

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

Form Approved
OMB No. 0910-0753
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**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/Curiosity/Willingness to Use

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. Please take the survey in a place where no one can look over your shoulder and view your answers.

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**

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.

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

A2_REV2. What is your gender identity (*select all that apply*)?

- A2_REV2_ 1.** Woman/girl
- A2_REV2_ 2.** Man/boy
- A2_REV2_ 3.** Transgender woman/girl
- A2_REV2_ 4.** Transgender man/boy
- A2_REV2_ 5.** Agender
- A2_REV2_ 6.** Gender-fluid
- A2_REV2_ 7.** Gender non-conforming
- A2_REV2_ 8.** Genderqueer
- A2_REV2_ 9.** Non-binary
- A2_REV2_ 10.** I am not sure yet
- A2_REV2_ OTH.** Something else: (Specify: _____)
- A2_REV2_ 999.** Prefer not to answer

ASK: All respondents.

A9. Which of the following best represents how you think of yourself (*select all that apply*)?

- A9_ 1.** Straight or heterosexual
- A9_ 2.** Bisexual
- A9_ 3.** Gay or lesbian
- A9_ 4.** Pansexual
- A9_ 5.** Queer
- A9_ 6.** Asexual
- A9_ 7.** I am not sure yet

- A9_ OTH.** Something else: (Specify: _____)

- A9_ 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		
A4_15. Other	<input type="checkbox"/> _1		

ASK: All respondents.

G30. How much money does your family have?

- 1 Not enough to get by
- 2 Just enough to get by
- 3 Only have to worry about money for fun or extras
- 4 Never have to worry about money
- 999 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 B3_REV. If respondent never tried cigarette smoking, even one or two puffs, go to question B6.

B3_REV. [If B1 = 1 or 9]

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

__ Days (participant enters a number between 0-30)
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.

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

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→ GO TO B10_REV
- ₂ No→ GO TO B11
- ₉ Prefer not to answer→ GO TO B10_REV

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_REV. If respondent never used smokeless tobacco even just a small amount go to question B11.

B10_REV. [IF B9=1 or 9]

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

___ Days (participant enters a number between 0-30)
999. 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.

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→ GO TO B12_REV
- ₂ No→ GO TO B13
- ₉ Prefer not to answer→ GO TO B12_REV

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_REV. If respondent never smoked cigars, cigarillos, or little cigars go to question B13.

B12_REV. [IF B11=1 or 9]

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

__ Days (participant enters a number between 0-30)
999. 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.

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



- _1 Yes→ GO TO B14_REV
- _2 No→ GO TO B15
- _9 Prefer not to answer→ GO TO B14_REV

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_REV. If respondent never smoked tobacco out of a water pipe even one time, go to question B15.

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”)?

__Days (participant enters a number between 0-30)
999. 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.

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.



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

- ₁ Yes→ GO TO B16_REV
- ₂ No→ GO TO Section C
- ₉ Prefer not to answer→ GO TO B16_REV

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_REV. If respondent never tried an electronic vaping product even one time, go to question B20.

B16_REV. [IF B15=1 or 9]

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

___ Days (participant enters a number between 0-30)

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..

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

- ₁ Yes
₂ No→ GO TO C1
₉ Prefer not to answer→ GO TO B18_REV

ASK: All respondents.

GO TO: If respondent ever tried marijuana even one time, or preferred not to answer go to next question B18_REV. If respondent never tried marijuana even one time , go to question C1.

B18_REV. [IF B17=1 or 9]

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

__ Days (participant enters a number between 0-30)
999. 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_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

ASK: All respondents.

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.

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.

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.

C5. Suppose you were in the following situation. You are at a party and many of your friends are using vapes. You are offered a vape by a person you like very much. [SOURCE: WILLINGNESS TO USE SCALE (VOGEL, 2021)]

[C5_1] How likely is it you would take the vape and try it?

[C5_2] How likely is it you would say no thanks?

[C5_3] How likely is it you would leave the situation?

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS.]

- 1. Not at all likely
 - 2. A little likely
 - 3. Somewhat likely
 - 4. Very likely
 - 5. Extremely likely
999. Prefer not to answer

ASK: All respondents

C6. Suppose you were in the following situation. You are at a party and many of your friends are smoking cigarettes. You are offered a cigarette by a person you like very much. *[SOURCE: WILLINGNESS TO USE SCALE (VOGEL, 2021)]*

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS.]

