

**Evaluation of the Public Education Campaign on Teen Tobacco  
(ExPECTT-B-2<sup>nd</sup> Cohort)**

**Subjects for Questionnaire:**

- Section A: Demographic Items
- Section B: Tobacco Use Behavior
- Section C: Tobacco Use Intentions and Self-Efficacy
- Section D: Cessation (Intention, Behavior, Motivation)
- Section E: Attitudes, Beliefs & Risk Perceptions, Social Norm
- Section F: Media Use and Awareness
- Section G: Environment

**Introduction**

This survey is all about you.

Your thoughts, your opinions, your experiences.

We want to know about your background, what television and other media you use, and your thoughts about cigarettes and other tobacco products. Even if you don't use tobacco, we want to know what you think.

It will take about 45 minutes for you to complete this survey. Please take your time and answer as honestly and thoughtfully as you can.

We will keep what you tell us here private to the fullest extent allowable by law. We will make sure there is no way anyone can connect your name and personal information with your survey responses.

Your responses will be combined with those of others who are taking this survey before the data are analyzed or reported.

## Section A: Demographic Items

First, we want to ask you some questions about yourself.

**A1\_2.** What is your date of birth?

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

**PROGRAMMER:** ONLY ALLOW 01-12 IN MM, 01-31 IN DD. PLEASE MAKE SURE THAT NO INVALID DATES APPEAR. THAT IS, FEB 30, NOV 31, ETC. CANNOT BE VALID. DO NOT ALLOW FUTURE DATES. IF THE DATE IS NOT VALID, PLEASE DISPLAY A HARD ERROR, "PLEASE ENTER A VALID DATE."

**ASK:** All respondents.

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**A1\_3.** That would make you XX years old, is that correct?

- <sub>1</sub> Yes → GO TO A2  
<sub>2</sub> No

**ASK:** All respondents.

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**DISPLAY:** XX is the age of the respondent calculated from question A1\_2.

**A1\_4.** [IF A1\_3 = NO]

To be sure we have the right information, please enter your birthdate once more.

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

**PROGRAMMER:** ONLY ALLOW 01-12 IN MM, 01-31 IN DD. PLEASE MAKE SURE THAT NO INVALID DATES APPEAR. THAT IS, FEB 30, NOV 31, ETC. CANNOT BE VALID. DO NOT ALLOW FUTURE DATES. IF THE DATE IS NOT VALID, PLEASE DISPLAY A HARD ERROR, "PLEASE ENTER A VALID DATE."

**ASK:** All respondents for whom birthdate (A1\_2) and age (A1\_3) do not correspond.

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**A1\_5.** That would make you XX years old, is that correct?

- <sub>1</sub> Yes → GO TO A2  
<sub>2</sub> No

**ASK:** All respondents for whom birthdate (A1\_2) and age (A1\_3) do not correspond.

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**DISPLAY:** XX is the age of the respondent calculated from question A1\_4.

**A1\_6.** [IF A1\_5 = NO]

How sure are you that your birthdate is [FILL DAY] [FILL MONTH]?

- <sub>1</sub> Very Sure
- <sub>2</sub> Somewhat Sure
- <sub>3</sub> Not Sure
- <sub>9</sub> Prefer not to answer

**ASK:** All respondents for whom birthdate (A1\_4) and age (A1\_5) do not correspond.

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**DISPLAY:** FILL DAY AND FILL MONTH are from A1\_2.

**A1\_7.** [IF A1\_5 = NO]

How old are you now?

\_\_\_\_\_ MIN 11 MAX 20

- <sub>9</sub> Prefer not to answer

PROGRAMMER: NUMERIC RESPONSE. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 7.

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE. PLEASE ENTER A NUMBER BETWEEN 11 AND 20."

**ASK:** All respondents for whom birthdate (A1\_4) and age (A1\_5) do not correspond.

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**A2.** Are you male or female?

- <sub>1</sub> Female
- <sub>2</sub> Male
- <sub>9</sub> Prefer not to answer

**ASK:** All respondents.

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**A3.** Are you Hispanic, Latino/a, or of Spanish origin?

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

**ASK:** All respondents.

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**A4.** What race or races do you consider yourself to be? Please select 1 or more of these categories.

	<b>1 Yes</b>		
<b>A4_1.</b> White	<input type="checkbox"/> <sub>1</sub>		
<b>A4_2.</b> Black or African American	<input type="checkbox"/> <sub>1</sub>		
<b>A4_3.</b> American Indian or Alaska Native	<input type="checkbox"/> <sub>1</sub>		
<b>A4_4.</b> Asian Indian	<input type="checkbox"/> <sub>1</sub>		
<b>A4_5.</b> Chinese	<input type="checkbox"/> <sub>1</sub>		
<b>A4_6.</b> Filipino	<input type="checkbox"/> <sub>1</sub>		
<b>A4_7.</b> Japanese	<input type="checkbox"/> <sub>1</sub>		
<b>A4_8.</b> Korean	<input type="checkbox"/> <sub>1</sub>		
<b>A4_9.</b> Vietnamese	<input type="checkbox"/> <sub>1</sub>		
<b>A4_10.</b> Native Hawaiian	<input type="checkbox"/> <sub>1</sub>		
<b>A4_11.</b> Guamanian or Chamorro	<input type="checkbox"/> <sub>1</sub>		
<b>A4_12.</b> Samoan	<input type="checkbox"/> <sub>1</sub>		
<b>A4_13.</b> Other Asian	<input type="checkbox"/> <sub>1</sub>		
<b>A4_14.</b> Other Pacific Islander	<input type="checkbox"/> <sub>1</sub>		

**ASK:** All respondents.

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**A5.** [IF A3=2-9]

In general, do you usually speak...

