

## ATTACHMENT 2: PROMISING THEMES SURVEY

### SECTION A: BELIEFS

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#### [LCC ATTITUDE AND BELIEFS]

[PROGRAM AT THE TOP OF EACH SCREEN]

The next questions are about cigars, cigarillos, or little cigars such as Black & Mild, Swisher Sweets, Dutch Masters, Phillies Blunts, Prime Time, and Winchester.

Please do NOT include products with marijuana when answering these questions.



[PROGRAM AT THE TOP OF EACH SCREEN] We want to hear what you think. There are no right or wrong answers.

**[ATTITUDE]**

Smoking cigars, cigarillos, and little cigars is...

LCC_ATT_1	Bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good
LCC_ATT_2	Unenjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enjoyable
LCC_ATT_3	Harmful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Harmful
LCC_ATT_4	Dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Dangerous

[IF ANY ITEM IS LEFT UNANSWERED, THE ERROR MESSAGE SHOULD SAY “PLEASE PROVIDE AN ANSWER TO THIS QUESTION. IF YOU WOULD PREFER NOT TO ANSWER, PLEASE SELECT THE OPTION ‘PREFER NOT TO ANSWER.’” IN LOWERCASE LETTERS.]

**ASK:** All respondents.

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**[THINK SERIES]**

[INVESTIGATOR NOTE: The placeholders below include individual belief items. Lee, et al. (2016) focused on identifying, not specific belief items, but sets of beliefs item, or “themes.” With this instrument, we can examine individual beliefs or sets of beliefs.]

The format for questions and response options in this section is:

**What do you think?**

Cigars, cigarillos, and little cigars contain toxic chemicals

- 1 Strongly Disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly Agree
- 9 Prefer not to answer

LCC\_THINK\_1. Cigars, cigarillos, and little cigars contain toxic chemicals

LCC\_THINK\_2. Cigars, cigarillos, and little cigars can cause cancer

LCC\_THINK\_3. The nicotine in cigars, cigarillos, and little cigars is addictive

LCC\_THINK\_4. People who smoke cigarillos have toxins in their blood

LCC\_THINK\_5. Cigarillos contain carbon monoxide

LCC\_THINK\_6. Cigarillos are as dangerous as cigarettes

LCC\_THINK\_7. Even if you don’t inhale, you can get cancer from cigarillos

LCC\_THINK\_8. Cigarillo smoking causes premature death

LCC\_THINK\_9. Cigarillo smoking causes bladder cancer

LCC\_THINK\_10. Cigarillo smoking causes cancer of the mouth

LCC\_THINK\_11. Smoking little cigars can shorten your life

LCC\_THINK\_12. Smoking little cigars is smelly

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

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**ASK:** All respondents.

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**[FEEL SERIES]**

[ASK OF A RANDOM SUBSET OF ≈ 10% OF THE THINK SERIES]

The format for questions and response options in this section is:

**How does this make you feel?**

Cigars, cigarillos, and little cigars contain toxic chemicals

LCC_FEEL_1a	Not Scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scared
LCC_FEEL_1b	Not Worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worried
LCC_FEEL_1c	Not Disgusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disgusted

[PROGRAMMER NOTE: PROGRAM A “PREFER NOT TO ANSWER” OPTION FOR EACH]

- LCC\_FEEL\_1. Cigars, cigarillos, and little cigars contain toxic chemicals
- LCC\_FEEL\_2. Cigars, cigarillos, and little cigars can cause cancer
- LCC\_FEEL\_3. The nicotine in cigars, cigarillos, and little cigars is addictive
- LCC\_FEEL\_4. People who smoke cigarillos have toxins in their blood
- LCC\_FEEL\_5. Cigarillos contain carbon monoxide
- LCC\_FEEL\_6. Cigarillos are as dangerous as cigarettes
- LCC\_FEEL\_7. Even if you don’t inhale, you can get cancer from cigarillos
- LCC\_FEEL\_8. Cigarillo smoking causes premature death
- LCC\_FEEL\_9. Cigarillo smoking causes bladder cancer
- LCC\_FEEL\_10. Cigarillo smoking causes cancer of the mouth
- LCC\_FEEL\_11. Smoking little cigars can shorten your life
- LCC\_FEEL\_12. Smoking little cigars is smelly

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** All respondents.

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## [PERCEIVED PERSONAL RISK SERIES]

The format for questions and response options in this section is:

**We want you to think about yourself, and what might happen to you in the future.**

[STEM FOR CURRENT USER] **When I smoke cigars, cigarillos, or little cigars, I...**

[STEM FOR SUSCEPTIBLE AND CLOSED TO USE] **If I smoke cigars, cigarillos, or little cigars, I will...**

put toxic chemicals in my body

- 1 Definitely
- 2 Probably
- 3 I Don't Know
- 4 Probably Not
- 5 Definitely Not
- 9 Prefer not to answer

LCC\_PERSONAL\_RISK\_1. inhale toxic chemicals

LCC\_PERSONAL\_RISK\_2. increase my risk for cancer

LCC\_PERSONAL\_RISK\_3. risk getting addicted

LCC\_PERSONAL\_RISK\_4. have toxins in my blood

LCC\_PERSONAL\_RISK\_5. expose myself to carbon monoxide

LCC\_PERSONAL\_RISK\_6. put myself in danger

LCC\_PERSONAL\_RISK\_7. increase my risk for cancer, even if I don't inhale

LCC\_PERSONAL\_RISK\_8. increase my odds of a premature death

LCC\_PERSONAL\_RISK\_9. increase my risk for bladder cancer

LCC\_PERSONAL\_RISK\_10. increase my risk for cancer of the mouth

LCC\_PERSONAL\_RISK\_11. shorten my life

LCC\_PERSONAL\_RISK\_12. get smelly

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** All respondents.

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**[IDENTIFYING BARRIERS TO CHANGE SERIES]**

The format for questions and response options in this section is:

**The next questions are about the reasons people smoke cigars, cigarillos, or little cigars. How important is each reason for you, as you think about whether to smoke cigars, cigarillos, or little cigars?**

Cigars, cigarillos, and little cigars... come in flavors I like

LCC_IMP_1	Not Important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Important
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[PROGRAMMER NOTE: PROGRAM A “PREFER NOT TO ANSWER” OPTION FOR EACH]

- LCC\_BARRIERS\_1. come in flavors I like
  - LCC\_BARRIERS\_2. help me feel relaxed
  - LCC\_BARRIERS\_3. give me a good high
  - LCC\_BARRIERS\_4. are cheaper than cigarettes
  - LCC\_BARRIERS\_5. are safer than cigarettes
  - LCC\_BARRIERS\_6. are more available than marijuana
  - LCC\_BARRIERS\_7. boost or extend a high from marijuana
  - LCC\_BARRIERS\_8. are legal products
  - LCC\_BARRIERS\_9. are what my friends use
  - LCC\_BARRIERS\_10. are something I do to spend time with friends
  - LCC\_BARRIERS\_11. are shared among my friends
  - LCC\_BARRIERS\_12. are what I'm used to
- [PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** Respondents who report current use

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## NORMATIVE BELIEFS SERIES

The format for questions and response options in this section is:

**We want you to think about yourself, your peers, and your friends.**

[STEM FOR ALL RESPONDENTS]

- 1 Strongly Disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly Agree
- 9 Prefer not to answer

LCC\_NORM\_1. Most of my close friends think it is OK for me to smoke LCCs.

