

## ATTACHMENT 1: POST-CAMPAIGN INSTRUMENT (EFFECT)

Form Approved  
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RIHSC No. 15-052CTP

### Evaluation of the Fresh Empire Campaign on Tobacco - Post-test Instrument (EFFECT-FU)

#### 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 previous button will only be offered to respondents in select instances.
- 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.
- Where response options are arranged vertically, the PNTA response should be set farther apart from the other responses.

**FIID** [IF CAPI] [DISPLAY DATE OF INSTRUMENT RELEASE]

ENTER YOUR FIID. [6 DIGIT ENTRY]

**ASK:** All CAPI interviewers.

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**RAVAIL** [IF CAPI]

THE SELECTED RESPONDENT IS [YOUTHFNAME]  
IS THE SELECTED RESPONDENT AVAILABLE?

INTERVIEWER: IF R IS NOT AVAILABLE, PLEASE BREAKOFF AND SCHEDULE A TIME FOR THE  
INTERVIEW WHEN THE SELECTED RESPONDENT WILL BE HOME

1 Yes

**ASK:** CAPI respondents.

**DISPLAY:** YOUTHNAME is the respondent's name from the contact information survey that the respondent completed during intercept.

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**LDOBC** [IF CAPI]

INTERVIEWER: ASK THIS QUESTION OF THE YOUTH RESPONDENT

What is your date of birth?

PROGRAMMER: PROGRAM DROP DOWN LISTS WITH MONTH, DAY AND YEAR. YEAR SHOULD RANGE FROM 1995 - 2010. PROGRAMMER: USE DOUBLE ENTRY VERIFICATION. IF DOBS DO NOT MATCH, PLEASE DISPLAY AN ERROR THAT SAYS "The dates that you have entered do not match. Please try again"

IF STARTWAVE NE WAVE6 CHECK LDOBC AGAINST MOST RECENTLY KNOWN DOB FROM THE MOST RECENT WAVE, WHETHER FROM WAVE5 OR WAVE4 OR WAVE3 OR WAVE2 OR FROM BASELINE. IF WAVE5 DOB IS BLANK, THEN USE WAVE 4 DOB. IF WAVE4 DOB IS BLANK, THEN USE WAVE3 DOB. IF WAVE3 DOB IS BLANK, THEN USE WAVE2 DOB. IF WAVE2 DOB IS BLANK, THEN USE BASELINE DOB. IF THE TWO DOBS MATCH, GO TO CONAGE. IF THE DOBS DO NOT MATCH, GO TO LDOB2C.

**ASK:** All CAPI respondents.

**GO TO:** If DOB matches last known DOB from any prior wave, go to CONAGE. If DOB doesn't match last known DOB from WAVE 5 OR WAVE4 OR WAVE3 OR WAVE2 or from BASELINE, go to next question LDOB2C.

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**LDOB2C** [IF CAPI AND DOBS DON'T MATCH OR LDOBC NE 12-17]

So that we can ask you the right questions, we need your correct age. Again, what is your date of birth?

PROGRAMMER: PROGRAM DROP DOWN LISTS WITH MONTH, DAY AND YEAR. YEAR SHOULD RANGE FROM 1995 - 2010.

**ASK:** CAPI respondents who have different LDOBC from last known DOB (WAVE5 OR WAVE4 OR WAVE3 OR WAVE2 OR BASELINE).

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**CONAGE** [IF CAPI]

PROGRAMMER: DEFINE CONAGE. CALCULATE AGE BASED ON LDOBC IF LDOB2C IS NOT BLANK. OTHERWISE USE LDOB2C. IF AGE CALCULATED BASED ON CURRENT DATE IS 18 OR OLDER, CONAGE = 1. OTHERWISE, CONAGE =2.

**ASK:** CAPI respondents

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**PAVAIL** [IF CAPI AND CONAGE =2]

IS THE SELECTED RESPONDENT'S PARENT OR GUARDIAN PRESENT?

1 Yes

INTERVIEWER: IF PARENT IS NOT AVAILABLE, PLEASE BREAKOFF AND SCHEDULE A TIME FOR THE INTERVIEW WHEN A PARENT OR GUARDIAN WILL BE HOME.

**ASK:** CAPI respondents who are less than 18 years old, according to CONAGE.

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**PERMISS** [IF CAPI AND CONAGE=2]

PROGRAMMER: INSERT ATTACHMENT 5A

**ASK:** CAPI respondents who are less than 18 years old, according to CONAGE.

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**ASSENT** [IF CAPI AND CONAGE=2]

PROGRAMMER: INSERT ATTACHMENT 5A

**ASK:** CAPI respondents who are less than 18 years old, according to CONAGE.

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**CONSENT** [IF CAPI AND CONAGE=1]

PROGRAMMER: INSERT ATTACHMENT 5B

**ASK:** CAPI respondents who are 18 years old or older, according to CONAGE.

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**TUTOR** [IF CAPI]

INTERVIEWER: POINT TO TOUCHPAD

You will use the touchpad here to answer each survey question. Each question has an option for "Prefer not to answer." You can use that option if you don't know the answer to a question, or if you choose to not answer a question. Remember that your answers will be kept private. I will not be able to see them. Your parents and school will not be able to see them either.

**NEXT**

**ASK:** CAPI respondents.

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**TUTOR2** [IF CAPI]

Some screens have more than one question. In this case, you will need to scroll down to view all of the questions on a screen. To scroll, use the Page Up and Page Down buttons. Those buttons are here. POINT TO BUTTONS

I will now give you the computer and you can answer the questions on your own. Please let me know if you have questions or need help with anything.

INTERVIEWER: HAND R COMPUTER

**NEXT**

**ASK:** CAPI respondents.

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

Thank you for logging in to the Evaluation of the Fresh Empire Campaign on Tobacco (EFFECT) study! Please enter your ID Number and password. Your ID Number is 8 characters such as XXX11111. If you can't find your ID Number, please call 800-845-6708.

ID Number: \_\_\_\_\_

Password: \_\_\_\_\_

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

PROGRAMMER: IF ENTRIES DON'T AGREE "Invalid ID Number and/or password. Please verify your ID Number and password and try again. Please remember passwords are CASE SENSITIVE."

**ASK:** Web respondents.

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**CONAGEW** [IF WEB]

INSTRUMENT CHECK POINT - IS THE RESPONDENT AGE 18 OR OLDER?

PROGRAMMER: REVIEW FLAG TO DETERMINE IF R IS 18 OR OLDER BASED ON DOB IN BASELINE OR WAVE 2 OR WAVE 3 OR WAVE 4 OR WAVE 5

- 1 YES
- 2 NO

CHECKPOINT: IF THE CASE IS COMING IN VIA A LEAD LETTER AND IS UNDER THE AGE OF 18 ACCORDING TO DOB, GO TO WID AND PERMISS. ELSE GO TO ASSENT.

CALCULATE CALCAGE: CALCULATE CURRENT AGE AS OF DATE OF INTERVIEW BASED ON THE DOB OF RESPONDENT

PROGRAMMER: ADMINISTER WID, WIDFP AND PERMISS IF PARENTAL PERMISSION IS NOT WAIVED OR COLLECTED OVER THE PHONE.

**ASK:** Web respondents.

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**WID** [IF CONAGEW=2 AND WEB AND LONGITUDINAL=YES AND SOCIAL MEDIA=NO]

Our records indicate that a [CALCAGE] year old named [YouthFname] participated in a previous wave of our study. Before we begin with the interview, we need the parent or guardian of [YouthFname] to review some information. Are you the parent or guardian of [YouthFname]?

- 1 Yes
- 2 No - GO TO WIDFP

**ASK:** Web respondents who are less than 18 years old.

**DISPLAY:** CALCAGE is the respondent's age based on the intercept screener. Prefill YouthFname is the respondents name from the preload.

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**WIDFP** [IF WID=NO AND CONAGEW =2 AND WEB AND LONGITUDINAL=YES AND SOCIAL MEDIA=NO]

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

- 1 Yes, parent is available
- 2 No, I will log back in when parent is available

**ASK:** Web respondents who are less than 18 years old.

**DISPLAY:** YouthFname is the respondents name from the contact information survey that the respondent completed during intercept.

