

# ATTACHMENT 4\_E2B: YOUTH MEDIA TRACKING INSTRUMENT

Form Approved  
 OMB No. 0910-0753  
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## Evaluation of the Public Education Campaign on Teen Tobacco-Media Tracking (ExPECTT-MT)

Subjects for Questionnaire:  
 Section A: Media Use and Awareness  
 Section B: Tobacco Use Behavior, Attitudes and Beliefs  
 Section C: Demographic Items

### Section A: Media Use and Awareness

First, we'd like to ask you about your use of TV and other media.

**A1 - A2.** Thinking **only about yesterday**, about how much time did you spend...

	None	At least one minute, but less than 1 hour	1 hour or more, but less than 2 hours	2 hours or more, but less than 3 hours	More than 3 hours	Prefer not to answer
<b>A2_2.</b> Watching or uploading videos to YouTube?	<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>A1_1.</b> Watching TV shows on a TV, a computer or laptop, tablet, or smartphone?	<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>A2_3.</b> On social media such as Snapchat, Twitter, Instagram or Tumblr?	<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>A2_4.</b> Looking at any other type of website for anything besides schoolwork?	<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>A2_5.</b> Video chatting (on Snapchat, FaceTime, Googletalk, Skype, etc.)	<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>A2_6.</b> Text messaging?	<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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**F2\_13.** About how often do you stream video, such as Hulu, Netflix and Amazon Prime?

- 1 Daily
- 2 Almost every day
- 3 One or two times a week
- 4 Less than one time per month
- 5 I do not stream video
- 9 Prefer not to answer

**ASK:** All respondents.

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**A3.** We want to ask you about some slogans or themes that might or might not have appeared in the media around here.

RANDOMIZE PRESENTATION OF A3\_2b through A3\_2f

**A3\_2b.** In the past 3 months, that is 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

**DISPLAY:** DATE is three months prior to the date the participant is taking this media tracking survey.

**ASK:** All respondents.

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**A3\_2c.** In the past 3 months, that is 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

**DISPLAY:** DATE is three months prior to the date the participant is taking this media tracking survey.

**ASK:** All respondents.

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**A3\_2e.** In the past 3 months, that is 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

**DISPLAY:** DATE is three months prior to the date the participant is taking this media tracking survey.

**ASK:** All respondents.

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**A3\_2f.** In the past 3 months, that is 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

**DISPLAY:** DATE is three months prior to the date the participant is taking this media tracking survey.

**ASK:** All respondents.

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**A3\_2g.** In the past 3 months, that is 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

**DISPLAY:** DATE is three months prior to the date the participant is taking this media tracking survey.

**ASK:** All respondents.

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**F5\_14.** In the past [FILL MONTHS] months, that is since [FILL FU2\_DATE TO DISPLAY FOLLOWUP 2 DATE], have you seen or heard the following slogan or theme?

Drop Vape

- 1 Yes



- 2 No
- 3 Not Sure
- 9 Prefer not to Answer

**DISPLAY:** DATE is three months prior to the date the participant is taking this media tracking survey.

**ASK:** All respondents.

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**A7\_x.** Now we would like to show you some advertisements that have been shown in the U.S. Once you have viewed the video or screenshot, please click on the forward arrow to continue with the survey.

**DISPLAY:** Videos or screenshots of Real Cost ads in random order.

**PROGRAMMER:** USE VIDEO FOR REAL COST ADS, USE SCREENSHOTS FOR TRUTH, TIPS FROM FORMER SMOKERS, AND FRESH EMPIRE ADS.

**ASK:** All respondents.

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**A8a\_x. Apart from this survey,** how frequently have you seen this ad in the past three months?

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

**PROGRAMMER:** LOOP BACK TO A7\_x UNTIL ALL STIMULI OF INTEREST HAVE BEEN DISPLAYED

**ASK:** All respondents.

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**A9a.** [IF A8a\_x = 2 through 9 FOR ANY AD]

Where have you seen these ads? Check all that apply.

