

**ATTACHMENT 2: LGBT YOUNG ADULT FOLLOW-UP INSTRUMENT**

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

**Programming conventions and specifications notes**

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

PROGRAMMER: Insert Longitudinal Screener Informed Consent (Attachment 14)

PROGRAMMER: Insert Longitudinal Screener (Attachment 13)

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

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

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**Y\_video** Please try to view this video to make sure you can see it.

PROGRAMMER: DISPLAY OCEAN VIDEO

**ASK:** All respondents

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**Y\_video1** Are you able to view and hear this video?

- 1 Yes
- 2 No

PROGRAMMER: IF Y\_video1=2, display this message: 'Viewing and hearing the videos in this survey is important. Please turn up on the volume on your device. If you cannot view the video, try logging into the survey using a different computer or browser. If that doesn't work, you will not be able to take the survey online.' If the respondent answers 'No' the instrument should resume at this screen.

**ASK:** All respondents

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## **Section A: Demographic Items**

**A1.** The first part of the survey asks you some general questions about yourself.

What is your date of birth?

Please Select: Month                      Year

PROGRAMMER: CALCULATE MINIMUM AGE. FOR EXAMPLE, IF MONTH IS CURRENT MONTH AND R CAN BE EITHER 17 OR 18 BASED ON DATE, CALCULATE 17. INCLUDE DROP DOWN MENUS FOR MONTH AND YEAR. THE RANGE OF YEARS SHOULD INCLUDE 1985 TO 2005.

**ASK:** All respondents

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**ROUTE** [IF MINIMUM AGE <18] Thank you for your responses. Based on your responses, you are not eligible to participate in the study.

NEXT

PROGRAMMER: EXIT INTERVIEW

**ASK:** Respondents whose month and year of birth could make them 17 years old.

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**A2.** [IF LONGITUDINAL (LC\_W7 NE 1)]

Are you Hispanic, Latino/a, or of Spanish origin? Check all that apply.

PROGRAMMER: PROGRAM SO THAT RESPONDENTS CAN SELECT MORE THAN ONE RESPONSE ON 2-5

- 1 No, not of Hispanic, Latino/a, or Spanish origin
- 2 Yes, Mexican American, Chicano/a
- 3 Yes, Puerto Rican
- 4 Yes, Cuban
- 5 Yes, another Hispanic, Latino/a, or Spanish origin
- 9 Prefer not to answer

**ASK:** All new cohort respondents

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**A3.** [IF LONGITUDINAL (LC\_W7 NE 1)]

What race or races do you consider yourself to be? You can **choose one answer** or **more than one answer** or **you may skip this question**.

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

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

**ASK:** All new cohort respondents

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

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

**ASK:** All respondents

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

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

**ASK:** All respondents

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**A6.** Are you currently enrolled in a degree program?

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

**ASK:** All respondents

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

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

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

**ASK:** All respondents

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## Section B: Tobacco Use Behavior

The next section asks about your experiences with tobacco products.

### Cigarette Use

- B1.** Have you ever tried cigarette smoking, even one or two puffs?
- 1 Yes
  - 2 No - GO TO B9
  - 9 Prefer not to answer

**ASK:** All respondents

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- B2.** [IF B1=1 or 9]

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

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

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

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- B3.** [IF B2=1 to 30]

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

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

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

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**B4.** [IF B2=1 to 30]

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

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

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

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**B5.** [IF B2=1 to 30]

Do you consider yourself a smoker?

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

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

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**B6.** [IF B2=1 to 30]

Do you consider yourself a social smoker?

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

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

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**B7.** [IF B1=1]

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

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

**ASK:** Respondents who have ever smoked a cigarette

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

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

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

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

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



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

**ASK:** All respondents

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**B10.** [IF B9=1]

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

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

**ASK:** Respondents who report ever having used chewing tobacco

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



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

**ASK:** All respondents

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**B12.** [IF B11=1]

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



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

**ASK:** Respondents who report ever smoking cigars

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



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

**ASK:** All respondents

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**B14.** [IF B13=1]

During the past 30 days, on how many days did you smoke tobacco out of a water pipe (also called “hookah”)?

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

**ASK:** Respondents who have ever used a hookah

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



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

**ASK:** All respondents

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**B16.** [IF B15=1]

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

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

**ASK:** Respondents who report ever using electronic nicotine products

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

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

**ASK:** All respondents

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

**ASK:** All respondents

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

**C1.** [IF B1=2 OR B2= 0]

Thinking about the future...

		<b>Definitely Yes</b>	<b>Probably Yes</b>	<b>Probably Not</b>	<b>Definitely Not</b>	<b>Prefer not to answer</b>
	Do you think that you will try 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
	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
	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

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

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

PROGRAMMER: RANDOMIZE C2\_1-C2\_5

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

**ASK:** All respondents

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

### Cigarette Use

**D1.** [IF B2=1-30]

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

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

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

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**D2.** [IF B2=1-30]

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

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

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

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**D3.** [IF B2=1-30] How worried are you that smoking will damage your health in the future?

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

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

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**D4.** [IF B2=1-30] How worried are you that smoking will damage your physical appearance or attractiveness?

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

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

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

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

### Attitude

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

PROGRAMMER: RANDOMIZE ALL ROWS

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer not to answer
<b>E1_1.</b>	People who are tobacco-free are <b>confident.</b>	<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>E1_2.</b>	People who are tobacco-free are <b>trendsetting.</b>	<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>E1_3.</b>	People who are tobacco-free are <b>happy.</b>	<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>E1_4.</b>	People who are tobacco-free are <b>judgmental.</b>	<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>E1_5.</b>	People who are tobacco-free are <b>attractive.</b>	<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>E1_6.</b>	People who are tobacco-free are <b>basic.</b>	<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>E1_7.</b>	People who are tobacco-free are <b>boring.</b>	<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>E1_8.</b>	People who are tobacco-free are <b>predictable.</b>	<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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**E2. Smoking cigarettes** is...