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**PERMISS** [IF LONGITUDINAL=YES AND CALCAGE = 12-17 AND SOCIALMEDIA=NO AND WEB]

PROGRAMMER: INSERT ATTACHMENT 5C

**ASK:** Longitudinal web respondents age 12 to 17 who are not recruited through social media

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**ASSENT**

[IF LONGITUDINAL=NO AND SOCIALMEDIA=YES AND CALCAGE =15-17 AND WEB]

PROGRAMMER: INSERT ATTACHMENT 5E

[IF LONGITUDINAL=YES AND CALCAGE = 12-17 AND SOCIALMEDIA=NO AND WEB]

PROGRAMMER: INSERT ATTACHMENT 5C

[IF LONGITUDINAL = YES AND SOCIALMEDIA=YES AND  
((CALCAGE=13-17 AND STARTWAVE = WAVE1) OR  
(AGE AT FU1=13-14 AND STARTWAVE=WAVE2) OR  
(CALCAGE=13-14 AND SOCIALMEDIA=YES AND STARTWAVE=WAVE3) OR  
(CALCAGE=13-14 AND SOCIALMEDIA=YES AND STARTWAVE=WAVE4) OR  
(CALCAGE=13-14 AND SOCIALMEDIA=YES AND STARTWAVE=WAVE5)]

PROGRAMMER: INSERT ATTACHMENT 5G

[IF LONGITUDINAL=NO AND CALCAGE=13-14 AND WEB]

PROGRAMMER: INSERT ATTACHMENT 5F

[IF (LONGITUDINAL =YES AND AGE AT FU1= 15-17 AND STARTWAVE=WAVE2  
AND SOCIAL MEDIA=YES AND WEB) OR (STARTWAVE=WAVE3 AND  
CALCAGE=15-17 AND SOCIAL MEDIA = YES) OR (STARTWAVE=WAVE4 AND  
CALCAGE=15-17 AND SOCIAL MEDIA = YES) OR (STARTWAVE=WAVE5 AND  
CALCAGE=15-17 AND SOCIAL MEDIA = YES)]

PROGRAMMER: INSERT ATTACHMENT 5I

**ASK:** Longitudinal web respondents age 12 to 17 who require assent

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**CONSENT** [IF LONGITUDINAL= YES AND WEB AND CALCAGE=18]

PROGRAMMER: INSERT ATTACHMENT 5D

**ASK:** Longitudinal web respondents age 18.

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**PRIV** [IF WEB]

Please make sure that you can answer the questions in private where no one  
can see your answers.

NEXT

**ASK:** Web respondents.

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**DRIV** [IF WEB]

We care about your safety. Do not attempt to answer these questions while  
driving.

NEXT

**ASK:** Web respondents.

---

**ATTEN** [IF WEB] PROGRAMMER: DISPLAY FOR RANDOMLY ASSIGNED HALF OF RESPONDENTS

The information that you provide in this survey is important. We will not give you a virtual gift card if we determine that you haven't thought carefully about your responses to the survey questions. Please mark that you understand below.

☐ I understand that I will not receive a virtual gift card if I do not think carefully about my responses

**ASK:** Web respondents.

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**TUTOR3** [IF WEB]

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

**NEXT**

**ASK:** Web respondents.

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## **WEB DOB SERIES**

**DOB** [IF (LONGITUDINAL = NO) AND WEB]

What is your date of birth? (mm-dd-yyyy)

PROGRAMMER: PROGRAM DROP DOWN LISTS WITH MONTH, DAY AND YEAR. YEAR SHOULD RANGE FROM 1920 - 2015.

PROGRAMMER: CALCULATE RAGE BASED ON CURRENT DATE MINUS DOB.

**ASK:** Web respondents who are not longitudinal.

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**AGE** [IF (LONGITUDINAL = NO) AND WEB]

That would make you [RAGE] years old, is that correct?

- 1 Yes
- 2 No

**ASK:** Web respondents who are not longitudinal.

**DISPLAY:** Prefill RAGE is the respondent's age calculated from DOB.

**GOTO:** If RAGE is age 13 to 17 years old and AGE = Yes, go to Y\_video. If RAGE is less than 13 years old or more than 17 years old and AGE = Yes, go to next question WINELIG.

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**WINELIG** [IF RAGE IS <13 OR >=18 AND (LONGITUDINAL = NO) AND WEB]

Thank you, but you are not eligible to take this survey.

PROGRAMMER: CODE AS 2390

**ASK:** Web respondents who are not longitudinal and who are younger than 13 years old or older than 17 years old, according to RAGE.

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**LDOBW** [IF (LONGITUDINAL = YES) AND WEB]

What is your date of birth?

PROGRAMMER: PROGRAM DROP DOWN LISTS WITH MONTH, DAY AND YEAR. YEAR SHOULD RANGE FROM 1995 - 2010.

CHECK LDOBW AGAINST BLD0B. IF THE TWO DOBS MATCH, GO TO Y\_Video. IF THE DOBS DO NOT MATCH, CHECK AGAINST FU1\_D0B AND FU2\_D0B AND FU3\_D0B AND FU4\_D0B. IF LDOBW AND FU1\_D0B OR FU2\_D0B OR FU3\_D0B OR FU4\_D0B MATCH, GO TO Y\_Video. IF THOSE DOBS DO NOT MATCH, GO TO LDOB2W.

**ASK:** Longitudinal Web respondents.

**GOTO:** If LDOBW matches BLD0B or LDOBW matches FU1\_D0B or FU2\_D0B or FU3\_D0B or FU4\_D0B, go to Y\_video. If LDOBW does not match BLD0B and LDOBW does not match FU1\_D0B OR FU2\_D0B or FU3\_D0B or FU4\_D0B, go to next question LDOB2W.

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**LDOB2W** [IF ((LONGITUDINAL = YES) AND WEB AND (LDOBW NE BL\_D0B OR FU1\_D0B OR FU2\_D0B OR FU3\_D0B OR FU4\_D0B)) OR (LONGITUDINAL=NO AND AGE =NO AND WEB)]

So that we can ask you the right questions, we need your correct age. Again, what is your date of birth?

PROGRAMMER: PROGRAM DROP DOWN LISTS WITH MONTH, DAY AND YEAR. YEAR SHOULD RANGE FROM 1995 - 2010. MONTH SHOULD BE WRITTEN IN FULL IE "JANUARY"

IF LONGITUDINAL = NO UPDATE RAGE WITH LDOB2W BIRTHDAY.

**ASK:** Longitudinal web respondents where LDOBW does not match BLD0B and LDOBW does not match FU1\_D0B OR FU2\_D0B OR FU3\_D0B or FU4\_D0B.

**GOTO:** If LDOB2W matches BLD0B or LDOB2W matches FU1\_D0B, OR FU2\_D0B OR FU3\_D0B OR FU4\_D0B go to Y\_video. If LDOB2W does not match BLD0B OR FU2\_D0B OR FU3\_D0B and LDOB2W does not match FU1\_D0B, go to next question INELIGAGE.

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**INELIGAGE** [IF (LONGITUDINAL = YES) AND (LDOB2W NE BLD0B OR FU1\_D0B OR FU2\_D0B OR FU3\_D0B OR FU4\_D0B) AND WEB]

We're sorry, but we are not able to locate your file in our records. For this reason, you will not be able to take this survey online at this time.

Thank you for your time.

PROGRAMMER: EXIT PROGRAM AND CODE AS 2390

**ASK:** Longitudinal web respondents where LDOB2W does not match BLD0B and LDOB2W does not match FU1\_D0B OR FU2\_D0B OR FU3\_D0B OR FU4\_D0B.

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**WINELIG2** [IF RAGE IS <13 OR >17 AND (LONGITUDINAL = NO) AND WEB]

Thank you, but you are not eligible to take this survey.

PROGRAMMER: CODE AS 2390

**ASK:** Web respondents who are not longitudinal and who are not 13-17 years old

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

**ASK:** Web respondents who are not longitudinal.

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**Y\_video1** [IF WEB]

Are you able to view and hear this video?

- 1 Yes
- 2 No

PROGRAMMER: IF Y\_video1 IS NO (=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.

PROGRAMMER: IF NO, NEED TO BEGIN WITH THE VIEWING OF THE VIDEO WHEN R COMES BACK TO THE SURVEY FROM A DIFFERENT DEVICE.

**ASK:** Eligible web respondents.

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**IBSE.** [IF LONGITUDINAL=YES]

First we have some questions about you and your friends. You have seen these questions before, but we are asking them again to see if things have changed or stayed the same. Click Next to continue.

**ASK:** Eligible longitudinal respondents.

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**S5a.** [IF LONGITUDINAL=YES]

Rank the three people that would BEST FIT in your main group of friends, starting with the best fit. Click on the picture to make a selection.

1st Best Fit

2nd Best Fit

3rd Best Fit














































						
						
						
						
						

**ASK:** Longitudinal respondents.

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**S5b.** [IF LONGITUDINAL=YES]

Rank the three people that would LEAST FIT in your main group of friends, starting with the worst fit. Click on the picture to make a selection.

