

**ATTACHMENT 1: SCREENER/SURVEY - ENDS**

Form Approved  
OMB Control No. 0910-0810  
Exp. Date 10/31/2021

---

**PROGRAMMER NOTE: FORCE RESPONSES TO ALL SCREENER QUESTIONS.**

---

**[SCNR\_INTRO]**

Welcome to the Your Voice Now Survey!

The U.S. Food and Drug Administration (FDA) is developing education programs that will improve the health of youth and young adults.

To inform these education programs, the FDA is conducting a survey in partnership with RTI International, a non-profit research organization.

- You are being asked to answer a few questions to see if you are eligible for a study of approximately 1,500 youth and young adults in the United States per month.
- You may only complete this questionnaire **one time**.
- It will take less than **3 minutes** to see if you are eligible.
- If we determine you **are eligible**, you will have the opportunity to continue and complete an **additional online survey** for a \$5 electronic gift card as a token of our appreciation.
- You may only take that survey one time and you will only receive one **\$5 electronic gift card** if you complete it. If we find that you have completed the survey more than once, you may not receive a gift card. Once we complete this check, we will send you a **\$5 electronic gift card** to the email address you provide. The gift card will be sent within 1-2 weeks.
- Your answers to the questions will be **kept private** to the fullest extent allowable by law and your participation is voluntary.

**ASK:** All respondents

---

**[SCNR\_ASSENT]**

Do you agree to participate in this short survey?

1. Yes, I agree to participate in this short survey
2. No, I do not want to participate in this short survey

**ASK:** All respondents

---

**[EXIT\_1]** [IF SCNR\_ASSENT = 2]

Monthly Monitoring Study  
Thank you for your time.

**ASK:** Ask respondents who do not provide assent

---

**[FB\_TXT]** [IF SCNR\_ASSENT = YES & RESPONDING FROM FACEBOOK]

RTI International, a non-profit research organization, is doing a survey to learn more about people like you. We (“RTI International”) want to make sure that the person who is taking the survey is who they say they are and does not take the survey more than once. Facebook will help us do this by making sure that you have a real Facebook account. This document will explain what kinds of information Facebook or RTI International may learn about you if you click on the “agree” button.

When you click on “agree,” you are allowing Facebook and RTI International to collect your email that you use to log in to Facebook and your unique Facebook user id number to make sure that you do not take the survey more than once. The information collected will help Facebook check that you have a real account. If you do not agree to allow Facebook and RTI International to collect this information, you should not take this survey. The information about you that we collect here may be added to other information we have about you.

We will protect the information we collect as much as possible. However, since this survey is online, there is still a chance that other people may see some information about you. This is a risk that is part of using the internet. We will do our best to make sure this does not happen.

This document (the Authorization Statement) only talks about the information that could be learned about you as part of the process that Facebook uses to make sure that you have a real Facebook account. Facebook will not share any other information about your account with us. It is possible that other people or organizations could also access this information about you.

**ASK:** Respondents who provide informed assent and are responding from Facebook

---

**[FB\_AUTH]** [IF SCNR\_ASSENT = YES & RESPONDING FROM FACEBOOK]

Please click the link to read the Authorization Statement to learn more about how Facebook and others may use the information that is collected. [Facebook Authorization Statement](#)

1. I have read the Authorization Statement and agree to provide my Facebook information for such purposes.
2. I decline to provide my information for such purposes

**ASK:** All respondents

---

**[EXIT\_2]** [IF FB\_AUTH = 2]

Thank you for your time.

**ASK:** Respondents who do not agree to allow Facebook to collect information for account verification

---

**[IG\_TXT]** [IF SCNR\_ASSENT = YES & RESPONDING FROM INSTAGRAM]

## Monthly Monitoring Study

RTI International, a non-profit research organization, is doing a survey to learn more about people like you. We (“RTI International”) want to make sure that the person who is taking the survey is who they say they are and does not take the survey more than once. Instagram will help us do this by making sure that you have a real Instagram account. This document will explain what kinds of information Instagram or RTI International may learn about you if you click on the “agree” button.

When you click on “agree,” you are allowing Instagram and RTI International to collect your email that you use to log in to Instagram and your unique Instagram user id number to make sure that you do not take the survey more than once. The information collected will help Instagram check that you have a real account. If you do not agree to allow Instagram and RTI International to collect this information, you should not take this survey. The information about you that we collect here may be added to other information we have about you.

