

ATTACHMENT 2: THIRD FOLLOW-UP YOUTH INSTRUMENT (ExPECTT II)

Form Approved
OMB No. 0910-0753
Exp. Date

**Evaluation of the Public Education Campaign on Teen Tobacco
Cohort II (ExPECTT II)**

Subjects for Questionnaire:

Section A: Demographic Items

Section B: Tobacco Use Behavior

Section C: Tobacco Use Intentions and Self-Efficacy

Section D: Cessation (Intention, Behavior, Motivation)

Section E: Attitudes, Beliefs & Risk Perceptions, Social Norm

Section F: Media Use and Awareness

Section G: Environment

Introduction

This survey is all about you.

Your thoughts, your opinions, your experiences.

We want to know about some of your beliefs, attitudes and behaviors. We will ask about media use and about your use of substances that may be illegal for you to buy or use in your state, such as tobacco and marijuana. We will also ask about your experiences in school and in your home. Even if you don't use tobacco or marijuana, we want to know what you think.

It will take about 45 minutes for you to complete this survey. Please take your time and answer as honestly and thoughtfully as you can.

This study is sponsored by the U.S. Food and Drug Administration (FDA). Your answers may be shared with the FDA but not your personal information. We will not share any information you give us with your parents or anyone outside the FDA and RTI research teams. All of your answers will be kept private. It is not completely safe to send data through the Internet but we are doing everything we can to protect your data. We will code your survey data and send it over a secure connection for added protection.

Your responses will be combined with those of others who are taking this survey before the data are reported.

ASK: All respondents

Section A: Demographic Items

First, we want to ask you some questions about yourself.

A1_2.

What is your date of birth?

Month: _____ Day: _____ Year: _____

PROGRAMMER:

PROGRAM DROP DOWN LISTS WITH MONTH, DAY AND YEAR. YEAR SHOULD RANGE FROM 2001 - 2007. SPELL OUT MONTHS IN FULL.

PLEASE MAKE SURE THAT NO INVALID DATES APPEAR. THAT IS FEB 30, NOV 31, ETC. CANNOT BE VALID. DO NOT ALLOW FUTURE DATES. IF THE DATE IS NOT VALID, PLEASE DISPLAY A HARD ERROR, "Please enter a valid date." THIS ITEM SHOULD BE A REQUIRED ITEM.

DO NOT ALLOW MISSING DATA FOR THIS ITEM.

ASK: All respondents.

CHECKPOINT

PRELOAD VARIABLES

W1_DOB = YOUTH'S DOB FROM WAVE 1

BL_Age = YOUTH'S AGE AT THE TIME OF THE BASELINE INTERVIEW

DOES DOB PROVIDED IN **A1_2** MATCH **W1_DOB**?

- IF YES AND **BL_Age** = 11 - 16 SET **CHECKPOINT** VALUE TO 1
- IF YES AND **BL_Age** NOT EQUAL TO 11-16 SET **CHECKPOINT** VALUE TO 2
- IF NO SET **CHECKPOINT** VALUE TO 2

IF **CHECKPOINT** = 1 GO TO **A2**

IF **CHECKPOINT** = 2 GO TO **A1_4**

A1_4. [IF CHECKPOINT = 2]

To be sure we have the right information, please enter your birthdate once more.

What is your date of birth?

Month: _____ Day: _____ Year: _____

PROGRAMMER:

PROGRAM DROP DOWN LISTS WITH MONTH, DAY AND YEAR. YEAR SHOULD RANGE FROM 2001 - 2007. SPELL OUT MONTHS IN FULL.

PLEASE MAKE SURE THAT NO INVALID DATES APPEAR. THAT IS FEB 30, NOV 31, ETC. CANNOT BE VALID. DO NOT ALLOW FUTURE DATES. IF THE DATE IS NOT VALID, PLEASE DISPLAY A HARD ERROR, "Please enter a valid date." THIS ITEM SHOULD BE A REQUIRED ITEM.

DO NOT ALLOW MISSING DATA FOR THIS ITEM.

ASK: All respondents whose DOB from baseline doesn't match DOB entered at A1_2 and respondents whose BL-AGE NE 11-16.

CHECKPOINT_2

PRELOAD VARIABLES

W1_DOB = YOUTH'S DOB FROM WAVE 1

BL_Age = YOUTH'S AGE AT THE TIME OF THE BASELINE INTERVIEW

DOES DOB PROVIDED IN **A1_4** MATCH **W1_DOB**?

IF YES AND **BL_Age** = 11 - 16 SET **CHECKPOINT_2** VALUE TO 1

IF YES AND **BL_Age** NOT EQUAL TO 11-16 SET **CHECKPOINT_2** VALUE TO 2

IF NO SET **CHECKPOINT_2** VALUE TO 2

IF **CHECKPOINT_2** = 1 GO TO **A2**

IF **CHECKPOINT_2** = 2 AND **MODE** = CAWI GO TO **A1_2A_FI**

IF **CHECKPOINT_2** = 2 AND **MODE** = CAPI GO TO **A1_2A_PARENT**

A1_2A_FI [IF CHECKPOINT_2 = 2 AND MODE = CAWI] Thank you. We need to ask a few follow-up questions before continuing the survey. Please have your parent/guardian contact us at 1-800-608-2955 or a project staff member will contact your parent/guardian to ask follow-up questions.

PROGRAMMER: SET STATUS TO 1319 (Needs in-person follow-up)

ASK: Web respondents that entered a birthdate that does not match the birthdate provided in Wave 1 or report an ineligible baseline age.

A1_2A_PARENT [IF CHECKPOINT_2 = 2 AND MODE = CAPI] Thank you. We need to ask your parent or guardian a question prior to continuing. Please let the interviewer know you need help.

INTERVIEWER: DATE OF BIRTH ENTERED DOES NOT MATCH DATE OF BIRTH REPORTED AT BASELINE OR INDICATES INELIGIBLE BASELINE AGE.
INTERVIEWER: PRESS "NEXT" TO CONTINUE.

ASK: CAPI respondents that entered a birthdate that does not match the birthdate provided in Wave 1 or baseline age was ineligible.

A1_2A_PARENT1 [IF CHECKPOINT_2 = 2 AND MODE = CAPI]

INTERVIEWER: DATE OF BIRTH ENTERED DOES NOT MATCH DATE OF BIRTH REPORTED AT BASELINE, OR INDICATES BASELINE AGE WAS INELIGIBLE. ASK PARENT OR GUARDIAN THE QUESTION ON THE NEXT SCREEN. ENTER THE CODE TO MOVE TO THE NEXT SCREEN.

PROGRAMMER: CODE = RTI

ASK: This is a screen for FIs making them aware that they need to ask the parent for the youth's DOB because the youth respondent entered a birthdate that does not match the birthdate provided in Wave 1 or indicates baseline age ineligible.

A1_2A_PARENT2 [IF CHECKPOINT_2 = 2 AND MODE = CAPI]

What is [FILL: Youth_Name]'s date of birth?

Month: _____ Day: _____ Year: _____

PROGRAMMER:

PROGRAM DROP DOWN LISTS WITH MONTH, DAY AND YEAR. YEAR SHOULD RANGE FROM 1996 through 2012. SPELL OUT MONTHS IN FULL.

PLEASE MAKE SURE THAT NO INVALID DATES APPEAR. THAT IS FEB 30, NOV 31, ETC. CANNOT BE VALID. DO NOT ALLOW FUTURE DATES. IF THE DATE IS NOT VALID, PLEASE DISPLAY A HARD ERROR, "Please enter a valid date." THIS ITEM SHOULD BE A REQUIRED ITEM. USE DOUBLE ENTRY VERIFICATION. BOTH DATES MUST MATCH.