1st Worst Fit	2nd Worst Fit	3rd Worst Fit
		
		
		
		
		
		
		
		
		
		
		
		
		
		
		

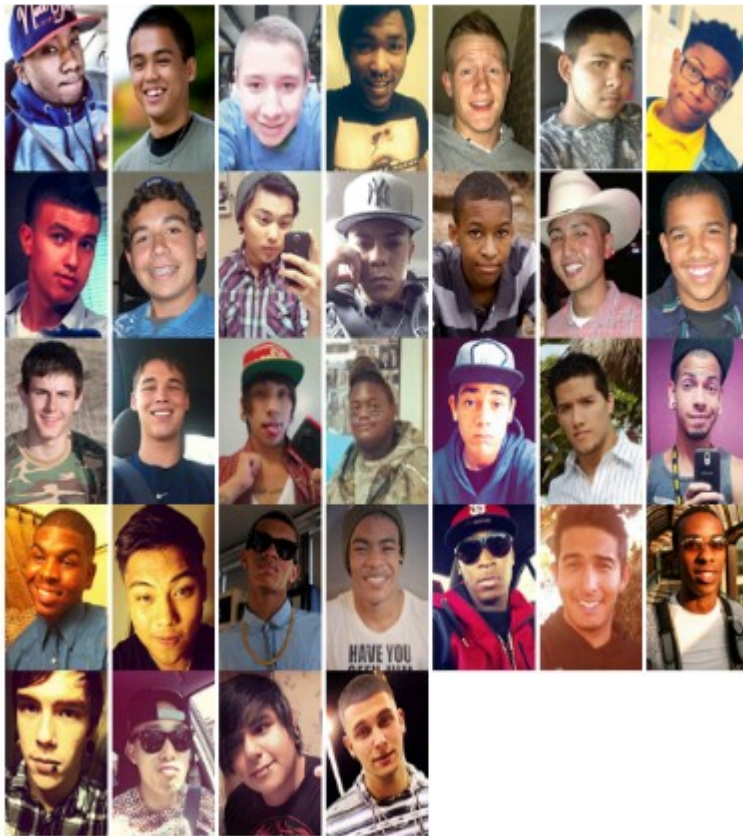
**ASK:** Longitudinal respondents.

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**S6a.** [IF LONGITUDINAL=YES]

Rank the three people that would BEST FIT in your main group of friends, starting with the best fit. Click on the picture to make a selection.

1st Best Fit	2nd Best Fit	3rd Best Fit



**ASK:** Longitudinal respondents.

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**S6b.** [IF LONGITUDINAL=YES]

Rank the three people that would LEAST FIT in your main group of friends, starting with the worst fit. Click on the picture to make a selection.



**ASK:** Longitudinal respondents.

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**S7.** [IF LONGITUDINAL=YES AND WEB]

What is your zip code?

- ☐ Don't know  
☐ Prefer not to answer

PROGRAMMER: IDENTIFY LAST AVAILABLE ZIP. COMPARE ZIP TO LAST AVAILABLE ZIP FROM PRIOR WAVES. IF LAST AVAILABLE ZIP=ZIP, CONTINUE TO A3. IF THE LAST AVAILABLE ZIP IS IN AN INTERVENTION GROUP AND ZIP IS IN CONTROL GO TO ZIPCHK. IF THE LAST AVAILABLE ZIP IS IN A CONTROL ZIP AND THE ZIP IS IN INTERVENTION GO TO ZIPCHK. IF ZIP IS NOT IN SAMPLE GO TO ZIPCHK. ELSE GO TO A3.

ADD A POP UP BOX CHECK IF S7=DK OR PNTA. IF S7=DK OR PNTA, POP UP BOX SHOULD SAY: "Please enter a valid zip code to continue with the survey. If you don't know or prefer not to enter your zip code, you will exit the survey. Choose Change Answer to enter a valid zip code or Keep Answer if you wish to exit." THE POP UP BOX WILL HAVE TWO OPTIONS: 'CHANGE ANSWER' OR 'KEEP ANSWER AND CONTINUE.'

**ASK:** Longitudinal web respondents.

**GOTO:** If last available zip=S7, go to A3. If the last available zip is in an intervention group and S7 is in a control zip, go to ZIPCHK. If the last available zip is in a control zip and S7 is in an intervention group, go to ZIPCHK. If S7 is not in sample, go to ZIPCHK.

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**ZIPCHK** [IF LONGITUDINAL=YES AND WEB AND ((LAST AVAILABLE ZIP IS IN AN INTERVENTION GROUP AND ZIP IS IN CONTROL ZIP) OR (LAST AVAILABLE ZIP IS IN A CONTROL ZIP AND ZIP IS IN AN INTERVENTION GROUP))]

You have entered [FILL S7]. Is this correct?

- 1 Yes
- 2 No

**NEXT**

PROGRAMMER: IF THE LAST AVAILABLE ZIP IS IN AN INTERVENTION GROUP AND ZIP IS IN CONTROL AND ZIPCHK=YES GO TO INELIG. IF THE LAST AVAILABLE ZIP IS IN A CONTROL ZIP AND THE ZIP IS IN INTERVENTION AND ZIPCHK=YES GO TO INELIG. IF ZIP IS NOT IN SAMPLE AND ZIPCHK=YES GO TO INELIG. IF ZIPCHK = NO, GO BACK TO S7.

**ASK:** Longitudinal web respondents where last available zip is in an intervention group and S7 is in control zip or last available zip is in a control zip and S7 is in an intervention group.

**DISPLAY:** Prefill S7 is the respondent's zip.

**GOTO:** If the last available zip is in an intervention group and ZIP is in control and ZIPCHK = Yes, go to INELIG. If the last available zip is in a control zip and the ZIP is in intervention and ZIPCHK=Yes, go to INELIG. If ZIP is not in sample and ZIPCHK=yes go to INELIG. If ZIPCHK = No, go back to S7.

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**INELIG** [IF S7=PNTA OR DK OR IS NOT IN STUDY AREA OR IS NOT IN THE SAME TYPE OF DMA AS AT BASELINE OR FOLLOW UP WAVES]  
Thank you for your interest in this study. Unfortunately, you are no longer located in the study area.

PROGRAMMER: CODE AS 2320

**ASK:** Longitudinal web respondents where S7 = PNTA or DK or is not in study area or is not in the same type of DMA as at BASELINE or WAVE1 or WAVE2 or WAVE3 or WAVE4 or WAVE5.

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## **Section A: Demographics**

### **A1.** [IF LONGITUDINAL=NO]

Are you of Hispanic, Latino/a, or Spanish origin?

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

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

**ASK:** Eligible respondents who are not longitudinal.

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### **A2.** [IF LONGITUDINAL=NO]

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.)

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or Other Pacific Islander
- 5 White
- 6 Other (please specify\_\_\_\_\_)
- 9 Prefer not to answer

**ASK:** Respondents who are not longitudinal.

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### **A3.** In general, do you usually speak...

- 1 Only Spanish
- 2 Spanish more than English
- 3 Spanish and English equally
- 4 English more than Spanish
- 5 English only
- 6 Some other language (please specify\_\_\_\_\_)
- 9 Prefer not to answer

**ASK:** All eligible respondents.

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**A4.** What grade are you **currently** in? If school is not in session, what grade are you going into?

- 1 6th grade or lower
- 2 7th grade
- 3 8th grade
- 4 9th grade
- 5 10th grade
- 6 11th grade
- 7 12th grade
- 8 In college
- 9 Ungraded or other grade
- 10 Out of school
- 99 Prefer not to answer

**ASK:** All respondents.

---

**A5.** During the past 30 days, about how much money did you have each week to spend any way you wanted to?

- 1 None
- 2 \$5 or less
- 3 \$6 to \$10
- 4 \$11 to \$20
- 5 \$21 to \$35
- 6 \$36 to \$50
- 7 \$51 to \$75
- 8 \$76 to \$125
- 9 \$126 or more
- 99 Prefer not to answer

**ASK:** All respondents.

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## Section B: Tobacco Use Behavior

**B1.** [IF BASELINE B1 NE 1 AND FU1 B1 NE 1 AND FU2 B1 NE 1 AND FU3 B1 NE 1 AND FU4 B1 NE 1]

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

- 1 Yes
- 2 No - GO TO B10
- 9 Prefer not to answer

**ASK:** Respondents who did not report having ever tried cigarette smoking during BASELINE or FU1 or FU2 or FU3.

**GOTO:** If B1 = 2, go to B10. If B1 = 1 or 9, go to next question B2.

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**B2.**

[IF B1=1 OR 9] How old were you when you first tried cigarette smoking, even one or two puffs?

- 1 8 years old or younger
- 2 9 years old
- 3 10 years old
- 4 11 years old
- 5 12 years old
- 6 13 years old
- 7 14 years old
- 8 15 years old
- 9 16 years old
- 10 17 years old
- 11 18 years old or older
- 99 Prefer not to answer

**CHECK:** IF AGE ENTERED IS GREATER THAN AGE CALCULATED FROM DOB THEN DISPLAY:  
Please provide an age as old as or younger than you are currently.

**ASK:** Respondents who had ever smoked cigarettes or preferred not to answer whether they smoked cigarettes in B1.

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**B3.** [IF BASELINE B1 = 1 OR 9 OR FU1 B1 =1 OR 9 OR FU2 B1 = 1 OR 9 OR FU3 B1=1 OR 9 OR FU4 B1=1 OR 9 OR (CURRENT B1=1 OR 9)]

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

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

**ASK:** Respondents who had ever smoked cigarettes or preferred not to answer whether they smoked cigarettes in B1 or reported having ever smoked cigarettes in BASELINE or FU1 or FU2 or FU3 or FU4.