LCC\_NORM\_2. It is OK for people my age to smoke LCCs.

LCC\_NORM\_3. Smoking LCCs is normal.

LCC\_NORM\_4. My school administration doesn't care if I smoke LCCs.

LCC\_NORM\_5. Most people think it is OK to smoke LCCs.

LCC\_NORM\_6. My family is OK with me smoking LCCs.

LCC\_NORM\_7. Out of every 10 people your age, how many do you think smoke LCCs? (slider bar 1-10)

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** All respondents.

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## PERCEIVED BEHAVIORAL CONTROL SERIES

The format for questions and response options in this section is:

**How sure are you that, if you really wanted to, you could say no to cigars, cigarillos, or little cigars if...,**

[STEM FOR ALL RESPONDENTS]

- 1 Not at all sure
- 2 Slightly sure
- 3 Somewhat sure
- 4 Mostly sure
- 5 Completely sure
- 9 Prefer not to answer

LCC\_PBC\_1. You are at a party where most people are smoking them?

LCC\_PBC\_2. A very close friend offers one?

LCC\_PBC\_3. Someone you know offers one?

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** All respondents.

**[VAPE ATTITUDE AND BELIEFS]**

[PROGRAM AT THE TOP OF EACH SCREEEN]

The next questions are about vaping products or vapes. You may also know them as JUUL, e-cigarettes, vape pens, Suorin, or mods. Some look like cigarettes, and others look like small boxes, pens, or pipes.

Please do NOT include vaping marijuana or THC when answering these questions.





**[ATTITUDE]**

Vaping is...

VAPE_ATT_1	Bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good
VAPE_ATT_2	Unenjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enjoyable
VAPE_ATT_3	Harmful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Harmful
VAPE_ATT_4	Dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Dangerous

[IF ANY ITEM IS LEFT UNANSWERED, THE ERROR MESSAGE SHOULD SAY “PLEASE PROVIDE AN ANSWER TO THIS QUESTION. IF YOU WOULD PREFER NOT TO ANSWER, PLEASE SELECT THE OPTION ‘PREFER NOT TO ANSWER.’” IN LOWERCASE LETTERS.]

**ASK:** All respondents.

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**[THINK SERIES]**

The format for questions and response options in this section is:

**What do you think?**

Metal particles from vapes can get stuck in my lungs

- 1 Strongly Disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly Agree
- 9 Prefer not to answer

VAPE\_THINK\_1.

VAPE\_THINK\_2.

VAPE\_THINK\_3.

VAPE\_THINK\_4.

VAPE\_THINK\_5.

VAPE\_THINK\_6.

VAPE\_THINK\_7.

VAPE\_THINK\_8.

VAPE\_THINK\_9.

VAPE\_THINK\_10.

VAPE\_THINK\_11.

VAPE\_THINK\_12.

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** All respondents.

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**[FEEL SERIES]**

[ASK OF A RANDOM SUBSET OF ≈ 10% OF THE THINK SERIES]

The format for questions and response options in this section is:

**How does this make you feel?**

Metal particles from vapes can get stuck in my lungs

VAPE_FEEL_1a	Not Scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scared
VAPE_FEEL_1b	Not Worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worried
VAPE_FEEL_1c	Not Disgusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disgusted

VAPE\_FEEL\_1.

VAPE\_FEEL\_2.

VAPE\_FEEL\_3.

VAPE\_FEEL\_4.

VAPE\_FEEL\_5.

VAPE\_FEEL\_6.

VAPE\_FEEL\_7.

VAPE\_FEEL\_8.

VAPE\_FEEL\_9.

VAPE\_FEEL\_10.

VAPE\_FEEL\_11.

VAPE\_FEEL\_12.

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** All respondents.

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**[PERCEIVED PERSONAL RISK SERIES]**

The format for questions and response options in this section is:

[STEM FOR CURRENT USER] **When I vape, I...**

[STEM FOR SUSCEPTIBLE AND CLOSED TO USE] **If I vape, I will...**

Get metal particles in my lungs

- 1 Definitely
- 2 Probably
- 3 I Don't Know
- 4 Probably Not
- 5 Definitely Not
- 9 Prefer not to answer

VAPE\_PERSONAL\_RISK\_1.

VAPE\_PERSONAL\_RISK\_2.

VAPE\_PERSONAL\_RISK\_3.

VAPE\_PERSONAL\_RISK\_4.

VAPE\_PERSONAL\_RISK\_5.

VAPE\_PERSONAL\_RISK\_6.

VAPE\_PERSONAL\_RISK\_7.

VAPE\_PERSONAL\_RISK\_8.

VAPE\_PERSONAL\_RISK\_9.

VAPE\_PERSONAL\_RISK\_10.

VAPE\_PERSONAL\_RISK\_11.

VAPE\_PERSONAL\_RISK\_12.

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** All respondents.

---

**[IDENTIFYING BARRIERS TO CHANGE SERIES]**

The format for questions and response options in this section is:

**The next questions are about the reasons people use vapes. How important is each reason for you as you think about whether to vape?**

Vapes... are easy to hide

LCC_IMP_1	Not Important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Important
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[PROGRAMMER NOTE: PROGRAM A “PREFER NOT TO ANSWER” OPTION FOR EACH]

- VAPE\_BARRIERS\_1.
- VAPE\_BARRIERS\_2.
- VAPE\_BARRIERS\_3.
- VAPE\_BARRIERS\_4.
- VAPE\_BARRIERS\_5.
- VAPE\_BARRIERS\_6.
- VAPE\_BARRIERS\_7.
- VAPE\_BARRIERS\_8.
- VAPE\_BARRIERS\_9.
- VAPE\_BARRIERS\_10.
- VAPE\_BARRIERS\_11.
- VAPE\_BARRIERS\_12.

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** Respondents who report current use

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## NORMATIVE BELIEFS SERIES

The format for questions and response options in this section is:

**We want you to think about yourself, your peers, and your friends.**

[STEM FOR ALL RESPONDENTS]

- 1 Strongly Disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly Agree
- 9 Prefer not to answer

VAPE\_NORM\_1. Most of my close friends think it is OK for me to vape.

VAPE\_NORM\_2. It is OK for people my age to vape.

VAPE\_NORM\_3. Vaping is normal.

VAPE\_NORM\_4. My school administration doesn't care if I vape.

VAPE\_NORM\_5. Most people think it is OK to vape.

VAPE\_NORM\_6. My family is OK with me vaping.

VAPE\_NORM\_7. Out of every 10 people your age, how many do you think vape? (slider bar 1-10)

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** All respondents.

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## PERCEIVED BEHAVIORAL CONTROL SERIES

The format for questions and response options in this section is:

**How sure are you that, if you really wanted to, you could say no to vaping if...**

[STEM FOR ALL RESPONDENTS]

- 1 Not at all sure
- 2 Slightly sure
- 3 Somewhat sure
- 4 Mostly sure
- 5 Completely sure
- 9 Prefer not to answer

VAPE\_PBC\_1. You are at a party where most people are vaping?

VAPE \_ PBC \_2. A very close friend offers it?

VAPE \_ PBC \_3. Someone you know offers it?

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** All respondents.