RANDOMIZE OPTIONS

- 1 On TV
- 2 Online
- 3 On the radio
- 4 In newspapers or magazines
- 5 Billboards or posters
- 6 Not sure
- 9 Prefer not to answer

**PROGRAMMER:** WE MAY ASKED ABOUT REAL COST ADS ONLY OR TRUTH AND TIPS ADS IF TIME PERMITS.

**ASK:** All respondents who saw an any ad rarely, sometimes, often, very often in the past three months (A8a).

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**A9bx.** Where have you seen these ads? Check all that apply.

RANDOMIZE OPTIONS

- 1 At the movie theater
- 2 At school
- 3 At the mall, in an arcade or store
- 4 On buses, trains or other public transportation
- 5 Outdoors
- 6 Not sure
- 7 None of these places
- 9 Prefer not to answer

**ASK:** All respondents who saw an any ad rarely, sometimes, often, very often in the past three months (A8a).

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**A9cx.** Where on the Internet have you seen these ads? Check all that apply.

RANDOMIZE OPTIONS

- 1 Online advertisements on a website
- 2 Social Media: Snapchat, Twitter, Instagram, Tumblr
- 3 Online Radio: Pandora, Spotify
- 4 YouTube
- 5 Hulu
- 6 Other [please specify] \_\_\_\_\_
- 7 I have not seen this ad Online
- 9 Prefer not to answer

**CHECKPOINT:** ASK A10 – A13 OF ALL RESPONDENTS FOR AS MANY REAL COST ADS AS TIME PERMITS (IF NOT ASKING ABOUT ALL ADS, ASK ABOUT A RANDOM SUBSET OF ADS)

**ASK:** All respondents who saw an any ad rarely, sometimes, often, very often in the past three months (A8a).

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**A10\_x.** How would you describe this advertisement?

<b>A10_1.</b>	<b>Bad</b>	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<b>Good</b>
<b>A10_2.</b>	<b>Unenjoyable</b>	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<b>Enjoyable</b>

**ASK:** All respondents.

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**A11\_x.** Please tell us if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements.

		<b>1</b> <b>Strongly</b> <b>Disagree</b>	<b>2</b> <b>Disagree</b>	<b>3</b> <b>Neither</b> <b>Agree or</b> <b>Disagree</b> <b>(Neutral)</b>	<b>4</b> <b>Agree</b>	<b>5</b> <b>Strongly</b> <b>Agree</b>	<b>9</b> <b>Prefer</b> <b>Not to</b> <b>Answer</b>
<b>A11_1</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>A11_2</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>A11_3</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>A11_4</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>A11_5</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>A11_6</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>A11_7</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>A11_8</b>	This ad is silly	<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>A11_9</b>	I trust the information in this ad	<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>A11_10</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>A11_12</b>	The person/people in this ad are 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>A11_13</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
<b>A11_14</b>	This ad is annoying	<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>A11_15</b>	This ad was difficult to watch	<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>A11_16</b>	I can identify with what the ad says	<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>A11_17</b>	This ad is different from other anti-tobacco ads I've seen or heard	<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>A11_18</b>	This ad is intense	<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.

**A12a\_x.** On a scale of 1 to 5, how believable do you think the information in this ad is?

1 Not believable

- 2
- 3
- 4
- 5 Believable
- 9 Prefer not to answer

**ASK:** All respondents.

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**A12b\_x.** On a scale of 1 to 5, indicate whether the ad made smoking look like something you would or wouldn't want to do.

- 1 The ad makes me want to smoke
- 2
- 3
- 4
- 5 The ad makes me want to NOT smoke
- 9 Prefer not to answer

**ASK:** All respondents.

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**A13\_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...

RANDOMIZE OPTIONS

		<b>Not at all 1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Very 5</b>
<b>A13a_x.</b>	Sad	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
<b>A13b_x.</b>	Afraid	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
<b>A13c_x.</b>	Irritated	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
<b>A13d_x.</b>	Angry	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
<b>A13e_x.</b>	Ashamed	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
<b>A13f_x.</b>	Discouraged	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
<b>A13g_x.</b>	Hopeful	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
<b>A13h_x.</b>	Motivated	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
<b>A13i_x.</b>	Understood	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
<b>A13j_x.</b>	Amused	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
<b>A13k_x.</b>	Worried	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
<b>A13l_x.</b>	Disgusted or grossed out	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
<b>A13m_x.</b>	Happy	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
<b>A13n_x.</b>	Uneasy	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>
<b>A13o_x.</b>	Surprised	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>5</sup>

**CHECKPOINT:** ASK A14 - A18 OF ALL RESPONDENTS WHO REPORT REAL COST AD AWARENESS [IF A8a\_x = 2 through 9 FOR ANY REAL COST AD]

**ASK:** All respondents.

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**A14.** After seeing this ad, did you look for more information online?