We will protect the information we collect as much as possible. However, since this survey is online, there is still a chance that other people may see some information about you. This is a risk that is part of using the internet. We will do our best to make sure this does not happen.

This document (the Authorization Statement) only talks about the information that could be learned about you as part of the process that Instagram uses to make sure that you have a real Instagram account. Instagram will not share any other information about your account with us. It is possible that other people or organizations could also access this information about you.

**ASK:** Respondents who provide informed assent and are responding from Instagram

---

**[IG\_AUTH]** [IF SCNR\_ASSENT = YES & RESPONDING FROM INSTAGRAM]

Please click the link to read the Authorization Statement to learn more about how Instagram and others may use the information that is collected. [Instagram Authorization Statement](#)

1. I have read the Authorization Statement and agree to provide my Instagram information for such purposes.
2. I decline to provide my information for such purposes

**ASK:** All respondents

---

**[EXIT\_3]** [IF IG\_AUTH = 2]

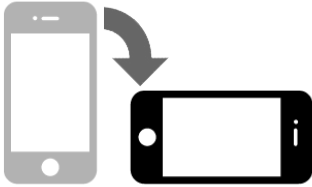
Thank you for your time.

**ASK:** Respondents who do not agree to allow Instagram to collect information for account verification

---

**[LAND]** [IF R IS ON MOBILE DEVICE]

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



NEXT

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

---

**[PRIV]**

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

1. Next

**ASK:** All respondents

---

**[DRIV]**

Do not answer the questions while driving.

1. Next

**ASK:** All respondents

---

**[SCNR\_INTRO2]** [IF FB\_AUTH = 1 OR IG\_AUTH = 1]

The first part of the survey asks a couple general questions about yourself.

**ASK:** Respondents who agree to FB or IG authorization

---

**[AGE]**

How old are you?

\_\_\_\_\_years old [RANGE: 5-100]

99. Prefer not to answer

**ASK:** All respondents

---

**[GENDER]**

What sex were you assigned at birth, on your original birth certificate?

1. Female

2. Male

3. Don't know

99. Prefer not to answer

**ASK:** All Respondents

---

**[GENDER\_IDENTITY]**

Do you currently describe yourself as male, female or transgender?

1. Female

2. Male

3. Transgender

4. None of these

99. Prefer not to answer

**ASK:** All Respondents

---

**[HISPANIC]**

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

1. Yes

2. No

99. Prefer not to answer

**ASK:** All Respondents

---

**[RACE]**

What race or races do you consider yourself to be? (You can choose one answer or more than one answer.)

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 \_\_\_\_\_)
99. Prefer not to answer

**ASK:** All Respondents

---

**[MEDIA\_USE]**

Next, we'd like to ask you about your use of TV and other media. What electronic device do you use most often to watch TV shows or movies?

1. TV
2. Computer (laptop or desktop)
3. Tablet (iPad or Android)
4. Smartphone (iPhone or Android)
5. I don't watch TV shows or movies
6. Prefer not to answer

**ASK:** All respondents

---

**[RECENT\_MEDIA]**

**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	3 hours or more	Prefer Not to Answer
a. Watching TV shows on a TV, a computer or laptop, tablet, or smartphone?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
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"/> 99
c. Using social media such as Facebook, Instagram, or twitter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
d. Gaming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99

**ASK:** All respondents

---

**[VAPE\_USE]**

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

Please do NOT include vaping marijuana when answering these questions.



1. Yes
2. No
99. Prefer not to answer

**ASK:** All respondents.

---

**[VAPE\_SUSCEPT]**

Monthly Monitoring Study

Please do **NOT** include vaping marijuana when answering these questions.

Thinking about the future...

		<b>Definitely Yes</b>	<b>Probably Yes</b>	<b>Probably Not</b>	<b>Definitely Not</b>	<b>Prefer Not to Answer</b>
<b>a.</b>	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"/> _99
<b>b.</b>	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"/> _99
<b>c.</b>	If one of your best friends were to offer you a <b>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"/> _99

**ASK:** All respondents

---

**[VAPE\_CURIOUS]** [IF VAPE\_USE = 2 OR 99]

Have you ever been curious about vaping?

1. Definitely yes
2. Probably yes
3. Probably not
4. Definitely not
99. Prefer not to answer

**ASK:** Respondents who have never vaped (or PNTA)

---

**[STATE]**

What state do you live in?