**GOTO:** If B3 = 1, go to B6. If B3 NE 1, go to next question B4.

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**B4.** [IF B3 NE 1]

Menthol cigarettes are cigarettes that taste like mint. During the past 30 days, were the cigarettes that you usually smoked menthol?

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

**ASK:** Respondents who had smoked one or more cigarettes during the past 30 days or preferred not to answer whether they smoked cigarettes during the past 30 days, according to B3.

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**B5.** [IF B3 NE 1]

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

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

**ASK:** Respondents who had smoked one or more cigarettes during the past 30 days or preferred not to answer whether they smoked cigarettes during the past 30 days, according to B3.

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**B6.** [IF BASELINE B1 = 1 OR 9 OR FU1 B1 =1 OR 9 OR FU2 B1=1 OR 9 OR FU3 B1=1 OR 9 OR FU4 B1=1 OR 9 OR (CURRENT B1=1 OR 9)]

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

- 1 I have never smoked cigarettes, not even one or two puffs
- 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 had ever smoked cigarettes or preferred not to answer whether they smoked cigarettes in B1 or reported having ever smoked cigarettes in BASELINE or FU1 or FU2 or FU3 or FU4.

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**B7.** [IF BASELINE B1 = 1 OR 9 OR FU1 B1 =1 OR 9 OR FU2 B1=1 OR 9 OR FU3 B1=1 OR 9 OR FU4 B1=1 OR 9 OR (CURRENT B1=1 OR 9)]

Do you consider yourself a smoker?

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

**ASK:** Respondents who had ever smoked cigarettes or preferred not to answer whether they smoked cigarettes in B1 or reported having ever smoked cigarettes in BASELINE or FU1 or FU2 or FU3 or FU4.

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**B10.** [IF BASELINE B10 NE 1 OR FU1 B10 NE 1 OR FU2 B10 NE 1 OR FU3 B10 NE 1 OR FU4 B10 NE 1]

Have you ever tried smoking cigars, cigarillos, or little cigars, such as Swisher Sweets, Black & Mild, White Owl, Cheyenne, Dutch Masters, Garcia Y Vega or Middleton's, even one time?



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

**ASK:** Respondents who did not report having ever tried smoking cigars, cigarillos, or little cigars during BASELINE or FU1 or FU2 or FU3 OR FU4.

**GOTO:** If B10 = 2, go to B12. If B10 = 1 or 9, go to next question B11b.

---

**B11b.** [IF BASELINEB10=1 OR FU1B10=1 OR FU2B10=1 OR FU3B10=1 OR FU4B10=1 OR (CURRENT B10=1 OR 9)]

During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars **without added marijuana**? Common brands are Swisher Sweets, Black & Mild, 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
- 7 All 30 days
- 9 Prefer not to answer

**ASK:** Respondents who had ever smoked cigars, cigarillos, or little cigars or preferred not to answer whether they smoked cigars, cigarillos, or little cigars in B10 or reported having ever smoked cigars, cigarillos, or little cigars in BASELINE or FU1 or FU2 or FU3 or FU4.

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**B12.** [IF BASELINE B12 NE 1 OR FU1 B12 NE 1 OR FU2 B12 NE 1 OR FU3 B12 NE 1 OR FU4 B12 NE 1]

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



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

**ASK:** Respondents who did not report having ever tried smoking tobacco out of a water pipe during BASELINE or FU1 OR FU2 OR FU3 OR FU4.

**GOTO:** If B12 = 2, go to B14. If B12 = 1 or 9, go to next question B13.

---

**B13.** [IF BASELINE B12 = 1 OR FU1B12 = 1 OR FU2B12=1 OR FU3 B12=1 OR FU4 B12=1 OR (CURRENT B12 = 1 OR 9)]

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



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

**ASK:** Respondents who had ever smoked tobacco out of a water pipe or preferred not to answer whether they smoked tobacco out of a water pipe in B12 or reported having ever smoked tobacco out of a water pipe in BASELINE or FU1 or FU2 or FU3 or FU4.

---

**B14.** [IF BASELINE B14 NE 1 OR FU1 B14 NE 1 OR FU2 B14 NE 1 OR FU3 B14 NE 1 OR FU4 B14 NE 1]

These are examples of electronic nicotine products: e-cigarettes, e-cigars, e-hookahs, pipes, vape pens, hookah pens and personal vaporizers. These products are battery-powered, use nicotine fluid rather than tobacco leaves, 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 one or two puffs?



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

**ASK:** Respondents who did not report having ever tried electronic nicotine products during BASELINE or FU1 or FU2 or FU3 or FU4.

**GOTO:** If B14 = 2, go to C1. If B14 = 1 or 9, go to next question B15.

---



**B15.** [IF BASELINE B14=1 OR FU1B14=1 OR FU2B14=1 OR FU3B14=1 OR FU4B14=1 OR (CURRENT B14 = 1 OR 9)]

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
- 7 All 30 days
- 9 Prefer not to answer

**ASK:** Respondents who have ever used electronic nicotine products or preferred not to answer whether they used electronic nicotine products in B1 or reported having ever used electronic nicotine products in BASELINE or FU1 or FU2 or FU3 or FU4.

---

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

### C1. Thinking about the future...

		Definitely Yes	Probably Yes	Probably Not	Definitely Not	Prefer Not to Answer
<b>C1_1.</b>	Do you think that you will smoke a <b>cigarette</b> soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C1_2.</b>	Do you think you will smoke a <b>cigarette</b> at any time in the next year?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
<b>C1_3.</b>	If one of your best friends were to offer you a <b>cigarette</b> , would you smoke it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

**ASK:** All respondents.

---

### C2. How sure are you that, if you really wanted to, **you could say no to a cigarette offer** if...

PROGRAMMER: RANDOMIZE C2\_1-C2\_3

		Not at all sure	Slightly sure	Somewhat sure	Mostly sure	Completely sure	Prefer Not to Answer
<b>C2_1.</b>	You are at a party 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
<b>C2_2.</b>	A very close friend offers it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>C2_3.</b>	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

**ASK:** All respondents.

---

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

**D2.** [IF B3 = 2-9]

How much do you want to stop smoking cigarettes for good?

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

**ASK:** Respondents who had smoked between 1 and 30 days in the past 30 days or preferred not to answer how many of the past 30 days they had smoked.

---

**D4.** [IF B3=2-9]

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

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

**ASK:** Respondents who had smoked between 1 and 30 days in the past 30 days or preferred not to answer how many of the past 30 days they had smoked.

---

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

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

### Attitudes, Beliefs and Risk Perceptions

**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>fresh</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>trendsetters</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>in control</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>real</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>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_7.</b>	People who are tobacco-free are <b>lame</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_9.</b>	People who are tobacco-free are <b>fake</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_10.</b>	People who are tobacco-free are <b>annoying</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_12.</b>	People who are tobacco-free are <b>followers</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.

---

**E3.** Please enter the number that best fits your response. Smoking cigarettes is... (pick one)

PROGRAMMER: RANDOMIZE E3\_1-E3\_2

MAKE THIS ITEM SKIPPABLE

DISPLAY IMAGE OF SCALE LABELED 1 THROUGH 7 AND A NUMERIC ENTRY FIELD FOR RESPONSE.

<b>E3_1.</b>	<b>Bad</b>	<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	<b>Good</b>
<b>E3_2.</b>	<b>Not enjoyable</b>	<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	<b>Enjoyable</b>

\_\_\_\_\_ (Range 1-7)

**ASK:** All respondents.

---

**E4.** How much do you agree or disagree with the following statements?

PROGRAMMER: RANDOMIZE E4\_1-E4\_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>E4_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>E4_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>E4_3.</b>	I am proud to tell other people I 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

**ASK:** All respondents.

---

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

PROGRAMMER: RANDOMIZE E5\_1 to E5\_23. Keep E5\_22 as the last item.

		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Prefer Not to Answer</b>
<b>E5_1.</b>	Damage 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>E5_3.</b>	Shorten my life	<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>E5_6.</b>	Be able to stop smoking when I want to	<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>E5_7.</b>	Become addicted to smoking	<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>E5_9.</b>	Be less attractive to 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>E5_11.</b>	Have bad breath	<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>E5_14.</b>	Be a bad influence on my younger brothers, sisters, cousins, family or friends	<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>E5_18.</b>	Be able to reach my goals	<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>E5_19.</b>	Be less successful	<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>E5_20.</b>	Be less physically fit	<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>E5_21.</b>	Not perform at my best	<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>E5_23.</b>	Lose my 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>E5_22.</b>	Please select the option labeled 'Disagree' 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>

**ASK:** All respondents.

---

## Social Norms

### E6. How many of **your four closest friends...**

		None	One	Two	Three	Four	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>	Use marijuana?	<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_5.</b>	Smoke blunts (cigars, cigarillos, or little cigars <b>with marijuana added</b> )?	<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_6.</b>	Smoke cigars, cigarillos, or little cigars <b>without added marijuana</b> ?  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_7.</b>	Use electronic nicotine products, such as "e-cigarettes", "e-cigs", "vapor pens", or "e-hookahs"?	<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_8.</b>	Smoke tobacco out of a water pipe (also called "hookah")?	<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 many of the people who hang out where you hang out...**

		None	A few	Some	Most	All	Prefer Not to Answer
<b>E7_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>E7_4.</b>	Use marijuana?	<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>E7_5.</b>	Smoke blunts (cigars, cigarillos, or little cigars <b>with marijuana added</b> )?	<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>E7_6.</b>	Smoke cigars, cigarillos, or little cigars <b>without added marijuana</b> ?  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>E7_7.</b>	Use electronic nicotine products, such as "e-cigarettes", "e-cigs", "vapor pens", or "e-hookahs"?	<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>E7_8.</b>	Smoke tobacco out of a water pipe (also called "hookah")?	<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.