DO NOT ALLOW MISSING DATA FOR THIS ITEM.

ASK: Parent of CAPI respondents that entered a birthdate that does not match the birthdate provided in Wave 2.

CHECKPOINT_3

CREATE VARIABLE **BAGE_PARENT** (YOUTH'S AGE AT BASELINE BASED ON PARENT REPORT OF DOB (**A1_2A_PARENT2**) AND DATE OF BASELINE INTERVIEW (**BL_Date**))

CALCULATE **BAGE_PARENT** BY USING BASELINE INTERVIEW DATE (**BL_Date**) AND PARENT REPORTED DOB (**A1_2A_PARENT2**):

- **BAGE_PARENT** = (**BL_Date** - **A1_2A_PARENT2**) / 365

IF **BAGE_PARENT** = 11 - 16 CONTINUE; ELSE GO TO **INELIG2**

A1_2A_PARENT3 [IF **BAGE_PARENT** = 11 - 16] Thank you for providing this information. Can we please speak to your child to continue the interview?

ASK: Parent of CAPI respondents that were confirmed (after asking the parent for the youth's DOB) to have been age eligible (11-16) at the time of the baseline interview.

INELIG2 [IF **BAGE_PARENT** NE 11 - 16] Your child is not eligible to complete the survey. Thank you for your time.

PROGRAMMER: SET STATUS TO 1320 (Pending ineligible)

ASK: CAPI respondents that were not 11-16 at the time of the baseline interview.

A2_R. What is your current gender identity?

- 1 Female
- 2 Male
- 3 Female-to-male (FTM)/Transgender Male/Trans Man
- 4 Male-to-female (MTF)/Transgender Female/Trans Woman
- 5 Genderqueer, neither exclusively male nor female
- 6 Additional gender category (or other) [OPEN TEXT]
- 999 Prefer not to answer

ASK: All respondents.

A3_REV. Are you Hispanic, Latino/a, or of Spanish origin?

- 1__ Yes
- 2__ No
- 999_ Prefer not to answer

ASK: All respondents.

A4. What race or races do you consider yourself to be? Please select 1 or more of these categories.

	1 Yes		
A4_1. White	<input type="checkbox"/> _1		
A4_2. Black or African American	<input type="checkbox"/> _1		
A4_3. American Indian or Alaska Native	<input type="checkbox"/> _1		
A4_4. Asian Indian	<input type="checkbox"/> _1		
A4_5. Chinese	<input type="checkbox"/> _1		
A4_6. Filipino	<input type="checkbox"/> _1		
A4_7. Japanese	<input type="checkbox"/> _1		
A4_8. Korean	<input type="checkbox"/> _1		
A4_9. Vietnamese	<input type="checkbox"/> _1		
A4_10. Native Hawaiian	<input type="checkbox"/> _1		
A4_11. Guamanian or Chamorro	<input type="checkbox"/> _1		
A4_12. Samoan	<input type="checkbox"/> _1		
A4_13. Other Asian	<input type="checkbox"/> _1		
A4_14. Other Pacific Islander	<input type="checkbox"/> _1		

ASK: All respondents.

A8. During the past 30 days, about how much money did you have each week to spend any way you wanted to?

- _1 None
- _2 \$5 or less
- _3 \$6 to \$10
- _4 \$11 to \$20
- _5 \$21 to \$35
- _6 \$36 to \$50
- _7 \$51 to \$75
- _8 \$76 to \$125
- _9 \$126 or more
- _99 Prefer not to answer

ASK: All respondents.

Section B: Tobacco Use Behavior

Thanks for your responses so far!

Now we want to know about your experiences with tobacco products.

Cigarette Use

B1. Have you ever tried cigarette smoking, even one or two puffs?

- ₁ Yes
- ₂ No → GO TO B6
- ₉ Prefer not to answer

ASK: All respondents.

GO TO: If respondent ever tried cigarette smoking, even one or two puffs or prefers not to answer whether they ever tried cigarette smoking, even one or two puffs, go to next question B2. If respondent never tried cigarette smoking, even one or two puffs, go to question B6.

B2. [IF B1=1 OR 9]

How old were you when you first tried cigarette smoking, even one or two puffs?

- ₁ 8 years old or younger
- ₂ 9 years old
- ₃ 10 years old
- ₄ 11 years old
- ₅ 12 years old
- ₆ 13 years old
- ₇ 14 years old
- ₈ 15 years old
- ₉ 16 years old
- ₁₀ 17 years old
- ₁₁ 18 years old
- ₉₉ Prefer not to answer

CALCULATE **CURRENT_AGE** AND CHECK AGAINST B2 SELECTION.

CALCULATE **CURRENT_AGE** AS FOLLOWS:

IF **CHECKPOINT** = 1 CALCULATE FROM **A1_2**

IF **CHECKPOINT_2** = 1 CALCULATE FROM **A1_4**

ELSE CALCULATE FROM **A1_2A_PARENT2**

IF **CURRENT_AGE** < AGE SELECTED AT B2, DISPLAY THE FOLLOWING HARD ERROR MESSAGE IN LOWERCASE LETTERS.

BEFORE YOU SAID YOUR DOB WAS [IF **CHECKPOINT** = 1 FILL **A1_2**; IF **CHECKPOINT_2** = 1 FILL **A1_4**; ELSE FILL **A1_2A_PARENT2**), WHICH WOULD MAKE YOU **CURRENT_AGE**. PLEASE CHECK YOUR ANSWER.

ASK: Respondents who ever tried cigarette smoking, even one or two puffs, or preferred not to answer whether they ever tried cigarette smoking, even one or two puffs.

M1. [If B1 = 1 or 9]

Think back to when you first started smoking cigarettes. Was the first cigarette that you smoked menthol?

- ₁ Yes
- ₂ No
- ₉ Don't remember/Prefer not to answer

ASK: Respondents who ever tried cigarette smoking, even one or two puffs, or preferred not to answer whether they ever tried cigarette smoking, even one or two puffs.

B3. [If B1 = 1 or 9]

During the past 30 days, on how many days did you smoke cigarettes?

- ₁ 0 days → GO TO B6
- ₂ 1 or 2 days
- ₃ 3 to 5 days
- ₄ 6 to 9 days
- ₅ 10 to 19 days
- ₆ 20 to 29 days
- ₇ All 30 days
- ₉ Prefer not to answer

ASK: Respondents who ever tried cigarette smoking, even one or two puffs, or preferred not to answer whether they ever tried cigarette smoking, even one or two puffs.

GO TO: If respondent smoked cigarettes on 0 days during the past 30 days, go to question B6. If respondent smoked cigarettes on at least 1 day in the past 30 days or prefers not to report the number of days he or she smoked cigarettes in the past 30 days, go to next question B4.

B4. [IF B3=2-9]

During the past 30 days, what type of cigarettes did you usually smoke?

- ₁ Regular
- ₂ Menthol
- ₃ Both Regular and Menthol, equally
- ₉ Prefer not to answer

ASK: Respondents who smoked cigarettes on at least 1 day in the past 30 days or prefers not to report the number of days they smoked cigarettes in the past 30 days.

B5. [IF B3=2-9]

During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- ₁ Less than 1 cigarette per day
- ₂ 1 cigarette per day
- ₃ 2 to 5 cigarettes per day
- ₄ 6 to 10 cigarettes per day
- ₅ 11 to 20 cigarettes per day
- ₆ More than 20 cigarettes per day
- ₉ Prefer not to answer

ASK: Respondents who smoked cigarettes on at least 1 day in the past 30 days or prefers not to report the number of days they smoked cigarettes in the past 30 days.