**[SMOKELESS ATTITUDE AND BELIEFS]**

[PROGRAM AT THE TOP OF EACH SCREEN]

The next questions are about smokeless tobacco, such as dip, chewing tobacco, snuff, or snus. Common brands include [EDIT IF NECESSARY Copenhagen, Grizzly, Skoal, Camel Snus, Kodiak, and Longhorn].



**[ATTITUDE]**

Using smokeless tobacco is...

SMKLS_ATT_1	Bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good
SMKLS_ATT_2	Unenjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enjoyable
SMKLS_ATT_3	Harmful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Harmful
SMKLS_ATT_4	Dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Dangerous

[IF ANY ITEM IS LEFT UNANSWERED, THE ERROR MESSAGE SHOULD SAY “PLEASE PROVIDE AN ANSWER TO THIS QUESTION. IF YOU WOULD PREFER NOT TO ANSWER, PLEASE SELECT THE OPTION ‘PREFER NOT TO ANSWER.’” IN LOWERCASE LETTERS.]

**ASK:** All respondents.

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**[THINK SERIES]**

[PROGRAM AT THE TOP OF EACH SCREEN] We want to hear what you think. There are no right or wrong answers.

The format for questions and response options in this section is:

**What do you think?**

Smokeless tobacco can cause cancer

- 1 Strongly Disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly Agree
- 9 Prefer not to answer

- SMOKELESS\_THINK\_1.
- SMOKELESS\_THINK\_2.
- SMOKELESS\_THINK\_3.
- SMOKELESS\_THINK\_4.
- SMOKELESS\_THINK\_5.
- SMOKELESS\_THINK\_6.
- SMOKELESS\_THINK\_7.
- SMOKELESS\_THINK\_8.
- SMOKELESS\_THINK\_9.
- SMOKELESS\_THINK\_10.
- SMOKELESS\_THINK\_11.
- SMOKELESS\_THINK\_12.

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** All respondents.

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**[FEEL SERIES]**

[ASK OF A RANDOM SUBSET OF ≈ 10% OF THE THINK SERIES]

The format for questions and response options in this section is:

**How does this make you feel?**

Smokeless tobacco can cause cancer

SMKLS_FEEL_1a	Not Scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scared
SMKLS_FEEL_1b	Not Worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worried
SMKLS_FEEL_1c	Not Disgusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disgusted

- SMOKELESS\_FEEL\_1.
- SMOKELESS\_FEEL\_2.
- SMOKELESS\_FEEL\_3.
- SMOKELESS\_FEEL\_4.
- SMOKELESS\_FEEL\_5.
- SMOKELESS\_FEEL\_6.
- SMOKELESS\_FEEL\_7.
- SMOKELESS\_FEEL\_8.
- SMOKELESS\_FEEL\_9.
- SMOKELESS\_FEEL\_10.
- SMOKELESS\_FEEL\_11.
- SMOKELESS\_FEEL\_12.

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** All respondents.

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**[PERCEIVED PERSONAL RISK SERIES]**

The format for questions and response options in this section is:

[STEM FOR CURRENT USER] **When I use smokeless tobacco, I...**

[STEM FOR SUSCEPTIBLE AND CLOSED TO USE] **If I use smokeless tobacco, I will...**

increase my risk for cancer

- 1 Definitely
- 2 Probably
- 3 I Don't Know
- 4 Probably Not
- 5 Definitely Not
- 9 Prefer not to answer

SMOKELESS\_PERSONAL\_RISK\_1.

SMOKELESS\_PERSONAL\_RISK\_2.

SMOKELESS\_PERSONAL\_RISK\_3.

SMOKELESS\_PERSONAL\_RISK\_4.

SMOKELESS\_PERSONAL\_RISK\_5.

SMOKELESS\_PERSONAL\_RISK\_6.

SMOKELESS\_PERSONAL\_RISK\_7.

SMOKELESS\_PERSONAL\_RISK\_8.

SMOKELESS\_PERSONAL\_RISK\_9.

SMOKELESS\_PERSONAL\_RISK\_10.

SMOKELESS\_PERSONAL\_RISK\_11.

SMOKELESS\_PERSONAL\_RISK\_12.

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** All respondents.

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**[IDENTIFYING BARRIERS TO CHANGE SERIES]**

The format for questions and response options in this section is:

**The next questions are about the reasons people use smokeless tobacco. How important is each reason for you as you think about whether to use smokeless tobacco?**

Smokeless tobacco... is safer than cigarettes

LCC_IMP_1	Not Important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Important
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[PROGRAMMER NOTE: PROGRAM A “PREFER NOT TO ANSWER” OPTION FOR EACH]

- SMKLS\_BARRIERS\_1.
- SMKLS\_BARRIERS\_2.
- SMKLS\_BARRIERS\_3.
- SMKLS\_BARRIERS\_4.
- SMKLS\_BARRIERS\_5.
- SMKLS\_BARRIERS\_6.
- SMKLS\_BARRIERS\_7.
- SMKLS\_BARRIERS\_8.
- SMKLS\_BARRIERS\_9.
- SMKLS\_BARRIERS\_10.
- SMKLS\_BARRIERS\_11.
- SMKLS\_BARRIERS\_12.

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** Respondents who report current use

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## NORMATIVE BELIEFS SERIES

The format for questions and response options in this section is:

**We want you to think about yourself, your peers, and your friends.**

[STEM FOR ALL RESPONDENTS]

- 1 Strongly Disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly Agree
- 9 Prefer not to answer

SMKLS \_NORM\_1. Most of my close friends think it is OK for me to use smokeless tobacco.

SMKLS \_NORM\_2. It is OK for people my age to use smokeless tobacco.

SMKLS \_NORM\_3. Using smokeless tobacco is normal.

SMKLS \_NORM\_4. My school administration doesn't care if I use smokeless tobacco.

SMKLS \_NORM\_5. Most people think it is OK to use smokeless tobacco.

SMKLS \_NORM\_6. My family is OK with me using smokeless tobacco.

SMKLS \_NORM\_7. Out of every 10 people your age, how many do you think use smokeless tobacco?  
(slider bar 1-10)

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** All respondents.

---

## PERCEIVED BEHAVIORAL CONTROL SERIES

The format for questions and response options in this section is:

**How sure are you that, if you really wanted to, you could say no to using smokeless tobacco if...**

[STEM FOR ALL RESPONDENTS]

- 1 Not at all sure
- 2 Slightly sure
- 3 Somewhat sure
- 4 Mostly sure
- 5 Completely sure
- 9 Prefer not to answer

SMKLS \_PBC\_1. You are at a party where most people are using it?

SMKLS \_PBC\_2. A very close friend offers it?

SMKLS \_PBC\_3. Someone you know offers it?

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** All respondents.

**[CIGARETTE ATTITUDE AND BELIEFS]**

[PROGRAM AT THE TOP OF EACH SCREEEN]

The next questions are about cigarettes.



**[ATTITUDE]**

Smoking cigarettes is...

CIGS_ATT_1	Bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good
CIGS_ATT_2	Unenjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enjoyable
CIGS_ATT_3	Harmful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Harmful
CIGS_ATT_4	Dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Dangerous

[IF ANY ITEM IS LEFT UNANSWERED, THE ERROR MESSAGE SHOULD SAY “PLEASE PROVIDE AN ANSWER TO THIS QUESTION. IF YOU WOULD PREFER NOT TO ANSWER, PLEASE SELECT THE OPTION ‘PREFER NOT TO ANSWER.’” IN LOWERCASE LETTERS.]