- <sub>1</sub> Only Spanish
- <sub>2</sub> Spanish more than English
- <sub>3</sub> Spanish and English equally
- <sub>4</sub> English more than Spanish
- <sub>5</sub> English only → GO TO A6
- <sub>9</sub> Prefer not to answer → GO TO A6

**ASK:** Respondents who reported they are Hispanic, Latino/a, or of Spanish origin or prefers not to answer they are Hispanic, Latino/a, or of Spanish origin.

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**GO TO:** If the respondent usually speaks only Spanish, Spanish more than English, Spanish and English equally, or English more than Spanish, go to next question A6. If respondent usually speaks English only or prefers not to answer which language they usually speak, go to A7.

**A6.** [IF A5=1-4]

When you watch TV, what type of programming do you usually watch?

- <sub>1</sub> Only Spanish
- <sub>2</sub> Spanish more than English
- <sub>3</sub> Spanish and English equally
- <sub>4</sub> English more than Spanish
- <sub>5</sub> English only
- <sub>9</sub> Prefer not to answer

**ASK:** Respondents who usually speak only Spanish, Spanish more than English, Spanish and English equally, or English more than Spanish.

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**A7.** What grade are you in?

- <sub>1</sub> 5th
- <sub>2</sub> 6th
- <sub>3</sub> 7th
- <sub>4</sub> 8th
- <sub>5</sub> 9th
- <sub>6</sub> 10th
- <sub>7</sub> 11th
- <sub>8</sub> 12th
- <sub>9</sub> Ungraded or other grade
- <sub>99</sub> Prefer not to answer

**ASK:** All respondents.

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**A8.** During the past 30 days, about how much money did you have each week to spend any way you wanted to?

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

**ASK:** All respondents.

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**Section B: Tobacco Use Behavior**

Thanks for your responses so far!

Now we want to know about your experiences with tobacco products.

### ***Cigarette Use***

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

- <sub>1</sub> Yes
- <sub>2</sub> No → GO TO B9
- <sub>9</sub> Prefer not to answer

**ASK:** All respondents.

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**GO TO:** If respondent ever tried cigarette smoking, even one or two puffs or prefers not to answer whether they ever tried cigarette smoking, even one or two puffs, go to next question B3. If respondent never tried cigarette smoking, even one or two puffs, go to question B9.

**B2.** [IF B1=1 OR 9]

How old were you when you first tried cigarette smoking, even one or two puffs?

- <sub>1</sub> 8 years old or younger
- <sub>2</sub> 9 years old
- <sub>3</sub> 10 years old
- <sub>4</sub> 11 years old
- <sub>5</sub> 12 years old
- <sub>6</sub> 13 years old
- <sub>7</sub> 14 years old
- <sub>8</sub> 15 years old
- <sub>9</sub> 16 years old
- <sub>99</sub> Prefer not to answer

**ASK:** Respondents who ever tried cigarette smoking, even one or two puffs, or preferred not to answer whether they ever tried cigarette smoking, even one or two puffs.

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**M1.** Think back to when you first started smoking cigarettes. Was the first cigarette that you smoked menthol?

- a. Yes
- b. No
- c. Don't remember/Prefer not to answer

**B3.** During the past 30 days, on how many days did you smoke cigarettes?

- <sub>1</sub> 0 days→ GO TO B6
- <sub>2</sub> 1 or 2 days
- <sub>3</sub> 3 to 5 days
- <sub>4</sub> 6 to 9 days
- <sub>5</sub> 10 to 19 days
- <sub>6</sub> 20 to 29 days
- <sub>7</sub> All 30 days
- <sub>9</sub> Prefer not to answer

**ASK:** Respondents who ever tried cigarette smoking, even one or two puffs, or preferred not to answer whether they ever tried cigarette smoking, even one or two puffs.

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**GO TO:** If respondent smoked cigarettes on 0 days during the past 30 days, go to question B6. If respondent smoked cigarettes on at least 1 day in the past 30 days or prefers not to report the number of days he or she smoked cigarettes in the past 30 days, go to next question B4.

**B4.** [IF B3=2-9]

During the past 30 days, what type of cigarettes did you usually smoke?

- a. Regular
- b. Menthol
- c. Both Regular and Menthol, equally
- d. Prefer not to answer

**ASK:** Respondents who smoked cigarettes on at least 1 day in the past 30 days or prefers not to report the number of days they smoked cigarettes in the past 30 days.

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**B5.** [IF B3=2-9]

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

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

**ASK:** Respondents who smoked cigarettes on at least 1 day in the past 30 days or prefers not to report the number of days they smoked cigarettes in the past 30 days.