[PROGRAMMER NOTE: INCLUDE DROP DOWN LIST OF 50 STATES & WASHINGTON DC. INCLUDE AN OPTION FOR 'I DON'T LIVE IN THE UNITED STATES'. SHOULD APPEAR FIRST IN DROP DOWN. INCLUDE AN OPTION FOR 99. PREFER NOT TO ANSWER. SHOULD APPEAR LAST IN DROP DOWN.]

**ASK:** All respondents

---



**[DOB]**

What is your date of birth?

Please use the following format (MM/DD/YYYY)

\_\_\_\_/\_\_\_\_/\_\_\_\_

99. Prefer not to answer

**ASK:** All respondents

---

**[EMAIL]**

Please enter your email address: \_\_\_\_\_ [OPEN TEXT]

99. Prefer not to answer

The email address you provide is used only for the purposes of this survey and will **not** be sold or shared.

**ASK:** All respondents

---

**[EMAIL\_VER] [IF EMAIL ≠ 99]**

[PROGRAMMER NOTE: VERIFY EMAIL FORMAT AND THAT BOTH EMAIL ADDRESSES MATCH. VERIFY THAT THIS EMAIL WAS NOT USED IN THE PAST 6 MONTHS.]

Please verify your email address: \_\_\_\_\_

99. Prefer not to answer

**ASK:** Respondents who provide an email address in EMAIL

---

[CHECKPOINT, INCLUDE IF:

- 15-24 YEARS OLD BASED ON AGE PROVIDED
  - 15-24 YEARS OLD BASED ON DOB
  - STATE ≠ I DON'T LIVE IN THE US AND ≠ 99
  - AGE PROVIDED AND AGE CALCULATED BY DOB MUST MATCH
  - PROVIDED A VALID EMAIL ADDRESS (EMAIL ≠ 99 AND EMAIL\_VER = 1)
  - VAPE\_USE = 1 OR
  - VAPE\_SUSCEPT A, B, OR C ≠ 4 AND ≠ 99]
-

**[THANK\_YOU] [IF FAIL CHECKPOINT CRITERIA]**

Thank you for taking the time to take our eligibility screener. Unfortunately, based on your responses, you do not qualify to participate in our survey.

[EXIT]

OMB No: 0910-0810

Expiration Date: 10/31/2021

Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 2.5 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov).

**ASK: Participants who fail the inclusion criteria**

---

**[CONTINUE] [IF PASS CHECKPOINT CRITERIA]**

You are invited to complete our web survey for a \$5 electronic gift card. The survey will take about 12 minutes. Please click the “Next” button to continue and take the survey now.

1. Next

OMB No: 0910-0810

Expiration Date: 10/31/2021

Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 2.5 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov).

**ASK: Respondents who pass the inclusion criteria**

---

**MONTHLY MONITORING STUDY YOUTH AND YOUNG ADULT SURVEY ON ENDS**

---

**[CONSENT]** [IF SCREENER AGE  $\geq$  18]  
[ATTACHMENT X. MONTHLY MONITORING STUDY CONSENT FORM]

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

---

**[ASSENT]** [IF SCREENER AGE  $<$  18]  
[ATTACHMENT X. MONTHLY MONITORING STUDY ASSENT FORM]

**ASK:** All respondents who are 15 to 17 years old

---

**[CONSENTREF]** [IF CONSENT = 2 OR ASSENT = 2]  
[PROGRAMMER: CODE AS REFUSAL]  
Thank you for your time.

**ASK:** Respondents who refuse to provide consent or assent.

---

**SECTION A: VAPING**

---

[PROGRAMMER: FLOAT THE VAPES DESCRIPTION FOR EACH QUESTION A1 – A24]

[A1]

The following questions are about vaping products or vapes. You may also know them as Juul, e-cigarettes, vape pens, Puff Bars, Suorin, or mods. They can contain nicotine or flavors.

Please do NOT include vaping marijuana/THC when answering these questions.



Not including marijuana/THC, when did you last vape, even one time?

1. Earlier today
2. Not today but sometime during the past 7 days
3. Not during the past 7 days but sometime during the past 30 days
4. Not during the past 30 days but sometime during the past 6 months
5. Not during the past 6 months but sometime in the past year
6. 1 to 4 years ago
7. 5 or more years ago
8. I've never vaped
98. Don't know
99. Prefer not to answer

**ASK:** All respondents

---

Monthly Monitoring Study

**[A2]** [IF A1 = 1-3, 98, OR 99]

During the past 30 days, on how many days did you vape, not including marijuana/THC?