**ASK:** All respondents.

---

**[THINK SERIES]**

The format for questions and response options in this section is:

**What do you think?**

Cigarette smoking is addictive

- 6 Strongly Disagree
- 7 Disagree
- 8 Neutral
- 9 Agree
- 10 Strongly Agree
- 9 Prefer not to answer

CIGARETTE\_THINK\_1.

CIGARETTE\_THINK\_2.

CIGARETTE\_THINK\_3.

CIGARETTE\_THINK\_4.

CIGARETTE\_THINK\_5.

CIGARETTE\_THINK\_6.

CIGARETTE\_THINK\_7.

CIGARETTE\_THINK\_8.

CIGARETTE\_THINK\_9.

CIGARETTE\_THINK\_10.

CIGARETTE\_THINK\_11.

CIGARETTE\_THINK\_12.

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** All respondents.

---

**[FEEL SERIES]**

[ASK OF A RANDOM SUBSET OF ≈ 10% OF THE THINK SERIES]

The format for questions and response options in this section is:

**How does this make you feel?**

Cigarette smoking is addictive

CIGS_FEEL_1a	Not Scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scared
CIGS_FEEL_1b	Not Worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worried
CIGS_FEEL_1c	Not Disgusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disgusted

CIGARETTE\_FEEL\_1.

CIGARETTE\_FEEL\_2.

CIGARETTE\_FEEL\_3.

CIGARETTE\_FEEL\_4.

CIGARETTE\_FEEL\_5.

CIGARETTE\_FEEL\_6.

CIGARETTE\_FEEL\_7.

CIGARETTE\_FEEL\_8.

CIGARETTE\_FEEL\_9.

CIGARETTE\_FEEL\_10.

CIGARETTE\_FEEL\_11.

CIGARETTE\_FEEL\_12.

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** All respondents.

---



**[PERCEIVED PERSONAL RISK SERIES]**

The format for questions and response options in this section is:

[STEM FOR CURRENT USER] **When I smoke cigarettes, I...**

[STEM FOR SUSCEPTIBLE AND CLOSED TO USE] **If I smoke cigarettes, I will...**

risk getting addicted

- 6 Definitely
- 7 Probably
- 8 I Don't Know
- 9 Probably Not
- 10 Definitely Not
- 9 Prefer not to answer

CIGARETTE\_PERSONAL\_RISK\_1.

CIGARETTE\_PERSONAL\_RISK\_2.

CIGARETTE\_PERSONAL\_RISK\_3.

CIGARETTE\_PERSONAL\_RISK\_4.

CIGARETTE\_PERSONAL\_RISK\_5.

CIGARETTE\_PERSONAL\_RISK\_6.

CIGARETTE\_PERSONAL\_RISK\_7.

CIGARETTE\_PERSONAL\_RISK\_8.

CIGARETTE\_PERSONAL\_RISK\_9.

CIGARETTE\_PERSONAL\_RISK\_10.

CIGARETTE\_PERSONAL\_RISK\_11.

CIGARETTE\_PERSONAL\_RISK\_12.

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** All respondents.

---

**[IDENTIFYING BARRIERS TO CHANGE SERIES]**

The format for questions and response options in this section is:

**The next questions are about the reasons people smoke cigarettes. How important is each reason for you as you think about whether to smoke cigarettes?**

Cigarettes... are easy to get

LCC_IMP_1		Not Important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Important
-----------	--	---------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	----------------

[PROGRAMMER NOTE: PROGRAM A “PREFER NOT TO ANSWER” OPTION FOR EACH]

- CIG\_BARRIERS\_1.
- CIG\_BARRIERS\_2.
- CIG\_BARRIERS\_3.
- CIG\_BARRIERS\_4.
- CIG\_BARRIERS\_5.
- CIG\_BARRIERS\_6.
- CIG\_BARRIERS\_7.
- CIG\_BARRIERS\_8.
- CIG\_BARRIERS\_9.
- CIG\_BARRIERS\_10.
- CIG\_BARRIERS\_11.
- CIG\_BARRIERS\_12.

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** Respondents who report current use

---

## NORMATIVE BELIEFS SERIES

The format for questions and response options in this section is:

**We want you to think about yourself, your peers, and your friends.**

[STEM FOR ALL RESPONDENTS]

- 1 Strongly Disagree
- 2 Disagree
- 3 Neutral
- 4 Agree
- 5 Strongly Agree
- 9 Prefer not to answer

CIG \_NORM\_1. Most of my close friends think it is OK for me to smoke cigarettes.

CIG \_NORM\_2. It is OK for people my age to smoke cigarettes.

CIG \_NORM\_3. Smoking cigarettes is normal.

CIG \_NORM\_4. My school administration doesn't care if I smoke cigarettes.

CIG \_NORM\_5. Most people think it is OK to use smoke cigarettes.

CIG \_NORM\_6. My family is OK with me smoking cigarettes.

CIG \_NORM\_7. Out of every 10 people your age, how many do you think smoke cigarettes? (slider bar 1-10)

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** All respondents.

---

## PERCEIVED BEHAVIORAL CONTROL SERIES

The format for questions and response options in this section is:

**How sure are you that, if you really wanted to, you could say no to smoking a cigarette if...**  
[STEM FOR ALL RESPONDENTS]

- 1 Not at all sure
- 2 Slightly sure
- 3 Somewhat sure
- 4 Mostly sure
- 5 Completely sure
- 9 Prefer not to answer

CIG\_PBC\_1. You are at a party where most people are smoking cigarettes?

CIG\_PBC\_2. A very close friend offers one?

CIG\_PBC\_3. Someone you know offers one?

[PLACEHOLDER FOR ADDITIONAL BELIEFS HERE]

**ASK:** All respondents.

---

## SECTION B: BEHAVIOR

---

### [LCC BEHAVIORS]

[PROGRAMMER: FLOAT THE LLC DESCRIPTION FOR EACH QUESTION IN SECTION]

The next questions are about cigars, cigarillos, or little cigars such as Black & Mild, Swisher Sweets, Dutch Masters, Phillies Blunts, Prime Time, and Winchester.

Please do NOT include products with marijuana when answering these questions.



**[LCC\_BEH\_1] [LCC\_EVERUSE = 1]**

How many times have you smoked cigars, cigarillos, or little cigars in your entire life?

1. 0 times
2. 1 time, even just a few puffs
3. 2 to 10 times
4. 11 to 20 times
5. 21 to 50 times
6. 51 to 99 times
7. 100 or more times
9. Prefer not to answer

**ASK:** Respondents who reported ever use in the screener.

---

**[LCC\_BEH\_2] [LCC\_BEH\_1 = 1 or 9]**

Have you ever smoked cigars, cigarillos, or little cigars even one time?

1. Yes → RETURN TO LCC\_BEH\_1
2. No
9. Prefer not to answer → RETURN TO LCC\_BEH\_1

**ASK:** Respondents who reported ever use in the screener, but then said “0 times” or PNTA in the survey.  
This item is a behavior check.