---

**E8. Thinking about the people who hang out where you hang out, do you think tobacco use is...**

- 1 Increasing
- 2 Decreasing
- 3 Staying the same
- 4 Not sure
- 9 Prefer not to answer

**ASK:** All respondents.

---



### **Perceived Approval**

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

PROGRAMMER: RANDOMIZE E9\_1-E9\_4

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
<b>E9_1.</b>	According to <b>my family</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 <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_3.</b>	According to <b>most people my age</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_4.</b>	According to <b>the people 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

**ASK:** All respondents.

---

### **Approval Of Smoking**

**E10.** This next set of questions asks about things you would or would not do with people who smoke cigarettes. Would you...

		Definitely Yes	Probably Yes	Probably Not	Definitely Not	Prefer Not to Answer
<b>E10_1.</b>	Go to a 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>E10_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>E10_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>E10_5.</b>	Go 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

**ASK:** All respondents.

---

**Perceived Popularity****E12.** How much do you agree or disagree with the following statements?

PROGRAMMER: RANDOMIZE E12\_1-E12\_4

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
<b>E12_1.</b>	Most successful people 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>E12_2.</b>	More fresh people smoke cigarettes than people who are not fresh.	<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>	Rich and famous people are more likely to smoke cigarettes than people who aren't rich and famous.	<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>	My favorite hip hop artists 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.

---

## Section F: Media Use and Awareness

**F1.** These next questions ask about your use of TV and other media.

In the past 6 months, that is since [FILL DATE], about how often did you...

PROGRAMMER: CALCULATE 6 MONTHS FROM THE DATE OF CURRENT INTERVIEW.

		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
	Watch <b>TV shows or movies</b> on any platform including a TV, computer, 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"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _9
	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
	Listen to streaming music on DatPiff, Pandora, Spotify, Apple Music, SoundCloud or others?	<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
	Listen to the radio (local radio stations)?	<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
	Browse any other type of website, like news or entertainment?	<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.

**DISPLAY:** FILL DATE will calculate the date 6 months prior to the current date.

---

**F1a.** Thinking about the social media sites you use, about how often do you visit or use ...

PROGRAMMER: RANDOMIZE ALL

		Several times a day	About once a Day	3-5 days a week	1-2 days a week	Every few weeks	Less often	Never	Prefer Not to Answer
<b>F1a_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>F1a_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>F1a_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

**ASK:** All respondents.

---

**F2.** Think about the following websites. In the past 6 months, that is since [FILL DATE], about how often did you visit or use...

PROGRAMMER: RANDOMIZE ALL

		Several times a day	About once a day	3-5 days a week	1-2 days a week	Every few weeks	Less often	Never	Prefer Not to Answer
<b>F2_2.</b>	XXL <a href="http://www.xxlmag.com">http://www.xxlmag.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>F2_4.</b>	Complex <a href="http://www.complex.com">http://www.complex.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>F2_7.</b>	Global Grind <a href="http://www.globalgrind.com">http://www.globalgrind.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>F2_8.</b>	Spin <a href="http://www.spin.com">http://www.spin.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>F2_9.</b>	Worldstar Hip Hop <a href="http://worldstarhiphop.com">http://worldstarhiphop.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.

**DISPLAY:** FILL DATE will calculate the date 6 months prior to the current date.

---

**F3.** How often do you go to the movies at a movie theater?

- 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 see movies at a movie theater
- 9 Prefer not to answer

**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.

---

### **Home Environment**

[IF LONGITUDINAL=NO]

These next questions ask about your parent(s) or guardian(s). Some people your age have parents who they do not live with. As you answer these questions, please think only about **the parent(s) or guardian(s) you live with.**

**ASK:** Respondents who are not longitudinal.

---

**F9.** [IF LONGITUDINAL=NO]

Do your parent(s) or guardian(s) have rules about **how much time** you can spend using media, such as TV, computer, video games, cell phones, and music?

- 1 Yes, my parent(s) or guardian(s) have lots of rules about it.
- 2 Yes, my parent(s) or guardian(s) have a few rules about it.
- 3 No, my parent(s) or guardian(s) don't have any rules about it.
- 9 Prefer not to answer

**ASK:** Respondents who are not longitudinal.

---

**F10.** [IF LONGITUDINAL=NO]

Do your parent(s) or guardian(s) have rules about what you are allowed to do on the computer, which video games you are allowed to play, or what music you're allowed to listen to?

- 1 Yes, my parent(s) or guardian(s) have lots of rules about it.
- 2 Yes, my parent(s) or guardian(s) have a few rules about it.
- 3 No, my parent(s) or guardian(s) don't have any rules about it.
- 9 Prefer not to answer

**ASK:** Respondents who are not longitudinal.

---

**F11.** [IF LONGITUDINAL=NO]

In general, how often do your parent(s) or guardian(s) make sure you follow the rules they have about using media, such as TV, computers, video games, and music?

- 1 Most of the time
- 2 Some of the time
- 3 A little of the time
- 4 Never
- 5 My parent(s) or guardian(s) don't have rules about using media
- 9 Prefer not to answer

**ASK:** Respondents who are not longitudinal.

---

**F12.** [IF LONGITUDINAL=NO]

How often do your parent(s) or guardian(s) let you watch movies or videos that are rated R?

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

**ASK:** Respondents who are not longitudinal.

---

**F13.** [IF LONGITUDINAL=NO]

How often do your parent(s) or guardian(s) let you go to concerts, live shows, or other events?

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

**ASK:** Respondents who are not longitudinal.

---

**F14.** To show us that you are paying attention, please select 'Never' as your response to this item.

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

**ASK:** All respondents.

---

## **Brand Awareness**

**F5.** 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.

PROGRAMMER: RANDOMIZE F5\_1-F5\_5

**F5\_1.** [IF (LONGITUDINAL = YES AND FU4\_DATE NE BLANK) OR STARTWAVE = WAVE5]  
In the past [FILL MONTHS SINCE LAST SURVEY] months, have you seen or heard the following brand?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU4\_DATE = BLANK)] In the past [FILL MONTHS SINCE NOVEMBER] months, have you seen or heard the following brand?

Truth®



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

**ASK:** All respondents.

**DISPLAY:** FILL MONTHS SINCE LAST SURVEY will be calculated from the current date. FILL MONTHS SINCE NOVEMBER will be calculated from the current date.

---

**F5\_2.** [IF (LONGITUDINAL = YES AND FU4\_DATE NE BLANK) OR STARTWAVE = WAVE5]  
In the past [FILL MONTHS SINCE LAST SURVEY] months, have you seen or heard the following brand?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU4\_DATE = BLANK)] In the past [FILL MONTHS SINCE NOVEMBER] months, have you seen or heard the following brand?

Digital Youth Against Tobacco (DYAT)



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

**ASK:** All respondents.

**DISPLAY:** FILL MONTHS SINCE LAST SURVEY will be calculated from the current date. FILL MONTHS SINCE NOVEMBER will be calculated from the current date.

---

**F5\_3.** [IF (LONGITUDINAL = YES AND FU4\_DATE NE BLANK) OR STARTWAVE = WAVE5]  
In the past [FILL MONTHS SINCE LAST SURVEY] months, have you seen or heard the following brand?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU4\_DATE = BLANK)] In the past [FILL MONTHS SINCE NOVEMBER] months, 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 MONTHS SINCE LAST SURVEY will be calculated from the current date. FILL MONTHS SINCE NOVEMBER will be calculated from the current date.

---

**F5\_4.** [IF (LONGITUDINAL = YES AND FU4\_DATE NE BLANK) OR STARTWAVE = WAVE5]  
In the past [FILL MONTHS SINCE LAST SURVEY] months, have you seen or heard the following brand?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU4\_DATE = BLANK)] In the past [FILL MONTHS SINCE NOVEMBER] months, have you seen or heard the following brand?



Fresh Empire



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

**ASK:** All respondents.

**DISPLAY:** FILL MONTHS SINCE LAST SURVEY will be calculated from the current date. FILL MONTHS SINCE NOVEMBER will be calculated from the current date.

---

**F5\_5.** [IF (LONGITUDINAL = YES AND FU4\_DATE NE BLANK) OR STARTWAVE = WAVE5] In the past [FILL MONTHS SINCE LAST SURVEY] months, have you seen or heard the following brand?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU4\_DATE = BLANK)] In the past [FILL MONTHS SINCE NOVEMBER] months, have you seen or heard the following brand?