1. \_\_\_\_\_ [0-30 Days]
99. Prefer not to answer

**ASK:** Respondents who reported vaping in the past 30 days (or PNTA).

---

**[A3]** [IF A1 = 1-7 OR 98 OR 99]

How many times have you vaped in your entire life, not including marijuana/THC?

1. 0 times
2. 1 time, even just a few puffs
3. 2 to 10 times
4. 11 to 20 times
5. 21 to 50 times
6. 51 to 99 times
7. 100 or more times
8. Prefer not to answer

**ASK:** Respondents who reported having ever tried vaping or did not answer the question about ever trying vaping.

---

**[A4]** [IF A1 = 1-7 OR 98 OR 99]

When you vape, do you usually vape nicotine?

1. Yes
2. No
98. Don't Know
99. Prefer not to answer

**ASK:** Respondents who reported having ever tried vaping or did not answer the question about ever trying vaping.

---

**[A5]** [IF A1 = 1-7 OR 98 OR 99]

During the past 3 months, did you stop vaping for one day or longer because you were trying to quit for good? Please don't include vaping marijuana/THC in your answer.

1. Yes
2. No
99. Prefer not to answer

**ASK:** Respondents who reported having ever tried vaping or did not answer the question about ever trying vaping.

---

**[A6]** [IF A5 = 1]

How much do you want to stop vaping, not including marijuana/THC?

1. Not at all
2. A little
3. Somewhat
4. A lot
99. Prefer not to answer

**ASK:** Respondents who reported having ever tried vaping or did not answer the question about ever trying vaping.

---

**[A7]** [IF SUSCEPTIBLE NEVER USER]

[INSERT PRODUCT PICTURES FROM ATTACHMENT X]

Have you heard of any of the following vaping products? Choose all that apply.

1. A disposable device (like a Puff Bar)
2. A device that uses prefilled cartridges or pods (like a Juul)
3. A device with a tank that you refill with liquids
4. Something else

Please describe other vaping products that you have heard of \_\_\_\_\_ [OPEN TEXT]

98. Don't know

99. Prefer not to answer

**ASK:** Respondents who never tried vaping.

---

**[A8]** [IF A1 = 1-7 OR 98 OR 99]

[INSERT PRODUCT PICTURES FROM ATTACHMENT X]

For the following question, please think about the vape you use most often, not including marijuana/THC. What kind is it?

1. A disposable device (like a Puff Bar)
2. A device that uses prefilled cartridges or pods (like a Juul)
3. A device with a tank that you refill with liquids
4. Something else

Please describe the vape you use most often \_\_\_\_\_ [OPEN TEXT]

98. Don't know

99. Prefer not to answer

**ASK:** Respondents who reported having ever tried vaping or did not answer the question about ever trying vaping.

---

**[A9]** [IF A1 = 1-7 OR 98 OR 99]

[INSERT PRODUCT PICTURES FROM ATTACHMENT X]

Do you use any other types of vape, not including marijuana/THC? Check all that apply.

1. A disposable device (like a Puff Bar)
2. A device that uses prefilled cartridges or pods (like a Juul)
3. A device with a tank that you refill with liquids
4. Something else

Please describe the other types of vape you use \_\_\_\_\_ [OPEN TEXT]

98. Don't know

99. Prefer not to answer

**ASK:** Respondents who reported having ever tried vaping or did not answer the question about ever trying vaping.

---

**[A10]** [INSERT PRODUCT PICTURES FROM ATTACHMENT X]

Have you heard about any of the following brands? Select all that apply.

1. Juul
2. Vuse
3. Njoy
4. Blu
5. Leap
6. VESSEL
7. Puff Bar
8. Suorin
9. None of these

98. Don't know

99. Prefer not to answer

**ASK:** All respondents

---

**[A11]** [IF A10 ≠ 98 OR 99]

What other brand(s) have you heard about?

1. \_\_\_\_\_ [OPEN TEXT]

99. Prefer not to answer

**ASK:** All respondents

---

Monthly Monitoring Study

**[A12]** [IF A1 = 1-7 OR 98 OR 99]

[INSERT PRODUCT PICTURES FROM ATTACHMENT X]

What vape brands do you use most often, not including marijuana/THC? Choose all that apply.