B6.

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

- ₁ 0 cigarettes
- ₂ 1 or more puffs but never a whole cigarette
- ₃ 1 cigarette
- ₄ 2 to 5 cigarettes
- ₅ 6 to 15 cigarettes (about 1/2 a pack total)
- ₆ 16 to 25 cigarettes (about 1 pack total)
- ₇ 26 to 99 cigarettes (more than 1 pack, but less than 5 packs)
- ₈ 100 or more cigarettes (5 or more packs)
- ₉ Prefer not to answer

ASK: All respondents

BXX_cigs. [IF B1=1 OR 9]

Are you smoking cigarettes more, less, or about the same as you did before the Coronavirus (COVID-19) pandemic?

- 1 More often
- 2 Less often
- 3 About the same
- 4 I was not smoking cigarettes before the pandemic
- 999 Prefer not to answer

ASK: Respondents who ever tried cigarette smoking, even one or two puffs, or preferred not to answer whether they ever tried cigarette smoking, even one or two puffs.

C1_18. [IF B1 = 2]

Have you ever been curious about smoking a **cigarette**?

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

ASK: B1 responses that indicated the respondent never tried cigarette smoking, even one or two puffs.

Other Substance Use

B9.

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].



Have you ever used smokeless tobacco even just a small amount?

- ₁ Yes
- ₂ No → GO TO C1_22
- ₉ Prefer not to answer → GO TO B10

ASK: All respondents.

GO TO: If respondent ever used smokeless tobacco even just a small amount, or preferred not to answer whether they ever used smokeless tobacco even just a small amount go to next question B10. If respondent never used smokeless tobacco even just a small amount go to question C1_22.

B10. [IF B9=1 or 9]

During the past 30 days, on how many days did you use smokeless tobacco?

- ₁ 0 days
- ₂ 1 or 2 days
- ₃ 3 to 5 days
- ₄ 6 to 9 days
- ₅ 10 to 19 days
- ₆ 20 to 29 days or
- ₇ All 30 days
- ₉ Prefer not to answer

ASK: Respondents who ever used smokeless tobacco even just a small amount, or preferred not to answer whether they ever used smokeless tobacco even just a small amount.

C1_22. [IF B9 = 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
- 999 Prefer not to answer

ASK: B9 responses that indicated the respondent never used smokeless tobacco.

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



B11. Have you ever smoked cigars, cigarillos, or little cigars even one time?

- ₁ Yes
- ₂ No → GO TO C1_19
- ₉ Prefer not to answer → GO TO B12

ASK: All respondents

GO TO: If respondent ever smoked cigars, cigarillos, or little cigars even one time, or selected PNTA, go to next question B12. If respondent never smoked cigars, cigarillos, or little cigars go to question C1_19.

B12. [IF B11=1 or 9]

During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

- ₁ 0 days
- ₂ 1 or 2 days
- ₃ 3 to 5 days
- ₄ 6 to 9 days
- ₅ 10 to 19 days
- ₆ 20 to 29 days or
- ₇ All 30 days
- ₉ Prefer not to answer

ASK: Respondents who ever smoked cigars, cigarillos, or little cigars even one time or preferred not to answer whether they had ever smoked cigars, cigarillos, or little cigars even one time.

C1_19. [IF B11 = 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
- 999 Prefer not to answer

ASK: B11 responses that indicated the respondent never smoked a cigar, cigarillo, or little cigar, or 'preferred not to answer' whether they had ever tried a cigar, cigarillo, or little cigar.

B13. Have you ever tried smoking tobacco out of a water pipe (also called “hookah”), even one time?



- ₁ Yes
- ₂ No → GO TO C1_21
- ₉ Prefer not to answer → GO TO B14

ASK: All respondents.

GO TO: If respondent ever smoked tobacco out of a water pipe even one time, or preferred not to answer, go to next question B14. If respondent never smoked tobacco out of a water pipe even one time, go to question C1_21.

B14. [IF B13=1 or 9]

During the past 30 days, on how many days did you smoke tobacco out of a water pipe (also called “hookah”)?

- ₁ 0 days
- ₂ 1 or 2 days
- ₃ 3 to 5 days
- ₄ 6 to 9 days
- ₅ 10 to 19 days
- ₆ 20 to 29 days or
- ₇ All 30 days
- ₉ Prefer not to answer

ASK: Respondents who ever smoked tobacco out of a water pipe even one time, or preferred not to answer whether they ever smoked tobacco out of a water pipe even one time.

C1_21. [IF B13 = 2]

Have you ever been curious about smoking a **hookah**?

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

ASK: B13 responses that indicated the respondent never smoked a hookah.

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



B15. Have you ever tried any vaping product, even one time?

- ₁ Yes
- ₂ No → GO TO B20
- ₉ Prefer not to answer → GO TO B16

ASK: All respondents.

GO TO: If respondent ever tried an electronic vaping product even one time, or preferred not to answer, go to next question B16. If respondent never tried an electronic vaping product even one time, go to question B20.

B16. [IF B15=1 or 9]

During the past 30 days, on how many days did you vape?

- ₁ 0 days
- ₂ 1 or 2 days
- ₃ 3 to 5 days
- ₄ 6 to 9 days
- ₅ 10 to 19 days
- ₆ 20 to 29 days or
- ₇ All 30 days
- ₉ Prefer not to answer

ASK: Respondents who ever tried an electronic vaping product even one time or preferred not to answer whether they ever tried an electronic vaping product..

B20.

How many times have you used a **vaping product** 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
- ₉₉₉ Prefer not to answer

ASK: All respondents.

BXX_vapes. [IF B15=1 OR 9]

Are you vaping more, less, or about the same as you did before the Coronavirus (COVID-19) pandemic?

- 1 More often
- 2 Less often
- 3 About the same
- 4 I was not vaping before the pandemic
- 999 Prefer not to answer

ASK: Respondents who ever tried an electronic vaping product even one time or preferred not to answer whether they ever tried an electronic vaping product.

c1_20. [B15 = 2]

Have you ever been curious about **vaping**?

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

ASK: B15 responses that indicated the respondent never vaped.

M6. What was the first tobacco product you used?

- ₁ Cigarette
- ₂ Cigar, Little Cigar, or Cigarillo
- ₃ Hookah/Waterpipe
- ₄ Smokeless
- ₅ Vaping product
- ₆ Don't remember
- ₉ Prefer not to answer

ASK: Respondents who report having used more than one tobacco product.

B17. Have you ever tried marijuana, even one time?

- ₁ Yes
- ₂ No → GO TO C1
- ₉ Prefer not to answer → GO TO B18

ASK: All respondents.

GO TO: If respondent ever tried marijuana even one time, or preferred not to answer go to next question B18. If respondent never tried marijuana even one time, go to question C1.

B18. [IF B17=1 or 9]

During the past 30 days, on how many days did you use marijuana?

- ₁ 0 days
- ₂ 1 or 2 days
- ₃ 3 to 5 days
- ₄ 6 to 9 days
- ₅ 10 to 19 days
- ₆ 20 to 29 days or
- ₇ All 30 days
- ₉ Prefer not to answer

ASK: Respondents who ever tried marijuana even one time or preferred not to answer whether they ever tried marijuana even one time.