Drop Vape



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

**ASK:** All respondents.

**DISPLAY:** FILL MONTHS SINCE LAST SURVEY will be calculated from the current date. FILL MONTHS SINCE NOVEMBER will be calculated from the current date.

---

**F5\_6.** [IF (LONGITUDINAL = YES AND FU4\_DATE NE BLANK) OR STARTWAVE = WAVE5] In the past [FILL MONTHS SINCE LAST SURVEY] months, have you seen or heard an ad saying "Keep it fresh. Live tobacco-free."?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU4\_DATE = BLANK)] In the past [FILL MONTHS SINCE NOVEMBER] months, have you seen or heard an ad saying "Keep it fresh. Live tobacco-free."?

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

**ASK:** All respondents.

**DISPLAY:** FILL MONTHS SINCE LAST SURVEY will be calculated from the current date. FILL MONTHS SINCE NOVEMBER will be calculated from the current date.

---

**F5\_7.** [IF (LONGITUDINAL = YES AND FU4\_DATE NE BLANK) OR STARTWAVE = WAVE5] In the past [FILL MONTHS SINCE LAST SURVEY] months, have you seen or heard about any rappers or other hip hop celebrities promoting a tobacco-free life?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU4\_DATE = BLANK)] In the past [FILL MONTHS SINCE NOVEMBER] months, have you seen or heard about any rappers or other hip hop celebrities promoting a tobacco-free life?

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

**ASK:** All respondents.

**DISPLAY:** FILL MONTHS SINCE LAST SURVEY will be calculated from the current date. FILL MONTHS SINCE NOVEMBER will be calculated from the current date.

---

### ***Channels of FE Awareness***

**F6.** [IF F5\_4= 1 or 3]

Where have you seen or heard about Fresh Empire? Check all that apply.

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

- 1 On TV
- 2 On the radio
- 3 On the Internet or anywhere online
- 4 Billboards or other out-of-home ads (e.g., bus stops, at the movies, malls)
- 5 At a concert, club, festival, or event (e.g., SneakerCon or BETx Experience)
- 6 Hip Hop magazines (e.g., Slam, XXL, or Fader)
- 7 Some other place (please specify\_\_\_\_\_)
- 9 Prefer not to answer

**ASK:** Respondents who reported in F5\_4 seeing or hearing Fresh Empire or were unsure if they had seen or heard Fresh Empire.

---

**F7.** [IF F5\_4= 1 or 3]

Fresh Empire is online. Have you ever seen Fresh Empire on... Check all that apply

PROGRAMMER: RANDOMIZE KEEP 'OTHER' AND 'I HAVE NOT SEEN' AND 'PNTA' AT THE END; ALL APPEAR ON SCREEN AT ONCE

- 1 Twitter?
- 2 Instagram?
- 3 Facebook?
- 4 YouTube?
- 5 Pandora?
- 6 Spotify?
- 7 Sound Cloud?
- 8 Hip Hop websites (e.g., World Star, XXL, Complex, Global Grind, etc)?
- 9 Other (please specify\_\_\_\_\_)?
- 10 I have not seen Fresh Empire online
- 99 Prefer not to answer

**ASK:** Respondents who reported in F5\_4 seeing or hearing Fresh Empire or were unsure if they had seen or heard Fresh Empire.

---

**F7a.** [IF F7 1-9 = YES]

Have you 'liked', shared, or commented on any social media posts about Fresh Empire?

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

**ASK:** Respondents who reported in F7 seeing Fresh Empire online.

---

**F8.** [IF F5\_4= 1 or 3]

Do you know or know of anyone who is part of Fresh Empire?

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

**ASK:** Respondents who reported in F5\_4 seeing or hearing Fresh Empire or were unsure if they had seen or heard Fresh Empire.

---

**F50\_5a.** [IF (LONGITUDINAL = YES AND FU4\_DATE NE BLANK) OR STARTWAVE = WAVE5]

In the past [FILL MONTHS SINCE LAST SURVEY] months, have you seen Fresh Empire at an event, concert, or club?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU4\_DATE = BLANK)]  
In the past [FILL MONTHS SINCE NOVEMBER] months, have you seen Fresh Empire at an event, concert, or club?



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

**ASK:** All respondents.

**DISPLAY:** FILL MONTHS SINCE LAST SURVEY will be calculated from the current date. FILL MONTHS SINCE NOVEMBER will be calculated from the current date.

---

### ***Event Attendance And Reactions***

**F25.** [IF F50\_5a=1, 3, or 9]

Did you talk to anyone from Fresh Empire at an event, concert, or club?

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

**ASK:** Respondents who reported in F50\_5a hearing about a Fresh Empire event or were unsure or preferred not to answer if they had heard about a Fresh Empire.

---

**F26.** [IF F50\_5a=1, 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>F26_1.</b>	I would go to another Fresh Empire 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"/> _6
<b>F26_2.</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"/> _6

**ASK:** Respondents who reported in F50\_5a hearing about a Fresh Empire event or were unsure or preferred not to answer if they had heard about a Fresh Empire.

***Video Awareness And Engagement***

**F29.** Now we would like to show you some videos and ads that have been shown in the U.S. Once you have viewed the video or ads, please click on the next arrow below to continue with the survey.

PROGRAMMER: RANDOMIZE ORDER OF SCREENSHOTS AND VIDEOS- VIDEOS ARE 4 FRESH EMPIRE VIDEOS, SCREENSHOTS ARE COLLAGES OF REAL COST, TRUTH, AND TIPS ADS

**ASK:** All respondents.

---

PROGRAMMER: DISPLAY WAKE UP VIDEO (SEE STORYBOARD IN ATTACHMENT 1A)

**F29\_12.** [IF (LONGITUDINAL = YES AND FU3\_DATE NE BLANK) OR STARTWAVE = WAVE5]

Apart from this survey, how frequently have you seen this video in the past [FILL MONTHS SINCE FU\_4 COMPLETION] months?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU4\_DATE = BLANK)]

Apart from this survey, how frequently have you seen this video in the past [FILL MONTHS SINCE NOVEMBER] months?

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

**ASK:** All respondents.

**DISPLAY:** FILL MONTHS SINCE FU\_4 COMPLETION will be calculated from the current date. FILL MONTHS SINCE NOVEMBER will be calculated from the current date.

---

PROGRAMMER: INSERT WAKE UP SCREENSHOT

**F30\_12.** What is the main message of this video?

- 1 Addiction to tobacco can get in the way of your life and goals
- 2 Cigarettes are addictive
- 3 The legal age for buying cigarettes is going up
- 4 The cost of a pack of cigarettes is going up
- 5 There are toxic chemicals in cigarette smoke

98 Not sure

99 Prefer not to answer

**ASK:** All respondents.

---

PROGRAMMER: INSERT WAKE UPSCREENSHOT

**F32\_12.** 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>F32_11 2.</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>F32_21 2.</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>F32_31 2.</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>F32_41 2.</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>F32_51 2.</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>F32_61 2.</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

**ASK:** All respondents.

---

PROGRAMMER: INSERT WAKE UP SCREENSHOT

**F33\_12.** [IF F29\_12 = 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:** Respondents who report seeing the video more than 'Never.'

---

PROGRAMMER: DISPLAY LITTLE BROTHER VIDEO (SEE STORYBOARD IN ATTACHMENT 1A)

**F29\_13.**

[IF (LONGITUDINAL = YES AND FU4\_DATE NE BLANK) OR STARTWAVE = WAVE5] Apart from this survey, how frequently have you seen this video in the past [FILL MONTHS SINCE FU\_4 COMPLETION] months?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU4\_DATE = BLANK)] Apart from this survey, how frequently have you seen this video in the past [FILL MONTHS SINCE NOVEMBER] months?

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

**ASK:** All respondents.

**DISPLAY:** FILL MONTHS SINCE FU\_4 COMPLETION will be calculated from the current date. FILL MONTHS SINCE NOVEMBER will be calculated from the current date.

---

PROGRAMMER: INSERT LITTLE BROTHER SCREENSHOT

**F30\_13.** What is the main message of this video?

- 1 Live tobacco-free to set a good example for your younger brother or sister
- 2 Live tobacco-free for the love of your family
- 3 Secondhand smoke causes an estimated 41,300 deaths per year
- 4 The legal age for buying cigarettes is going up
- 5 There are toxic chemicals in cigarette smoke
- 98 Not sure
- 99 Prefer not to answer

**ASK:** All respondents.

---

PROGRAMMER: INSERT LITTLE BROTHER SCREENSHOT

**F32\_13.** 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>F32_113</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>F32_213</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>F32_313</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>F32_413</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>F32_513</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>F32_613</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

**ASK:** All respondents.

---

PROGRAMMER: INSERT LITTLE BROTHER SCREENSHOT

**F33\_9.** [IF F29\_13=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:** Respondents who have seen the video more than 'never.'