[RANDOMIZE E2\_1-E2\_2]

<b>E2_1.</b>	Bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good
<b>E2_2.</b>	Unenjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enjoyable

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

**ASK:** All respondents

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

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

PROGRAMMER: RANDOMIZE E3A\_1- E3A\_5

		<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>E3A_1.</b>	I am proud to live tobacco-free.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3A_2.</b>	Living tobacco-free is important to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3A_3.</b>	Tobacco use is harmful to the LGBT community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3A_4.</b>	Being tobacco free when I go out makes me feel excluded.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3A_5.</b>	Using tobacco makes life harder.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

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

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

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

PROGRAMMER: RANDOMIZE E3B\_1-E3B\_7

		<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>E3B_1.</b>	I would be proud to live tobacco-free.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3B_2.</b>	Living tobacco-free is important to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3B_3.</b>	If I lived tobacco-free I would be proud to tell other people.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3B_4.</b>	Using tobacco interferes with my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3B_5.</b>	Tobacco use is harmful to the LGBT community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3B_6.</b>	If I was tobacco free I would feel excluded when I go out.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3B_7.</b>	Using tobacco makes life harder.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

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

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

PROGRAMMER: RANDOMIZE ROWS

		<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>	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>E4_2.</b>	Be able to stop smoking when I want to	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E4_3.</b>	Damage my immune system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E4_4.</b>	Turn off potential partners	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E4_5.</b>	Damage my teeth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E4_6.</b>	Damage my skin	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E4_7.</b>	Develop lung cancer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

ASK: All respondents

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**Social Norms**

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

		None	One	Two	Three	Four	Prefer not to answer
<b>E5_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>E5_4.</b>	Smoke cigars, cigarillos, or little cigars?  Common brands are Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
<b>E5_2.</b>	Use a hookah or water pipe to smoke tobacco?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
<b>E5_3.</b>	Use electronic nicotine products such as "e-cigarettes", "e-cigs", "vapor pens", or "e-hookahs"?  Common brands are JUUL, Blu, Njoy, Logic, Fin, Swisher, 21st Century Smoke, Vuse, Markten, V2 Cigs, Nicotek or Vapin Plus.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9

**ASK:** All respondents

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

		None	A few	Some	Most	All	Prefer not to answer
<b>E6_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>E6_4.</b>	Smoke cigars, cigarillos, or little cigars?  Common brands are Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
<b>E6_2.</b>	Use a hookah or water pipe to smoke tobacco?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
<b>E6_3.</b>	Use electronic nicotine products such as "e-cigarettes", "e-cigs", "vapor pens", or "e-hookahs"?  Common brands are JUUL, Blu, Njoy, Logic, Fin, Swisher, 21st Century Smoke, Vuse, Markten, V2 Cigs, Nicotek or Vapin Plus.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9

**ASK:** All respondents

---

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

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

**ASK:** All respondents

---

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

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

**ASK:** All respondents

---

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

**ASK:** All respondents

---

**Perceived Approval**

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

PROGRAMMER: RANDOMIZE E9\_1-E9\_3

		<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>E9_1.</b>	According to <b>my friends</b> , it is very important for me to <b>not</b> smoke cigarettes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E9_2.</b>	According to most people <b>who hang out where I hang out</b> , it is very important for me to <b>not</b> smoke cigarettes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E9_3.</b>	According to <b>people my age in LGBT communities</b> it is very important for me to <b>not</b> smoke cigarettes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

**ASK:** All respondents

---

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

PROGRAMMER: RANDOMIZE ROWS IN TABLE

		<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>E10_1</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>E10_2</b>	Be able to stop smoking when I want to	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E10_3</b>	Damage my immune system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E10_4</b>	Turn off potential partners	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E10_5</b>	Damage my teeth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E10_6</b>	Damage my skin	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E10_7</b>	Develop lung cancer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

**ASK:** All respondents

---

## Approval of Smoking

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

		<b>Definitely Yes</b>	<b>Probably Yes</b>	<b>Probably Not</b>	<b>Definitely Not</b>	<b>Prefer not to answer</b>
<b>E11_1</b>	Go to a bar, club, party, concert or event where people are smoking cigarettes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
<b>E11_2</b>	Hang out with someone who smokes cigarettes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
<b>E11_3</b>	Dance with someone who smokes cigarettes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
<b>E11_4</b>	Kiss someone who smokes cigarettes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
<b>E11_5</b>	Date someone who smokes cigarettes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9

**ASK:** All respondents

---



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

		<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>E12_1.</b>	It is safe for me to smoke for only a year or two, as long as I quit after that.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E12_2.</b>	If I started to smoke occasionally I would not become addicted.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E12_3.</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>E12_4</b>	Cigarette ingredients are harmful.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E12_5</b>	Cigarette ingredients are dangerous.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E12_6.</b>	Smoking is a way to show my identity to others.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E12_7.</b>	Smoking cigarettes can help keep your weight down.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E12_8.</b>	Smoking can cause damage to nearly every part of your body.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E12_9.</b>	Smoking weakens your immune system.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E12_10.</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

---

**Section F: Media Use and Awareness**

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

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

**ASK:** All respondents

---

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

[RANDOMIZE ALL]

	<b>Several times a day</b>	<b>About Once a Day</b>	<b>3-5 days a week</b>	<b>1-2 days a week</b>	<b>Every few weeks</b>	<b>Less often</b>	<b>Never</b>	<b>Prefer not to answer</b>
<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_4.</b> Tumblr	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
<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

**ASK:** All respondents

---

**F3.** Think about the following websites. About how often do you visit or use...

[RANDOMIZE ALL]

	Several times a day	About Once a Day	3-5 days a week	1-2 days a week	Every few weeks	Less often	Never	Prefer not to answer
<b>F3_1.</b> Queerty <a href="http://www.queerty.com/">http://www.queerty.com/</a>	<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_2.</b> Logo TV <a href="http://www.logotv.com/">http://www.logotv.com/</a>	<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> Autostraddle <a href="http://www.autostraddle.com/">http://www.autostraddle.com/</a>	<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> After Ellen <a href="http://www.afterellen.com/">http://www.afterellen.com/</a>	<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> GayCities.com <a href="http://www.gaycities.com/">http://www.gaycities.com/</a>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9

**ASK:** All respondents

---

**F4.** How often do you go to concerts, live shows, or other events at a store, local stage, community center, or music venue?