1. Juul
2. Vuse
3. Njoy
4. Blu
5. Leap
6. VESSEL
7. Puff Bar
8. Suorin
9. Something else

What brand do you use most often \_\_\_\_\_ [OPEN TEXT]

98. Don't know
99. Prefer not to answer

**ASK:** Respondents who reported having ever tried vaping or did not answer the question about ever trying vaping.

---

**[A13]** [IF A1 = 1-7 OR 98 OR 99 AND A12 ≠ 98 OR 99]

Why do you prefer [this/these] brands over other vaping brands? Check all that apply.

1. Packaging
2. Price
3. Marketing
4. Flavors
98. Don't know
99. Prefer not to answer

**ASK:** All respondents

---

**[A14]** [IF A10 ≠ 9, 98, OR 99]

How did you hear about [INSERT A10 RESPONSE]?

1. Friends
2. Online
3. TV ad
4. Radio
98. Don't know
99. Prefer not to answer

**ASK:** Respondents who chose at least one product in A7 or A11

---



Monthly Monitoring Study

**[A15]** [IF A14 = 2]

Where did you see information about [INSERT A10 RESPONSE] online?

1. Reddit
2. Facebook
3. twitter
4. Other website

What website did you see the product on? \_\_\_\_\_ [OPEN TEXT]

98. Don't know
99. Prefer not to answer

**ASK:** Respondents who heard about vaping brands online

---

CHECKPOINT: IF A10 HAS MORE THAN ONE RESPONSE, REPEAT A14 AND A15 WITH EACH SUBSEQUENT RESPONSE.

---

**[A16]**

Have you ever looked for information about the health effects of vaping, not including marijuana/THC?

1. Yes
2. No
99. Prefer not to answer

**ASK:** All respondents

---

**[A17]** [IF A16 = 1]

The most recent time you looked for information about the health effects of vaping, not including marijuana/THC, where did you go first?

1. Parent
2. Sibling
3. Friend
4. Doctor or health care provider
5. Google search
6. Facebook
7. Instagram
8. Twitter
9. Reddit
10. Other websites

What website did you use?

11. Other source
- What source did you use?
99. Prefer not to answer

**ASK:** All respondents

---

**[A18]**

Who do you trust for getting information on vape brands and products, not including marijuana/THC?

1. \_\_\_\_\_ [OPEN TEXT]
99. Prefer not to answer

**ASK:** All respondents

---

**[A19]**

Which statement best describes the rules about vaping in your home, not including marijuana/THC? Would you say...

1. Vaping is not allowed anywhere inside your home
2. Vaping is allowed in some places or at sometimes
3. Vaping is allowed anywhere inside the home
4. There are no rules about vaping inside the home
99. Prefer not to answer

**ASK:** Respondents ages 15 to 17 years

---

**[A20]** [IF A1 = 1-7, 98 OR 99]

When you vape (not including marijuana/THC), what flavor do you usually use? Choose all that apply.

1. Tobacco-flavored
  2. Menthol
  3. Mint
  4. Fruit
  5. Candy, desserts, or other sweets
  6. Some other flavor
- What flavor do you usually use \_\_\_\_\_ [OPEN TEXT]
98. Don't know
  99. Prefer not to answer

**ASK:** Respondents who reported having ever tried vaping or did not answer the question about ever trying vaping.

---

**[A21]** [IF A1 = 1-7, 98 OR 99]

Not including marijuana/THC, have you recently switched from vaping to another product?

1. Yes
2. No
99. Prefer not to answer

**ASK:** Respondents who reported having ever tried vaping or did not answer the question about ever trying vaping.

---

Monthly Monitoring Study

**[A22]** [IF A21 = 2]

Are you considering switching from vaping to another product, not including marijuana/THC?

1. Yes
2. No
99. Prefer not to answer

**ASK:** Respondents who have ever tried vaping and have not switched to another product.

---

**[A23]** [IF A21 = 1 OR A22 = 1]

What products are you [IF A22 = 1: considering] using instead of vapes, not including marijuana/THC?

1. \_\_\_\_\_ [OPEN TEXT]
99. Prefer not to answer

**ASK:** Respondents who switched, or are considering switching from vapes

---

**[A24]** [IF A21 = 1 OR A22 = 1]

Why [did you switch/IF A22 = 1: are you considering switching] to a different product instead of vapes?