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**B6.** [IF B1=1 OR 9]

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

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

**ASK:** Respondents who ever tried cigarette smoking, even one or two puffs, or preferred not to answer whether they ever tried cigarette smoking, even one or two puffs.

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**Other Substance Use**

**B9.**

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



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

- <sub>1</sub> Yes
- <sub>2</sub> No → GO TO B11
- <sub>9</sub> Prefer not to answer → GO TO B11

**ASK:** All respondents.

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**GO TO:** If respondent ever used smokeless tobacco even just a small amount, go to next question B10. If respondent never used smokeless tobacco even just a small amount or prefers not to answer whether they ever used smokeless tobacco even just a small amount, go to question B11.

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

During the past 30 days, on how many days did you use smokeless tobacco?

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

**ASK:** Respondents who ever used smokeless tobacco even just a small amount.

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



**B11.** Have you ever smoked cigars, cigarillos, or little cigars even one time?

- <sub>1</sub> Yes
- <sub>2</sub> No→ GO TO B13
- <sub>9</sub> Prefer not to answer→ GO TO B13

**ASK:** All respondents

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**GO TO:** If respondent ever smoked cigars, cigarillos, or little cigars even one time, go to next question B12. If respondent never smoked cigars, cigarillos, or little cigars even one time or prefers not to answer whether they ever smoked cigars, cigarillos, or little cigars even one time, go to question B13.

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

During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

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

**ASK:** Respondents who ever smoked cigars, cigarillos, or little cigars even one time.

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



- <sub>1</sub> Yes
- <sub>2</sub> No → GO TO B15
- <sub>9</sub> Prefer not to answer → GO TO B15

**ASK:** All respondents.

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**GO TO:** If respondent ever smoked tobacco out of a water pipe even one time, go to next question B14. If respondent never smoked tobacco out of a water pipe even one time or prefers not to answer whether they ever smoked tobacco out of a water pipe even one time, go to question B15.

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

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

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

**ASK:** Respondents who ever smoked tobacco out of a water pipe even one time.

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



Image Courtesy of the FDA's Center for Tobacco Products

**B15.** Have you ever tried any vaping product, even one time?

- <sub>1</sub> Yes
- <sub>2</sub> No → GO TO B17
- <sub>9</sub> Prefer not to answer → GO TO B17

**ASK:** All respondents

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**GO TO:** If respondent ever tried an electronic vaping product even one time, go to next question B16. If respondent never tried an electronic vaping product even one time or prefers not to answer whether they ever tried an electronic vaping product even one time, go to question B17.

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

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

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

**ASK:** Respondents who ever tried an electronic vaping product even one time.

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**M6.** What was the first tobacco product you used?

- a. Cigarette
- b. Cigar
- c. Hookah/Waterpipe
- d. Smokeless
- e. Vaping product
- f. Don't remember/Prefer not to answer

**ASK:** Respondents who report having used more than one tobacco product.

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**B17.** Have you ever tried marijuana, even one time?

- <sub>1</sub> Yes
- <sub>2</sub> No→ GO TO C1
- <sub>9</sub> Prefer not to answer→ GO TO C1

**ASK:** All respondents

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**GO TO:** If respondent ever tried marijuana even one time, go to next question B18. If respondent never tried marijuana even one time or prefers not to answer whether they ever tried marijuana even one time, go to question C1.

**B18.** [IF B17=1]

During the past 30 days, on how many days did you use marijuana?

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

**ASK:** Respondents who ever tried marijuana even one time.

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**B19.** [IF B17=1]

During the past 30 days, on how many days did you add marijuana to a tobacco product, such as a cigar, cigarillo or little cigar (sometimes known as a “blunt”)?

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

**ASK:** Respondents who ever tried marijuana even one time.

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

Doing great! Now we want you to think about what you might do in the future.

C1. Thinking about the future...

		1 Definitely Yes	2 Probably Yes	3 Probably Not	4 Definitely Not	9 Prefer Not to Answer
C1_1.	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
C1_2	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
C1_5	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
C1_18	Have you been curious about smoking a <b>cigarette</b> ?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_9	Do you think you will smoke <b>cigars, cigarillos, or little cigars</b> soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_10	Do you think you will smoke <b>cigars, cigarillos, or little cigars</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
C1_11	If one of your best friends were to offer you a <b>cigar, cigarillo, or little cigar</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
C1_19	Have you been curious about smoking a <b>cigar, cigarillo, or little cigar</b> ?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_12	Do you think that you will <b>vape</b> soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_13	Do you think you will <b>vape</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
C1_14	If one of your best friends were to offer you a <b>vaping product/vape</b> would you use it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_20	Have you been curious about <b>vaping</b> ?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_15	Do you think that you will smoke a <b>hookah</b> soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9
C1_16	Do you think you will smoke a	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

	<b>hookah</b> at any time in the next year?					
<b>C1_17</b>	If one of your best friends were to offer you a <b>hookah</b> would you smoke it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
<b>C1_21</b>	Have you been curious about smoking a <b>hookah</b> ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
<b>C1_6</b>	Do you think that you will use <b>smokeless tobacco</b> such as dip, chewing tobacco, snuff, or snus soon?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
<b>C1_7</b>	Do you think you will use <b>smokeless tobacco</b> at any time in the next year?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
<b>C1_8</b>	If one of your best friends were to offer you <b>smokeless tobacco</b> , would you use it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
<b>C1_22</b>	Have you been curious about using <b>smokeless tobacco</b> ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9

**ASK:** All respondents

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ATTNCHK1.

