

**Attachment F3: AI/AN Screener (Online Panel Recruit)**

[Unless otherwise noted, each item will be presented on a separate page, separated by a "NEXT" button.]

**DEMOGRAPHICS AND TOBACCO USE**

A1. How old are you?

- a. 12 years old or younger **TERMINATE**
- 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 **TERMINATE**

**[Programmer: ONLY ASK A1\_a IF A1="17"]**

A1\_a. Will you turn 18 by [study end date]?

- a. Yes **TERMINATE**
- b. No

A2. What race or races do you consider yourself to be? [Select all that apply]

- a. American Indian or Native American **[CONTINUE TO A3]**
- b. Alaska Native
- c. Asian
- d. Black or African American
- e. Native Hawaiian or Other Pacific Islander
- f. White
- g. Hispanic
- h. Other
- i. Prefer not to answer **[TERMINATE]**

A3. Have you **ever tried cigarette smoking**, even one or two puffs?

- a. Yes **[CONTINUE TO A4]**
- b. No **[SKIP TO A5]**

[Set 1, page 2a: Cigarettes]

A4. About **how many cigarettes** have you smoked in your entire life? Your best guess is fine.

- a. 1 or more puffs but never a whole cigarette **[CONTINUE TO A6]**
- b. 1 cigarette **[CONTINUE TO A6]**
- c. 2 to 5 cigarettes **[CONTINUE TO A6]**
- d. 6 to 15 cigarettes (about 1/2 pack total) **[CONTINUE TO A5]**
- e. 16 to 25 cigarettes (about 1 pack total) **[CONTINUE TO A5]**

- f. 26 to 99 cigarettes (more than 1 pack, but less than 5 packs) [CONTINUE TO A5]  
g. 100 or more cigarettes (5 or more packs) [TERMINATE]

[Set 1, page 2b: Cigarettes]

A5. Do you think you will **try a cigarette soon?**

- a. Definitely yes
- b. Probably yes
- c. Probably not
- d. Definitely not

A6. Do you think you will **smoke a cigarette at any time in the next year?**

- a. Definitely yes
- b. Probably yes
- c. Probably not
- d. Definitely not

A7. If one of your friends were to offer you a **cigarette**, would you smoke it?

- a. Definitely yes
- b. Probably yes
- c. Probably not
- d. Definitely not

The next few questions are about vaping, or using an e-cigarette, sometimes these products are also called vapes, vape pens, hookah pens, personal vaporizers and mods, e-cigars, pipes, or e-hookahs. We will be calling the vapes from now on. We will also use the term “vaping” to describe using these products, please know that when we ask about “vaping” we are referring to using vapes or vaping only, not smoking traditional cigarettes or any other substance

A15. Have you **ever tried vaping or smoking electronic cigarettes, e-cigarettes, vape pens, or hookah pens**, such as Juul, Fin, NJOY, Blu, e-Go, or Vuse, even one or two puffs?

- a. Yes [CONTINUE TO A16]
- b. No [CONTINUE TO A17]

A16. How many times have you used a vape, electronic cigarette, e-cigarette, vape pen, or hookah pen in your entire life? Your best guess is fine.

- A. I have never used a vape, not even one or two puffs [Continue to A17]

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- B. 1 time [Continue to A18]
- C. 2 to 5 times [Continue to A18]
- D. 6 to 15 times [Continue to A18]
- E. 16 to 25 times [Continue to A18]
- F. 26 to 50 times [Continue to A18]
- G. 50 – 99 times [Continue to A18]
- H. 100 or more [Terminate]

A17. Do you think you will **try a vape, an electronic cigarette, e-cigarette, vape pen, or hookah pen**, such as Juul, Fin, NJOY, Blu, e-Go, or Vuse, **soon**?

- a. Definitely yes
- b. Probably yes
- c. Probably not
- d. Definitely not

A18. Do you think you will **vape or smoke an electronic cigarette, e-cigarette, vape pen, or hookah pen**, such as Juul, Fin, NJOY, Blu, e-Go, or Vuse, **in the next year**?