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

**ASK:** Respondents who report Real Cost ad awareness [IF A8a\_x = 2 through 9 FOR ANY REAL COST AD].

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**A15.** After seeing this ad, did you visit The Real Cost website, Facebook page or Instagram?

- 1 Yes

- 2 No
- 9 Prefer not to answer

**ASK:** Respondents who report Real Cost ad awareness [IF A8a\_x = 2 through 9 FOR ANY REAL COST AD].

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**A16.** After seeing this ad, did you share The Real Cost YouTube channel with a friend?

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

**ASK:** Respondents who report Real Cost ad awareness [IF A8a\_x = 2 through 9 FOR ANY REAL COST AD].

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**A17.** After seeing this ad, did you mention it on social media?

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

**ASK:** Respondents who report Real Cost ad awareness [IF A8a\_x = 2 through 9 FOR ANY REAL COST AD].

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**A18.** Did you talk to anyone about this ad?

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

**ASK:** Respondents who report Real Cost ad awareness [IF A8a\_x = 2 through 9 FOR ANY REAL COST AD].

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**A19.** [IF A18=1]

When you talked about the ads, did you talk about any of the following topics?

RANDOMIZE OPTIONS

		Yes	No	Prefer not to answer
<b>A19_1.</b>	This ad was good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A19_2.</b>	This ad was <b>not</b> good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A19_3.</b>	I should not smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A19_4.</b>	The person I was talking to (or someone else I know) should not smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A19_5.</b>	Other, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ASK:** Respondents who saw a Real Cost ad and talked to someone about the ad (A18=1).

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**A23.** What is the main message of this ad? Check all that apply.

RANDOMIZE ORDER OF OPTIONS

- 1 Smoking can damage your teeth
- 2 Smoking can cause wrinkles
- 3 Cigarettes can control your life
- 4 The chemicals in cigarettes are harmful
- 5 Every cigarette costs you something
- 6 Nicotine can reprogram your brain (*Best Answer for Hacked*)
- 7 Cigarettes can leave you with stained teeth or gum disease (*Best answer for Delivery*)
- 8 Smoking can permanently stunt your lungs (*Best answer for Straw City, but also acceptable for Little Lungs*)
- 9 If you smoke as a teen your lungs might stay little forever (*Best answer for Little Lungs, but also acceptable for Straw City*)
10. [ADD KEY MESSAGE FROM REAL COST ADVERTISING]
99. I am not sure

**ASK:** All respondents

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## Section B: Tobacco Use Behavior, Attitudes & Beliefs

### *Cigarette Use*

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

- 1 Yes → GO TO B2
- 2 No → GO TO B7
- 9 Prefer not to answer → GO TO B2

**ASK:** All respondents

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**B2.** [If 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 have tried cigarette smoking or preferred not to answer if they had tried cigarette smoking (B1).

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**B3.** [If B1 = 1 OR 9]

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

- 1 0 days → GO TO B7
- 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 have tried cigarette smoking or preferred not to answer if they had tried cigarette smoking (B1).

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**B4.** [IF (B1 = 1 OR 9) AND B3 ≠1]

Do you consider yourself a smoker?

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

**ASK:** Respondents who have tried cigarette smoking or preferred not to answer if they had tried cigarette smoking (B1), and have smoked at least one cigarette during the last 30 days (B3).

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**B5.** [IF (B1 = 1 OR 9) AND B3 ≠1]

I plan to stop smoking cigarettes for good within the next... **Please choose the first answer that fits.**

- 1 7 days
- 2 30 days
- 3 6 months
- 4 1 year
- 5 I do not plan to stop smoking cigarettes within the next year
- 9 Prefer not to answer

**ASK:** Respondents who have tried cigarette smoking or preferred not to answer if they had tried cigarette smoking (B1), and have smoked at least one cigarette during the last 30 days (B3).

