

**Attachment E5: AI/AN Survey Instrument**

**Intro Text**

Thank you for agreeing to participate in this study. We would like to learn more about youth like you and your thoughts about [cigarettes/e-cigarettes or vapes]. There are no right or wrong answers, we only want to know what you think. If you do not wish to answer any question, you can skip it and move on. Also, you might notice some questions throughout the survey to make sure people who are taking the survey are reading the questions carefully.

**A. Risk Perceptions and Attitudinal Beliefs**

We are going to ask you some general questions about using cigarettes [and e-cigarettes or vapes].

[Programming note: Show to **all** participants]

		1 Strongly agree	2 Agree	3 Neither agree nor disagree	4 Disagree	5 Strongly disagree	6 Don't know	9 Prefer not to answer
A1_a1	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"/> 6	<input type="checkbox"/> 9
A1_a2	Develop a tobacco-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"/> 6	<input type="checkbox"/> 9
A1_a3	Inhale dangerous chemicals	<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"/> 9
A1_a4	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"/> 6	<input type="checkbox"/> 9
A1_a5	Be less attractive to others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 9

A1\_a. If I smoke cigarettes I will...

[Programming note: Show **only** to participants assigned to see facts about e-cigarettes]

A1\_b. If I use e-cigarettes or vapes I will...

		1 Strongly agree	2 Agree	3 Neither agree nor disagree	4 Disagree	5 Strongly disagree	6 Don't know	9 Prefer not to answer
A1_b1	Inhale dangerous chemicals	<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"/> _9
A1_b2	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"/> _6	<input type="checkbox"/> _9
A1_b3	Develop a tobacco-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"/> _6	<input type="checkbox"/> _9
A1_b4	Cause less harm to my body compared to smoking 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"/> _6	<input type="checkbox"/> _9

**Social Norms**

Now, we would like to ask you some questions about your peers.

B2. People often hang out in different groups at school. For example, a lot of schools have a group of “jocks.” Some students gave the following list of groups. Please indicate how much you identify with each group by dragging the bar across the screen. Dragging the bar to 100 means you identify with (or, in other words, fit in or hang out with) this group very much and dragging the bar to 0 means you do not identify with this group at all.

[RANDOMIZE Programming note: Please have slider from 0-100 for each group]

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		0 ————— 100	9 Prefer not to answer
B2_a	Hipsters	0 ————— 100	<input type="checkbox"/> 9
B2_b	Skaters	0 ————— 100	<input type="checkbox"/> 9
B2_c	Jocks	0 ————— 100	<input type="checkbox"/> 9
B2_d	Athletes	0 ————— 100	<input type="checkbox"/> 9
B2_e	Rockers	0 ————— 100	<input type="checkbox"/> 9
B2_f	Goth	0 ————— 100	<input type="checkbox"/> 9
B2_g	Emo	0 ————— 100	<input type="checkbox"/> 9
B2_h	Gangster	0 ————— 100	<input type="checkbox"/> 9
B2_i	Partyers	0 ————— 100	<input type="checkbox"/> 9
B2_j	Hip-hop	0 ————— 100	<input type="checkbox"/> 9
B2_k	Country	0 ————— 100	<input type="checkbox"/> 9
B2_l	Popular	0 ————— 100	<input type="checkbox"/> 9
B2_m	Mainstream	0 ————— 100	<input type="checkbox"/> 9
B2_n	Alternative	0 ————— 100	<input type="checkbox"/> 9

B3. Out of every 10 students in your grade at school, how many do you think [smoke cigarettes/vape]?

\_\_\_\_\_ [MIN 0 MAX 10]

99 Prefer not to answer

B4. How many of your **four** closest friends...

		0	1	2	3	4	Prefer not to answer
B4_a	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
B4_b	Use e-cigarettes, vapes, vape pens, or hookah pens, such as JUUL, ENJOY, Fin, Blu, e-Go, or Vuse?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
B4_c	Use cigars, cigarillos, or little cigars, such as Black and Milds, Swisher Sweets, Dutch Masters, White Owl, or Phillies Blunts?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
B4_d	Smoke tobacco in a hookah or waterpipe?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9

[Programming note: Text for participants assigned to see facts about cigarettes]

Next, you are going to see X facts about cigarettes. Some of these facts may be used in advertisements to keep young people from smoking cigarettes.