B19. [IF B17=1 or 9]

During the past 30 days, on how many days did you add marijuana to a tobacco product, such as a cigar, cigarillo or little cigar (sometimes known as a “blunt”)?

- ₁ 0 days
- ₂ 1 or 2 days
- ₃ 3 to 5 days
- ₄ 6 to 9 days
- ₅ 10 to 19 days
- ₆ 20 to 29 days or
- ₇ All 30 days
- ₉ Prefer not to answer

ASK: Respondents who ever tried marijuana even one time or preferred not to answer whether they ever tried marijuana even one time.

Section C: Tobacco Use Intentions and Self-Efficacy

Doing great! Now we want you to think about what you might do in the future.

C1. Thinking about the future...

		1 Definitely Yes	2 Probably Yes	3 Probably Not	4 Definitely Not	9 Prefer Not to Answer
C1_1.	Do you think that you will smoke a cigarette soon?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
C1_2.	Do you think you will smoke a cigarette 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"/> 9
C1_5.	If one of your best friends were to offer you a cigarette , would you smoke it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
C1_6.	Do you think that you will use smokeless tobacco 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"/> 9
C1_7.	Do you think you will use smokeless tobacco 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"/> 9
C1_8.	If one of your best friends were to offer you smokeless tobacco , would you use it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
C1_9.	Do you think you will smoke cigars, cigarillos, or little cigars soon?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
C1_10.	Do you think you will smoke cigars, cigarillos, or little cigars 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"/> 9
C1_11.	If one of your best friends were to offer you a cigar, cigarillo, or little cigar , would you smoke it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
C1_12.	Do you think that you will vape soon?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
C1_13.	Do you think you will vape 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"/> 9
C1_14.	If one of your best friends were to offer you a vaping product/vape would you use it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
C1_15.	Do you think that you will smoke a hookah soon?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
C1_16.	Do you think you will smoke a hookah 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"/> 9

C1_17.	If one of your best friends were to offer you a hookah would you smoke it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9

ASK: All respondents.

ATTNCHK1.

Please select Tuesday as the answer to this question.

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

ASK: All respondents.

C2. How sure are you that, if you really wanted to, **you could say no to a cigarette offer** if...

RANDOMIZE OPTIONS

		1 Not at all sure	2 Slightly sure	3 Somewha t sure	4 Mostly sure	5 Completel y sure	9 Prefer Not to Answer
C2_1.	You are at a party where most people are smoking?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
C2_2.	A very close friend offers it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
C2_3.	Someone you know offers it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

ASK: All respondents.

C4. How sure are you that, if you really wanted to, **you could say no to vaping if...**

[RANDOMIZE OPTIONS]

		1 Not at all sure	2 Slightly sure	3 Somewha t sure	4 Mostly sure	5 Completel y sure	9 Prefer Not to Answer
C4_1.	You are at a party where most people are vaping?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
C4_2.	A very close friend offers it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
C4_3.	Someone you know offers it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

ASK: All respondents.

Section D: Cessation (Intention, Behavior, Motivation)

CHECKPOINT: ASK D1, D2 AND D3 OF RESPONDENTS WHO HAVE SMOKED ON 1 OR MORE DAYS IN THE PAST 30 DAYS OR PREFERRED NOT TO REPORT THE NUMBER OF DAYS THEY SMOKED IN THE PAST 30 DAYS.

D2. [IF B3=2-9]

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

- ₁ Yes
₂ No
₉ Prefer not to answer

ASK: Respondents who smoked cigarettes on at least 1 day in the past 30 days or prefer not to report the number of days they smoked cigarettes in the past 30 days.

CHECKPOINT: ASK D12 OF RESPONDENTS WHO HAVE VAPED ON 1 OR MORE DAYS IN THE PAST 30 DAYS OR PREFERRED NOT TO REPORT THE NUMBER OF DAYS THEY VAPED IN THE PAST 30 DAYS.

D12. [IF B16=2-9]

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

- 1 Yes
2 No
999 Prefer not to answer

ASK: Respondents who vaped at least 1 day in the past 30 days or prefer not to report the number of days they vaped in the past 30 days.

Section E: Attitudes, Beliefs & Risk Perceptions, Social Norm

What do you think? We want your opinions on cigarette use and other tobacco products.

Attitude

E1. Smoking cigarettes is... (pick one)

RANDOMIZE OPTIONS

E1_1.	Bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good
E1_2.	Unenjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enjoyable
E1_3.	Harmful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Harmful
E1_4.	Dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Dangerous

999 Prefer not to answer

ASK: All respondents.

E14. Vaping is... (pick one)

RANDOMIZE OPTIONS

E14_1.	Bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good
E14_2.	Unenjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enjoyable
E14_3.	Harmful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Harmful
E14_4.	Dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Dangerous

999 Prefer not to answer

ASK: All respondents.

Attitudinal Beliefs and Risk Perceptions

E3. How much do you agree or disagree with the following statements? **If I smoke cigarettes I will...**

RANDOMIZE OPTIONS

	If I smoke I will...	1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree (Neutral)	4 Agree	5 Strongly Agree	9 Prefer Not to Answer
E3_1.	Become addicted <i>[Contract, No Escape]</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E3_2.	Be controlled by smoking <i>[Contract, No Escape]</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E3_3.	Be unable to stop when I want to <i>[Contract, No Escape]</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E3_4	Give up part of my freedom <i>[Contract, No Escape]</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E3_5.	Stunt the growth of my lungs <i>[Straw City, Little lungs]</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E3_6.	Have small lungs <i>[Straw City, Little Lungs]</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E3_7.	Have trouble breathing <i>[Straw City]</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E3_8.	Have yellow, stained teeth <i>[Gift]</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E3_9.	Develop gum disease <i>[Gift]</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E3_11.	Get wrinkles <i>[16 Going on 70]</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E3_12.	Develop skin problems <i>[16 Going on 70]</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E3_13.	Be less attractive <i>[16 Going on 70]</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E3_14.	Lose my teeth <i>[Tooth]</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E3_15.	Have bad breath <i>[unrelated]</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E3_16.	Get sick more often <i>[unrelated]</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉

E3_17.	Decrease my sports performance <i>[unrelated]</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E3_18.	End up wasting money on cigarettes <i>[unrelated]</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E3_19.	Harm others with second-hand smoke <i>[unrelated]</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E3_20.	Be a bad influence on others <i>[unrelated]</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E3_21	Have yellow fingernails	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉
E3_22.	[ADD KEY BELIEF FROM REAL COST ADVERTISING]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉

ASK: All respondents.

Notes:

- Text in brackets signifies the RC ad to which the belief corresponds. Text in brackets is for planning only and will not be programmed/viewed by respondents.
 - Unrelated=belief is not related to campaign advertising.
 - We have added beliefs for Skin and Tooth in the even that these ads air again.
-

What do you think?

E13. How much do you agree or disagree with the following statements? **If I vape I will...**

RANDOMIZE OPTIONS

		1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree (Neutral)	4 Agree	5 Strongl y Agree	9 Prefer Not to Answer
E13_1.	Become addicted [<i>Candy House, Flavor of Addiction, other new vape ads</i>]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_2.	Be controlled by nicotine [<i>Obey Nicotine, other new vape ads</i>]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_3.	Be unable to stop when I want to [<i>All new vape ads</i>]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_4.	Deliver nicotine to my brain [<i>Hacked ENDS, Nicky Tine, Brain Screw</i>]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_7.	Expose my brain to nicotine [<i>Nicky Tine</i>]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_8.	Have bad breath [<i>unrelated</i>]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_9.	Get sick more often [<i>unrelated</i>]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_10.	Decrease my sports performance [<i>unrelated</i>]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_11.	End up wasting money on electronic cigarettes [<i>unrelated</i>]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_12.	Harm others with second-hand smoke [<i>unrelated</i>]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_13.	Be a bad influence on others [<i>unrelated</i>]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_14.	Be more likely to smoke cigarettes [<i>Twice as likely</i>]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_16.	Inhale metal particles [<i>ENDS general</i>]						
E13_17.	Damage my body	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_18.	Damage my lungs	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_19.	Be exposed to harmful chemicals	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E13_20	Put toxic metals in my	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

	lungs						
E13_21	Disappoint others around 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
E13_22.	[ADD KEY BELIEF FROM REAL COST ADVERTISING]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

ASK: All respondents.