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely
999. Prefer not to answer

[C6_1] How likely is it you would take the cigarette and try it?

[C6_2] How likely is it you would say no thanks?

[C6_3] How likely is it you would leave the situation?

ASK: All respondents

C7. In the next year...

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS.]

C7_1: ...I do not intend to vape.

C7_2: ...I will try not to vape.

C7_3: ...I will not start vaping.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree
999. Prefer not to answer

ASK: All respondents

C8. In the next 30 days, how likely would you be to obtain a vaping product for your own personal use?

1 (Definitely would not obtain one to use it)	2	3	4	5	6	7	8	9	10 (Definitely would obtain one to use it)
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999. Prefer not to answer

ASK: All respondents

C9. Do you think using vapes is less harmful, about the same, or more harmful than smoking cigarettes? **[Adapted from PATH W5]**

1. Less harmful
2. About the same
3. More harmful

999. Prefer not to answer

ASK: All respondents

C10. Please indicate the number that best describes how you feel about vaping:

Vaping is... (pick one)

C10_1.	Unattractive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Attractive
C10_2.	Not Cool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cool
C10_3.	Boring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fun
C10_4.	Not meant for someone like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meant for someone like me
C10_5.	Childish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grown-up

999 Prefer not to answer

ASK: All respondents

Section D: Cessation (Intention, Behavior, Motivation)

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: Campaign Targeted Constructs

We will now ask you your opinions about vapes. This is not a test of your scientific knowledge. We just want to know your opinions.

ENDS

SCARY ENOUGH AND MACROSCOPIC METALS:

E30. Please indicate how much you agree or disagree with the following statements.

[PERCEIVED SEVERITY: METALS]

[E30_1] When people vape, the metals they inhale will destroy their lungs.

[E30_2] When people vape, the metal particles they inhale will be toxic to their bodies.

[E30_3] The metals in vapes will cause permanent damage to the user's lungs.

[E30_4] The metal particles in vapes are extremely harmful to the user's body.

[E30_5] The metals in vapes will cause organ damage.

[E30_6] The metals in vapes poison one's body.

[E30_X] ...*[other campaign-related item]*.

[E30_X] ...*[other campaign-related item]*.

[E30_X] ...*[other campaign-related item]*.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree
999. Prefer not to answer

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

E31. If I were to vape every day, how likely is it that I would...

[PERCEIVED SUSCEPTIBILITY: METALS]

[E31_1] ...poison my body with the metals in vapes.

[E31_2] ...destroy my lungs from inhaling metal particles.

[E31_3] ...inhale metals that are toxic to my body.

[E31_4] ...permanently damage my lungs by inhaling metal particles.

[E31_5] ...expose my body to extremely harmful metal particles.

[E31_6] ...inhale metals that will cause organ damage.

[E31_X] ...[other campaign-related item].

[E31_X] ...[other campaign-related item].

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely
999. Prefer not to answer

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

E32. Please indicate how much you agree or disagree with the following statements.

AIP: PURSE

[OUGHT SELF-DISCREPANCY: FAMILY]

[E32_1] If I vape, my family will feel like I'm letting them down.

[E32_2] If I vape, my family will feel like I'm treating them poorly.

[E32_3] If I vape, my family will feel hurt.

[E32_4] If I vape, my family will be disappointed.

[E32_5] If I vape, my family relationships will be harmed.

[E32_6] If I vape, my family will feel like I'm always breaking their trust.

[E32_7] If I vape, I will not live up to the person my family thinks I should be.

[E32_8] If I vape, I will not live up to my family's expectations.

AIP: TOILET

[OUGHT SELF-DISCREPANCY: FRIENDS/PEERS]

[E32_9] If I vape, my friends will feel like I'm always letting them down.

[E32_10] If I vape, my friends will be very disappointed.

[E32_11] If I vape, I will never live up to my friends' expectations.

[E32_12] If I vape, my friendships will be negatively impacted.

[E32_13] If I vape, my friends will look at me very negatively.

[E32_14] If I vape, I will be completely unable to support my friends.

[E32_15] If I vape, my friends will feel like I can never support them

AIP: SKATEBOARD, TTS 2.0 (Anxiety), POSSESSED

[IDEAL SELF-DISCREPANCY]

[E32_16] If I vape, I will never become the person I want to be.

[E32_17] If I vape, I will always miss out on things that are important to me.

[E32_18] If I vape, I will never become my best self.