- 1 Once a week or more often
- 2 One or two times a month
- 3 Once every two or three months
- 4 One or two times a year
- 5 I do not attend concerts, live shows, or other events
- 9 Prefer not to answer

**ASK:** All respondents

---

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

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

**ASK:** All respondents

---

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

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

ELSE FILL 'Laverne Cox, Ingrid Nilsen, Adam Rippon, Adore Delano']])?

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

**ASK:** All respondents

---

## Brand Awareness

**F7.** We want to ask you about some brands that might or might not have appeared in the media around here, as part of ads or videos about tobacco or at concerts, live shows, or other events.

**F7\_2.** In the past 3 months, that is since [FILL DATE], have you seen or heard the following brand?

*The Real Cost*



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

**ASK:** All respondents

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

---

**F7\_3.** In the past 3 months, that is since [FILL DATE], have you seen or heard the following brand?

*This Free Life*



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

**ASK:** All respondents

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

---

**F7\_5.** In the past 3 months, that is since [FILL DATE], have you seen or heard the following brand?

*Digital Young Adults Against Tobacco*



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

**ASK:** All respondents

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

---

**Ad Awareness Other TC Campaigns (To Use As Controls)**

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

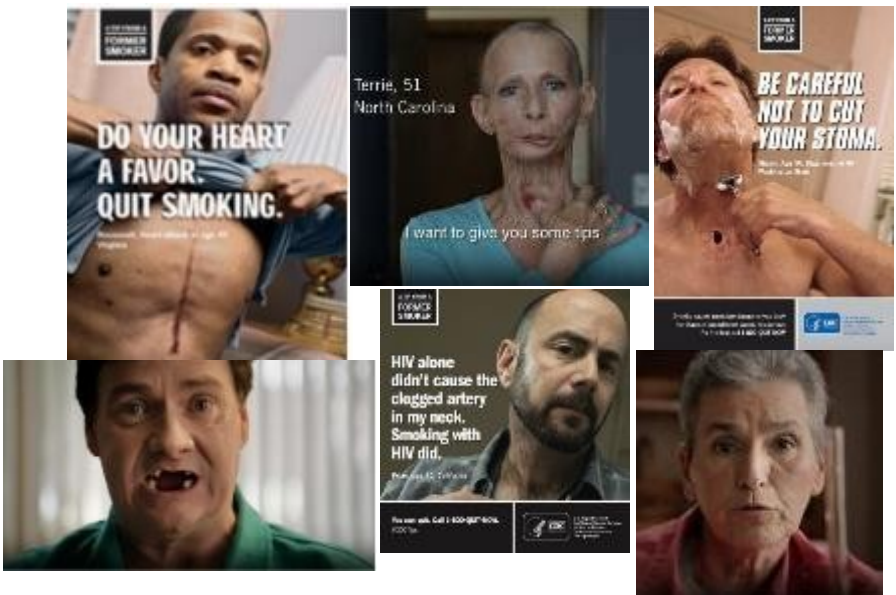
**ASK:** All respondents

---

PROGRAMMER: RANDOMIZE F8\_1-F8\_3

---

**F8\_1.** In the past 3 months, that is since [FILL DATE], have you seen a *Tips from Former Smokers (Tips)* ad? Examples of some *Tips from Former Smokers* ads are shown below.



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

**ASK:** All respondents



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

---

**F8\_2.** In the past 3 months, that is since [FILL DATE], have you seen a *truth*® campaign ad? Examples of some *truth*® campaign ads are shown below.



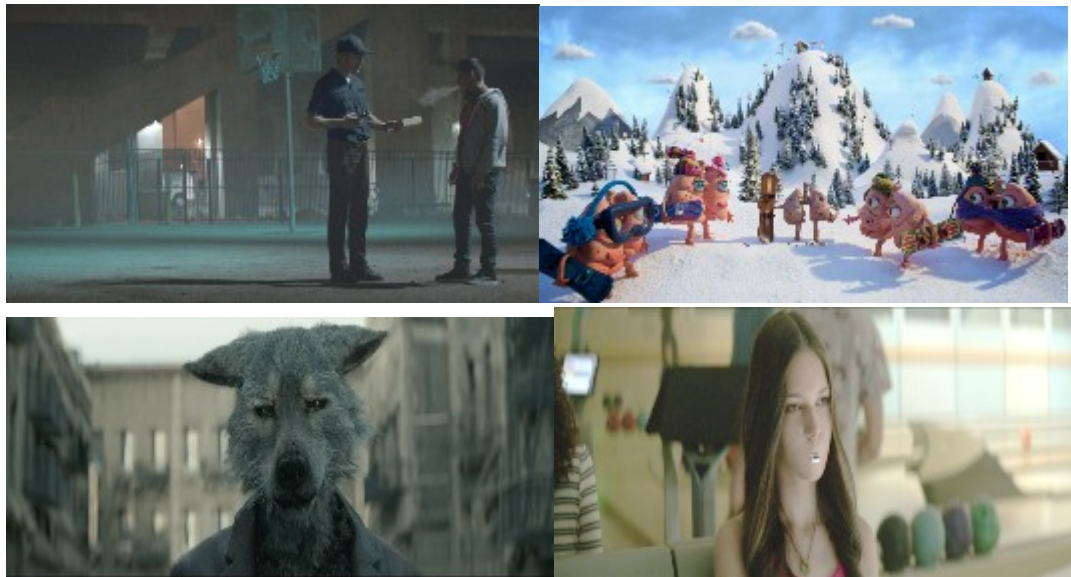
- 1 Yes
- 2 No
- 3 Not Sure
- 9 Prefer not to answer

**ASK:** All respondents

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

---

**F8\_3.** In the past 3 months, that is since [FILL DATE], have you seen a *The Real Cost* campaign ad? Examples of some *The Real Cost* campaign ads are shown below.



