

# Screener

---

G+G Advertising, an American Indian communications company, and Rescue Agency, a health communications & research company, are working with the U.S. Food & Drug Administration (FDA) to hold discussion groups with teens to get their opinions on teen culture and future commercials. If you qualify and participate in the discussion group, you will get \$25.

To see if you qualify for the discussion group, we would like you to answer a few questions on the following pages. The screening survey asks basic questions about yourself and about tobacco. There are no right or wrong answers, and only the researchers will know how you answer these questions, so please be honest. We will try our best to keep your information private. Still, your information could be shared by accident or as a result of hacking. Your participation is voluntary you can stop at any time. There is no direct benefit to you for participating in the screening survey.

We will let you know in the next few days if you were selected. If so, you will be asked to attend a 90 minute discussion group nearby.

If you have any questions about the discussion group, you may contact the project staff through Samantha Jacobs of Rescue at **619-231-7555 ext 153** or [sjacobs@rescueagency.com](mailto:sjacobs@rescueagency.com).

**Do you assent to participate in this short screening survey?**

Yes, I agree to participate in this short survey

**IF YES, CONTINUE ON NEXT PAGE** —————>

No, I do not want to participate in this short survey

**[Not visible to participant]  
Recruiter:**

If selected: "No, I do not want to participate in this short survey." then participant is **NOT ELIGIBLE**.

**Paperwork Reduction Act Statement:** The public reporting burden for this information collection has been estimated to average 5 minutes per response to complete the Screener Survey (the time estimated to read, review, and complete). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov).

OMB# 0910-0796 Exp. 07/31/2021

**[This page is intentionally left blank.]**

<b>First Name:</b>	<b>Last Name:</b>
<b>Cell Phone:</b>	<b>Home Phone:</b>
<b>Email:</b>	

**1. How old are you?**

a. 12 years old or younger
b. 13 years old
c. 14 years old
d. 15 years old
e. 16 years old
f. 17 years old
g. 18 years old or older

**[Not visible to participant]  
Recruiter:**  
If Q1 = 11 yrs. old or younger (a)  
OR 18 yrs. or older participant is  
NOT ELIGIBLE

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

a. Yes
b. No

**[Not visible to participant]  
Recruiter:**  
If Q2 = No (b)  
**AND**  
If Q4, Q5, Q6 = Definitely not (d),  
participant is NOT ELIGIBLE

**3. About how many cigarettes have you smoked in your entire life? A pack usually has 20 cigarettes in it.**

a. I have never smoked cigarettes, even one or two puffs
b. 1 or more puffs but never a whole cigarette
c. 1 cigarette
d. 2 to 10 cigarettes (about ½ pack total)
e. 11 to 20 cigarettes (about ½ pack to 1 pack)
f. 21 to 50 cigarettes (more than 1 pack but less than 3 packs)
g. 51 to 99 cigarettes (more than 2½ packs but less than 5 packs)
h. 100 or more cigarettes (5 packs or more)

**[Not visible to participant]  
Recruiter:**  
If Q3 = 100 cigarettes or more (h)  
participant is NOT ELIGIBLE

**4. Do you think that you will smoke a cigarette in the next year?**

a. Definitely Yes
b. Probably Yes
c. Probably Not
d. Definitely Not

**5. Do you think that you will smoke a cigarette soon?**

a. Definitely Yes
b. Probably Yes
c. Probably Not
d. Definitely Not

**6. If one of your best friends were to offer you a cigarette, would you smoke it?**

a. Definitely Yes
b. Probably Yes
c. Probably Not
d. Definitely Not

<b>7. What is your sex?</b>
a. Female
b. Male

<b>8. What of the following do you consider yourself to be?</b> (You can circle more than one answer)
a. Native American / American Indian
b. Alaska Native
c. Asian
d. Black or African American
e. Native Hawaiian or Other Pacific Islander
f. White
g. Hispanic

<b>9. Are you, yourself, a member of a tribe or village?</b>
a. Yes
b. No
<b>If YES, write in which tribe or village:</b> _____

<b>10. Is your parent / caregiver a member of a tribe or village?</b>
a. Yes
b. No
<b>If YES, write in which tribe or village:</b> _____

**[Not visible to participant] Recruiter:**

If Q8 = American Indian or Alaska Native is not selected (c-h)

**AND**

If Q9 = No (b) **AND** blank (no written response) or a non-valid tribe or village name is provided

**OR**

If Q10 = No (b) **AND** blank (no written response) or a non-valid tribe or village name is provided, participant is NOT ELIGIBLE

## Contact Information for Parent/Guardian Permission Only

Parent/Guardian First & Last Name:	
Cell Phone:	Home Phone:
Email:	

### Please fill out your availability:

<b>Please circle the times you think you are available for each day listed</b> (select ALL possible times that apply). If you qualify for participation, we will confirm your availability again.			
Thursday _____:			Evening
Friday _____:			Evening
Saturday _____:	Morning	Afternoon	Evening