Notes:

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-

E5. How much do you agree or disagree with the following statements about smoking cigarettes?

RANDOMIZE OPTIONS

		1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree (Neutral)	4 Agree	5 Strongly Agree	9 Prefer Not to Answer
E5_1.	Smoking takes away your freedom <i>[Contract]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_2.	Tobacco controls people <i>[Contract]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_3.	The lungs of teenage smokers may not grow to normal size. <i>[Straw City, Little Lungs]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_4.	Smoking as a teen can permanently stunt your lungs. <i>[Straw City, Little Lungs]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_5.	If I smoke, the consequences will find me. <i>[Gift]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_6.	Smoking causes gum disease <i>[Gift]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_7.	Cigarettes can stain teeth <i>[Gift]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_8	If I smoke, nicotine will reprogram my brain						
E5_9	The nicotine in cigarettes may hack your brain						
E5_11.	Cigarette ingredients are dangerous. <i>[general]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_12.	Smoking may cause nicotine addiction <i>[general]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_13.	Cigarette smoke contains nicotine, an addictive substance <i>[general]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_14.	Smoking cigarettes helps people relieve stress. <i>[unrelated]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_15	For teens who smoke, it is hard to escape nicotine	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

	addiction						
E5_16	Cigarette smoke contains over 7,000 chemicals	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_17	Cigarette smoke contains cancer-causing chemicals	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E5_18	[ADD KEY BELIEF FROM REAL COST ADVERTISING]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

ASK: All respondents.

Notes:

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 - Unrelated=belief is not related to campaign advertising.
-

What do you think?

E15. How much do you agree or disagree with the following statements **about vaping?**

RANDOMIZE OPTIONS

		1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree (Neutral)	4 Agree	5 Strongly Agree	9 Prefer Not to Answer
E15_1.	The nicotine in vapes may hack your brain. <i>[Hacked ENDS]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_2.	The nicotine in vapes can reprogram your brain. <i>[Hacked ENDS]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_3.	Vaping just a little can make you crave more. <i>[Hacked ENDS]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_9.	Vapes are addictive, like	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

	cigarettes <i>[Nicky Tine, Brain Screw]</i>						
E15_10.	Vape ingredients are dangerous. <i>[general]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_13.	Vaping helps people relieve stress. <i>[unrelated]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_14.	Vaping makes you more likely to smoke cigarettes <i>[Twice]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_15.	Most vapes teens use contain nicotine <i>[ENDS general]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_16.	Most vapes teens use contain just water vapor <i>[ENDS general]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_20.	Vapes contain toxic chemicals <i>[ENDS general]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_21.	Vaping can harm your lungs <i>[ENDS general]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_22.	Vapes contain formaldehyde <i>[ENDS general]</i>	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_23	Vaping can cause irreversible lung damage	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_24	Vaping can release dangerous chemicals into your bloodstream	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_25	The nicotine in vapes changes your brain	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_26	Vaping can permanently damage your lungs	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_27	Vaping is an epidemic	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_28	Using nicotine as a teen can affect your brain development	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_29	If you vape, nicotine	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

	cravings can take control of you						
E15_30	Vaping could put cancer-causing chemicals in your lungs	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_31	Most vapes contain really addictive amounts of nicotine	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_32	Vapes aren't really as addictive as people say	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_33	The ingredients in vapes are mostly harmless	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_34	Adults are just trying to scare us about vapes	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_35	Vaping could deliver toxic metals to your lungs	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_36	There are consequences to vaping	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_38	Vaping might make me feel anxious	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_39	Vaping might impact my future	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
E15_40.	[ADD KEY BELIEF FROM REAL COST ADVERTISING]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

ASK: All respondents.

Notes:

- Text in brackets signifies the RC ad to which the belief corresponds. Text in brackets is for planning only and will not be programmed/viewed by respondents.
 - Unrelated=belief is not related to campaign advertising.
-

E8. Please tell us if you strongly agree, agree, disagree, or strongly disagree with the following statements.

RANDOMIZE OPTIONS

		Strongly Disagree	Disagree	Agree	Strongly Agree	Prefer Not to Answer
E8_1.	In my opinion, smoking cigarettes may increase the risk for getting sick from COVID-19	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
E8_2.	In my opinion, smoking cigarettes may weaken the immune system, making people more at risk for getting sick from COVID-19.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
E8_3.	In my opinion, smoking cigarettes may make COVID-19 symptoms worse.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999

IF ANY ITEM LEFT UNANSWERED, ERROR MESSAGE SHOULD SAY "PLEASE ANSWER ALL ITEMS. IF YOU WOULD PREFER NOT TO ANSWER, PLEASE SELECT THE OPTION 'PREFER NOT TO ANSWER.'" IN LOWERCASE LETTERS.

ASK: All respondents

E18. Please tell us if you strongly agree, agree, disagree, or strongly disagree with the following statements.

RANDOMIZE OPTIONS

		Strongly Disagree	Disagree	Agree	Strongly Agree	Prefer Not to Answer
E18_1.	In my opinion, vaping may increase the risk for getting sick from COVID-19	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
E18_2.	In my opinion, vaping may weaken the immune system, making people more at risk for getting sick from COVID-19.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999
E18_3.	In my opinion, vaping may make COVID-19 symptoms worse.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _999

IF ANY ITEM LEFT UNANSWERED, ERROR MESSAGE SHOULD SAY "PLEASE ANSWER ALL ITEMS. IF YOU WOULD PREFER NOT TO ANSWER, PLEASE SELECT THE OPTION 'PREFER NOT TO ANSWER.'" IN LOWERCASE LETTERS.

ASK: All respondents

Social Norms

Thank you for telling us your opinions.

We have a couple of questions about your friends, and people your age.

E11. How many of your **four closest friends...**

		0 None	1 One	2 Two	3 Three	4 Four	9 Prefer Not to Answer
E11_1.	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
E11_5.	Vape?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

ASK: All respondents.

E12. How many other **people your age...**

		0 None	1 A few	2 Some	3 Most	4 All	9 Prefer Not to Answer
E12_1.	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
E12_7.	Vape?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _9

ASK: All respondents.

E20.

So far in the survey, we have been asking you questions about vapes and vaping. When you answered these questions, were you thinking about marijuana (THC or CBD) vaping products including concentrates, hash oils, or dabs?

- _1 Yes
- _2 No
- _999 Prefer not to answer

ASK: All respondents.

E21. [IF E20 = 1]

You said that you when you answered these questions you were thinking about marijuana (THC or CBD) vaping products. Were you **only** thinking about marijuana (THC or CBD) vaping products or were you **also** thinking about vapes such as Juul, Vuse, NJOY, or Blu?