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

**ASK:** All respondents

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

---

### **Channels of This Free Life Awareness**

**F9.** [IF F7\_3= 1 or 3]

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

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

- F9\_1 On TV
- F9\_2 On the Internet or anywhere online
- F9\_3 Outdoor ads like billboards, bus shelters, subways, or posters at bars or nightclubs
- F9\_4 At a bar, nightclub, or other event (e.g., Pride festival)
- F9\_5 LGBT nightlife magazine or bar photo book (Boi Magazine, Gay City News, OutClique, etc.)
- F9\_6 National LGBT magazines (e.g., OUT Magazine, Curve, FTM Magazine)
- F9\_7 Some other place (please specify \_\_\_\_\_)
- F9\_9 Prefer not to answer

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

---

**F10.** [IF F7\_3= 1 or 3]

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

[RANDOMIZE; ALL APPEAR ON SCREEN AT ONCE]



- F10\_1 Twitter?
- F10\_2 Instagram?
- F10\_3 Facebook?
- F10\_4 YouTube?
- F10\_5 Pandora?
- F10\_6 Tumblr?
- F10\_7 LGBT websites (e.g., Autostraddle, After Ellen, Queerty, Gay Cities, etc.)?
- F10\_8 Other websites with LGBT content (e.g., BuzzFeed)?
- F10\_10 Other (please specify\_\_\_\_\_)?
- F10\_11 I have not seen This Free Life online
- F10\_99 Prefer not to answer

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

---

**F10b.** [IF ANY RESPONSES TO F10\_1 to F10\_10 ARE YES] Have you 'liked', shared, or commented on any social media posts about This Free Life?

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

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

---

**F10c.** [IF F7\_3= 1 or 3] Do you know or know of anyone who is part of This Free Life?

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

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

---

## Events Awareness, Channel of Awareness

**F34\_1.** In the past 3 months, that is since [FILL DATE], have you seen This Free Life at an event, club, concert, or nightclub??



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

**ASK:** All respondents

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

---

**F13\_3.** [IF F34\_1=1 OR 3 OR 9] Did you talk to anyone from This Free Life at the event?

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

**ASK:** Respondents who have either seen This Free Life at an event, weren't sure or preferred not to answer

---

**F15.** [IF F34\_1=1 OR 3 OR 9] How much do you agree or disagree with the following statements?

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

**ASK:** Respondents who have either attended a This Free Life event, weren't sure or preferred not to answer

---

**Video Awareness**

**F11\_2.** In the past 3 months, that is since [FILL DATE], have you seen a This Free Life video online?



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

**ASK:** All respondents

---

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

---



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

NEXT

**ASK:** All respondents

---

PROGRAMMER: RANDOMIZE BLOCKS OF QUESTIONS ABOUT EACH VIDEO (F18\_1 - F21\_1\_f) AND (F18\_7 - F23\_7\_h) AND (F18\_8 - F23\_8\_h) AND (F18\_6 - F23\_6\_h) ALL RESPONDENTS RECEIVE ALL BLOCKS.

TO DETERMINE EFFECTS OF PRESENTING ITEMS IN A GRID OR DISAGGREGATING THEM INTO INDIVIDUAL ITEMS, PRESENT GRIDS BOTH WAYS. RANDOMIZE ASSIGNMENT BY GRID AND BY RESPONDENT SO THAT EACH RESPONDENT RECEIVES HALF GRIDS AND HALF INDIVIDUAL ITEMS, BUT NO ITEM IS ALWAYS PRESENTED TO RESPONDENTS IN A PARTICULAR FORMAT

---

**F18\_1.** PROGRAMMER: DISPLAY 30 SECOND OUR STORY VIDEO (SEE OUR STORY STORYBOARD IN ATTACHMENT 1)

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

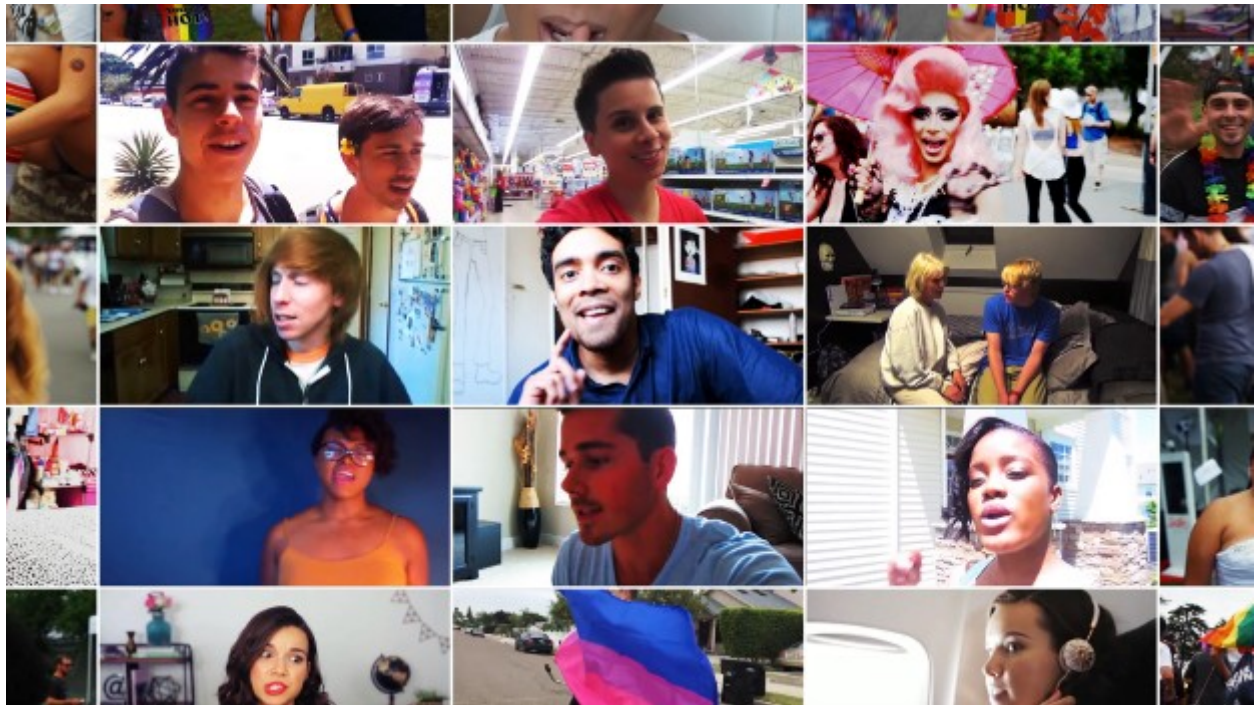
PROGRAMMER: ALLOW ANSWER TO BE MADE ONLY AFTER VIDEO PLAYS FOR 15 SECONDS.