[Programming note: Text for participants assigned to see facts about e-cigarettes/vapes]

Now, you are going to see X facts about cigarettes and e-cigarettes or vapes, like JUUL, blu, and NJOY. Sometimes these products are also called vape pens, hookah pens, personal vaporizers and mods, e-cigars, e-pipes, or e-hookahs. From now on, we'll be referring to these products as **e-cigarettes** or **vapes**. Some of the facts you see may be used in advertisements to keep young people from using vapes.

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We will show you one fact at a time. After each fact is shown, we'd like to know what you think about each of them. **Please answer with just yourself in mind, not what you think other teens would say.**

[Repeat C1-C5d for each fact]

[Participants will be randomly assigned to see facts about cigarettes/e-cigarettes or vapes]

Fact [X] out of [X]:

C1. This fact about [cigarettes/e-cigarettes or vapes] is:  
[RANDOMIZE ORDER]

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Prefer not to answer
C1_a	Telling me something new	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C1_b	Attention grabbing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C1_c	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"/> 6
C1_d	Interesting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C1_e	Important	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C1_f	Informative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C1_g	Convincing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C1_h	Believable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C1_i	Clear	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C1_j	Relevant 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"/> 6

C2. How much do you trust this fact about [cigarettes/e-cigarettes or vapes]?

- 1 Very much
- 2 Quite a bit
- 3 Somewhat
- 4 A little
- 5 Not at all

9 Prefer not to answer

C3. How likely are you to share this fact about [cigarettes/e-cigarettes or vapes] with somebody you know?

- 1 Very likely
- 2 Quite likely
- 3 Somewhat likely
- 4 A little likely
- 5 Not at all likely

9 Prefer not to answer

C4. How confident are you that you understood this fact about [cigarettes/e-cigarettes or vapes]?

- 1 Very confident
- 2 Quite confident
- 3 Somewhat confident
- 4 A little confident
- 5 Not at all confident

9 Prefer not to answer

The fact you just saw suggests that something could happen if a person uses [cigarettes/e-cigarettes or vapes]. Think about this potential outcome.

C5\_a. How good or bad would you say this outcome is?

- 1 Very good
- 2 Somewhat good
- 3 Neutral
- 4 Somewhat bad
- 5 Very bad

9 Prefer not to answer

C5\_b. How desirable or undesirable would you say this outcome is?

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- 1 Very desirable
- 2 Somewhat desirable
- 3 Neutral
- 4 Somewhat undesirable
- 5 Very undesirable
  
- 9 Prefer not to answer

C5\_c. How likely or unlikely is it that this will happen if a person uses [cigarettes/e-cigarettes or vapes]?

- 1 Very likely
- 2 Somewhat likely
- 3 Neutral
- 4 Somewhat unlikely
- 5 Very unlikely
  
- 9 Prefer not to answer

C5\_d. How possible or impossible is it that this will happen if a person uses [cigarettes/e-cigarettes or vapes]?

- 1 Very possible
- 2 Somewhat possible
- 3 Neutral
- 4 Somewhat impossible
- 5 Very impossible
  
- 9 Prefer not to answer

[Programming note: Show question C6 only after Fact 1]

C6. How do you currently feel about youth your age using [cigarettes/e-cigarettes or vapes]?

- 1 Very positive
- 2 Somewhat positive
- 3 Neutral
- 4 Somewhat negative
- 5 Very negative
  
- 9 Prefer not to answer

[Programming note: Ask attention check question (Check1) after Fact 5]

Check1. Sometimes we ask a somewhat different question to make sure people who take the survey are reading the questions carefully. To let us know that you are, please select "Friday" from the response options below.

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



## **D. Tobacco Intentions**

Thinking about the future...

Programming note: Show **only** to participants assigned to see facts about cigarettes]

Programming note: Show **only** to participants assigned to see facts about e-

		Yes, definitely	Yes, probably	No, probably not	No, definitely not	Prefer not to answer
D1_a	Do you think you will smoke a <b>cigarette</b> in the next year?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
D1_b	If one of your best friends were to offer you a <b>cigarette</b> , would you smoke it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

cigarettes/vapes]

		Yes, definitely	Yes, probably	No, probably not	No, definitely not	Prefer not to answer
D2_a	Do you think you will use <b>an e-cigarette or vape</b> the next year?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
D2_b	If one of your best friends were to offer you <b>an e-cigarette or vape</b> , would you use it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

**E. Sensation Seeking and Self-Reported Skills**

Now, we would like to ask you some questions about your behaviors and preferences.

E1. How much do you agree or disagree with the following statements?