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### **Other Tobacco Use**

The next questions are about smokeless tobacco, such as dip, chewing tobacco, snuff, or snus. Common brands include [EDIT IF NECESSARY Copenhagen, Grizzly, Skoal, Camel Snus, Kodiak, and Longhorn].



**B6.** Have you ever used smokeless tobacco, such as chewing tobacco, snuff, snus (rhymes with goose) or dip, such as [EDIT IF NECESSARY Copenhagen, Grizzly, Skoal, Camel Snus, Kodiak, and Longhorn], even just a small amount?

- 1 Yes → GO TO B7
- 2 No → GO TO B8
- 9 Prefer not to answer → GO TO B7

**ASK:** All respondents

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**B7.** [IF B6 = 1 or 9]

During the past 30 days, on how many days did you use chewing tobacco, snuff 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
- 7 All 30 days
- 9 Prefer not to answer

**ASK:** Respondents who have tried smokeless tobacco (B6).

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The next questions are about electronic vaping products. You may also know them as electronic cigarettes, e-cigarettes, vape pens, hookah pens, e-hookahs, or personal vaporizers. Some look like cigarettes, and others look like pens, pipes, or small boxes.



**B8.** Have you ever tried an electronic vaping product, even one time?

- 1 Yes → GO TO B9
- 2 No
- 9 Prefer not to answer

**ASK:** All respondents

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**B9.** [IF B8=1]

During the past 30 days, on how many days did you use an electronic vaping product?

- 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 have tried an electronic vaping product (B8).

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**B10.** Thinking about the future...

		<b>1</b> Definitely Yes	<b>2</b> Probably Yes	<b>3</b> Probably Not	<b>4</b> Definitely Not	<b>9</b> Prefer Not to Answer
<b>B10_1</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
<b>B10_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>B10_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>B10_4</b>	Do you think that you will try <b>smokeless tobacco</b> such as chewing tobacco, snuff or dip soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>B10_5</b>	Do you think you will use <b>smokeless tobacco</b> such as chewing tobacco, snuff or dip 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>B10_6</b>	If one of your best friends were to offer you <b>smokeless tobacco</b> such as chewing tobacco, snuff or dip, 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>B10_7</b>	Do you think that you will try an <b>electronic vaping product</b> soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>B10_8</b>	Do you think you will use an <b>electronic vaping product</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>B10_9</b>	If one of your best friends were to offer you an <b>electronic vaping product</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

**ASK:** All respondents

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**B11. Smoking cigarettes is...**

<b>B11_1</b>	<b>Bad</b>	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<b>Good</b>
<b>B11_2</b>	<b>Unenjoyable</b>	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<b>Enjoyable</b>
<b>B11_3</b>	<b>Harmful</b>	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<b>Not Harmful</b>

**ASK:** All respondents

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**B12. Using smokeless tobacco, such as dip, chewing tobacco, snuff, or snus is...**

<b>B12_1</b>	<b>Bad</b>	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<b>Good</b>
<b>B12_2</b>	<b>Unenjoyable</b>	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<b>Enjoyable</b>
<b>B12_3</b>	<b>Harmful</b>	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<b>Not Harmful</b>

**ASK:** All respondents

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**B13. Smoking cigars, cigarillos, or little cigars is... (pick one)**

<b>B13_1.</b>	<b>Bad</b>	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<b>Good</b>
<b>B13_2.</b>	<b>Unenjoyable</b>	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<b>Enjoyable</b>
<b>B13_3.</b>	<b>Harmful</b>	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<b>Not Harmful</b>

**ASK:** All respondents

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**B14. Using electronic vaping products is... (pick one)**

<b>B14_1.</b>	<b>Bad</b>	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<b>Good</b>
<b>B14_2.</b>	<b>Unenjoyable</b>	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<b>Enjoyable</b>
<b>B14_3.</b>	<b>Harmful</b>	<input type="checkbox"/> -3	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<b>Not Harmful</b>