- ₁ I was **only** thinking about marijuana (THC or CBD) vaping products.
- ₂ I was **also** thinking about vapes such as Juul, Vuse, NJOY, or Blu.
- ₉₉₉ Prefer not to answer

ASK: Respondents who answered “yes” to question E20.

Section F: Media Use and Awareness

Next, we'd like to ask you about your use of TV and other media.

F20. How often do you personally use the following to watch media, television shows, or videos?

	Never	Sometime s	A lot
F20_1. Platform 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F20_2. Platform 2	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F20_3. Platform 3	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F20_4. Platform 4	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F20_5. Platform 5	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F20_6. Platform 6	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F20_7. Platform 7	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F20_8. Platform 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F20_9. Platform 9	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F20_10. Platform 10	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F20_11. Platform 11	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Prefer not to answer			999

ASK: All Respondents

F1. How often do you...

PROGRAMMER: RANDOMIZE F1_1 - F1_8

		Several times a day	About once a day	3-5 days a week	1-2 days a week	Every few weeks	Less often	Never	Prefer Not to Answer
F1_1.	Watch television?	<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"/> _7	<input type="checkbox"/> _9
F1_2.	Watch videos on YouTube/Twitch?	<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"/> _7	<input type="checkbox"/> _9
F1_4.	Listen to streaming radio (Pandora, Spotify, SoundCloud, Tidal, Sirius XM)?	<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"/> _7	<input type="checkbox"/> _9
F1_5.	Play games on any electronic devices including cell phones/ smartphones, computers, laptops, tablets, consoles (Xbox, Wii, PS) and handheld players (Nintendo Switch, Nintendo 3DS, PlayStation Vita, iPod)?	<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"/> _7	<input type="checkbox"/> _9
F1_7.	Watch Netflix, Hulu or Amazon Prime video?	<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"/> _7	<input type="checkbox"/> _9
F1_8.	Use Instagram?	<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"/> _7	<input type="checkbox"/> _9
F1_9.	Use Snapchat?	<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"/> _7	<input type="checkbox"/> _9
F1_10.	Use Facebook?	<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"/> _7	<input type="checkbox"/> _9
F1_15	Use TikTok?	<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"/> _7	<input type="checkbox"/> _9
F1_16	[ADD MEDIA PLATFORM]	<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"/> _7	<input type="checkbox"/> _9

ASK: All respondents.

Thinking only about yesterday, about how much time did you spend...

		None	At least one minute, but less than 1 hour	1 hour or more, but less than 2 hours	2 hours or more, but less than 3 hours	3 hours or more	Prefer not to answer
F1_11	Watching TV shows on a TV, a computer or laptop, tablet, or smartphone?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F1_12	Listening to radio?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F1_13	Using social media such as Instagram, Snapchat, Facebook, or TikTok?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
F1_14	Thinking only about yesterday, about how much time did you spend... Gaming?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

ASK: All respondents.

IF F1_14=4 ask F1_14a.

F1_14_a. [IF F1_14 = 2 OR 3 OR 4 OR 5] What games did you play the **most** in the **past week**? Type the names of the games below.

Game: [ALLOW 50 ALPHA CHARACTERS]
 Game: [ALLOW 50 ALPHA CHARACTERS]
 Game: [ALLOW 50 ALPHA CHARACTERS]

999 Prefer not to answer

PROGRAMMER: ALLOW UP TO 3 RESPONSES. IF A RESPONSE IS PROVIDED AND THE 'PREFER NOT TO ANSWER' BOX IS ALSO CHECKED, ERROR MESSAGE SHOULD SAY "PLEASE DO NOT ENTER A RESPONSE WHILE ALSO SELECTING 'PREFER NOT TO ANSWER'. IN LOWERCASE LETTERS.

ASK: Respondents who report gaming 3 or more hours the previous day.

ATTNCHK2

Please select basketball as the answer to this question.

- 1 Soccer
- 2 Baseball
- 3 Swimming
- 4 Softball
- 5 Basketball
- 9 Prefer not to answer

ASK: All respondents.

We want to ask you about some slogans or themes that might or might not have appeared in the media around here, as part of ads about tobacco.

F3_3. In the past [FILL MONTHS] months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

Digital Youth Against Tobacco (DYAT)

- ₁ Yes
₂ No
₉ Not sure



ASK: All respondents

DISPLAY: FILL DATE is the first day of the recall period. FILL DATE = DATE THAT IS 3 MONTHS BEFORE CURRENT DATE.

F3_4. In the past [FILL MONTHS] months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

The Real Cost

- ₁ Yes
₂ No
₉ Not sure



ASK: All respondents

DISPLAY: FILL DATE is the first day of the recall period. FILL DATE = DATE THAT IS 3 MONTHS BEFORE CURRENT DATE

F3_11. In the past [FILL MONTHS] months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

Tips from Former Smokers (Tips)

- ₁ Yes
₂ No
₉ Not sure



ASK: All respondents

DISPLAY: FILL DATE is the first day of the recall period. FILL DATE = DATE THAT IS 3 MONTHS BEFORE CURRENT DATE

F3_12. In the past [FILL MONTHS] months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

truth [insert current truth campaign name]

- ₁ Yes
- ₂ No
- ₉ Not sure



ASK: All respondents

DISPLAY: FILL DATE is the first day of the recall period. FILL DATE = DATE THAT IS 3 MONTHS BEFORE CURRENT DATE

F5_14. In the past [FILL MONTHS] months, that is since [FILL DATE], have you seen or heard the following slogan or theme?

Drop Vape

- ₁ Yes
- ₂ No
- ₉ Not sure



ASK: All respondents

DISPLAY: FILL DATE is the first day of the recall period. MONTHS BEFORE CURRENT DATE

F5_3. [IF F3_4=1 OR 9 or 999]

Where have you seen or heard about The Real Cost? Check all that apply.

RANDOMIZE OPTIONS F5_3a - F5_3f and F5_3h

Yes	No	
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	F5_3a. On TV or the Internet/online/social media
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	F5_3b. In a game
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	F5_3c. On the radio
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	F5_3d. In magazines
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	F5_3e. Billboards or other outdoor or mall ads
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	F5_3f. At the movie theatre
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	F5_3h. At school
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	F5_3g. I have not seen or heard about The Real Cost

999 Prefer not to answer

ASK: Respondents who have seen or heard of The Real Cost slogan or theme in the past 3 months or were not sure if they have seen or heard of The Real Cost slogan or theme in the past 3 months.

F6. [IF F3_4=1 OR 9 or 999]

The Real Cost campaign is online. Have you ever seen The Real Cost on...Check all that apply.

YES	NO	
<input type="checkbox"/> _1	<input type="checkbox"/> _2	F6 1. YouTube?
<input type="checkbox"/> _1	<input type="checkbox"/> _2	F6 2. Hulu?
<input type="checkbox"/> _1	<input type="checkbox"/> _2	F6 3. Facebook?
<input type="checkbox"/> _1	<input type="checkbox"/> _2	F6 4. Twitter?
<input type="checkbox"/> _1	<input type="checkbox"/> _2	F6 5. Spotify, Soundcloud or Pandora?
<input type="checkbox"/> _1	<input type="checkbox"/> _2	F6 6. PlayStation?
<input type="checkbox"/> _1	<input type="checkbox"/> _2	F6 7. Xbox?
<input type="checkbox"/> _1	<input type="checkbox"/> _2	F6 8. Instagram?
<input type="checkbox"/> _1	<input type="checkbox"/> _2	F6 9. Snapchat?
<input type="checkbox"/> _1	<input type="checkbox"/> _2	F6 10. Tumblr?
<input type="checkbox"/> _1	<input type="checkbox"/> _2	F6 11. I have not seen The Real Cost online
<input type="checkbox"/> _1	<input type="checkbox"/> _2	F6 12. TikTok
<input type="checkbox"/> _1	<input type="checkbox"/> _2	F6 13. [ADD SOCIAL MEDIA PROPERTY]
		Prefer not to answer

ASK: Respondents who have seen or heard of The Real Cost slogan or theme in the past 3 months or were not sure if they have seen or heard of The Real Cost slogan or theme in the past 3 months.