[E32_19] If I vape, I will never be able to perform well at things that are important to me.

[E32_20] If I vape, I will never become who I would ideally like to be.

[E32_21] If I vape, I will never be able to live up to my potential.

[E32_22] If I vape, I will never be able to achieve my goals.

[E32_X] ...*[other campaign-related item]*.

[E32_X] ...*[other campaign-related item]*.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree
999. Prefer not to answer

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

AIP: TOILET

E33. Please indicate how much you agree or disagree with the following statements.

[ANTICIPATORY SOCIALIZATION]

[E33_1] Vaping will help me fit in.

[E33_2] Vaping will help me make friends.

[E33_3] Vaping will make me more popular.

[E33_4] Vaping will help me feel more comfortable in social situations.

[E33_5] Vaping will make others want to be around me.

[E33_6] Vaping will make my peers think more positively of me.

[E33_7] To me, vaping is an important part of being with friends.

[E33_8] I think vaping allows people my age to make friends.

[E33_9] I think vaping is part of the teenage experience.

[E33_10] To me, vaping is an important part of one's social life.

[E33_X] ...[other campaign-related item].

[E33_X] ...[other campaign-related item].

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree
999. Prefer not to answer

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

AIP: PURSE, SKATEBOARD, TOILET

[ANTICIPATED GUILT (SCALE)]

E34. If I vape, I will feel...

[E34_1] ...bad about it.

[E34_2] ...uneasy about it.

[E34_3] ...regretful.

[E34_4] ...like I did something wrong.

[E34_5] ...like I did something that I shouldn't have.

[E34_6] ...worried about hurting my body

[E34_7] ...responsible if anything bad happens.

[E34_8] ...like I am acting recklessly.

[E34_9] ...like I am doing something inappropriate

[E34_X] ...[other campaign-related item].

[E34_X] ...[other campaign-related item].

[ANTICIPATED GUILT (SINGLE ITEM)]

[E34_10] If I vape, I will feel guilty.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree
999. Prefer not to answer

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

[ANTICIPATED SHAME (EXTERNAL SHAME)] **This is to align with AIP: Purse**

E35. If I vape, I feel that **other people** will...

- [E35_1] ... judge me.
- [E35_2] ... criticize me.
- [E35_3] ... see me as uninteresting.
- [E35_4] ... think I messed up. [NEW ITEM]
- [E35_5] ... think I am not good enough. [NEW ITEM]
- [E35_6] ... be disappointed in me.
- [E35_7] ... think I am gross.
- [E35_8] ... see me negatively.
- [E35_X] ...*[other campaign-related item]*.
- [E35_X] ...*[other campaign-related item]*.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree
999. Prefer not to answer

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

[ANTICIPATED SHAME (INTERNAL SHAME - SCALE)]

E36. If I vape, **I will**...

- [E36_1] ... be isolated.
- [E36_2] ... be judgmental of myself.
- [E36_3] ... criticize myself.
- [E36_4] ... cringe when I think of what I did.

[E36_5] ... be disappointed in myself.
[E36_6] ... feel gross about myself.
[E36_7] ... be embarrassed.
[E36_8] ... feel foolish.
[E36_X] ...[other campaign-related item].
[E36_X] ...[other campaign-related item].

[ANTICIPATED SHAME (INTERNAL SHAME - SINGLE ITEM)]

[E36_9] If I vape, I will feel ashamed.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree
999. Prefer not to answer

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

[ANTICIPATED REGRET]: This is to align with AIP: Purse

If I vape I will...

[E37_1] ...experience self-blame about deciding to vape.
[E37_2] ...feel sorry.
[E37_3] ...feel conflicted
[E37_4] ...feel angry with myself.
[E37_5] ...think things would have gone better if I had decided not to vape.
[E37_6] ...wish I had decided not to vape.
[E37_7] ...think I would have been better off had I decided not to vape.
[E37_X] ...[other campaign-related item].
[E37_X] ...[other campaign-related item].

[ANTICIPATED REGRET - SINGLE ITEM]

E37_8. If I vape, I will feel a sense of regret.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree
999. Prefer not to answer

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

E38. Please indicate how much you agree or disagree with the following statements.

MVM: CHLOE, TTS 2.0 (Anxiety), ANXIETY AGNOSTIC (POSSIBLY)

[PERCEIVED SEVERITY: ANXIETY (WORSENING ANXIETY SYMPTOMS)]

[E38_1] Vaping will make anxious feelings worse.