---

PROGRAMMER: DISPLAY NEW LEVEL UP VIDEO (SEE LEVEL UP STORYBOARD IN ATTACHMENT 1A)

**F29\_14.**

[IF (LONGITUDINAL = YES AND FU4\_DATE NE BLANK) OR STARTWAVE = WAVE5] Apart from this survey, how frequently have you seen this video in the past [FILL MONTHS SINCE FU\_4 COMPLETION] months?



[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU4\_DATE = BLANK)] Apart from this survey, how frequently have you seen this video in the past [FILL MONTHS SINCE NOVEMBER] months?

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

**ASK:** All respondents.

**DISPLAY:** FILL MONTHS SINCE FU\_4 COMPLETION will be calculated from the current date.  
FILL MONTHS SINCE NOVEMBER will be calculated from the current date.

---

PROGRAMMER: INSERT LEVEL UP SCREENSHOT

**F30\_14.** What is the main message of this video?

- 1 Don't let tobacco control you
- 2 Addiction to cigarettes gets in the way of your rise to the top
- 3 The legal age for buying cigarettes is going up
- 4 Cigarette smoke contains more than 7,000 chemicals
- 5 Smoking causes many kinds of cancer
- 98 Not sure
- 99 Prefer not to answer

**ASK:** All respondents.

---

PROGRAMMER: INSERT LEVEL UP SCREENSHOT

**F32\_14.** 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>F32_114.</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>F32_214.</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>F32_314.</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>F32_414.</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>F32_514.</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>F32_614.</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

**ASK:** All respondents.

---

PROGRAMMER: INSERT LEVEL UP SCREENSHOT

**F33\_14.** [IF F29\_14=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:** Respondents who have seen the video more than 'never'

---

PROGRAMMER: DISPLAY BE NEXT VIDEO (SEE BE NEXT STORYBOARD IN ATTACHMENT 1A)

**F29\_11.**

[IF (LONGITUDINAL = YES AND FU4\_DATE NE BLANK) OR STARTWAVE = WAVE5] Apart from this survey, how frequently have you seen this video in the past [FILL MONTHS SINCE FU\_4 COMPLETION] months?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU4\_DATE = BLANK)] Apart from this survey, how frequently have you seen this video in the past [FILL MONTHS SINCE NOVEMBER] months?

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

**ASK:** All respondents.

**DISPLAY:** FILL MONTHS SINCE FU\_4 COMPLETION will be calculated from the current date.  
FILL MONTHS SINCE NOVEMBER will be calculated from the current date.

---

PROGRAMMER: INSERT BE NEXT SCREENSHOT



**F32\_110.** 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
<b>F32_110.</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>F32_120.</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>F32_130.</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>F32_140.</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>F32_150.</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>F32_160.</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

**ASK:** All respondents.

---

PROGRAMMER: INSERT BE NEXT SCREENSHOT



**F33\_11.** [IF F29\_11=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:** Respondents who have seen the video more than 'never'

---

PROGRAMMER: DISPLAY SCREENSHOT 1

FE\_Truth1.png



**F29\_5a.** [IF (LONGITUDINAL = YES AND FU4\_DATE NE BLANK) OR STARTWAVE = WAVE5]

Apart from this survey, how frequently have you seen these ads in the past [FILL MONTHS SINCE FU\_4 COMPLETION] months?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU4\_DATE = BLANK)]

Apart from this survey, how frequently have you seen these ads in the past [FILL MONTHS SINCE NOVEMBER] months?

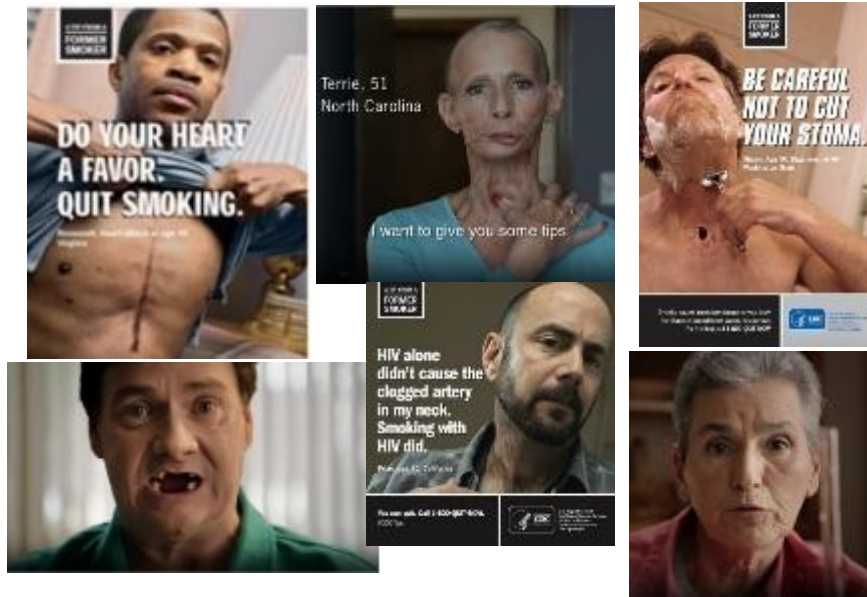
- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very Often
- 9 Prefer not to answer

**ASK:** All respondents.

**DISPLAY:** FILL MONTHS SINCE FU\_4 COMPLETION will be calculated from the current date.  
FILL MONTHS SINCE NOVEMBER will be calculated from the current date.

---

PROGRAMMER: DISPLAY TIPS2017.JPG [RANDOMIZE]



**F29\_6.** [IF (LONGITUDINAL = YES AND FU4\_DATE NE BLANK) OR STARTWAVE = WAVE5]  
Apart from this survey, how frequently have you seen these ads in the past [FILL  
MONTHS SINCE FU\_4 COMPLETION] months?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU4\_DATE = BLANK)]  
Apart from this survey, how frequently have you seen these ads in the past [FILL  
MONTHS SINCE NOVEMBER] months?

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

**ASK:** All respondents.

**DISPLAY:** FILL MONTHS SINCE FU\_4 COMPLETION will be calculated from the current date.  
FILL MONTHS SINCE NOVEMBER will be calculated from the current date.

---

PROGRAMMER: DISPLAY ADS4.JPG [RANDOMIZE]



**F29\_7.** [IF (LONGITUDINAL = YES AND FU4\_DATE NE BLANK) OR STARTWAVE = WAVE5]  
Apart from this survey, how frequently have you seen these ads in the past [FILL  
MONTHS SINCE FU\_4 COMPLETION] months?

[IF (LONGITUDINAL = NO) OR (IF LONGITUDINAL = YES AND FU4\_DATE = BLANK)]  
Apart from this survey, how frequently have you seen these ads in the past [FILL  
MONTHS SINCE NOVEMBER] months?

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

**ASK:** All respondents.

**DISPLAY:** FILL MONTHS SINCE FU\_4 COMPLETION will be calculated from the current date.  
FILL MONTHS SINCE NOVEMBER will be calculated from the current date.

---

**F39.** [IF F5\_4=1 OR 3 OR 9]

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

PROGRAMMER: RANDOMIZE F39\_1-F39\_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>F39_1.</b>	I want to help promote Fresh Empire	<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>F39_2 .</b>	I'd defend Fresh Empire if someone was hating on 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>F39_3.</b>	I'd wear a Fresh Empire 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

PROGRAMMER: RANDOMIZE ITEMS BELOW

<b>F39_6.</b>	I talk to my friends about Fresh Empire	<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>F39_9 .</b>	If I see anything from Fresh Empire, 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
<b>F39_10.</b>	If I had the chance, I would tell people I know to watch Fresh Empire videos.	<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>F39_11.</b>	If I had the chance, I would tell people to check out Fresh Empire events	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9



PROGRAMMER: RANDOMIZE ITEMS BELOW

<b>F39_12.</b>	Fresh Empire 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>F39_13.</b>	People are buzzing about Fresh Empire	<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>F39_14.</b>	Fresh Empire 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>F39_15.</b>	Checking out Fresh Empire at events 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>F39_16.</b>	Fresh Empire videos 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>F39_17.</b>	Fresh Empire events 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 reported in F5\_4 seeing or hearing Fresh Empire or were unsure or preferred not to answer if they had seen or heard Fresh Empire.

---

**F40\_x.** To what extent do you agree that each of the traits or statements listed below describe Fresh Empire?

		<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>F40_1.</b>	Trendy	<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>F40_2.</b>	Fresh	<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>F40_3.</b>	In control	<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>F40_4.</b>	Keeps it 100	<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 G: Environment

[IF LONGITUDINAL = NO]

The next section asks some questions about your household and peers.

**ASK:** Respondents who are not longitudinal.

---

**G1.** [IF LONGITUDINAL = NO]

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

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

**ASK:** Respondents who are not longitudinal.

---

**G1a.** [IF G1=5 AND LONGITUDINAL = NO]

What other form of tobacco has anyone who lives with you used during the past 30 days?

\_\_\_\_\_

**ASK:** Respondents who are not longitudinal and who reported living with someone who used 'any other form of tobacco' during the last 30 days in G1.