		1 Strongly agree	2 Agree	3 Neither agree nor disagree	4 Disagree	5 Strongly disagree	9 Prefer not to answer
E1_a	You like to explore strange places.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E1_b	You like to do frightening things.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E1_c	You like new and exciting experiences, even if you have to break the rules.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E1_d	You prefer friends who are exciting and/or unpredictable.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

The next question asks about a specific skill.

E2. How much do you agree or disagree with the following statement? *I am good at math.*

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

Check2. Sometimes we ask a somewhat different question to make sure people who take the survey are reading the questions carefully. To let us know that you are, please select "Basketball" from the response options below.

1. Soccer
2. Baseball
3. Swimming
4. Softball
5. Basketball

99. Prefer not to answer

## F. Demographics and Environment

Now, we would like to ask you some questions about yourself.

F1. Are you male or female?

- <sub>1</sub> Female  
<sub>2</sub> Male

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

F2. Are you Hispanic, Latino/Latina, or of Spanish origin?

- <sub>1</sub> Yes  
<sub>2</sub> No

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

F3. What race or races do you consider yourself to be? Select all that apply.

- <sub>1</sub> American Indian or Alaska Native  
<sub>2</sub> Asian  
<sub>3</sub> Black or African American  
<sub>4</sub> Native Hawaiian or Other Pacific Islander  
<sub>5</sub> White  
<sub>5</sub> Other

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

F4. Are you a member of an American Indian or Alaska Native tribe or village?

- <sub>1</sub> Yes  
<sub>2</sub> No  
<sub>3</sub> Don't know/not sure

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

F4a. If yes, in which tribe(s) or village(s) are you a member of?  
Please specify \_\_\_\_\_ [Open ended response]

F5. Do you have a parent/caregiver who is a member of an American Indian or Alaska Native tribe or village?

- <sub>1</sub> Yes  
<sub>2</sub> No  
<sub>3</sub> Don't know/not sure

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

F5a. If yes, in which tribe(s) or village(s) is your parent/caregiver a member of?

Please specify \_\_\_\_\_ [Open ended response]

F6. Please describe where you currently live:

- <sub>1</sub> I live, most of the time, on a reservation
- <sub>2</sub> I live, some of the time, on a reservation
- <sub>3</sub> I do not live on a reservation
- <sub>3</sub> Don't know/not sure
  
- <sub>9</sub> Prefer not to answer

F7. Do you currently live in a:

- <sub>1</sub> Urban or city area
- <sub>2</sub> Suburban area next to a city
- <sub>3</sub> Small town or rural area
- <sub>4</sub> Don't know/not sure
  
- <sub>9</sub> Prefer not to answer

F8. What is the 5-digit zip code where you currently live?

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

F9. In the past two years have **you** participated in an American Indian or American Native cultural or traditional event?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>3</sub> Don't know/not sure
  
- <sub>9</sub> Prefer not to answer

F10. In the past two years has **your parent/caregiver** participated in an American Indian or American Native cultural or traditional event?

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- 1 Yes
- 2 No
- 3 Don't know/not sure
  
- 9 Prefer not to answer

F11. In the past two years have you visited a place within your community that offers activities or programs for Natives?

- 1 Yes
- 2 No
- 3 Don't know/not sure
  
- 9 Prefer not to answer

F12. Have you ever been taught about Native customs, traditions, or language through any resources in your school or community?

- 1 Yes
- 2 No
- 3 Don't know/not sure
  
- 9 Prefer not to answer

F13. How much do you agree with each of the following statements?

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		1 Strongly agree	2 Agree	3 Neither agree nor disagree	4 Disagree	5 Strongly disagree	9 Prefer not to answer
F13_a	When I'm with other people my age, it is important for me to show pride in my Native culture.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F13_b	It is important to me to feel connected to the larger Native community.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F13_c	Knowing my traditions is important to me.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

F14. How old are you?

- \_1 13
- \_2 14
- \_3 15
- \_4 16
- \_5 17
- \_6 Other

F15. As things stand now, how far in school do you think you will go?

- \_1 I don't plan to go to school anymore
- \_2 9th grade
- \_3 10th grade
- \_4 11th grade
- \_5 12th 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



Your feedback has been very helpful. Thank you for your participation!

**Paperwork Reduction Act Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this information collection has been estimated to average 20 minutes per response to complete the 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 [PRStaff@fda.hhs.gov](mailto:PRStaff@fda.hhs.gov).**