Thanks for your responses!

F7_x. Now we would like to show you some advertisements that have been shown in the U.S. Once you have viewed the video or screenshot, please click on the forward arrow below to continue with the survey.

PROGRAMMER: DISPLAY VIDEOS OR SCREENSHOTS IN RANDOM ORDER. USE VIDEO FOR REAL COST ADS, USE SCREENSHOTS FOR OTHER ADS.

F8_x. Apart from this survey, how frequently have you seen this ad [SCREENSHOT LANGUAGE: these ads] in the past [FILL MONTHS]?

- _1 Never
- _2 Rarely
- _3 Sometimes
- _4 Often
- _5 Very Often
- _9 Prefer not to answer

ASK: All respondents.

DISPLAY: SCREENSHOT LANGUAGE is entered when respondents are view screenshots for the truth, Tips From Former Smokers, and Fresh Empire ads. FILL MONTHS is the recall period of interest.

PROGRAMMER: LOOP BACK TO ASK ABOUT NEXT AD HERE. SHOW SCREENGAB OF AD

F19_x. What is the main message of this ad? Select only one response

[RANDOMIZE ORDER OF CHECKBOX LIST]

- 2 Cigarettes may leave you with stained teeth and gum disease. *[Gift]*
- 3 Smoking can permanently stunt your lungs. *[Straw City/Little Lungs]*
- 4 Vaping can deliver nicotine to your brain *[Hacked, ENDS version]*
- 5 For every four teens who smoke cigarettes, only one escapes
- 6 Vaping can cause irreversible lung damage
- 7 Vaping can put nicotine in your brain
- 8 Vapes contain chemicals
- 9 [ADD KEY MESSAGE FROM REAL COST ADVERTISING]
- 99 I am not sure

ASK: All respondents.

F11. Please tell us if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements.

		1 Strongly Disagree	2 Disagree	3 Neither Agree or Disagree (Neutral)	4 Agree	5 Strongly Agree	9 Prefer Not to Answer
F11_1.	This ad is 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"/> 9
F11_2.	This ad grabbed my attention	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F11_3.	This ad is powerful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F11_4.	This ad is informative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F11_5.	This ad is meaningful 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
F11_6.	This ad is convincing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
F11_13.	This ad is irritating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

ASK Randomly assign respondents to receive these questions for 1/4 RC ads.

F14. Did you talk to anyone about any of these ads?

- ₁ Yes → GO TO F15
- ₂ No
- ₉ Prefer not to answer

ASK: All respondents.

F15. [IF F14=1]

When you talked about the ads, did you talk about any of the following topics?

RANDOMIZE OPTIONS

Yes	No	
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	F15_2. These ads were NOT good
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	F15_3. I should not smoke or vape
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	F15_4. The person I was talking to or someone else I know should not smoke or vape

ASK: Respondents who talked to someone about any of the ads they viewed.

F16. Do your parents have rules about **how much time** you can spend using media, such as TV, computer, video games, cell phones, and music?

- ₁ Yes, my parents have lots of rules about it.
- ₂ Yes, my parents have a few rules about it.
- ₃ No, my parents don't have any rules about it.
- ₉ Prefer not to answer

ASK: All respondents.

F17. Do your parents have rules about what you are allowed to do on the computer, which video games you are allowed to play, or what music you're allowed to listen to?

- ₁ Yes, my parents have lots of rules about it.
- ₂ Yes, my parents have a few rules about it.
- ₃ No, my parents don't have any rules about it.
- ₉ Prefer not to answer

ASK: All respondents.

F18. In general, how often do your parents make sure you follow the rules they have about using media, such as TV, computers, video games, and music?

- ₁ Most of the time
- ₂ Some of the time
- ₃ A little of the time
- ₄ Never
- ₅ My parents don't have rules about using media
- ₉ Prefer not to answer

ASK: All respondents.

Section G: Environment

You're almost done!

Just a few more questions about yourself and the people you live with.

ASK G22 IF YOUTH IS AGE 18 or OLDER (CURRENT_AGE is 18 or >)

G22. In the past 8 months, have you moved away from home or lived away from home anywhere including in on-campus college housing for an extended period?

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

G1. Other than you, has anyone who lives with you used any of the following during the past 30 days...? (**You can choose one answer or more than one answer**)

- ₁ cigarettes
- ₂ smokeless tobacco, such as chewing tobacco, snuff, snus (rhymes with goose) or dip, such as [NAME TOP BRANDS]
- ₃ cigars, cigarillos, or little cigars such as [NAME TOP BRANDS]
- ₄ tobacco out of a water pipe (also called "hookah")
- ₅ electronic vaping products or electronic cigarettes, such as [NAME TOP BRANDS]
- 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
- ₉ Prefer not to answer

ASK: All respondents

DISPLAY: The text NAME TOP BRANDS is a placeholder for the names of the top brands in this category.

G2. Which statement best describes the rules about vaping in your home? Would you say...

- ₁ Vaping is not allowed anywhere inside your home
- ₂ Vaping is allowed in some places or at some times
- ₃ Vaping is allowed anywhere inside the home
- ₄ There are no rules about vaping inside the home
- ₉ Prefer not to answer

ASK: All respondents.

G3. Which statement best describes the rules about smoking in your home? Would you say...

- ₁ Smoking is not allowed anywhere inside your home
- ₂ Smoking is allowed in some places or at some times
- ₃ Smoking is allowed anywhere inside the home
- ₄ There are no rules about smoking inside the home
- ₉ Prefer not to answer

ASK: All respondents.

G4. How well would you say you have done in school? Would you say...

- ₁ Much better than average
- ₂ Better than average
- ₃ Average
- ₄ Below average
- ₅ Much worse than average
- ₉ Prefer not to answer

ASK: All respondents.

G5. I feel close to people at my school. Would you say you...

- ₁ Strongly Disagree
- ₂ Disagree
- ₃ Neither agree nor disagree (neutral)
- ₄ Agree
- ₅ Strongly Agree
- ₉ Prefer not to answer

ASK: All respondents.

G6. I am happy to be at my school. Would you say you...

- ₁ Strongly Disagree
- ₂ Disagree
- ₃ Neither agree nor disagree (neutral)
- ₄ Agree
- ₅ Strongly Agree
- ₉ Prefer not to answer

ASK: All respondents.

G7. I feel like I am a part of my school. Would you say you...

- ₁ Strongly Disagree
- ₂ Disagree
- ₃ Neither agree nor disagree (neutral)
- ₄ Agree
- ₅ Strongly Agree
- ₉ Prefer not to answer

ASK: All respondents.

G8. How far do you think you will go in school?

- 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

ASK: All respondents.

G9. How many close friends do you have? (Close friends include people whom you feel at ease with, can talk to about private matters, and can call on for help.)

- _____ MIN 0 MAX 7
- ₉ Prefer not to answer

PROGRAMMER: NUMERIC RESPONSE. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 7.

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 7." IN LOWERCASE LETTERS

ASK: All respondents.

G10. How often do you attend church or religious services? Would you say...