1. \_\_\_\_\_ [OPEN TEXT]
99. Prefer not to answer

**ASK:** All respondents.

---

**[A25]**

Thinking about the people who are important to you, how would you describe their views on the vaping?

1. Very positive
2. Positive
3. Neither positive nor negative
4. Negative
5. Very negative
99. Prefer not to answer

**ASK:** All respondents.

---

**[A26]**

How concerned are you about developing a vaping related lung injury?

1. Not at all concerned
  2. Somewhat concerned
  3. Neither concerned nor unconcerned
  4. Concerned
  5. Very concerned
99. Prefer not to answer

**ASK:** All respondents

---

**[A27]** [IF AGE = 15-17]

In the past 12 months, have your parents or guardians talked with you, even once, about not vaping?

1. Yes
  2. No
99. Prefer not to answer

**ASK:** Respondents who are 15 to 17 years old

---

**[A28]** [IF AGE = 15-17]

If your parents or guardians found you vaping how do you think they would react? Would they...

1. Be very upset
  2. Not be too upset
  3. Have no reaction
98. Don't know  
99. Prefer not to answer

**ASK:** Respondents who are 15 to 17 years old

---

**[A29]**

How long do you think someone has to vape before it harms their health?

1. It will never harm their health
  2. Less than a year
  3. 1 year
  4. 5 years
  4. 10 years
  5. 20 years or more
98. Don't know  
99. Prefer not to answer

**ASK:** All respondents

---

## **SECTION B: CORONAVIRUS**

---

### **[Corona\_INTRO]**

The novel Coronavirus (the virus that causes COVID-19) is a new disease with flu-like symptoms that is spreading across the world.

1. Next

**ASK:** All respondents

---

[PROGRAMMER: FLOAT THE VAPES DESCRIPTION IN B1 FOR EACH QUESTION B1 – B4]

---

### **[B1]**

The following questions are about vaping products or vapes. Please do NOT include vaping marijuana when answering these questions.

Are you vaping more, less, or about the same as you did before the Coronavirus pandemic?

1. More often
2. Less often
3. About the same
99. Prefer not to answer

**ASK:** All respondents

---

### **[B2]**

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

Vaping may increase the risk for viral lung infections such as Coronavirus.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
99. Prefer not to answer

**ASK:** All Respondents

---

### **[B3]**

Vaping weakens the immune system, making people more at risk for getting viruses.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
99. Prefer not to answer

**ASK:** All respondents

---

**[B4]**

Vaping makes Coronavirus symptoms worse.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
99. Prefer not to answer

**ASK:** All respondents

---

**[B5]**

In general, how much do you trust information about health or medical topics from the U.S. Food and Drug Administration (FDA)?

1. A lot
2. Not at all
3. I have never heard of the FDA
98. Don't know
99. Prefer not to answer

**ASK:** All respondents

---

## SECTION C: MARIJUANA

### [C\_INTRO\_MJ]

In this section, we'd like to know about your use of different forms of marijuana.

1. Next

**ASK:** All respondents

---

### [C1] [PROGRAMMER: 5, 98, AND 99 ARE EXCLUSIVE]

Now please think about all types of vaping, including vaping marijuana. Which of the following have you ever vaped? Check all that apply.

1. Marijuana (including THC, concentrates, flower, or hash oils)
2. Nicotine
3. Liquid with flavor only, no nicotine
4. Other (open text)
5. I have never tried vaping
98. Don't know
99. Prefer not to answer

**ASK:** All Respondents

---

### [C2] [IF C1 = 1]

Are you vaping **marijuana** more, less, or about the same today as you did before the Coronavirus pandemic?

1. More often
2. Less often
3. About the same
99. Prefer not to answer

**ASK:** All respondents

---

### [C3] [IF C1 = 1 OR 99]

During the past 30 days, on how many days did you vape marijuana, including THC, concentrates, flower, or hash oils?

1. \_\_\_\_\_ [0-30 Days]
99. Prefer not to answer

**ASK:** Respondents who reported having ever vaping marijuana

---

**[C4]**

Earlier we asked about **vaping** marijuana. This question is about **smoking** marijuana. Have you ever **smoked** marijuana (like a pipe, joint, or blunt), even one time?