Please select Tuesday as the answer to this question.

- 1 Monday
- 2 Tuesday
- 3 Wednesday
- 4 Thursday
- 5 Friday
- 6 Saturday
- 7 Sunday
- 9 Prefer not to answer

**ASK:** All respondents

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

RANDOMIZE OPTIONS

	<b>1</b> Not at all sure	<b>2</b> Slightly sure	<b>3</b> Somewhat sure	<b>4</b> Mostly sure	<b>5</b> Completely sure	<b>9</b> 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

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

[RANDOMIZE OPTIONS]

	<b>1</b> Not at all sure	<b>2</b> Slightly sure	<b>3</b> Somewhat sure	<b>4</b> Mostly sure	<b>5</b> Completely sure	<b>9</b> Prefer Not to Answer
<b>C4_1.</b> You are at a party where most people are vaping?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>C4_2.</b> A 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>C4_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

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

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CHECKPOINT: ASK D1, D2 AND D3 OF RESPONDENTS WHO HAVE SMOKED ON 1 OR MORE DAYS IN THE PAST 30 DAYS OR PREFERRED NOT TO REPORT THE NUMBER OF DAYS THEY SMOKED IN THE PAST 30 DAYS.

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### D2. [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?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**ASK:** Respondents who smoked cigarettes on at least 1 day in the past 30 days or prefer not to report the number of days they smoked cigarettes in the past 30 days.

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### D1. [IF B3=2-9]

I plan to stop smoking cigarettes for good within the next... *(PLEASE CHOOSE THE FIRST ANSWER THAT FITS)*

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

**ASK:** Respondents who smoked cigarettes on at least 1 day in the past 30 days or prefers not to report the number of days they smoked cigarettes in the past 30 days.

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### D3. [IF B3=2-9]

How much do you want to quit smoking?

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

**ASK:** Respondents who smoked cigarettes on at least 1 day in the past 30 days or prefers not to report the number of days they smoked cigarettes in the past 30 days.

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

What do you think? We want your opinions on cigarette use and other tobacco products.

**Attitude**

**E1. Smoking cigarettes** is... (pick one)

RANDOMIZE OPTIONS

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

**ASK:** All respondents

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**E14. Vaping** is... (pick one)

RANDOMIZE OPTIONS

<b>E14_1.</b>	<b>Bad</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good</b>
<b>E14_2.</b>	<b>Unenjoyable</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Enjoyable</b>
<b>E14_3.</b>	<b>Harmful</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Not Harmful</b>

**ASK:** All respondents

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**Attitudinal Beliefs and Risk Perceptions**

**E3.** How much do you agree or disagree with the following statements? **If I smoke I will...**

	<b>If I smoke I will...</b>	<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree or Disagree (Neutral)</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>E3_1.</b>	Damage my body	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3_2.</b>	Be controlled by smoking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3_3.</b>	Be unattractive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3_4.</b>	Inhale poisons	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3_5.</b>	Develop cancer of the lip, mouth, tongue or throat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E3_6.</b>	Develop sexual and/or fertility problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

	<b>If I smoke I will...</b>	<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree or Disagree (Neutral)</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>E3_7.</b>	Lose my taste buds	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_8.</b>	Be unable to stop when I want to	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_9.</b>	Get wrinkles	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_10.</b>	Develop skin problems	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_11</b>	Have problems with my teeth	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_12.</b>	Lose my teeth	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_13.</b>	Have COPD	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_14</b>	Shorten my life	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_15.</b>	Develop a smoking-related disease	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_16.</b>	Have bad breath	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_17</b>	Get sick more often	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_18.</b>	Decrease my sports performance	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_19.</b>	End up wasting money on cigarettes	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_22.</b>	Become addicted	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_20.</b>	Harm others with second-hand smoke	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_21.</b>	Be a bad influence on others	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_23.</b>	Have trouble breathing	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_24.</b>	Stunt the growth of my lungs	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_25.</b>	Have yellow, stained teeth	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_26.</b>	Develop gum disease	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E3_27.</b>	[ADD KEY BELIEF FROM REAL COST ADVERTISING]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**ASK:** All respondents

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What do you think?

**E13.** How much do you agree or disagree with the following statements? **If I use If I use vaping products/vapes I will...**

RANDOMIZE OPTIONS

		1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree (Neutral)	4 Agree	5 Strongly Agree	9 Prefer Not to Answer
E13_1.	Damage my body	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_2.	Inhale poisons	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_3.	Become addicted	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_4.	Inhale nicotine	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_5.	Inhale chemicals	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_6.	Harm my lungs	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_7.	Develop sexual and/or fertility problems	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_8.	Decrease my sports performance	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_9.	End up wasting money	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_10.	Inhale metal particles	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_11.	Be controlled by nicotine	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_12	[ADD KEY BELIEF FROM REAL COST ADVERTISING]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

ASK: All respondents

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E5. How much do you agree or disagree with the following statements **about smoking cigarettes?**