---

**[LCC\_BEH\_3] [IF LCC\_BEH\_2 = 2]**

Please do NOT include products with marijuana when answering these questions.

Thinking about the future...

		Definitely Yes	Probably Yes	Probably Not	Definitely Not	Prefer Not to Answer
LCC_BEH_3a	Do you think you will smoke <b>cigars, cigarillos, or little cigars</b> soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _99
LCC_BEH_3b	Do you think you will smoke <b>cigars, cigarillos, or little cigars</b> at any time in the next year?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _99
LCC_BEH_3c	If one of your best friends were to offer you a <b>cigar, cigarillo, or little cigar</b> , would you smoke it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _99

**ASK:** All respondents who indicate ever use in the screener, but then report never use in LCC\_BEH\_2.  
This item is a behavior check.

---

**[LCC\_BEH\_4] [IF LCC\_BEH\_2 = 2]**

Have you ever been curious about smoking a cigar, cigarillo, or little cigar?

- 1 Very curious
- 2 Somewhat curious
- 3 A little curious
- 4 Not at all curious
- 9 Prefer not to answer

**ASK:** All respondents who indicate ever use in the screener, but then report never use in LCC\_BEH\_2. This item is a behavior check.

---

**[LCC\_BEH\_5] [LCC\_BEH\_1 = 2-7]**

How old were you when you first smoked a cigar, cigarillo, or little cigar, even one or two puffs?

\_\_\_\_\_years old [RANGE: 5-100]

9. Prefer not to answer

**ASK:** All respondents who report ever use.

[PROGRAMMER NOTE: If LCC\_BEH\_5 > AGE show error message and request correction.]

---

**[LCC\_BEH\_6] [(LCC\_EVERUSE = 1) AND (LCC\_CURRENTUSE = 0)]**

When did you last smoke a cigar, cigarillo, or little cigar?

1. Not during the past 30 days but sometime during the past 6 months
2. Not during the past 6 months but sometime in the past year
3. 1 to 4 years ago
4. 5 or more years ago
5. I don't know
9. Prefer not to answer

**ASK:** All respondents who report ever use but not current use.

---

**[LCC\_BEH\_7] [(LCC\_CURRENTUSE > 0) OR (LCC\_BEH\_6 = 1)]**

During the past 3 months, did you stop smoking cigars, cigarillos, or little cigars for one day or longer because you were trying to quit for good?

1. Yes
2. No
9. Prefer not to answer

**ASK:** Current users and people who have used during the past 6 months.

---

[LCC\_BEH\_8] [LCC\_BEH\_7 = 1 or 99]

How much do you want to stop smoking cigars, cigarillos, or little cigars?

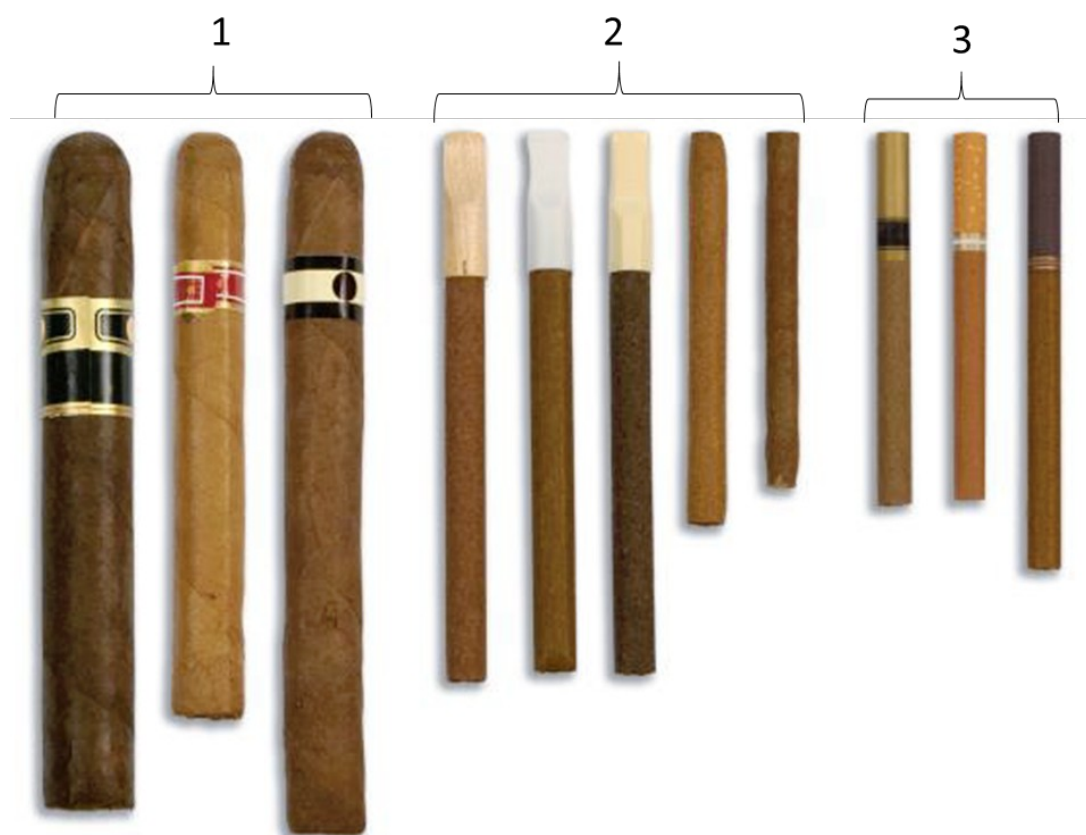
1. Not at all
2. A little
3. Somewhat
4. A lot
9. Prefer not to answer

**ASK:** Current users who report having tried to quit in the past three months.

---

[LCC\_BEH\_9] [LCC\_CURRENTUSE > 0]

Which type of cigar, cigarillo, or little cigar product do you usually smoke?



1. Traditional cigars (like Garcia y Vega, Macanudo, Romeo y Julieta, Arturo Fuente, or Cohiba)
2. Cigarillos (like Black & Mild, Swisher Sweets, Dutch Masters, Backwoods, Phillies Blunts, Zig Zag, White Owl, or Middleton's)
3. Filtered cigars (like Cheyenne, Djarum, Talon, or 305s)
4. None of the above
5. I don't know
9. Prefer not to answer

**ASK:** Respondents who report current use.

---



**[LCC\_BEH\_10]**

What **other** products have you used in the past 30 days?

Check all that apply.

1. Cigars, cigarillos, and little cigars [drop this response option in the LLC survey]
2. Vapes [drop this response option in the vape survey]
3. Smokeless tobacco [drop this response option in the smokeless survey]
4. Cigarettes [drop this response option in the cigarette survey]
5. THC/Marijuana
6. None of the above
9. Prefer not to answer

**ASK:** Respondents who reported current use

---

**[LCC\_BEH\_11]**

Have you recently switched from one tobacco or vaping product to another?

1. Yes
2. No
9. Prefer not to answer

**ASK:** Respondents who reported current use

---

**[LCC\_BEH\_12] [CIG\_BEH\_11 = 1]**

I recently switched...

FROM	TO
1. Cigars, cigarillos, and little cigars	1. Cigars, cigarillos, and little cigars
2. Vapes	2. Vapes
3. Smokeless tobacco	3. Smokeless tobacco
4. Cigarettes	4. Cigarettes
5. THC/Marijuana	5. THC/Marijuana

9. Prefer not to answer

**ASK:** Respondents who reported current use

---

**[LCC\_BEH\_13]**

Who do you trust for information on cigars, cigarillos, or little cigars? Check all that apply.