[E38_2] Vaping will make anxious feelings so bad that it will lead to a panic attack.

[E38_3] Vaping will increase stress.

[E38_4] Vaping will make nervous feelings stronger.

[E38_5] Vaping will make anxious feelings so bad that it would be hard to breathe.

[PERCEIVED SEVERITY: ANXIETY (EFFECT ON MOOD)]

[E38_6] Vaping will make someone more likely to be in a bad mood.

[E38_7] Vaping will make people grumpy more often.

[E38_8] Vaping makes people cranky.

[E38_9] Vaping will cause a person's mood to become so bad that others won't want to be around them.

[PERCEIVED SEVERITY: ANXIETY (SOCIAL ANXIETY)]

[E38_10] Vaping will cause people to feel nervous just talking to others.

[E38_11] Vaping will make people feel anxious around people they care about.

[E38_12] Vaping will make people feel scared to socialize.

[E38_13] Vaping will make people feel more uncomfortable around others.

[E38_X] ...[other campaign-related item].

[E38_X] ...[other campaign-related item].

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree
999. Prefer not to answer

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

E 39. If I were to vape every day, how likely is it that I would...

ANXIETY AGNOSTIC (POSSIBLY)

[PERCEIVED SUSCEPTIBILITY: ANXIETY (WORSENING ANXIETY SYMPTOMS)]

[E39_1] ...have worse feelings of anxiety.

[E39_2] ...have anxious feelings that are so bad I get panic attacks.

[E39_3] ...have anxious feelings that are so bad it is hard to breathe.

[E39_4] ...have stronger feelings of nervousness.

[E39_5] ...feel more stressed.

[PERCEIVED SUSCEPTIBILITY: ANXIETY (EFFECT ON MOOD)]

- [E39_6] ...be in a bad mood more often.
[E39_7] ...be in such a bad mood that others don't want to be around me.
[E39_8] ...feel grumpy for no good reason more often.
[E39_9] ...feel cranky more often.

[PERCEIVED SUSCEPTIBILITY: ANXIETY (SOCIAL ANXIETY)]

- [E39_10] ...feel nervous just talking to others.
[E39_11] ...feel anxious around people I care about.
[E39_12] ...feel scared to socialize.
[E39_13] ...feel uncomfortable around others.

MVM: CHLOE AND POSSESSED

[ADDICTION SUSCEPTIBILITY]

- [E39_14] ...want to vape more often to get the same effect.
[E39_15] ...crave vaping all the time.
[E39_16] ...find it difficult to stop vaping even if I wanted to.
[E39_17] ...feel like I need to vape to get the same effect.
[E39_18] ...feel anxious if I can't vape whenever I want to.
[E39_19] ...need professional help to stop vaping.
[E39_20] ...easily get hooked on vaping.
[E39_21] ...get highly addicted to vaping.
[E39_X] ...*[other campaign-related item]*.
[E39_X] ...*[other campaign-related item]*.

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely
999. Prefer not to answer

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 respondent

E40. Please indicate how much you agree or disagree with the following statements.

[ADDICTION SEVERITY]

- [E40_1] A vaping addiction is something people would need professional help to deal with.
[E40_2] A vaping addiction is something people should take seriously.
[E40_3] A vaping addiction could cause major problems for people who vape.
[E40_4] A vaping addiction would make the person crave their vape constantly every day.
[E40_5] A vaping addiction would mean a person has to keep vaping more to get the same effect.
[E40_6] A person with a vaping addiction will get anxious if they can't vape when they want to.
[E40_7] A vaping addiction means a person always wants to vape more.
[E40_X] ...*[other campaign-related item]*.
[E40_X] ...*[other campaign-related item]*.

1. Strongly disagree
 2. Disagree
 3. Neutral
 4. Agree
 5. Strongly agree
999. Prefer not to answer

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 respondent

We will now ask you to your opinions about cigarettes. This is not a test of your scientific knowledge. We just want to know your opinions.

CIGARETTES

E50. Please indicate how much you agree or disagree with the following statements.

[PERCEIVED SEVERITY: STUNTED LUNGS]

Smoking cigarettes as a teen...

[E50_1]...makes a person's lungs stay small forever.

[E50_2]...completely stops a person's lungs from growing to full size.

[E50_3]...prevents a person from having strong lungs as an adult.

[E50_4]...will cause a person to run out of breath quickly when they are an adult.