- ₁ Never
- ₂ Less than once a month
- ₃ About once a month
- ₄ About 2 or 3 times a month
- ₅ Once a week
- ₆ More than once a week
- ₉ Prefer not to answer

ASK: All respondents.

Please tell us if you strongly agree, agree, disagree, or strongly disagree with the following statements.

G11. I would like to explore strange places. Would you say you...

- ₁ Strongly Disagree
- ₂ Disagree
- ₃ Neither agree nor disagree (neutral)
- ₄ Agree
- ₅ Strongly Agree
- ₉ Prefer not to answer

ASK: All respondents.

G12. I like to do frightening things. Would you say you...

- ₁ Strongly Disagree
- ₂ Disagree
- ₃ Neither agree nor disagree (neutral)
- ₄ Agree
- ₅ Strongly Agree
- ₉ Prefer not to answer

ASK: All respondents.

G13. I like new and exciting experiences, even if I have to break the rules. Would you say you...

- ₁ Strongly Disagree
- ₂ Disagree
- ₃ Neither agree nor disagree (neutral)
- ₄ Agree
- ₅ Strongly Agree
- ₉ Prefer not to answer

ASK: All respondents.

G14. I prefer friends who are exciting and unpredictable. Would you say you...

- ₁ Strongly Disagree
- ₂ Disagree
- ₃ Neither agree nor disagree (neutral)
- ₄ Agree
- ₅ Strongly Agree
- ₉ Prefer not to answer

ASK: All respondents.

G15. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- _____ Number of days
- ₂ None
 - ₃ Don't know
 - ₉ Prefer not to answer

PROGRAMMER: NUMERIC RESPONSE. ALLOW A MINIMUM OF 1 AND MAXIMUM OF 30.

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE FOR THE NUMBER OF DAYS. PLEASE ENTER A NUMBER BETWEEN 1 AND 30." IN LOWERCASE LETTERS

RESPONDENTS CAN ONLY RESPOND WITH THE OPTION NONE, DON'T KNOW, OR TYPE IN A NUMERIC RESPONSE OF 1-30. IF RESPONDENTS TRY TO ENTER A NUMBER OF DAYS AND EITHER NONE OR DON'T KNOW, ERROR MESSAGE SHOULD SAY "YOU HAVE ENTERED A NUMBER AND SELECTED NONE OR DON'T KNOW. PLEASE ENTER A NUMBER OF DAYS, CHOOSE NONE, OR CHOOSE DON'T KNOW AS YOUR RESPONSE."

ASK: All respondents.

IF CURRENT_AGE is 18 or > and MODE = CAPI go to G24 AND THEN Y_END

IF CURRENT_AGE is 18 or > and MODE = CAWI go to G24 AND THEN EXIT1

[IF CURRENT_AGE<18] These next questions ask about how you feel about your current relationship with your parents or guardians. Please tell us if you strongly agree, agree, disagree, or strongly disagree with the following statement.

G16. Thinking about the adult or adults you live with would you say you are satisfied with the way you communicate with each other.

- ₁ Strongly Disagree
- ₂ Disagree
- ₃ Neither agree nor disagree (neutral)
- ₄ Agree
- ₅ Strongly Agree
- ₉ Prefer not to answer

ASK: All respondents who are less than 18 years old

G17. [IF CURRENT_AGE<18] How close do you feel to the adult or adults you live with?

- ₁ Not at all close
- ₂ Not very close
- ₃ Somewhat close
- ₄ Quite close
- ₅ Very close
- ₉ Prefer not to answer

ASK: All respondents who are less than 18 years old

G18. [IF CURRENT_AGE<18] How often has a parent or other adult caregiver said things that really hurt your feelings or made you feel like you were not wanted or loved?

- ₁ One time
- ₂ Two times
- ₃ Three to five times
- ₄ Six to ten times
- ₅ More than ten times
- ₆ This has never happened
- ₇ Don't know
- ₉ Prefer not to answer

ASK: All respondents who are less than 18 years old

G19. [IF CURRENT_AGE<18] Has a parent or other adult caregiver ever talked to you about reasons for not smoking cigarettes or using other types of tobacco like cigars and chewing tobacco?

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

ASK: All respondents who are less than 18 years old

G27. [IF CURRENT_AGE<18] Has a parent or other adult caregiver ever talked to you about reasons for not vaping?

- 1 Yes
- 2 No
- 999 Prefer not to answer

ASK: All respondents who are less than 18 years old

G20. [IF CURRENT_AGE<18] During the past 7 days, on how many days did you and one or both of your parents or other adult caregivers do something together just for fun?

- _____ MIN 0 MAX 7
- _9 Prefer not to answer

PROGRAMMER: NUMERIC RESPONSE. ALLOW A MINIMUM OF 0 AND MAXIMUM OF 7.

IF ANYTHING ELSE IS TYPED IN, ERROR MESSAGE SHOULD SAY, "YOU HAVE ENTERED A NUMBER OUTSIDE THE ALLOWED RANGE. PLEASE ENTER A NUMBER BETWEEN 0 AND 7." IN LOWERCASE LETTERS

ASK: All respondents who are less than 18 years old

G24. [IF B15=1 AND CURRENT_AGE<=18 OR >18]

Earlier in the survey, you said that you have tried vaping at least one time. What type of products have you vaped?

- _1 Marijuana (THC or CBD) only (including concentrates, hash oils, or dabs)
- _2 Other products only (e.g. Juul, Vuse, NJOY, or Blu)
- _3 Both marijuana and other products
- _999 Prefer not to answer

ASK: Respondents who ever tried an electronic vaping product even one time who are any age

G25. IF CURRENT_AGE<18

In the past 30 days, have you attended school in person (not at home)?

- _1 Yes, I have attended school in person all of the time

- _2 Yes, I have attended school in person some of the time
- _3 No, I have not attended school in person
- _999 Prefer not to answer

ASK: All respondents who are less than 18 years old

G26. IF CURRENT_AGE >= 18

In the past 30 days, have you attended school in person (not at home)?

- _1 Yes, I have attended school in person all of the time
- _2 Yes, I have attended school in person some of the time
- _3 No, I have not attended school in person
- _4 Does not apply
- _999 Prefer not to answer

ASK: All respondents who are 18+ years old

Y_END. [IF MODE=CAPI] Thank you for taking this survey! This is the end of the survey. Please tell the interviewer you are done.

ASK: All CAPI respondents that completed the survey.

Y_INCEN. [IF MODE=CAPI] Thank you for taking the time to complete this survey. To show our appreciation for you time and effort, we're offering you cash in the amount of \$20.00 for participating in the survey. GIVE YOUTH THE \$20 IN CASH.

The form states that you have received the money. This copy is for your records.

INTERVIWER: DID THE YOUTH ACCEPT THE INCENTIVE PAYMENT?

SELECT YES, NO, OR N/A IF THE INTERVIEW WAS NOT COMPLETE (26900.

- 1 YES
- 2 NO
- 3 N/A - INTERVIEW NOT COMPLETE

PROGRAMMER: HARD CHECK IF Y_INCEN ISN'T ANSWERED. HARD CHECK IF OPTION 1 OR 2 IS SELECTED FOR AN INCOMPLETE CASE. SAVE SUMSTAT AS 2690

ASK; All CAPI respondents that completed the survey.

EXIT 1 [IF MODE = CAWI]: Thank you for answering all of our questions.

ASK: All CAWI respondents that completed the survey.

END: Thank you for your time.

ASK: All youth who did not provide assent.

OMB No: 0910-0753

Expiration Date:

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