		1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree (Neutral)	4 Agree	5 Strongly Agree	9 Prefer Not to Answer
E5_1.	Smoking can cause <b>immediate</b> damage to my body.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_2.	It is safe for me to smoke for only a year or two, as long as I quit after that.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_3.	If I started to smoke occasionally I would not become addicted.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_4.	Smoking cigarettes helps people relieve stress.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_5.	Cigarette ingredients are	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

	disgusting.						
<b>E5_6.</b>	Cigarette ingredients are dangerous.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_7.</b>	Smoking is a way to show others you're not afraid to take risks	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_8.</b>	Smoking cigarettes can help keep your weight down	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_9.</b>	The lungs of teenage smokers may not grow to normal size.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_10.</b>	Smoking just a few cigarettes can make you crave more.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_11.</b>	If I smoke, nicotine will rewire my brain.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_12.</b>	Smoking as a teen can permanently stunt your lungs.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_13.</b>	Smoking cigarettes will make me have serious breathing problems.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_14.</b>	If I smoke, the consequences will find me.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_15.</b>	Nicotine can reprogram your brain.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_16.</b>	If I smoke, it will be hard to think about anything but my next cigarette.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_17.</b>	The nicotine in cigarettes may hack your brain.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E5_18.</b>	[ADD KEY BELIEF FROM REAL COST ADVERTISING]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**ASK:** All respondents

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What do you think?

**E15.** How much do you agree or disagree with the following statements **about vaping?**

RANDOMIZE OPTIONS

		<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree or Disagree (Neutral)</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>E15_1.</b>	Some of the chemicals in vapes/vaping products are the same as in regular 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>E15_2.</b>	The potential health risks of vaping are unknown.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E15_3.</b>	Vapes/vaping products contain potentially harmful chemicals.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E15_4.</b>	Vaping causes lung damage.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E15_5.</b>	Vaping may result in nicotine addiction.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E15_6.</b>	The ingredients in vapes/vaping products are dangerous when inhaled.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E15_7.</b>	Vaping helps people relieve stress.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E15_8.</b>	Vaping can help keep your weight down.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E15_9.</b>	The nicotine in vapes/vaping products may hack your brain.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E15_10.</b>	Vaping as a teen can cause nicotine addiction.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>E15_11.</b>	[ADD KEY BELIEF FROM REAL COST ADVERTISING]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**ASK:** All respondents.

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**E16.** Does the vapor from vaping products contain...

RANDOMIZE OPTIONS

		<b>1 Definitely Yes</b>	<b>2 Probably Yes</b>	<b>3 Probably Not</b>	<b>4 Definitel y Not</b>	<b>Don't Know</b>	<b>9 Prefer Not to Answer</b>
<b>E16_1.</b>	Nicotine, an addictive substance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E16_5.</b>	Diacytyl, a chemical that can cause lung damage ("popcorn lung").	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E16_2.</b>	[ADD KEY BELIEF FROM REAL COST ADVERTISING]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

**ASK:** All respondents

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**E9.** Does **cigarette smoke** contain....

		<b>1 Definitel y Yes</b>	<b>2 Probabl y Yes</b>	<b>3 Probabl y Not</b>	<b>4 Definitel y Not</b>	<b>Don't Know</b>	<b>9 Prefer Not to Answer</b>
<b>E9_15.</b>	Over 7,000 chemicals?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<b>E9_16.</b>	[ADD KEY BELIEF FROM REAL COST ADVERTISING]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

**ASK:** All respondents

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**Social Norms**

Thank you for telling us your opinions.

We have a couple of questions about your friends, and people your age.

**E11.** How many of your **four closest friends...**



		<b>0</b> <b>None</b>	<b>1</b> <b>One</b>	<b>2</b> <b>Two</b>	<b>3</b> <b>Three</b>	<b>4</b> <b>Four</b>	<b>9</b> <b>Prefer Not to Answer</b>
<b>E11_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>E11_5.</b>	Vape?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9

**ASK:** All respondents

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**E12.** How many other **people your age...**

		<b>0</b> <b>None</b>	<b>1</b> <b>A few</b>	<b>2</b> <b>Some</b>	<b>3</b> <b>Most</b>	<b>4</b> <b>All</b>	<b>9</b> <b>Prefer Not to Answer</b>
<b>E12_1.</b>	Smoke cigarettes <b>every day</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>E12_7</b>	Vape <b>every day</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>E12_4.</b>	Smoke cigarettes, <b>but not every day</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>E12_8</b>	Vape, but not every day?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9

**ASK:** All respondents

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**Section F: Media Use and Awareness**

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

**F1.** How often do you...

PROGRAMMER: RANDOMIZE F1\_1 - F1\_8

	Several times a day	About once a day	3-5 days a week	1-2 days a week	Every few weeks	Less often	Never	Prefer Not to Answer
<b>F1_1.</b> Watch television?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _9
<b>F1_2.</b> Watch videos on YouTube/Twitch ?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _9
<b>F1_3.</b> Listen to radio?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _9
<b>F1_4.</b> Listen to streaming radio?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _9
<b>F1_5.</b> Play games on any electronic devices including cell phones/ smartphones, computers, laptops, tablets, consoles (Xbox, Wii, PS) and handheld players (Nintendo DS, Sony PSP, iPod)?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _9
<b>F1_6.</b> Look at or read any magazines on a computer, laptop, or tablet?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _9
<b>F1_7.</b> Watch Netflix, Hulu or Amazon Prime video?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6	<input type="checkbox"/> _7	<input type="checkbox"/> _9
<b>F1_8.</b> Go to the movies at a movie theater?	<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.

