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

**RIHSC No. 18-049CTP**

**OMB No. 0910-0810**

**Exp. Date: 10/31/2021**

**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 | 1 | 2 | 3 | 4 | 5 | 6 | 9 |
| A1\_a2 | Develop a tobacco-related disease | 1 | 2 | 3 | 4 | 5 | 6 | 9 |
| A1\_a3 | Inhale dangerous chemicals | 1 | 2 | 3 | 4 | 5 | 6 | 9 |
| A1\_a4 | Shorten my life | 1 | 2 | 3 | 4 | 5 | 6 | 9 |
| A1\_a5 | Be less attractive to others | 1 | 2 | 3 | 4 | 5 | 6 | 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 | 1 | 2 | 3 | 4 | 5 | 6 | 9 |
| A1\_b2 | Become addicted | 1 | 2 | 3 | 4 | 5 | 6 | 9 |
| A1\_b3 | Develop a tobacco-related disease | 1 | 2 | 3 | 4 | 5 | 6 | 9 |
| A1\_b4 | Cause less harm to my body compared to smoking regular cigarettes | 1 | 2 | 3 | 4 | 5 | 6 | 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]

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | 0——————100 | 9 Prefer not to answer |
| B2\_a | Hipsters | 0——————100 | 9 |
| B2\_b | Skaters | 0——————100 | 9 |
| B2\_c | Jocks | 0——————100 | 9 |
| B2\_d | Athletes | 0——————100 | 9 |
| B2\_e | Rockers | 0——————100 | 9 |
| B2\_f | Goth | 0——————100 | 9 |
| B2\_g | Emo | 0——————100 | 9 |
| B2\_h | Gangster | 0——————100 | 9 |
| B2\_i | Partyers | 0——————100 | 9 |
| B2\_j | Hip-hop | 0——————100 | 9 |
| B2\_k | Country | 0——————100 | 9 |
| B2\_l | Popular | 0——————100 | 9 |
| B2\_m | Mainstream | 0——————100 | 9 |
| B2\_n | Alternative | 0——————100 | 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? | 0 | 1 | 2 | 3 | 4 | 9 |
| B4\_b | Use e-cigarettes, vapes, vape pens, or hookah pens, such as JUUL, ENJOY, Fin, Blu, e-Go, or Vuse? | 0 | 1 | 2 | 3 | 4 | 9 |
| B4\_c | Use cigars, cigarillos, or little cigars, such as Black and Milds, Swisher Sweets, Dutch Masters, White Owl, or Phillies Blunts? | 0 | 1 | 2 | 3 | 4 | 9 |
| B4\_d | Smoke tobacco in a hookah or waterpipe? | 0 | 1 | 2 | 3 | 4 | 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.

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 | 1 | 2 | 3 | 4 | 5 | 6 |
| C1\_b | Attention grabbing | 1 | 2 | 3 | 4 | 5 | 6 |
| C1\_c | Worth remembering | 1 | 2 | 3 | 4 | 5 | 6 |
| C1\_d | Interesting | 1 | 2 | 3 | 4 | 5 | 6 |
| C1\_e | Important | 1 | 2 | 3 | 4 | 5 | 6 |
| C1\_f | Informative | 1 | 2 | 3 | 4 | 5 | 6 |
| C1\_g | Convincing | 1 | 2 | 3 | 4 | 5 | 6 |
| C1\_h | Believable | 1 | 2 | 3 | 4 | 5 | 6 |
| C1\_i | Clear | 1 | 2 | 3 | 4 | 5 | 6 |
| C1\_j | Relevant to me | 1 | 2 | 3 | 4 | 5 | 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?

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]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Yes, definitely | Yes, probably | No, probably not | No, definitely not | Prefer not to answer |
| D1\_a | Do you think you will smoke a **cigarette** in the next year? | 1 | 2 | 4 | 5 | 9 |
| D1\_b | If one of your best friends were to offer you a **cigarette**, would you smoke it? | 1 | 2 | 4 | 5 | 9 |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Yes, definitely | Yes, probably | No, probably not | No, definitely not | Prefer not to answer |
| D2\_a | Do you think you will use **an e-cigarette or vape** the next year? | 1 | 2 | 4 | 5 | 9 |
| D2\_b | If one of your best friends were to offer you **an e-cigarette or vape**, would you use it? | 1 | 2 | 4 | 5 | 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. | 1 | 2 | 3 | 4 | 5 | 9 |
| E1\_b | You like to do frightening things. | 1 | 2 | 3 | 4 | 5 | 9 |
| E1\_c | You like new and exciting experiences, even if you have to break the rules. | 1 | 2 | 3 | 4 | 5 | 9 |
| E1\_d | You prefer friends who are exciting and/or unpredictable. | 1 | 2 | 3 | 4 | 5 | 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?

1 Female

2 Male

9 Prefer not to answer

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

1 Yes

2 No

9 Prefer not to answer

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

1 American Indian or Alaska Native

2 Asian

3 Black or African American

4 Native Hawaiian or Other Pacific Islander

5 White

5 Other

9 Prefer not to answer

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

1 Yes

2 No

3 Don’t know/not sure

9 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 of village?

1 Yes

2 No

3 Don’t know/not sure

9 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:

1 I live, most of the time, on a reservation

2 I live, some of the time, on a reservation

3 I do not live on a reservation

3 Don’t know/not sure

9 Prefer not to answer

F7. Do you currently live in a:

1 Urban or city area

2 Suburban area next to a city

3 Small town or rural area

4 Don’t know/not sure

9 Prefer not to answer

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

\_ \_ \_ \_ \_

9 Prefer not to answer

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

1 Yes

2 No

3 Don’t know/not sure

9 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?

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?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 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. | 1 | 2 | 3 | 4 | 5 | 9 |
| F13\_b | It is important to me to feel connected to the larger Native community. | 1 | 2 | 3 | 4 | 5 | 9 |
| F13\_c | Knowing my traditions is important to me. | 1 | 2 | 3 | 4 | 5 | 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!

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