- a. Definitely yes
- b. Probably yes
- c. Probably not
- d. Definitely not

A19. If one of your friends were to offer you a **vape or to smoke an electronic cigarette, e-cigarette, vape pen, or hookah pen**, such as Juul, Fin, NJOY, Blu, e-Go, or Vuse, would you smoke it?

- a. Definitely yes
- b. Probably yes
- c. Probably not
- d. Definitely not

[Each of the following items will be presented on a separate page, separated by a "NEXT" button.]

A20. What is your sex?

- Female
- Male

A21. What is the 5-digit zip code where you CURRENTLY live?

\_\_\_\_ \_

A22. Are you Hispanic, Latino/a, or Spanish origin? (You can choose one answer or more than one answer)

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- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano or Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or Spanish origin

### **MARKETING AND RESEARCH**

B1. Do you or any member of your immediate family or a close friend work for...?  
(Select all that apply)

- a. A market research company
- b. A tobacco company (manufacturer or importer of tobacco products)
- c. An advertising agency or public relations firm
- d. The media (TV/radio/newspapers/magazines)
- e. A healthcare professional (doctor, nurse, pharmacist, dietician, etc.)
- f. None of these

B2. Have you ever received money or gift cards from a company for sharing your opinions about tobacco in a discussion group, interview or survey?

- a. Yes, within the past 6 months
- b. Yes, more than 6 months ago
- c. No
- d. I'm not sure

B7. 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 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
B7_1	Hipsters	0—————100	<input type="checkbox"/> 9
B7_2	Skaters	0—————100	<input type="checkbox"/> 9
B7_3	Jocks	0—————100	<input type="checkbox"/> 9
B7_4	Athletes	0—————100	<input type="checkbox"/> 9
B7_5	Rockers	0—————100	<input type="checkbox"/> 9
B7_6	Goth	0—————100	<input type="checkbox"/> 9
B7_7	Emo	0—————100	<input type="checkbox"/> 9
B7_8	Gangster	0—————100	<input type="checkbox"/> 9
B7_9	Partyers	0—————100	<input type="checkbox"/> 9
B7_1 0	Hip-hop	0—————100	<input type="checkbox"/> 9
B7_1 1	Country	0—————100	<input type="checkbox"/> 9
B7_1 2	Popular	0—————100	<input type="checkbox"/> 9
B7_1 3	Mainstream	0—————100	<input type="checkbox"/> 9
B7_1 4	Alternative	0—————100	<input type="checkbox"/> 9

[SCREEN OUT DISQUALIFYING YOUTH BEFORE PROCEEDING TO NEXT PAGE.]

[IF A1 = A OR G, DISQUALIFY]

[IF A1="17 years old" AND A1\_a="Yes", DISQUALIFY]

[IF A2 DOES NOT INCLUDE "A" (AMERICAN INDIAN OR NATIVE AMERICAN) OR A2=I, DISQUALIFY]

[IF A3 = A AND A4 = G, DISQUALIFY]

[IF A15=A AND A16=H, DISQUALIFY]

[IF A2=B AND A4=D AND A5=D AND A6=D AND A15 = B AND A17 = D AND A18 = D AND A19 = D, DISQUALIFY]

[IF A20 IS NOT ZIP CODE WITHIN THE UNITED STATES OR DC, DISQUALIFY]

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[IF B1 = B, DISQUALIFY]

[IF B2 = A, DISQUALIFY]

[ELSE, QUALIFY]

[TEXT PRESENTED TO DISQUALIFIED PARTICIPANTS]: “Thank you for answering our questions! Unfortunately, you will not be invited to take part in the survey.”

[TEXT PRESENTED TO QUALIFIED PARTICIPANTS]: “Congrats! You qualify to complete the survey! Click NEXT to go to the survey.

Your parent’s Lucid account will be credited with ‘points’ equivalent to \$10 after you submit the survey. Please note that you can only submit this survey once and receive the ‘points’ only once. Fraudulent or duplicate surveys will not be eligible to receive ‘points’.”

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**Paperwork Reduction Act Statement:** The public reporting burden for this information collection has been estimated to average 5 minutes per response to complete this survey (the time estimated to read 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).