**ASK:** All respondents

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**B13.** How much do you agree or disagree with the following statements? **If I smoke I will...**

		<b>1</b> <b>Strongly</b> <b>Disagree</b>	<b>2</b> <b>Disagree</b>	<b>3</b> <b>Neither</b> <b>Agree or</b> <b>Disagree</b> <b>(Neutral)</b>	<b>4</b> <b>Agree</b>	<b>5</b> <b>Strongly</b> <b>Agree</b>	<b>9</b> <b>Prefer Not</b> <b>to Answer</b>
<b>B13_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>B13_2.</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>B13_3.</b>	Be unattractive	<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>B13_4.</b>	Inhale poisons	<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>B13_5.</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>B13_6.</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>B13_7.</b>	Lose my taste buds	<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>B13_8.</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>B13_9.</b>	Get wrinkles	<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>B13_10.</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>B13_11.</b>	Have problems with 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>B13_12.</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>B13_13.</b>	Have trouble breathing	<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>B13_14.</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>B13_15.</b>	Develop a smoking-related 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>B13_16.</b>	Have bad breath	<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>B13_17.</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>B13_18.</b>	Decrease my sports performance	<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>B13_19.</b>	Waste 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>B13_20.</b>	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>B13_21.</b>	Harm others with second-hand smoke	<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>B13_22.</b>	Be a bad influence on others	<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>B13_22.</b>	Miss out on things	<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>B13_23</b>	Stunt the growth of my lungs	<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>B13_24</b>	Have yellow, stained teeth	<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>B13_25</b>	Develop gum disease	<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>B13_26</b>	Have yellow, stained nails	<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>B13_27</b>	Change my brain	<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>B13_28</b>	Have little lungs	<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>

**ASK:** All respondents

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**B15.** How much do you agree or disagree with the following statements **about smoking cigarettes?**

		<b>1</b> <b>Strongly Disagree</b>	<b>2</b> <b>Disagree</b>	<b>3</b> <b>Neither Agree or Disagree (Neutral)</b>	<b>4</b> <b>Agree</b>	<b>5</b> <b>Strongly Agree</b>	<b>9</b> <b>Prefer Not to Answer</b>
<b>B15_1.</b>	Smoking can cause <u>immediate</u> damage to my body.	<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>B15_2.</b>	It is safe for me to smoke for only a year or two, as long as I quit after that.	<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>B15_3.</b>	If I started to smoke occasionally I would not become addicted.	<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>B15_4.</b>	Smoking cigarettes helps people relieve stress.	<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>B15_5.</b>	Cigarette ingredients are disgusting.	<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>B15_6.</b>	Cigarette ingredients are dangerous.	<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>B15_7.</b>	Smoking is a way to show others I'm not	<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>

	afraid to take risks						
<b>B15_8.</b>	Smoking cigarettes can help keep my 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>B15_9.</b>	Menthol cigarettes are safer than non-menthol 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>B15_10.</b>	The lungs of teenage smokers may not grow to normal size.	<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>B15_11.</b>	Smoking just a few cigarettes can make me crave more.	<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>B15_12.</b>	If I smoke, nicotine will rewire my brain.	<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>B15_13</b>	Smoking as a teen can permanently stunt my lungs.	<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>B15_14</b>	Smoking cigarettes will make me have serious breathing 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>B15_15</b>	If I smoke, the consequences will find 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>B15_16</b>	Nicotine can reprogram my brain	<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>B15_17</b>	If I smoke, it will be hard to think about anything but my next cigarette	<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>B15_18</b>	The nicotine in cigarettes may hack your brain	<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>B15_19</b>	Cigarettes may leave me with stained 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>B15_20</b>	Cigarettes may leave me with 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

**ASK:** All respondents

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**B21. How many** of your four closest friends...

		<b>0</b> <b>None</b>	<b>1</b> <b>One</b>	<b>2</b> <b>Two</b>	<b>3</b> <b>Three</b>	<b>4</b> <b>Four</b>	<b>9</b> <b>Prefer Not to Answer</b>
<b>B21_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

**ASK:** All respondents

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### Section C: Demographic Items

**C7. Other than you,** has anyone who lives with you used any of the following during the past 30 days...? You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER.