---

Thinking only about yesterday, about how much time did you spend...

	None	At least one minute, but less than 1 hour	1 hour or more, but less than 2 hours	2 hours or more, but less than 3 hours	More than 3 hours	Prefer not to answer
<b>F1_9.</b> Watching TV shows a TV, a computer or laptop, tablet, or smartphone?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F1_10.</b> Listening to radio?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**ASK:** All respondents

---

**ATTNCHK2**

Please select basketball as the answer to this question.

- \_1 Soccer
- \_2 Baseball
- \_3 Swimming
- \_4 Softball
- \_5 Basketball
- \_9 Prefer not to answer

**ASK:** All respondents

---

**F2.** Thinking about the past [FILL MONTHS], that is since [FILL DATE], how frequently have you watched the following shows?

	Never	Rarely	Sometimes	Often	Very Often	Prefer not to Answer
<b>F2_14.</b> [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_15.</b> [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_16.</b> [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_17.</b> [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_18.</b> [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_19.</b> [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_20.</b> [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_21.</b> [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_22.</b> [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_23.</b> [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_24.</b> [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_25.</b> [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_26.</b> [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_27.</b> [insert show name] on [insert network name]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F2_28.</b> [insert show name] on [insert network name]	<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

---

**DISPLAY:** FILL MONTHS is the equal to three months in the baseline survey. In subsequent surveys it will represent the number of months since the last interview. FILL DATE is equal to three months prior in the baseline survey. In subsequent surveys it will represent the date of the last interview. INSERT SHOW NAME is the name of the television show. INSERT NETWORK NAME is the name of the television network on which the television show aired.

**F2\_31.** In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you been on YouTube or Hulu?

- \_1 Never
- \_2 Rarely
- \_3 Sometimes
- \_4 Often
- \_5 Very Often
- \_9 Prefer not to answer

**ASK:** All respondents

---

**DISPLAY:** FILL MONTHS is the total number of months of the recall period of interest. FILL DATE is the first day of the recall period.

**F2\_32.** In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you been on Facebook?

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

**ASK:** All respondents

---

**DISPLAY:** FILL MONTHS is the total number of months of the recall period of interest. FILL DATE is the first day of the recall period.

**F2\_33.** In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you been on Twitter?

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

**ASK:** All respondents

---

**DISPLAY:** FILL MONTHS is the total number of months of the recall period of interest. FILL DATE is the first day of the recall period.

**F2\_34.** In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you used Pandora or Spotify?

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

**ASK:** All respondents

---

**DISPLAY:** FILL MONTHS is the total number of months of the recall period of interest. FILL DATE is the first day of the recall period.

**F2\_35.** In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you used PlayStation or Xbox?

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

**ASK:** All respondents

---

**DISPLAY:** FILL MONTHS is the total number of months of the recall period of interest. FILL DATE is the first day of the recall period.

**F2\_36.** In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you used Instagram?

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

**ASK:** All respondents

---

**DISPLAY:** FILL MONTHS is the total number of months of the recall period of interest. FILL DATE is the first day of the recall period.

**F2\_37.** In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you used Snapchat?

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

**ASK:** All respondents

---

**DISPLAY:** FILL MONTHS is the total number of months of the recall period of interest. FILL DATE is the first day of the recall period.

**F2\_38.** In the past [FILL MONTHS], that is since [FILL DATE], how frequently have you used [ADD SOCIAL MEDIA PROPERTY]?

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

**ASK:** All respondents

---

**DISPLAY:** FILL MONTHS is the total number of months of the recall period of interest. FILL DATE is the first day of the recall period. SOCIAL MEDIA PROPERTY is the social media outlet of interest.

We want to ask you about some slogans or themes that might or might not have appeared in the media around here, as part of ads about tobacco.

**F3\_3.** In the past [FILL MONTHS] months,, that is since [FILL DATE], have you seen or heard the following slogan or theme?

Digital Youth Against Tobacco (DYAT)

- 1\_\_ Yes
- 2\_\_ No
- 3\_\_ Not Sure



**ASK:** All respondents

---

**DISPLAY:** FILL MONTHS is the recall period of interest. FILL DATE is the date the first day of the recall period of interest.

**F3\_4.** In the past [FILL MONTHS] months,, that is since [FILL DATE], have you seen or heard the following slogan or theme?

The Real Cost

- 1\_\_ Yes
- 2\_\_ No
- 3\_\_ Not Sure



**ASK:** All respondents

---

**DISPLAY:** FILL MONTHS is the recall period of interest. FILL DATE is the date the first day of the recall period of interest.



**F3\_11.** In the past [FILL MONTHS] months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

Tips from Former Smokers (Tips)

- 1\_\_\_ Yes
- 2\_\_\_ No
- 3\_\_\_ Not Sure



**ASK:** All respondents

---

**DISPLAY:** FILL MONTHS is the recall period of interest. FILL DATE is the date the first day of the recall period of interest.

