

**ATTACHMENT 4\_E2A3: YOUTH MEDIA TRACKING SCREENER**

Form Approved  
OMB No. 0910-0753  
Exp. Date 09/30/2019

**Evaluation of the Public Education Campaign on Teen Tobacco-Media Tracking  
(ExPECTT-MT)**

**S1.** How old are you?

- <sub>1</sub> 11 years old or younger (GO TO CLOSING TEXT)
- <sub>2</sub> 12 years old (GO TO CLOSING TEXT)
- <sub>3</sub> 13 years old (GO TO A1)
- <sub>4</sub> 14 years old (GO TO A1)
- <sub>5</sub> 15 years old (GO TO A1)
- <sub>6</sub> 16 years old (GO TO A1)
- <sub>7</sub> 17 years old (GO TO A1)
- <sub>8</sub> 18 years old or older (GO TO CLOSING TEXT)
- <sub>9</sub> Prefer not to answer (GO TO CLOSING TEXT)

**ASK:** All respondents

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CLOSING TEXT "You do not qualify for this survey, which is for children ages 13 to 17. Thank you very much for your response."

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**C1.** 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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**C2.** 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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**C3.** What race or races do you consider yourself to be? Please select 1 or more of these categories.

	<b>1 Yes</b>		
<b>C3_1.</b> White	<input type="checkbox"/> <sub>1</sub>		
<b>C3_2.</b> Black or African American	<input type="checkbox"/> <sub>1</sub>		
<b>C3_3.</b> American Indian or Alaska Native	<input type="checkbox"/> <sub>1</sub>		
<b>C3_4.</b> Asian Indian	<input type="checkbox"/> <sub>1</sub>		
<b>C3_5.</b> Chinese	<input type="checkbox"/> <sub>1</sub>		
<b>C3_6.</b> Filipino	<input type="checkbox"/> <sub>1</sub>		
<b>C3_7.</b> Japanese	<input type="checkbox"/> <sub>1</sub>		
<b>C3_8.</b> Korean	<input type="checkbox"/> <sub>1</sub>		
<b>C3_9.</b> Vietnamese	<input type="checkbox"/> <sub>1</sub>		
<b>C3_10.</b> Native Hawaiian	<input type="checkbox"/> <sub>1</sub>		
<b>C3_11.</b> Guamanian or Chamorro	<input type="checkbox"/> <sub>1</sub>		
<b>C3_12.</b> Samoan	<input type="checkbox"/> <sub>1</sub>		
<b>C3_13.</b> Other Asian	<input type="checkbox"/> <sub>1</sub>		
<b>C3_14.</b> Other Pacific Islander	<input type="checkbox"/> <sub>1</sub>		

**ASK:** All respondents

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