1. Friends
2. People on the Internet
3. Advertisers
4. Tobacco companies
5. Parents
6. Teachers/coaches
7. Government agencies
8. None of the above
9. Prefer not to answer

**ASK:** All respondents

---

**[VAPE BEHAVIORS]**

[PROGRAMMER: FLOAT THE VAPE DESCRIPTION FOR EACH QUESTION IN SECTION]

The next questions are about vaping products or vapes. You may also know them as JUUL, e-cigarettes, vape pens, Suorin, or mods. Some look like cigarettes, and others look like small boxes, pens, or pipes.

Please do NOT include vaping marijuana or THC when answering these questions.



**[VAPE\_BEH\_1] [VAPE\_EVERUSE = 1]**

How many times have you vaped in your entire life?

1. 0 times
2. 1 time, even just a few puffs
3. 2 to 10 times
4. 11 to 20 times
5. 21 to 50 times
6. 51 to 99 times
7. 100 or more times
9. Prefer not to answer

**ASK:** Respondents who reported ever use in the screener.

---

**[VAPE\_BEH\_2] [VAPE\_BEH\_1 = 1 or 9]**

Have you ever vaped, even one time?

1. Yes → RETURN TO VAPE\_BEH\_1
2. No
10. Prefer not to answer → RETURN TO VAPE\_BEH\_1

**ASK:** Respondents who reported ever use in the screener, but then said “0 times” or PNTA in the survey. This item is a behavior check.

---

**[VAPE\_BEH\_3] [IF VAPE\_BEH\_2 = 2]**

Please do NOT include products with marijuana when answering these questions.

Thinking about the future...

		Definitely Yes	Probably Yes	Probably Not	Definitely Not	Prefer Not to Answer
VAPE_BEH_3a	Do you think that you will <b>vape</b> soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _99
VAPE_BEH_3b	Do you think you will <b>vape</b> at any time in the next year?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _99
VAPE_BEH_3c	If one of your best friends were to offer you a <b>vape</b> would you use it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _99

**ASK:** All respondents who indicate ever use in the screener, but then report never use in VAPE\_BEH\_2. This item is a behavior check.

---

**[VAPE\_BEH\_4] [IF VAPE\_BEH\_2 = 2]**

Have you ever been curious about vaping?

1. Very curious
2. Somewhat curious
3. A little curious
4. Not at all curious
9. Prefer not to answer

**ASK:** All respondents who indicate ever use in the screener, but then report never use in VAPE\_BEH\_2. This item is a behavior check.

---

**[VAPE\_BEH\_5] [VAPE\_BEH\_1 = 2-7]**

How old were you when you first vaped, even one or two puffs?

\_\_\_\_\_ years old [RANGE: 5-100]

99. Prefer not to answer

**ASK:** All respondents who report ever use.

[PROGRAMMER NOTE: If VAPE\_BEH\_5 > AGE show error message and request correction.]

---

**[VAPE\_BEH\_6] [(VAPE\_EVERUSE = 1) AND (VAPE\_CURRENTUSE = 0)]**

When did you last vape?

1. Not during the past 30 days but sometime during the past 6 months
2. Not during the past 6 months but sometime in the past year
3. 1 to 4 years ago
4. 5 or more years ago
5. I don't know
11. Prefer not to answer

**ASK:** All respondents who report ever use but not current use.

---

**[VAPE\_BEH\_7] [(VAPE\_CURRENTUSE > 0) OR (VAPE\_BEH\_6 = 1)]**

During the past 3 months, did you stop vaping for one day or longer because you were trying to quit for good?

1. Yes
2. No
9. Prefer not to answer

**ASK:** Current users and people who have used during the past 6 months.

---

[VAPE\_BEH\_8] [LCC\_BEH\_7 = 1 or 99]

How much do you want to stop vaping?

1. Not at all
2. A little
3. Somewhat
4. A lot
9. Prefer not to answer

**ASK:** Current users who report having tried to quit in the past three months.

---

[VAPE\_BEH\_9] [VAPE\_CURRENTUSE > 0]

Which type of vape product do you usually use?



1. [ F I L L ]

PRODUCTS HERE]

2. [FILL PRODUCTS HERE]
3. [FILL PRODUCTS HERE]
4. None of the above
5. I don't know
9. Prefer not to answer

**ASK:** Respondents who report current use.

---

**[VAPE\_BEH\_10]** [VAPE\_CURRENTUSE > 0]

What is in the vape product you usually use?

1. Nicotine
2. THC/marijuana
3. Nicotine and THC/marijuana together
4. Flavored vapor only (not nicotine or THC)
5. Don't Know
9. Prefer not to answer

**ASK:** Respondents who report current use.

---

**[VAPE\_BEH\_11]**

What **other** products have you used in the past 30 days?

Check all that apply.

7. Cigars, cigarillos, and little cigars [drop this response option in the LLC survey]
8. Vapes [drop this response option in the vape survey]
9. Smokeless tobacco [drop this response option in the smokeless survey]
10. Cigarettes [drop this response option in the cigarette survey]
11. THC/Marijuana
12. None of the above
9. Prefer not to answer

**ASK:** Respondents who reported current use

---

**[VAPE\_BEH\_12]**

Have you recently switched from one tobacco or vaping product product to another?

3. Yes
4. No
9. Prefer not to answer

**ASK:** Respondents who reported current use

---

**[VAPE\_BEH\_13] [CIG\_BEH\_12 = 1]**

I recently switched...

FROM	TO
1. Cigars, cigarillos, and little cigars	1. Cigars, cigarillos, and little cigars
2. Vapes	2. Vapes
3. Smokeless tobacco	3. Smokeless tobacco
4. Cigarettes	4. Cigarettes
5. THC/Marijuana	5. THC/Marijuana

9. Prefer not to answer

**ASK:** Respondents who reported recently switching

---

**[VAPE\_BEH\_14]**

Who do you trust for information on vaping? Check all that apply.

1. Friends
2. People on the Internet
3. Advertisers
4. Vape companies
5. Parents
6. Teachers/coaches
7. Government agencies
8. None of the above
9. Prefer not to answer

**ASK:** All respondents

---

## [SMOKELESS BEHAVIORS]

[PROGRAMMER: FLOAT THE SMOKELESS DESCRIPTION FOR EACH QUESTION IN SECTION]

The next questions are about smokeless tobacco, such as dip, chewing tobacco, snuff, or snus. Common brands include [EDIT IF NECESSARY Copenhagen, Grizzly, Skoal, Camel Snus, Kodiak, and Longhorn].



[SMKLS\_BEH\_1] [SMKLS\_EVERUSE = 1]

How many times have you used smokeless tobacco in your entire life?

1. 0 times
2. 1 time, even just a few puffs
3. 2 to 10 times
4. 11 to 20 times
5. 21 to 50 times
6. 51 to 99 times
7. 100 or more times
9. Prefer not to answer

**ASK:** Respondents who reported ever use in the screener.

---



**[SMKLS\_BEH\_2]** [SMKLS\_BEH\_1 = 1 or 9]

Have you ever used smokeless tobacco, even one time?