[E50_5]...will make it impossible for a person to physically keep up with their friends when they are an adult.

[E50_6]...prevents a person from doing well on activities that require strong lungs as an adult.

[E50_X] ...[other campaign-related item].

[E50_X] ...[other campaign-related item].

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree
999. Prefer not to answer

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 respondent

E51. Please indicate how much you agree or disagree with the following statements.

[PERCEIVED SEVERITY: MENTAL WELL-BEING]

[E51_1] Smoking cigarettes will make anxious feelings a lot worse.

[E51_2] Smoking cigarettes will make people feel worried more often.

[E51_3] Smoking cigarettes will make people feel more stressed.

[E51_4] Smoking cigarettes will make it impossible to get a good night's sleep.

[E51_5] Smoking cigarettes will make it very hard to concentrate.

[E51_6] Smoking cigarettes will seriously damage a person's mental well-being.

[E51_X] ...[other campaign-related item].

[E51_X] ...[other campaign-related item].

1. Strongly disagree
2. Disagree
3. Neutral

4. Agree
5. Strongly agree
999. Prefer not to answer

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 respondent

E52. Please indicate how much you agree or disagree with the following statements.

[PERCEIVED SEVERITY: ADDICTION]

[E52_1] A cigarette addiction is something people would need professional help to deal with.

[E52_2] A cigarette addiction is something people should take seriously.

[E52_3] A cigarette addiction causes major problems for people who smoke.

[E52_4] A cigarette addiction makes a person crave cigarettes constantly every day.

[E52_5] A cigarette addiction would mean a person has to keep smoking more to get the same effect.

[E52_6] A person who is addicted to cigarettes will get anxious if they can't smoke when they want to.

[E52_7] A cigarette addiction means a person always wants to smoke more.

[E52_X] ...[other campaign-related item].

[E52_X] ...[other campaign-related item].

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree
999. Prefer not to answer

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 respondent

E53. Please indicate how much you agree or disagree with the following statements.

[OUGHT SELF-DESCREPANCY]

[E53_1] If I smoke cigarettes, my friends will feel like I'm always letting them down.

[E53_2] If I smoke cigarettes, my friends will be very disappointed.

[E53_3] If I smoke cigarettes, I will never live up to my friends' expectations.

[E53_4] If I smoke cigarettes, my friendships will be negatively impacted.

[E53_5] If I smoke cigarettes, my friends will look at me very negatively.

[E53_6] If I smoke cigarettes, I will be completely unable to support my friends.

[E53_7] If I smoke cigarettes, my friends will feel like I can never support them.

[IDEAL SELF-DISCREPANCY]

- [E53_8] If I smoke cigarettes, I will never become the person I want to be.
[E53_9] If I smoke cigarettes, I will always miss out on things that are important to me.
[E53_10] If I smoke cigarettes, I will never become my best self.
[E53_11] If I smoke cigarettes, I will never be able to perform well at things that are important to me.
[E53_12] If I smoke cigarettes, I will never become who I would ideally like to be.
[E53_13] If I smoke cigarettes, I will never be able to live up to my potential.
[E53_14] If I smoke cigarettes, I will never be able to achieve my goals.
[E53_X] ...[other campaign-related item].
[E53_X] ...[other campaign-related item].

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree
999. Prefer not to answer

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 respondent

[ANTICIPATED GUILT]

E54. If I smoke cigarettes, I will feel...

- [E54_1] ...bad about it.
[E54_2] ...uneasy about it.
[E54_3] ...regretful.
[E54_4] ...like I did something wrong.
[E54_5] ...like I did something that I shouldn't have.
[E54_6] ...worried about hurting my body
[E54_7] ...responsible if anything bad happens.
[E54_8] ...like I am acting recklessly.
[E54_9] ...like I am doing something inappropriate.

[ANTICIPATED GUILT (SINGLE ITEM)]

- [E54_10] If I smoke cigarettes, I will feel guilty.
[E54_X] ...[other campaign-related item].
[E54_X] ...[other campaign-related item].

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree
999. Prefer not to answer

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 respondent

[ANTICIPATED REGRET]

E55. If smoke cigarettes I will...

- [E55_1] ...experience self-blame about deciding to smoke.
- [E55_2] ...feel sorry.
- [E55_3] ...feel conflicted
- [E55_4]...feel angry with myself.
- [E55_5] ...think things would have gone better if I had decided not to smoke.
- [E55_6] ...wish I had decided not to smoke.
- [E55_7] ...think I would have been better off had I decided not to smoke.

