again to ask questions about this interview. Please provide your phone number including area code in case we are unable to reach you by e-mail.

OPEN END NUM

VALIDATION: MIN 0 MAX 9999999999

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone Number [ALLOW 10 CHARACTERS]  
Prefer not to answer

PROGRAMMER: VALIDATE FORMAT FOR PHONE NUMBER. DO NOT ALLOW 0 OR 1 AS THE BEGINNING DIGIT OF AN AREA CODE OR PREFIX. IF FORMAT IS INCORRECT, PLEASE DISPLAY "Please enter a valid phone number. The phone number must be a 10-digit number. Do not include dashes or other special characters."

**ASK:** CAPI Respondents

---

**INCENT01** [IF CAPI]

PROGRAMMER: DISPLAY CASE ID FROM IFMS ON SCREEN.

INTERVIEWER: SIGN COMPENSATION RECEIPT AND HAND \$20 TO R

DID YOU GIVE THE RESPONDENT THEIR INCENTIVE?

- 1 YES
- 2 NO

PROGRAMMER: HARD PROMPT "INTERVIEWER, THIS IS A REQUIRED ITEM. PLEASE DO YOUR BEST TO FILL OUT THE ITEM."]

**ASK:** CAPI respondents

---

**INCENT02**

[IF INCENT01=1 AND CAPI] I have signed this form to indicate that I have given you \$20 cash for completing this interview. You may have received an invitation to take this survey on the web. Since we completed this survey today, there is no need for you to take the web survey. Thanks again!

NEXT

**ASK:** CAPI respondents who have been given the \$20 cash incentive by interviewer in INCENT01

---

**INCENT03** [IF INCENT01=2 AND CAPI] INTERVIEWER, PLEASE INDICATE WHY YOU ARE NOT ABLE TO GIVE THE INCENTIVE TO THE RESPONDENT.

\_\_\_\_\_ (1000 Characters)

[PROGRAMMER: HARD PROMPT "INTERVIEWER, THIS IS A REQUIRED ITEM. PLEASE DO YOUR BEST TO FILL OUT THE ITEM."]

**ASK:** CAPI respondents who have NOT been given the \$20 cash incentive by interviewer in INCENT01

---

**FIDBF1** [IF CAPI]

INTERVIEWER: DO NOT READ TO THE RESPONDENT.

DID YOU HAVE TO READ ANY OF THE QUESTIONS OUT LOUD TO THE RESPONDENT?

1. YES
2. NO

**ASK:** Interviewers of CAPI surveys

---

**FIDBF2** [IF CAPI]

PLEASE DESCRIBE THE ASSISTANCE THAT YOU PROVIDED TO THE RESPONDENTS. WHAT WERE HIS READING ABILITIES? HOW MUCH HELP DID HE REQUIRE? OTHERWISE, ENTER ANY NOTES YOU HAVE ABOUT THIS CASE

PROGRAMMER: OPEN ENDED. CHARACTER LIMIT: 5000

**END**

**ASK:** Interviewers of CAPI surveys

---

**VERIFY** [IF WEB]

Including this one, how many surveys have you completed on this topic?

\_\_\_\_\_ (Range: 1-10)

**ASK:** Web respondents

---

**COMMNT** [IF WEB]

Thank you for completing the survey. Please enter any comments that you have about the interview.

\_\_\_\_\_ PROGRAMMER: PROGRAM OPEN ENDED ITEM WITH 2000 CHARACTER LIMIT. MAKE ITEM OPTIONAL.

Next

**ASK:** Web respondents

---



**WEBTH** [IF WEB]

To thank you for completing the survey, you will receive a check for [\$20/\$25 IF BEFORE OR AFTER EARLY BIRD DATE]. We will need to collect some information from you so that we can mail you a check. This information will be kept completely confidential in secure and protected data files and will be separate from the responses provided in the survey. If you would like to decline receiving this payment, you can leave the information blank and then simply select "Prefer not to answer" to continue to the next screen.

First name: **YFNAME**

Last name: **YLNAME**

What is the best address where we should mail the check?

Street: **YSTREET**

City: **YCITY**

State: **YSTATE**

Zip Code: **YZIP**

PROGRAMMER: PLEASE HAVE YFNAME, YLNAME, YCITY YSTATE ONLY ALLOW ALPHA CHARACTERS AND HAVE YZIP ONLY ALLOW NUMERIC CHARACTERS

**ASK:** Web respondents

---

**THANKS.** Thank you again for your participation.

**EXIT**

**OMB No: 0910-0753**

**Expiration Date: 09/30/2019**

**Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 45 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRASStaff@fda.hhs.gov.**

**MIEND.** You may now close your browser or navigate away from this page.