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

**ASK:** All respondents

---

**F21\_1.** How much do you agree or disagree with the following statements?



		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
F21_1_a.	This video is worth remembering	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F21_1_b.	This video grabbed my attention	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F21_1_c.	This video is powerful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F21_1_d.	This video is informative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F21_1_e.	This video is meaningful to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F21_1_f.	This video is convincing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

**ASK:** All respondents

---

**F18\_7. PROGRAMMER: DISPLAY PICK YOUR POISON VIDEO (SEE STORYBOARD IN ATTACHMENT 1)**

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

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

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

**ASK:** All respondents

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

---

### REACTIONS TO VIDEOS

F19\_7. What is the main message of this video?



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

- 1 Cigarettes can control your life
- 2 Smoking tobacco puts poisons in your body
- 3 The cost of a pack of cigarettes is going up
- 4 Even casual smoking can do you damage



- 5 Smoking cigarettes can shorten your life
- 6 There are toxic chemicals in cigarette smoke
- 7 Smoking can cause wrinkles
- 8 Cigarettes are addictive
- 98 Not sure
- 99 Prefer not to answer

**F21\_7.** How much do you agree or disagree with the following statements?

PROGRAMMER: RANDOMIZE GRID ITEMS



		<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>F21_7_a.</b>	This video is worth remembering	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F21_7_b.</b>	This video grabbed my attention	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F21_7_c.</b>	This video is powerful	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F21_7_d.</b>	This video is informative	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F21_7_e.</b>	This video is meaningful to me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F21_7_f.</b>	This video is convincing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F21_7_g.</b>	This video is terrible	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F21_7_h.</b>	This video told me things I never knew before about tobacco	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F21_7_i</b>	This video gave me good reasons <b>not</b> to smoke cigarettes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F21_7_j.</b>	This video gave me good reasons <b>not</b> to use tobacco	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F21_7_k.</b>	Please select the option labeled 'Agree' as your answer.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**F32\_7.** [IF F18\_7=2-5] Have you 'liked', shared, or commented on any social media posts about this video?



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

**ASK:** All respondents

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**F23\_7.** On scale of 1 to 5, where 1 means “not at all” and 5 means “very”, please indicate how much this video made you feel...

PROGRAMMER: RANDOMIZE GRID ITEMS



	1 Not at all	2	3	4	5 Very	Prefer not to answer
<b>F23_7_a.</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>F23_7_b.</b> Irritated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F23_7_c.</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>F23_7_d.</b> Uneasy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F23_7_e.</b> Happy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F23_7_f.</b> Accepted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F23_7_g.</b> Inspired	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F23_7_h.</b> Confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

**ASK:** All respondents

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**F18\_8.** [DISPLAY LABELS VIDEO (SEE LABELS STORYBOARD IN ATTACHMENT 1)] Apart from this survey, how frequently have you seen this video in the past 3 months, that is since [FILL DATE]?

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

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

**ASK:** All respondents

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### REACTIONS TO VIDEOS

**F19\_8.** What is the main message of this video?



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

- 1 Smoking can hurt nearly every part of you
- 2 Smoking can damage your teeth
- 3 Cigarettes are addictive
- 4 The cost of a pack of cigarettes is going up
- 5 You don't need tobacco to express who you are
- 6 Reject cigarettes to regain control
- 7 There are toxic chemicals in cigarette smoke
- 8 Tobacco use can control you
- 98 Not sure
- 99 Prefer not to answer

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**F21\_8.** How much do you agree or disagree with the following statements?

PROGRAMMER: RANDOMIZE GRID ITEMS



		<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>F21_8_a.</b>	This video is worth remembering	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F21_8_b.</b>	This video grabbed my attention	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F21_8_c.</b>	This video is powerful	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F21_8_d.</b>	This video is informative	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F21_8_e.</b>	This video is meaningful to me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F21_8_f.</b>	This video is convincing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F21_8_g.</b>	This video is terrible	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F21_8_h.</b>	This video told me things I never knew before about tobacco	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F21_8_i</b>	This video gave me good reasons <b>not</b> to smoke cigarettes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
<b>F21_8_j.</b>	This video gave me good reasons <b>not</b> to use tobacco	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**F32\_8.** [IF F18\_8=2-5] Have you 'liked', shared, or commented on any social media posts about this video?



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

**ASK:** All respondents

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**F23\_8.** On scale of 1 to 5, where 1 means “not at all” and 5 means “very”, please indicate how much this video made you feel...