**F3\_12.** In the past [FILL MONTHS] months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

truth [insert current truth campaign name]

- 1\_\_\_ Yes
- 2\_\_\_ No
- 3\_\_\_ Not Sure



**ASK:** All respondents

---

**DISPLAY:** FILL MONTHS is the recall period of interest. FILL DATE is the date the first day of the recall period of interest.

**F3\_13.** In the past [FILL MONTHS] months,, that is since [FILL DATE], have you seen or heard the following slogan or theme?

Fresh Empire

- 1\_\_\_ Yes
- 2\_\_\_ No
- 3\_\_\_ Not Sure



**ASK:** All respondents

---

**DISPLAY:** FILL MONTHS is the recall period of interest. FILL DATE is the date the first day of the recall period of interest.

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

- Drop Vape  
1\_\_ Yes  
2\_\_ No  
3\_\_ Not Sure



**ASK:** All respondents

---

**DISPLAY:** FILL MONTHS is the recall period of interest. FILL DATE is the date the first day of the recall period of interest.

**F5\_3.** [IF F3\_4=1 OR 3]

Where have you seen or heard about The Real Cost? Check all that apply.

- 1      2  
Yes    No

RANDOMIZE OPTIONS

**F5\_3a.** On TV or the Internet/online

**F5\_3b.** On the radio

**F5\_3c.** In magazines

**F5\_3d.** Billboards or other outdoor or mall ads

**F5\_3e.** At the movie theatre

**F5\_3f.** I have not seen or heard about The Real Cost

**ASK:** Respondents who have seen or heard of The Real Cost slogan or theme in the past 3 months or were not sure if they have seen or heard of The Real Cost slogan or theme in the past 3 months.

---

**F6.** [IF F3\_4=1 OR 3]

The Real Cost campaign is online. Have you ever seen The Real Cost on...Check all that apply.

- 1      2  
Yes    No

**F6\_1.** YouTube or Hulu?

**F6\_2.** Facebook?

**F6\_3.** Twitter?

- F6\_4.** Pandora or Spotify?
- F6\_5.** PlayStation or Xbox?
- F6\_6.** Instagram?
- F6\_7.** Snapchat?
- F6\_8.** [ADD SOCIAL MEDIA PROPERTYT]

**ASK:** Respondents who have seen or heard of The Real Cost slogan or theme in the past 3 months or were not sure if they have seen or heard of The Real Cost slogan or theme in the past 3 months.

---

Thanks for your responses!

**F7\_x.** Now we would like to show you some advertisements that have been shown in the U.S. Once you have viewed the video or screenshot, please click on the forward arrow below to continue with the survey.

**PROGRAMMER:** DISPLAY VIDEOS OR SCREENSHOTS IN RANDOM ORDER. USE VIDEO FOR REAL COST ADS, USE SCREENSHOTS FOR TRUTH, TIPS FROM FORMER SMOKERS, AND FRESH EMPIRE ADS.

**F8\_x.** Apart from this survey, how frequently have you seen this ad [SCREENSHOT LANGUAGE: these ads] in the past [FILL MONTHS]?

- \_1 Never
- \_2 Rarely
- \_3 Sometimes
- \_4 Often
- \_5 Very Often
- \_9 Prefer not to answer

**ASK:** All respondents

---

**DISPLAY:** SCREENSHOT LANGUAGE is entered when respondents are view screenshots for the truth, Tips From Former Smokers, and Fresh Empire ads. FILL MONTHS is the recall period of interest.

**PROGRAMER:** LOOP BACK TO ASK ABOUT NEXT AD HERE. SHOW SCREENGAB OF AD

---

**F19\_x.** What is the main message of this ad? Select only one response

[RANDOMIZE ORDER OF CHECKBOX LIST]

- \_1 Smoking can damage your teeth
- \_2 Smoking can cause wrinkles
- \_4 Cigarettes can control your life
- \_8 Being with friends is more important than smoking
- \_9 This generation of teens can play a big role in stopping smoking
- \_10 If you smoke you lose your freedom
- \_11 There are toxic chemicals in cigarette smoke
- \_14 Nicotine can reprogram your brain until it's hard to think about anything but your next cigarette.
- \_15 Cigarettes may leave you with stained teeth, gum disease and more.
- \_16 Smoking as a teen can permanently stunt your lungs.
- \_17 [ADD KEY MESSAGE FROM REAL COST ADVERTISING]
- \_99 I am not sure

**ASK:** All respondents

---

**F11.** Please tell us if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements.

		<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neither Agree or Disagree (Neutral)</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>	<b>9 Prefer Not to Answer</b>
<b>F11_1.</b>	This ad is worth remembering	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F11_2.</b>	This ad grabbed my attention	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F11_3.</b>	This ad is powerful	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F11_4.</b>	This ad is informative	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F11_5.</b>	This ad is meaningful to me	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F11_6.</b>	This ad is convincing	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
<b>F11_13</b>	This ad is irritating	<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

---

**F14.** Did you talk to anyone about any of these ads?

- \_1 Yes
- \_2 No
- \_9 Prefer not to answer

**ASK:** All respondents

---

**F15.** [IF F14=1]

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

RANDOMIZE OPTIONS

Yes	No	
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<b>F15_1.</b> These ads were good
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<b>F15_2.</b> These ads were NOT good
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<b>F15_3.</b> I should not smoke
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<b>F15_4.</b> The person I was talking to or someone else I know should not smoke
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<b>F15_5.</b> Other, specify

**ASK:** Respondents who talked to someone about any of the ads they viewed.

---

**F16.** Do your parents have rules about **how much time** you can spend using media, such as TV, computer, video games, cell phones, and music?