1. Yes → RETURN TO SMKLS\_BEH\_1
2. No
9. Prefer not to answer → RETURN TO SMKLS\_BEH\_1

**ASK:** Respondents who reported ever use in the screener, but then said “0 times” or PNTA in the survey. This item is a behavior check.

---

**[SMKLS\_BEH\_3]** [IF SMKLS\_BEH\_2 = 2]

Thinking about the future...

		Definitely Yes	Probably Yes	Probably Not	Definitely Not	Prefer Not to Answer
SMKLS_BEH_3a	Do you think that you will use <b>smokeless tobacco</b> such as dip, chewing tobacco, snuff, or snus soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _99
SMKLS_BEH_3b	Do you think you will use <b>smokeless tobacco</b> at any time in the next year?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _99
SMKLS_BEH_3c	If one of your best friends were to offer you <b>smokeless tobacco</b> , would you use it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _99

**ASK:** All respondents who indicate ever use in the screener, but then report never use in SMKLS\_BEH\_2. This item is a behavior check.

---

**[SMKLS\_BEH\_4]** [IF SMKLS\_BEH\_2 = 2]

Have you ever been curious about using smokeless tobacco?

1. Very curious
2. Somewhat curious
3. A little curious
4. Not at all curious
9. Prefer not to answer

**ASK:** All respondents who indicate ever use in the screener, but then report never use in SMKLS\_BEH\_2. This item is a behavior check.

---

[SMKLS\_BEH\_5] [SMKLS\_BEH\_1 = 2-7]

How old were you when you first used smokeless tobacco?

\_\_\_\_\_years old [RANGE: 5-100]

99. Prefer not to answer

**ASK:** All respondents who report ever use.

[PROGRAMMER NOTE: If SMKLS\_BEH\_5 > AGE show error message and request correction.]

---

[SMKLS\_BEH\_6] [(SMKLS\_EVERUSE = 1) AND (SMKLS\_CURRENTUSE = 0)]

When did you last use smokeless tobacco?

1. Not during the past 30 days but sometime during the past 6 months
2. Not during the past 6 months but sometime in the past year
3. 1 to 4 years ago
4. 5 or more years ago
5. I don't know
9. Prefer not to answer

**ASK:** All respondents who report ever use but not current use.

---

[SMKLS\_BEH\_7] [(SMKLS\_CURRENTUSE > 0) OR (SMKLS\_BEH\_6 = 1)]

During the past 3 months, did you stop using smokeless tobacco for one day or longer because you were trying to quit for good?

1. Yes
2. No
9. Prefer not to answer

**ASK:** Current users and people who have used during the past 6 months.

---

[SMKLS\_BEH\_8] [LCC\_BEH\_7 = 1 or 99]

How much do you want to stop using smokeless tobacco?

1. Not at all
2. A little
3. Somewhat
4. A lot
9. Prefer not to answer

**ASK:** Current users who report having tried to quit in the past three months.

---

[SMKLS\_BEH\_9] [SMKLS\_CURRENTUSE > 0]

Which type of smokeless tobacco product do you usually use?



1. [FILL PRODUCTS HERE]
2. [FILL PRODUCTS HERE]
3. [FILL PRODUCTS HERE]
5. None of the above
6. I don't know
9. Prefer not to answer

**[SMKLS\_BEH\_10]**

What **other** products have you used in the past 30 days?

Check all that apply.

- 13. Cigars, cigarillos, and little cigars [drop this response option in the LLC survey]
- 14. Vapes [drop this response option in the vape survey]
- 15. Smokeless tobacco [drop this response option in the smokeless survey]
- 16. Cigarettes [drop this response option in the cigarette survey]
- 17. THC/Marijuana
- 18. None of the above
- 9. Prefer not to answer

**ASK:** Respondents who reported current use

---

**[SMKLS\_BEH\_11]**

Have you recently switched from one tobacco or vaping product to another?

- 5. Yes
- 6. No
- 9. Prefer not to answer

**ASK:** Respondents who reported current use

---

**[SMKLS\_BEH\_12] [CIG\_BEH\_11 = 1]**

I recently switched...

FROM	TO
1. Cigars, cigarillos, and little cigars	1. Cigars, cigarillos, and little cigars
2. Vapes	2. Vapes
3. Smokeless tobacco	3. Smokeless tobacco
4. Cigarettes	4. Cigarettes
5. THC/Marijuana	5. THC/Marijuana

- 9. Prefer not to answer

**ASK:** Respondents who reported recently switching

---

**[SMKLS\_BEH\_13]**

Who do you trust for information on smokeless tobacco? Check all that apply.

1. Friends
2. People on the Internet
3. Advertisers
4. Vape companies
5. Parents
6. Teachers/coaches
7. Government agencies
8. None of the above
9. Prefer not to answer

**ASK:** All respondents

---

**[CIGARETTE BEHAVIORS]**

The next questions are about cigarette smoking.



**[CIG\_BEH\_1] [CIG\_EVERUSE = 1]**

How many times have you smoked cigarettes in your entire life?

1. 0 times
2. 1 time, even just a few puffs
3. 2 to 10 times
4. 11 to 20 times
5. 21 to 50 times
6. 51 to 99 times
7. 100 or more times
9. Prefer not to answer

**ASK:** Respondents who reported ever use in the screener.

---

**[CIG\_BEH\_2] [CIG\_BEH\_1 = 1 or 9]**

Have you ever smoked cigarettes, even one time?

3. Yes → RETURN TO CIG\_BEH\_1
4. No
9. Prefer not to answer → RETURN TO CIG\_BEH\_1

**ASK:** Respondents who reported ever use in the screener, but then said “0 times” or PNTA in the survey. This item is a behavior check.

---

**[CIG\_BEH\_3] [IF CIG\_BEH\_2 = 2]**

Thinking about the future...

		Definitely Yes	Probably Yes	Probably Not	Definitely Not	Prefer Not to Answer
CIG_BEH_3a	Do you think that you will smoke a <b>cigarette</b> soon?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _99
CIG_BEH_3b	Do you think you will smoke a <b>cigarette</b> at any time in the next year?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _99
CIG_BEH_3c	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"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _99

**ASK:** All respondents who indicate ever use in the screener, but then report never use in CIG\_BEH\_2. This item is a behavior check.

---

**[CIG\_BEH\_4] [IF CIG\_BEH\_2 = 2]**

Have you ever been curious about smoking cigarettes?

1. Very curious
2. Somewhat curious
3. A little curious
4. Not at all curious
9. Prefer not to answer

**ASK:** All respondents who indicate ever use in the screener, but then report never use in CIG\_BEH\_2. This item is a behavior check.

---

**[CIG\_BEH\_5] [CIG\_BEH\_1 = 2-7]**

How old were you when you first smoked a cigarette, even one or two puffs?

\_\_\_\_\_years old [RANGE: 5-100]

99. Prefer not to answer

**ASK:** All respondents who report ever use.

---

[PROGRAMMER NOTE: If CIG\_BEH\_5 > AGE show error message and request correction.]

---

[CIG\_BEH\_6] [(CIG\_EVERUSE = 1) AND (CIG\_CURRENTUSE = 0)]

When did you last smoke a cigarette?