PROGRAMMER: RANDOMIZE GRID ITEMS



	1 Not at all	2	3	4	5 Very	Prefer not to answer
<b>F23_8_a.</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>F23_8_b.</b> Irritated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F23_8_c.</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>F23_8_d.</b> Uneasy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F23_8_e.</b> Happy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F23_8_f.</b> Accepted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F23_8_g.</b> Inspired	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F23_8_h.</b> Confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

**ASK:** All respondents

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**F18\_6.** [[IF Z3= 2 OR 4 AND Z6= 1 OR 3; IF A3= 2 OR 4 AND A6= 1 OR 3 THEN DISPLAY LOVE ME LILA VIDEO'

IF Z3= 1 OR 3 AND Z5= 1 OR 3; IF A3= 1 OR 3 AND A5= 1 OR 3; THEN DISPLAY LOVE ME KENTRELL VIDEO

ELSE RANDOMIZE ASSIGNMENT OF VIDEO]

SEE LOVE ME STORYBOARDS IN ATTACHMENT 1)] Apart from this survey, how frequently have you seen this video in the past 3 months, that is since [FILL DATE]?

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

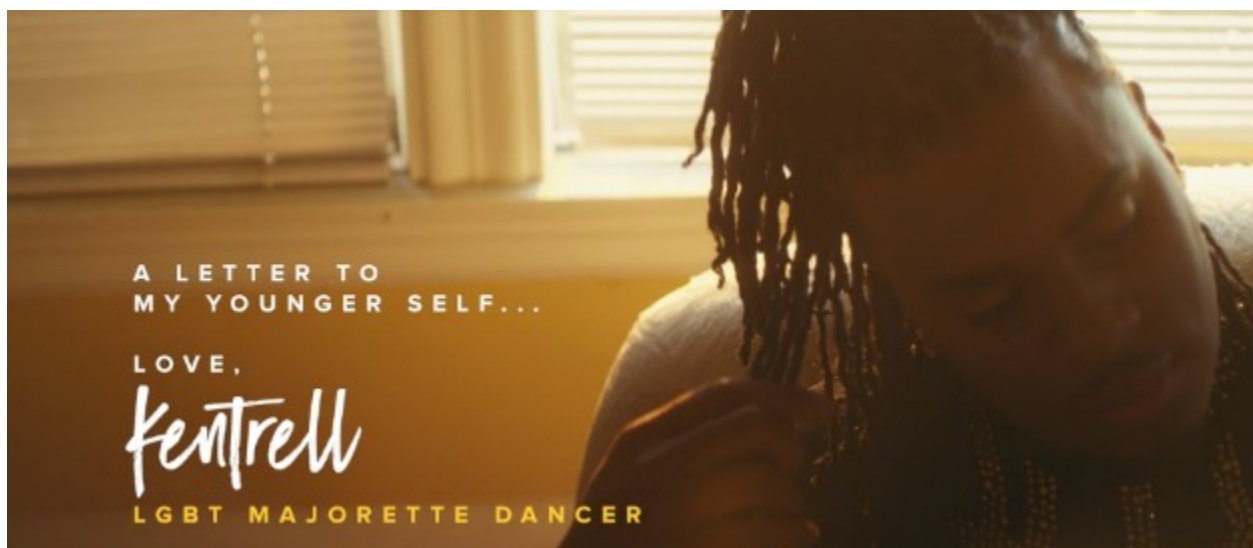
- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very Often
- 9 Prefer not to answer

**ASK:** All respondents

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

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## REACTIONS TO VIDEOS



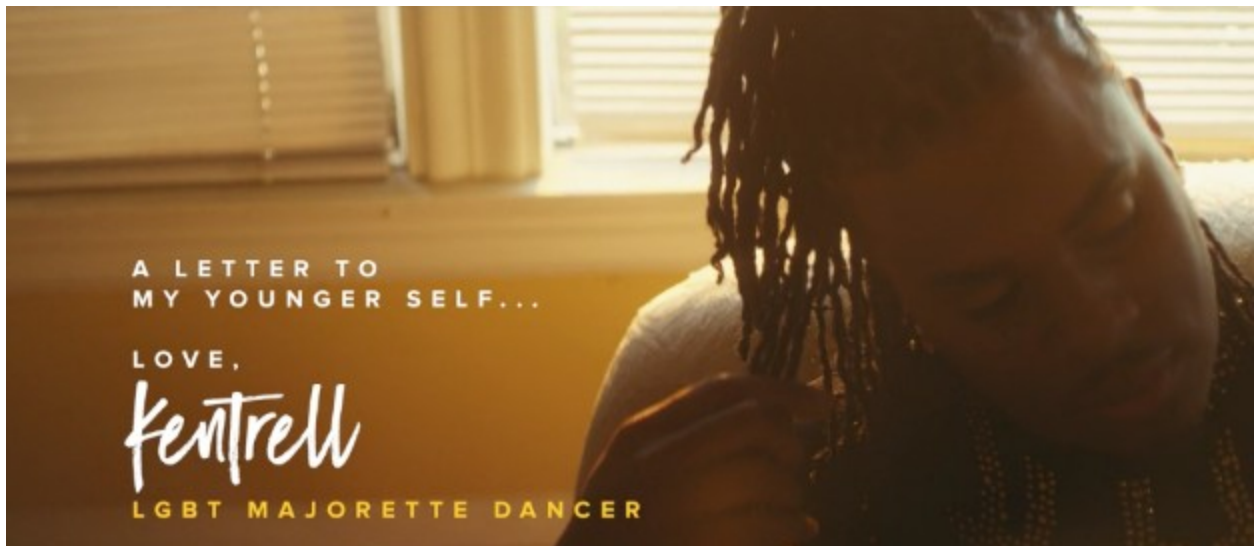
**F19\_6.** What is the main message of this video?