- 1 Cigarettes
- 2 Smokeless tobacco, such as chewing tobacco, snuff, snus (rhymes with goose) or dip, such as [NAME TOP BRANDS]
- 3 Cigars, cigarillos, or little cigars such as [NAME TOP BRANDS]
- 4 Tobacco out of a water pipe (also called "hookah")
- 5 Electronic vaping products, such as [NAME TOP BRANDS]
- 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:** PROGRAM SO THAT RESPONDENTS CAN SELECT MORE THAN ONE RESPONSE

**ASK:** All respondents

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**C8.** Do you have any brother(s) and/or sister(s) who have smoked cigarettes 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

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

**C9.** I would like to explore strange places. Would you say you...

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

**ASK:** All respondents

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**C10.** I like to do frightening things. Would you say you...

- 1 Strongly Disagree

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

**ASK:** All respondents

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**C11.** 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 (neutral)
- 4 Agree
- 5 Strongly Agree
- 9 Prefer not to answer

**ASK:** All respondents

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**C12.** I prefer friends who are exciting and unpredictable. Would you say you...

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

**ASK:** All respondents

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**C13.** 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?

- 1 \_\_\_ Number of Days
- 2 None
- 3 Don't know
- 9 Prefer not to answer

**PROGRAMMER:** PROGRAMMER: NUMERIC RESPONSE. ALLOW A MINIMUM OF 1 AND MAXIMUM OF 30.

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE FOR THE NUMBER OF DAYS. PLEASE ENTER A NUMBER BETWEEN 1 AND 30." IN LOWERCASE LETTERS

RESPONDENTS CAN ONLY RESPOND WITH THE OPTION NONE, DON'T KNOW, OR TYPE IN A NUMERIC RESPONSE OF 1-30. IF RESPONDENTS TRY TO ENTER A NUMBER OF DAYS AND EITHER NONE OR DON'T KNOW, ERROR MESSAGE SHOULD SAY "YOU HAVE ENTERED A NUMBER AND SELECTED NONE OR DON'T KNOW. PLEASE ENTER A NUMBER OF DAYS, CHOOSE NONE, OR CHOOSE DON'T KNOW AS YOUR RESPONSE."

**ASK:** All respondents

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**C14.** What is your zip code?

- 1 \_\_\_\_\_ (5 digit zip code)
- 2 Don't know
- 9 Prefer not to answer

PROGRAMMER: NUMERIC RESPONSE. ALLOW EXACTLY 5 NUMBERS FOR VALID ZIP CODE.

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED AN INVALID ZIP CODE. PLEASE ENTER A 5 DIGIT ZIP CODE." IN LOWERCASE LETTERS

RESPONDENTS CAN ONLY RESPOND WITH THE OPTION VALID ZIP CODE OR THE OPTION DON'T KNOW. IF RESPONDENTS TRY TO DO BOTH, ERROR MESSAGE SHOULD SAY "YOU HAVE ENTERED A ZIP CODE AND SELECTED DON'T KNOW. PLEASE CHOOSE ONE OR THE OTHER AS YOUR RESPONSE."

**ASK:** All respondents

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**C15.** What county do you live in?

- 1 Select from drop down menu
- 2 Don't know
- 9 Prefer not to answer

**PROGRAMMER:** PROGRAM SO RESPONDENTS CAN SELECT A RESPONSE FROM A DROP DOWN BOX.

DROP DOWN BOX OF COUNTY NAMES BASED ON ZIP CODE RESPONSE IN C14.

RESPONDENTS CAN ONLY RESPOND WITH THE OPTION DON'T KNOW OR SELECT AN ANSWER FROM THE DROP DOWN BOX. IF RESPONDENTS TRY TO DO BOTH, ERROR MESSAGE SHOULD SAY "YOU HAVE SELECTED A COUNTY AND DON'T KNOW. PLEASE CHOOSE ONE OR THE OTHER AS YOUR RESPONSE."

**ASK:** All respondents

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***Thank you for taking time to complete this survey.***

**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 30 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)**