[ANTICIPATED REGRET - SINGLE ITEM]

- [E55_8] If I smoke cigarettes, I will feel a sense of regret.
- [E55_X] ...*[other campaign-related item]*.
- [E55_X] ...*[other campaign-related item]*.

- 1. Strongly disagree
- 2. Disagree
- 3. Neutral
- 4. Agree
- 5. Strongly agree
- 999. Prefer not to answer

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 respondent

[PERCEIVED THREAT TO FREEDOM]

E56. Smoking cigarettes would ...

- [E56_1] ...take away my freedom to do what I want.
- [E56_2] ...mean cigarettes are completely controlling me.
- [E56_3] ...make it impossible to make my own choices.
- [E56_4] ...mean I won't have control over important life decisions.
- [E56_5] ...take away my independence.
- [E56_6] ...force me to always spend too much of my money on cigarettes.
- [E56_7] ...mean I don't get to decide how I spend my money.
- [E56_X] ...*[other campaign-related item]*.
- [E56_X] ...*[other campaign-related item]*.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree
999. Prefer not to answer

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 respondent

[PERCEIVED SUSCEPTIBILITY: STUNTED LUNGS]

E57. If I were to smoke cigarettes a few days a week, how likely is it that ...

- [E57_1] ...my lungs will stay small forever?
- [E57_2] ...my lungs will completely stop growing to full size?
- [E57_3]...my lungs will be weak when I'm an adult?
- [E57_4] ...I will run out of breath very quickly when I'm an adult?
- [E57_5] ...I will never be able to physically keep up with my friends when I'm an adult?
- [E57_6] ...I will never do well on activities that require strong lungs when I'm an adult?
- [E57_XX] ...[other campaign-related item].
- [E57_XX] ...[other campaign-related item].

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely
999. Prefer not to answer

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 respondent

E_58. If I were to smoke cigarettes a few days a week, how likely is it that I would...

[PERCEIVED SUSCEPTIBILITY: MENTAL WELL-BEING]

- [E58_1] ...have worse feelings of anxiety.
- [E58_2] ...feel worried more often.
- [E58_3] ...feel more stressed.
- [E58_4] ...be completely unable to get a good night's sleep
- [E58_5] ...find it impossible to concentrate
- [E58_6] ...experience serious harm to my mental well-being

[PERCEIVED SUSCEPTIBILITY: ADDICTION]

- [E58_7] ...crave cigarettes constantly all the time.
- [E58_8] ...find it difficult to stop smoking even if I wanted to.
- [E58_9] ...want to smoke more often to get the same effect.
- [E58_10] ...feel anxious if I can't smoke whenever I want to.
- [E58_11] ...need professional help to stop smoking.
- [E58_12] ...easily get hooked on smoking.
- [E58_13] ...get highly addicted to smoking.
- [E58_XX] ...[other campaign-related item].
- [E58_XX] ...[other campaign-related item].

- 1. Not at all likely
- 2. A little likely
- 3. Somewhat likely
- 4. Very likely
- 5. Extremely likely
- 999. Prefer not to answer

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 respondent

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 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

F21_REV. [IF F20_2=1 OR 2]

When you watch Hulu, are there video advertisements during the shows?

1. Yes, there are video ads
2. No, there are no video ads at all
3. Not sure if there are video ads
999. Prefer not to answer

ASK: Respondents who report watching Hulu Sometimes or A lot

F22_REV. [IF F20_5=1 OR 2, or F20_8=1 OR 2 or F20_7=1 OR 2]]

When you watch media, television shows, or videos on your:

- IF **F20_5**=1 OR 2 THEN DISPLAY "Roku"
- IF **F20_7**=1 OR 2 THEN DISPLAY "Amazon Firestick, Apple TV, Chromecast, or Smart TV"
- IF **F20_8**=1 OR 2 THEN DISPLAY "PlayStation"

do you ever see video advertisements?

1. Yes, I see video ads
2. No, I do not see video ads
3. I'm not sure if I see video ads
999. Prefer not to answer

ASK: Respondents who report watching Roku, Xbox, or Amazon Firestick Sometimes or A lot

F24. [IF F20_1=1 OR 2]

When you watch cable television, do you watch any of the following shows or channels?