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

- 1 Smoking can cause wrinkles
- 2 Smoking tobacco puts poisons in your body
- 3 The cost of a pack of cigarettes is going up
- 4 Smoking can hurt nearly every part of you
- 5 Tobacco use can control you
- 6 There are toxic chemicals in cigarette smoke
- 7 Reject cigarettes to regain control
- 8 Cigarettes are addictive
- 98 Not sure
- 99 Prefer not to answer

**ASK:** All respondents

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**F21\_6.** How much do you agree or disagree with the following statements?

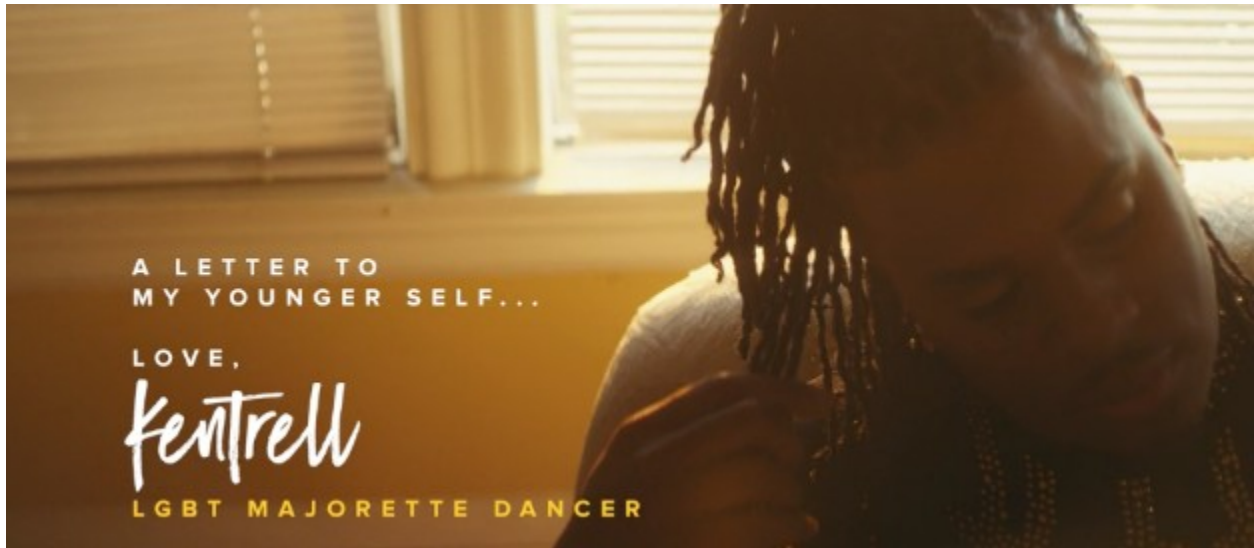
PROGRAMMER: RANDOMIZE GRID ITEMS

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
<b>F21_6_a.</b>	This video is worth remembering	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F21_6_b.</b>	This video grabbed my attention	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F21_6_c.</b>	This video is powerful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

<b>F21_6_d.</b>	This video is informative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F21_6_e.</b>	This video is meaningful to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F21_6_f.</b>	This video is convincing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F21_6_g.</b>	This video is terrible	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F21_6_h.</b>	This video told me things I never knew before about tobacco	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F21_6_i.</b>	This video gave me good reasons <b>not</b> to smoke cigarettes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F21_6_j.</b>	This video gave me good reasons <b>not</b> to use tobacco	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

**ASK:** All respondents



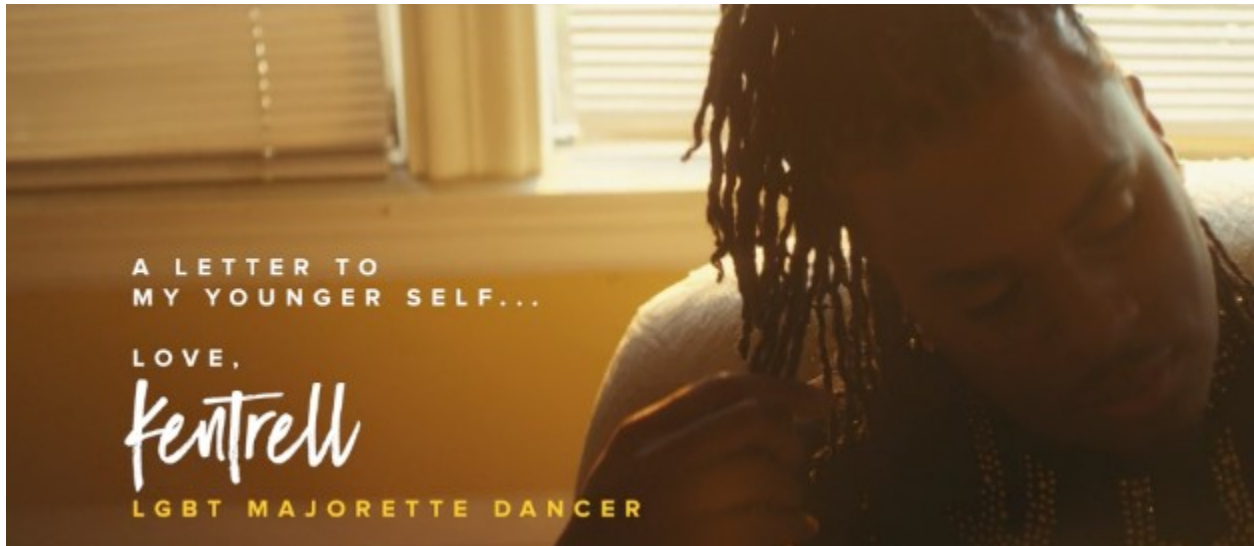


**F32\_6.** [IF F18\_6=2-5] Have you 'liked', shared, or commented on any social media posts about this video?

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

**ASK:** All respondents





**F23\_6.** On scale of 1 to 5, where 1 means “not at all” and 5 means “very”, please indicate how much this video made you feel...