- \_1 Yes, my parents have lots of rules about it.
- \_2 Yes, my parents have a few rules about it.
- \_3 No, my parents don't have any rules about it.
- \_9 Prefer not to answer

**ASK:** All respondents

---

**F17.** Do your parents have rules about what you are allowed to do on the computer, which video games you are allowed to play, or what music you're allowed to listen to?

- \_1 Yes, my parents have lots of rules about it.
- \_2 Yes, my parents have a few rules about it.
- \_3 No, my parents don't have any rules about it.
- \_9 Prefer not to answer

**ASK:** All respondents

---

**F18.** In general, how often do your parents 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 parents don't have rules about using media
- \_9 Prefer not to answer

**ASK:** All respondents

---

**F19.** How often do your parents let you watch movies or videos that are rated R?

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

**ASK:** All respondents

---

## Section G: Environment

You're almost done!

Just a few more questions about yourself and the people you live with.

**G1.** Other than you, has anyone who lives with you used any of the following during the past 30 days...? (**You can choose one answer or more than one answer**)

- <sub>1</sub> cigarettes
- <sub>2</sub> smokeless tobacco, such as chewing tobacco, snuff, snus (rhymes with goose) or dip, such as [NAME TOP BRANDS]
- <sub>3</sub> cigars, cigarillos, or little cigars such as [NAME TOP BRANDS]
- <sub>4</sub> tobacco out of a water pipe (also called "hookah")
- <sub>5</sub> electronic vaping products or electronic cigarettes, such as [NAME TOP BRANDS]
- <sub>6</sub> any other form of tobacco
- <sub>7</sub> No, no one who lives with me has used any form of tobacco during the past 30 days
- <sub>9</sub> Prefer not to answer

**ASK:** All respondents

---

**DISPLAY:** The text NAME TOP BRANDS is a placeholder for the names of the top brands in this category.

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

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

**ASK:** All respondents

---

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

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

**ASK:** All respondents

---

**G4.** How well would you say you have done in school? Would you say...

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

**ASK:** All respondents

---

**G5.** I feel close to people at my school. Would you say you...

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

**ASK:** All respondents

---

**G6.** I am happy to be at my school. Would you say you...

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

**ASK:** All respondents

---

**G7.** I feel like I am a part of my school. Would you say you...

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

**ASK:** All respondents

---



**G8.** How far do you think you will go in school?

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

**ASK:** All respondents

---

**G9.** 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

- 9 Prefer not to answer

PROGRAMMER: NUMERIC RESPONSE. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 7.

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 7." IN LOWERCASE LETTERS

**ASK:** All respondents

---

**G10.** How often do you attend church or religious services? Would you say...

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

**ASK:** All respondents

---

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

**G11.** I would like to explore strange places. Would you say you...

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

**ASK:** All respondents

---

**G12.** I like to do frightening things. Would you say you...

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

**ASK:** All respondents

---

**G13.** I like new and exciting experiences, even if I have to break the rules. Would you say you...

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

**ASK:** All respondents

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**G14.** I prefer friends who are exciting and unpredictable. Would you say you...

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

**ASK:** All respondents

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**G15.** 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
- \_2 None
- \_3 Don't know
- \_9 Prefer not to answer

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

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

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

**ASK:** All respondents

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These next questions ask about how you feel about your current relationship with your parents or guardians. Please tell us if you strongly agree, agree, disagree, or strongly disagree with the following statement.

**G16.** Thinking about the adult or adults you live with would you say you are satisfied with the way you communicate with each other.

- \_1 Strongly Disagree
- \_2 Disagree
- \_3 Neither agree nor disagree (neutral)
- \_4 Agree
- \_5 Strongly Agree
- \_9 Prefer not to answer

**ASK:** All respondents

---

**G17.** How close do you feel to the adult or adults you live with?

- \_1 Not at all close
- \_2 Not very close
- \_3 Somewhat close
- \_4 Quite close
- \_5 Very close
- \_9 Prefer not to answer

**ASK:** All respondents

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**G18.** How often has a parent or other adult caregiver said things that really hurt your feelings or made you feel like you were not wanted or loved?

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

**ASK:** All respondents

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**G19.** Has a parent or other adult caregiver ever talked to you about reasons for not smoking cigarettes or using other types of tobacco like cigars and chewing tobacco?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**ASK:** All respondents

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**G20.** During the past 7 days, on how many days did you and one or both of your parents or other adult caregivers do something together just for fun?

- \_\_\_\_\_ MIN 0 MAX 7
- <sub>9</sub> Prefer not to answer

PROGRAMMER: NUMERIC RESPONSE. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 7.

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 7." IN LOWERCASE LETTERS

**ASK:** All respondents

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Thank you for taking this survey!

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

**OMB No: 0910-0753**

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

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