	1 Yes	0 No	999 Prefer not to answer
F24_1. Teen Nick	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 999
F24_2. Adult Swim	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 999
F24_3. Freeform	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 999
F24_4. VH1	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 999
F24_5. WWE on USA	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 999
F24_6. MTV	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 999
F24_X. [Other campaign channel]	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 999
F24_X. [Other campaign channel]	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 999

ASK: Respondents who report watching Cable Television Sometimes or A lot

F1. How often do you...

PROGRAMMER: RANDOMIZE F1_1 - F1_8

		Severa l times a day	Abou t once a day	3-5 days a week	1-2 days a week	Every few weeks	Less ofte n	Neve r	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_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.

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

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 SCRENGRAB OF AD

F25_1. [IE F8 = 2,3,4,5] How much do you agree with the following statement: Apart from this survey, when this ad played, I really paid attention to it.

1. Strongly disagree
2. Disagree
3. Neither disagree nor agree
4. Agree
5. Strongly agree
999. Prefer not to answer

F25_2. [If F8 = 2,3,4,5] Apart from this survey, which of the following did you ever do when you saw this ad (select all that apply)?

[RANDOMIZE ORDER]

1. Turned the sound on
2. Clicked on the ad
3. Scrolled past the ad
4. Skipped the ad once given the option
5. Watched the full ad
6. Made the ad full screen
7. Replayed the ad
8. None of the above
999. Prefer not to answer

ASK: IF F8 = 2,3,4,5

F26. Apart from this survey, how certain are you that you that you saw this ad?

1. Very certain
2. Somewhat certain
3. Not at all certain
999. 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.

G1. Other than you, has anyone who lives with you used any of the following during the past 30 days...? (**Select all that apply**)

- 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.

G28. Vaping can increase your risk for developing an anxiety disorder. [*Unintended consequences*]

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree
999. Prefer not to answer

ASK: All respondents

G29. Imagine you have a friend who vapes nicotine every day. Your friend is thinking about starting to smoke cigarettes as a way to quit vaping and wants to know if you think it's a good or bad idea. What would you tell them?

1. I think it's a good idea to switch to cigarettes.
2. I think it's a bad idea to switch to cigarettes.
3. I'm unsure if it's a good or bad idea to switch to cigarettes.

999. Prefer not to answer

ASK: All respondents

G31. Have you ever seen content posted on social media promoting or selling a vaping product?

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

ASK: All respondents.

G32. In the past week, how often did you see content posted on social media promoting or selling a vaping product?

- 1 More than once a day
- 2 About once a day
- 3 A few times in the past week
- 4 About once in the past week
- 5 More than a week ago
- 999 Prefer not to answer

ASK: If G31 = 1.

G33. Over the last 2 weeks, how often have you been bothered by the following problems? (PHQ-4)

		Not at all	Several days	More than half the days	Nearly every day	Prefer Not to Answer
G33_1.	Feeling nervous, anxious or on edge.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₉₉
G33_2.	Not being able to stop or control worrying.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₉₉
G33_3.	Little interest or pleasures in doing things.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₉₉
G33_4.	Feeling down, depressed, or hopeless.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₉₉₉

ASK: All respondents

Y_DEBRIEF. Thank you for taking this survey. This survey was done for the Food and Drug Administration (FDA). FDA studies people’s beliefs about tobacco and nicotine products. This study looked at your tobacco use behaviors as well as your beliefs around tobacco. We wanted to know what you thought about cigarettes and vapes.

We assessed your opinions around some statements, such as “Vaping can increase your risk for developing an anxiety disorder” Some statements were made up for this study and are not facts.

For smokers, completely switching from cigarettes to e cigarettes can lower their risk of getting a disease from tobacco. Using e cigarettes still has risks. The best thing for your health is to quit using all tobacco products. This includes cigarettes and e cigarettes.

If you or a loved one wants to quit tobacco or learn more about its harms, you can call your state’s quitline at 1-800-QUIT-NOW (1-800-784-8669) or visit <https://teen.smokefree.gov/> to learn more about Smokefree Teen, a free web, text, and app-based program for quitting smoking run by the National Cancer Institute.

If you or a loved one needs assistance with mental health you can SAMHSA’s National Helpline 1-800-662-HELP (4357) or via text message 435748 (HELP4U). This is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. If you or someone you know is suicidal or in emotional distress, contact the National Suicide Prevention Lifeline. Trained crisis workers are available to talk 24 hours a day, 7 days a week. 1-800-273-TALK (8255) or [Live Online Chat](#)

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.

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