PROGRAMMER: RANDOMIZE GRID ITEMS

	<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>F23_6_a.</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>F23_6_b.</b> Irritated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F23_6_c.</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>F23_6_d.</b> Uneasy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F23_6_e.</b> Happy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F23_6_f.</b> Accepted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F23_6_g.</b> Inspired	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F23_6_h.</b> Confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

**ASK:** All respondents

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**Brand Equity**

**F29.** [IF F7\_3 = 1 OR 3 OR 9]

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

[RANDOMIZE F29\_1- F29\_3]

		<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>F29_1.</b>	I want to help promote This Free Life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F29_2 .</b>	I'd defend This Free Life if someone was making fun of it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F29_3.</b>	I'd wear a This Free Life T-shirt	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

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

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[IF F7\_3 = 1 OR 3 OR 9]

PROGRAMMER: RANDOMIZE ITEMS BELOW WITH F29\_5/ F29\_6 ASKED TOGETHER IN THAT ORDER

<b>F29a_4.</b>	I talk to my friends about This Free Life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F29a_5.</b>	If I had the chance, I would tell people I know to watch This Free Life <b>videos</b>	<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>F29a_6.</b>	If I had the chance, I would tell people I know to check out This Free Life at <b>events</b>	<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>F29a_7.</b>	If I see anything from This Free Life, I check it out	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

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

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[IF F7\_3 = 1 OR 3 OR 9]

PROGRAMMER: RANDOMIZE ITEMS BELOW WITH F29\_10/ F29\_11 AND F29\_12/ F29\_13  
 ASKED TOGETHER IN THAT ORDER

<b>F29b_8.</b>	This Free Life is popular with people like me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F29b_9.</b>	People are talking about This Free Life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F29b_10.</b>	This Free Life <b>videos</b> are becoming more popular with the people who hang out where I hang out	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F29b_11.</b>	Checking out This Free Life at <b>events</b> is becoming more popular with the people who hang out where I hang out	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F29b_12.</b>	This Free Life <b>videos</b> are for people like me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F29b_13.</b>	This Free Life <b>events</b> are for people like me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

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

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**F30.** [IF F7\_3 = 1 OR 3 OR 9]

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

PROGRAMMER: RANDOMIZE RESPONSE OPTIONS

		<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>F30_1.</b>	Trendsetting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F30_2.</b>	Motivating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F30_3.</b>	Confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F30_4.</b>	Outgoing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F30_5.</b>	Hosts the best parties	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F30_6.</b>	Always looks good	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

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

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**F31.** [IF F7\_3 = 1 OR 3 OR 9]

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

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

		<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>F31_1.</b>	I have the freedom to be tobacco-free	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F31_2 .</b>	Using tobacco can undo some of the progress I have made	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>F31_3.</b>	Tobacco use is not attractive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

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

---

## Section G: Environment

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

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

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

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

**ASK:** All respondents

---

**G2.** How often do you attend church or religious services? Would you say...

- 1 Never
- 2 Less than once a month
- 3 About once a month
- 4 About 2 or 3 times a month
- 5 Once a week
- 6 More than once a week
- 9 Prefer not to answer

**ASK:** All respondents

---

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

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

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

**ASK:** All respondents

---

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

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

**ASK:** All respondents

---

**G5.** I like new and exciting experiences, even if I have to break the rules. Would you say you...

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

**ASK:** All respondents

---

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

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

**ASK:** All respondents

---

**G7.** Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- \_\_\_\_\_ Number of days (Range: 1-30)
- None
- Don't know
- Prefer not to answer

**ASK:** All respondents

---

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

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

**ASK:** All respondents

---

## Section H: LGBT Identity and Community

### Discrimination

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

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

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

**ASK:** All respondents

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### LGBT Community Involvement

**H2\_1.** Have you ever attended an LGBT pride event?

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

**ASK:** All respondents

---

**H2\_2.** [IF H2\_1= 1]

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

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

**ASK:** Respondents who have attended an LGBT pride event

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## LGBT Identity Development

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

		<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>H3_1.</b>	I am glad to be an LGBT person.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>H3_2.</b>	My sexual identity is an insignificant part of who I am.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>H3_3.</b>	I'm proud to be part of the LGBT community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>H3_4.</b>	My sexual identity is a central part of my identity.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>H3_5.</b>	To understand who I am as a person, you have to know that I'm LGBT.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>H3_6.</b>	Being an LGBT person is a very important aspect of my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>H3_7.</b>	I believe being LGBT is an important part of me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>H3_8.</b>	I am proud to be LGBT.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>H3_9.</b>	I feel part of the LGBT community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>H3_10.</b>	I feel accepted by the LGBT community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

**ASK:** All respondents

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

		<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>SSAT1.</b>	This survey took too long to complete.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>SSAT2.</b>	Researchers value my participation in the RESPECT study.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>SSAT3.</b>	The questions in this survey are repetitive.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>SSAT4.</b>	If I am invited, I will participate in another RESPECT study.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>SSAT5.</b>	The questions in the survey are interesting.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>SSAT6.</b>	This research doesn't benefit people like me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

**ASK:** All respondents

PROGRAMMER: CALCULATE A VARIABLE CALLED GC6 THAT EQUALS 1 ONCE A RESPONDENT ANSWERS H3\_10. ELSE VARIABLE EQUALS 0.

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

\_\_\_\_\_**NEXT**\_\_\_\_\_

**RECON**

We may contact you again to complete another survey and offer you the same digital gift card as a reward, so please be on the lookout for that invitation email. If you have any questions about the study, please email us at [respect@rti.org](mailto:respect@rti.org).

Should we contact you, you will be able to decide if you want to take part in the survey at that time, and you can change your mind at any point.

**OMB No. 0910-0808**

**Expiration Date: 01/31/2019**

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FINISH

**ASK:** All respondents

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

**ASK:** All respondents

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