---

**G2.** [IF LONGITUDINAL = NO]

Have any of your brother(s) and/or sister(s) 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:** Respondents who are not longitudinal.

---

**G3.** [IF LONGITUDINAL = NO]

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

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

**ASK:** Respondents who are not longitudinal.

---

**G4.** [IF LONGITUDINAL = NO]

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

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

**ASK:** Respondents who are not longitudinal.

---

**G5.** [IF LONGITUDINAL = NO]

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

PROGRAMMER: RANDOMIZE G5\_1-G5\_3

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
<b>G5_1.</b>	I feel close to people at my school.	<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>G5_2.</b>	I am happy to be at my school.	<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>G5_3.</b>	I feel like I am a part of my school.	<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 are not longitudinal.

---

**G6.** [IF LONGITUDINAL = NO]

How far do you think you will go in school?

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

**ASK:** Respondents who are not longitudinal.

---

**G7.** [IF LONGITUDINAL = NO]

How many close friends do you have? Close friends include people whom you feel at ease with, can talk to about private matters, and can call on for help.

\_\_\_\_\_ MIN 0 MAX 7  
Prefer not to answer

**ASK:** Respondents who are not longitudinal.

---

**G8.** [IF LONGITUDINAL = NO]

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:** Respondents who are not longitudinal.

---

**G9.** How much do you agree or disagree with the following statements?

PROGRAMMER: RANDOMIZE G9\_1-G9\_4

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Prefer Not to Answer
<b>G9_1.</b>	I would like to explore strange places.	<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>G9_2.</b>	I like to do frightening things.	<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>G9_3.</b>	I like new and exciting experiences, even if I have to break the rules.	<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>G9_4.</b>	I prefer friends who are exciting and unpredictable.	<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.

---

**G10.** [IF LONGITUDINAL = NO]

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)

33 None

44 Don't know

99 Prefer not to answer

Hard error: Please enter a number between 1 and 30 or select "None"

Hard Error: Please either enter a number or select None, Don't know, or Prefer not to answer, but not both.

**ASK:** Respondents who are not longitudinal.

---

**G11.** [IF LONGITUDINAL = NO]

The next question asks about your relationship with your parent(s) or guardian(s). Some people your age have parents who they do not live with. As you answer this question, please think only about **the parent(s) or guardian(s) you live with**.

Thinking about the parent(s) or guardian(s) you live with, how satisfied are you with the way you communicate with each other?

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

**ASK:** Respondents who are not longitudinal.

---

**FINAL** [IF CAPI]

That was the last question. Once you move past this screen, your responses will be locked. They cannot be seen by your interviewer. Please tell your interviewer that you are finished.

**ASK:** CAPI Respondents.

---

**CODE** [IF CAPI]

INTERVIEWER - ENTER 3 DIGIT CODE TO LOCK RESPONSES

[IN PERSON INTERVIEW ONLY]

**ASK:** CAPI interviewers.

---

**RECON** Thank you for your responses! We may be conducting another round of this survey in 6 months. Your participation would be greatly appreciated. If we contact you again in the future, 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.

Can we contact you if we do another survey?

- 1 YES
- 2 NO

**ASK:** All respondents.

---

**RECONREF** [IF RECON=NO]

Your participation is important for the success of this study. We will find a time that works for you to be interviewed, and you will receive another \$25 after you complete the interview. Can we contact you for the next survey?

- 1 YES
- 2 NO - - GO TO INCENT01

**ASK:** Respondents who answered 'NO' to RECON.

**GOTO:** If RECONREF = YES, go to next question MOVE. If RECONREF = NO, go to INCENT01.

---

**MOVE** Do you plan to move in the next 6 months?

- 1 YES
- 2 NO
- 3 DON'T KNOW

**ASK:** Respondents who agreed to participate in the next survey in RECON or RECONREF.

---

## MOVEL

[IF (FU3\_FAMFRNM NE BLANK AND FU3\_FAMFRNPH NE BLANK) OR (FU2\_FAMFRNM NE BLANK AND FU2\_FAMFRNPH NE BLANK) OR (FU1\_FAMFRNM NE BLANK AND FU1\_FAMFRNPH NE BLANK) OR (BL\_FAMFRNM NE BLANK AND BL\_FAMFRPH NE BLANK)]

PROGRAMMER: LOOK AT VALUES FROM FU3 (most recent survey). IF BOTH ARE NOT BLANK, STORE THE VALUES IN FAMFRNM AND FAMFRPH; ELSE STORE THE VALUES FOR THE FU2 OR FU1 IF NOT BLANK OR BASELINE IN FAMFRNM AND FAMFRPH.

During your last interview, you said that [FILL FAMFRNM] would know how to contact you and provided the following phone number [FILL FAMFRPH].

Is this information still correct or would you like to update this information?

- 1 INFORMATION IS CORRECT
- 2 UPDATE INFORMATION

**DISPLAY:** FAMFRNM and FAMFRPH are the most recently provided contact information for a family member or friend. These should be filled based on the most recently completed survey, whether that be FU3, FU2, FU1, or Baseline.

**ASK:** Respondents who responded to FAMFRNM and FAMFRNPH in any prior wave.

---

**FRIFAM** [IF MOVEL=2 OR ((BL\_FAMFRNM IS BLANK OR BL\_FAMFRPH IS BLANK) AND (FU1\_FAMFRNM IS BLANK OR FU1\_FAMFRPH IS BLANK)) AND (FU2\_FAMFRNM IS BLANK OR FU2\_FAMFRPH IS BLANK)) AND (FU3\_FAMFRNM IS BLANK OR FU3\_FAMFRPH IS BLANK)]]

[IF CAPI] Just in case we have a hard time finding you, can you please give me the name and number of a close family member who does not live here, but who will know how to reach you?

[IF WEB] Just in case we have a hard time finding you, can you please give me the name and number of a close family member who does not live with you, but who will know how to reach you?

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_

**ASK:** Respondents who wanted to update information in MOVEL or didn't respond to FAMFRNM or FAMFRPH in prior waves.

---

**RECONTH** Thanks for providing this information. NEXT

**ASK:** All respondents.

---



**INCENT01** [IF CAPI AND CONAGE=2]

PROGRAMMER: DISPLAY CASE ID FROM IFMS ON SCREEN.

INTERVIEWER: 1) OFFER THE YOUTH THE CASH. ONE \$20 BILL AND ONE \$5 BILL  
2) RECORD THE ABOVE CASE ID ON THE INCENTIVE RECEIPT  
3) MARK THE APPROPRIATE BOX TO INDICATE WHETHER THE YOUTH  
ACCEPTED OR DECLINED THE CASH  
4) SIGN AND DATE THE INCENTIVE RECEIPT  
5) GIVE THE PINK COPY OF THE RECEIPT TO THE YOUTH

I have signed this form to indicate that I have given you \$25 for completing this interview.  
Thanks again!

**NEXT**

**ASK:** CAPI respondents.

---

**INCENT02** [IF CAPI AND CONAGE=1] PROGRAMMER: DISPLAY CASE ID FROM IFMS ON  
SCREEN.

INTERVIEWER: 1) OFFER THE YOUTH THE CASH. ONE \$20 BILL AND ONE \$5 BILL  
2) RECORD THE ABOVE CASE ID ON THE INCENTIVE RECEIPT  
3) MARK THE APPROPRIATE BOX TO INDICATE WHETHER THE YOUTH  
ACCEPTED OR DECLINED THE CASH  
4) SIGN AND DATE THE INCENTIVE RECEIPT  
5) GIVE THE PINK COPY OF THE RECEIPT TO THE YOUTH

I have signed this form to indicate that I have given you \$25 for completing this interview.  
Thanks again!

NEXT

**S09.** [IF CAPI]

INTERVIEWER: ASK ITEM OF PARENT OR 18 YEAR OLD RESPONDENT

Finally, RTI may contact you by phone or mail to ask a few questions about the quality of my  
work. Can you please give me your name and phone number?

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_

**NEXT**

PROGRAMMER: CODE AS 2690

**ASK:** CAPI respondents.

---

**WEBTH** [IF WEB] Thank you for your responses. Within 3 business days, you will receive an email containing information about how to access and redeem your virtual gift card. The email will come from Reward@VirtualRewardCenter. This information must be sent via email. What is the email address where you would like to receive our gift card?

\_\_\_\_\_ PROGRAMMER: MAKE ENTRY MANDATORY. NO SKIPS ACCEPTED.

**Note: You can participate only once and are eligible to receive only one gift card.**

PROGRAMMER: CODE AS 2691

**NEXT**

---

**END**

Thank you again for your help. That was my last question.

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

**OMB No: 0910-0788**

**Expiration Date: 08/31/2021**

**Paperwork Reduction Act Statement:** The public reporting burden for this collection of information has been estimated to average 45 minutes per response to complete the assent/consent and survey (the time estimated to read, review and respond). 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).

**ASK:** All respondents

---

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

**ASK:** All respondents

---