6. Not during the past 30 days but sometime during the past 6 months
7. Not during the past 6 months but sometime in the past year
8. 1 to 4 years ago
9. 5 or more years ago
10. I don't know
9. Prefer not to answer

**ASK:** All respondents who report ever use but not current use.

---

[CIG\_BEH\_7] [(CIG\_CURRENTUSE > 0) OR (CIG\_BEH\_6 = 1)]

During the past 3 months, did you stop smoking cigarettes for one day or longer because you were trying to quit for good?

3. Yes
4. No
9. Prefer not to answer

**ASK:** Current users and people who have used during the past 6 months.

---

[CIG\_BEH\_8] [CIG\_BEH\_7 = 1 or 99]

How much do you want to stop smoking cigarettes?

1. Not at all
2. A little
3. Somewhat
4. A lot
9. Prefer not to answer

**ASK:** Current users who report having tried to quit in the past three months.

---

[CIG\_BEH\_9]

What **other** products have you used in the past 30 days?

Check all that apply.

1. Cigars, cigarillos, and little cigars [drop this response option in the LLC survey]
2. Vapes [drop this response option in the vape survey]
3. Smokeless tobacco [drop this response option in the smokeless survey]
4. Cigarettes [drop this response option in the cigarette survey]
5. THC/Marijuana
6. None of the above
9. Prefer not to answer

**ASK:** Respondents who reported current use

---

**[CIG\_BEH\_10]**

Have you recently switched from one tobacco or vaping product to another?

1. Yes
2. No
9. Prefer not to answer

**ASK:** Respondents who reported current use

---

**[CIG\_BEH\_11] [CIG\_BEH\_10 = 1]**

I recently switched...

FROM	TO
1. Cigars, cigarillos, and little cigars	1. Cigars, cigarillos, and little cigars
2. Vapes	2. Vapes
3. Smokeless tobacco	3. Smokeless tobacco
4. Cigarettes	4. Cigarettes
5. THC/Marijuana	5. THC/Marijuana

9. Prefer not to answer

**ASK:** Respondents who reported recently switching

---

**[CIG\_BEH\_12]**

Who do you trust for information on vaping? Check all that apply.

1. Friends
2. People on the Internet
3. Advertisers
4. Vape companies
5. Parents
6. Teachers/coaches
7. Government agencies
8. None of the above
9. Prefer not to answer

**ASK:** All respondents

---



## SECTION D: ENVIRONMENT

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### [ENV\_1]

Other than you, has anyone who lives with you used any of the following during the past 30 days?

For this next question, please **do not include products with marijuana/THC**.

Select all that apply.

1. Cigars, cigarillos, or little cigars
2. Vapes
3. Smokeless tobacco (chewing tobacco, snuff, or dip)
4. Cigarettes
5. Tobacco out of a water pipe (also called “hookah”)
6. Any other form of tobacco
7. No, no one who lives with me has used any form of tobacco during the past 30 days
8. Don’t know
9. Prefer not to answer

**ASK:** All respondents

---

### [ENV\_2]

Other than you, has anyone who lives with you used any of the following during the past 30 days?

For this next question, please **include products with marijuana/THC**.

Select all that apply.

1. Cigars, cigarillos, or little cigars
2. Vapes
3. Smokeless tobacco (chewing tobacco, snuff, or dip)
4. Cigarettes
5. Tobacco out of a water pipe (also called “hookah”)
6. Any other form of tobacco
7. No, no one who lives with me has used any form of tobacco during the past 30 days
8. Don’t know
9. Prefer not to answer

**ASK:** All respondents

---

**[ENV\_3]**

Thinking about the people who are important to you, how would you describe their views on the vaping?

1. Very positive
2. Positive
3. Neither positive nor negative
4. Negative
5. Very negative
9. Prefer not to answer

**ASK:** All respondents.

---

The next section asks how you feel about your current relationship with your parents or guardians.

**[ENV\_4]** [IF AGE = 15 – 17]

I am satisfied with the way my parents and I communicate with each other.

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree
99. Prefer not to answer

**ASK:** Respondents ages 15 to 17

---

**[ENV\_5]** [IF AGE = 15 – 17]

I try to do what my parents want me to do.

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree
99. Prefer not to answer

**ASK:** Respondents ages 15 to 17

---

**[ENV\_6]** [IF AGE = 15 – 17]

What my parents think of me is important.

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree
99. Prefer not to answer

**ASK:** Respondents ages 15 to 17

---

[ENV\_7] [IF AGE = 15 – 17]

How close do you feel to your parents?

1. Not very close
2. Somewhat close
3. Very close
99. Prefer not to answer

**ASK:** All respondents

---

[ENV\_7] [IF AGE = 15 – 17]

To keep my friends, I'd even do things I don't want to do.

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree
99. Prefer not to answer

**ASK:** All respondents

---

[ENV\_8]

Thinking about your mental health, which includes stress, depression, and anxiety, for how many days during the past 30 days was your mental health not good?

\_\_\_\_\_ Number of days [RANGE: 0-30]

98. Don't know
99. Prefer not to answer

**ASK:** All respondents

---

## SECTION E: DEMOGRAPHICS AND CLOSING

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### [EDUCATION]

What is the highest grade or year of school you have completed?

#### D\_1.

[IF AGE = 15-18: USE THE FOLLOWING RESPONSE OPTIONS]

1. Less than grade 7
2. Grade 8
3. Grade 9
4. Grade 10
5. Grade 11
6. Grade 12
7. Some college
99. Prefer not to answer

[IF AGE = 19-24: USE THE FOLLOWING RESPONSE OPTIONS]

1. Some high school or less
2. GED
3. High school diploma
4. Some college but no degree
5. Associate degree
6. Bachelor's degree
7. Master's degree or higher
99. Prefer not to answer

**ASK:** All respondents

---

[EMPLOYMENT] [IF AGE = 19-24]

#### D\_2.

Which of the following best describes your current status? (Please select only one response, your main status now.)

1. Employed for wages
2. Self-employed
3. Out of work
4. Student
5. Unable to work
99. Prefer not to answer

**ASK:** All respondents

---

**[VERIFY]**

**D\_3.**

Including this one, how many surveys about tobacco have you taken in the past six months?

\_\_\_\_\_ [RANGE: 1-10]

99. Prefer not to answer

**ASK:** All respondents

---

**[COMMNT]**

Thank you for completing the survey. Please enter any comments that you have about the survey.

\_\_\_\_\_ PROGRAMMER: PROGRAM OPEN ENDED ITEM WITH 2000  
CHARACTER LIMIT. MAKE ITEM OPTIONAL.

1. Next

**ASK:** All respondents

---

**[THANKS]**

To thank you for completing the survey, you will receive an electronic gift card for \$5. If you would like to decline receiving this payment, you can select "No" to continue to the next screen.

Would you like to receive this gift card?

1. Yes

2. No

**ASK:** All respondents

---

**[INCENT\_EMAIL] [IF THANKS=1]**

Please provide the email address you would like to use to receive your gift card.

e-mail \_\_\_\_\_ [ALLOW 50 CHARACTERS]

Confirm e-mail \_\_\_\_\_ [THIS FIELD MUST MATCH ABOVE]

**ASK:** Participants who indicate they would like to receive a gift card.

---

**[CLOSE]**

Thank you again for your participation. You may now close your browser or navigate away from this page.

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).

**ASK:** All respondents

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