1. Yes
2. No
99. Prefer not to answer

**ASK:** All respondents

---

**[C5]** [IF C4 = 1 OR 99]

During the past 30 days, on how many days did you smoke marijuana (like a pipe, joint, or blunt)?

1. \_\_\_\_\_ [0-30 days]
99. Prefer not to answer

**ASK:** Respondents who have ever smoked marijuana.

---

**[C6]**

Have you recently switched from smoking or vaping marijuana to edibles?

1. Yes
2. No
99. Prefer not to answer

**ASK:** All respondents.

---

**[C7]** [IF C6 = 1]

Why did you switch to an edible instead of smoking or vaping marijuana?

1. \_\_\_\_\_ [OPEN TEXT]
99. Prefer not to answer

**ASK:** All respondents.

---



**SECTION D: ENVIRONMENT**

---

**[D1]** [IF AGE = 15 – 17]

The next section asks some questions about how you feel about your current relationship with your parents or guardians. Please tell us if you strongly disagree, disagree, agree, or strongly agree with the following statements.

I am satisfied with the way my parents and I communicate with each other.

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree
99. Prefer not to answer

**ASK:** Respondents ages 15 to 17

---

**[D2]** [IF AGE = 15 – 17]

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

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree
99. Prefer not to answer

**ASK:** Respondents ages 15 to 17

---

**[D3]** [IF AGE = 15 – 17]

What my parents think of me is important.

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree
99. Prefer not to answer

**ASK:** Respondents ages 15 to 17

---

**[D4]** [IF AGE = 15 – 17]

How close do you feel to your parents?

1. Not very close
2. Somewhat close
3. Very close
99. Prefer not to answer

**ASK:** All respondents

---

**[D5]**

Now thinking about the friends you spend the most time with, please tell us if you strongly disagree, disagree, agree, or strongly agree with the following statements. I do what my friends want me to do, even if I don't want to.

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree
99. Prefer not to answer

**ASK:** All respondents

---

**[D6]**

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

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree
99. Prefer not to answer

**ASK:** All respondents

---

**[D7]**

Thinking about your mental health, which includes stress, depression, and anxiety, for how many days during the past 30 days was your mental health not good?

\_\_\_\_\_ Number of days [RANGE: 0-30]

98. Don't know
99. Prefer not to answer

**ASK:** All respondents

---

**SECTION E: DEMOGRAPHICS AND CLOSING**

---

**[EDUCATION]**

What is the highest grade or year of school you have completed?

[IF AGE = 15-18: USE THE FOLLOWING RESPONSE OPTIONS]

1. Less than grade 7
2. Grade 8
3. Grade 9
4. Grade 10
5. Grade 11
6. Grade 12
7. Some college
99. Prefer not to answer

[IF AGE = 19-24: USE THE FOLLOWING RESPONSE OPTIONS]

1. Some high school or less
2. GED
3. High school diploma
4. Some college but no degree
5. Associate degree
6. Bachelor's degree
7. Master's degree or higher
99. Prefer not to answer

**ASK:** All respondents

---

**[EMPLOYMENT]** [IF AGE = 19-24]

Which of the following best describes your current status (Please select only one response, your main status now.)?

1. Employed for wages
2. Self-employed
3. Out of work
4. Student
5. Unable to work
99. Prefer not to answer

**ASK:** All respondents

---

**[VERIFY]**

Including this one, how many surveys about tobacco have you taken in the past six months?

\_\_\_\_\_ [RANGE: 1-10]  
99. Prefer not to answer

**ASK:** All respondents

---

**[COMMNT]**

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

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

1. Next

**ASK:** All respondents

---

**[THANKS]**

To thank you for completing the survey, you will receive an electronic gift card for \$5. If you would like to decline receiving this payment, you can select “No” to continue to the next screen.

Would you like to receive this gift card?

1. Yes
2. No

**ASK:** All respondents

---

**[INCENT\_EMAIL] [IF THANKS=1]**

Please provide the email address you would like to use to receive your gift card.

e-mail \_\_\_\_\_ [ALLOW 50 CHARACTERS]

Confirm e-mail \_\_\_\_\_ [THIS FIELD MUST MATCH ABOVE]

**ASK:** Participants who indicate they would like to receive a gift card.

---

**[CLOSE]**

Thank you again for your participation. You may now close your browser or navigate away from this page.

OMB No: 0910-0810

Expiration Date: 10/31/2021

Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 12 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov).

**ASK:** All respondents

---