

MONTHLY MONITORING STUDY: YOUTH AND YOUNG ADULT SCREENER/SURVEY ON ENDS AND EMERGING TOBACCO PRODUCTS

Form Approved
OMB No. 0910-[NEW]
Exp. Date [INSERT DATE]

PROGRAMMER NOTE: FORCE RESPONSES TO ALL SCREENER QUESTIONS. PROGRAM SUCH THAT RESPONSE OPTIONS “DON’T KNOW” AND “PREFER NOT TO ANSWER” ARE EXCLUSIVE.

[SCNR_INTRO]

Welcome to the Speak Out Survey!

The U.S. Food and Drug Administration (FDA) is developing education programs that aim to improve the health of youth and young adults.

To inform these education programs, the FDA is conducting a survey in partnership with RTI International, a non-profit research organization.

- You are being asked to answer a few questions to see if you are eligible for a study of approximately 1,500 youth and young adults in the United States.
- You may only complete this questionnaire **one time**.
- It will only take about **2.5 minutes** to see if you are eligible.
- If we determine you **are eligible**, you will have the opportunity to continue and complete an **additional online survey** for a \$10 electronic amazon gift card.
- You may only take that survey one time and you will only receive one **\$10 electronic amazon gift card** if you complete it. If we find that you have completed the survey more than once, you may not receive a gift card. Once we complete this check, we will send you a **\$10 electronic amazon gift card** to the email address you provide. The gift card will be sent within 1-2 weeks.
- Your answers to the questions will be **kept private** to the fullest extent allowable by law and your participation is voluntary. [Please read our privacy policy before continuing.](#)
- If you have any questions about the survey or incentive, you can contact us at speakout@rti.org.

OMB No: 0910-NEW

Expiration Date: xx/xxx/xxxx

Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 2.5 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRStaff@fda.hhs.gov.

ASK: All respondents

[SCNR_ASSENT]

Do you agree to participate in this short survey?

1. Yes, I agree to participate in this short survey
2. No, I do not want to participate in this short survey

ASK: All respondents

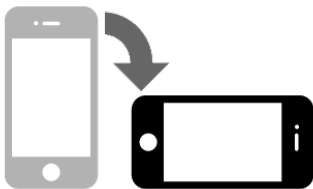
[EXIT_1] [IF SCNR_ASSENT = 2]

Thank you for your time.

ASK: Ask respondents who do not provide assent

[LAND] [IF R IS ON MOBILE DEVICE]

It looks like you are viewing this survey on a mobile device. This survey works best in landscape mode. Taking the survey on a mobile device might take longer.



1. Next

ASK: All respondents who access the survey via a mobile device.

[PRIV]

Please make sure that you can answer the questions in private where no one can see your answers.

1. Next

ASK: All respondents

[DRIV]

Do not answer the questions while driving.

1. Next

ASK: All respondents

[SCNR_INTRO2] [IF FB_AUTH = 1]

The first part of the survey asks a couple general questions about yourself.

ASK: Respondents who agree to FB authorization

[AGE]

How old are you?

_____ years old [RANGE: 5-100]

99. Prefer not to answer

ASK: All respondents

[GENDER_V2]

Are you: Mark all that apply.

- Female
- Male
- Transgender, non-binary, or another gender identity

ASK: All Respondents

[RACE_ETH]

Are you Hispanic or Latino?

1. Yes
2. No

What is your race? (Mark one or more)

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White

ASK: All Respondents

[MEDIA_USE]

Next, we'd like to ask you about your use of TV and other media. What electronic device do you use most often to watch TV shows?

1. TV
2. Computer (laptop or desktop)
3. Tablet (like iPad or Android)
4. Smartphone (like iPhone or Android)
5. I don't watch TV shows
99. Prefer not to answer

ASK: All respondents

[RECENT_MEDIA_V3]

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
a.	Watching TV shows or movies on a TV, desktop or laptop computer, 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"/> 99
b.	Using social media such as Instagram, TikTok, Snapchat, Twitter, or Facebook?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
c.	Gaming?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99

ASK: All respondents

[VAPE_USE] [IF AGE = 15 OR OLDER]

The next questions are about vapes. You may also know them as e-cigarettes.

These products are battery-powered and produce vapor or aerosol instead of smoke. They contain nicotine liquid, sometimes called "e-liquid" or "e-juice," although the amount of nicotine can vary and some may not contain any nicotine at all.

Some can be bought as one-time, disposable products, while others can be bought as re-usable kits that are rechargeable. Some common brands include JUUL, Vuse, Puff Bar, NJOY, and blu.

Please do not include vaping marijuana/THC/CBD/Delta 8 with these products when answering the questions in this section.



When did you last vape, even one time?

1. Earlier today
2. Not today but sometime during the past 7 days
3. Not during the past 7 days but sometime during the past 30 days
4. Not during the past 30 days but sometime during the past 6 months
5. Not during the past 6 months but sometime in the past year
6. 1 to 4 years ago
7. 5 or more years ago
8. I've never vaped
98. Don't know
99. Prefer not to answer

ASK: Respondents who are at least 15 years old.

[VAPE_SUSCEPT] [IF AGE = 15 OR OLDER]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.
Thinking about the future...

		Definitely Yes	Probably Yes	Probably Not	Definitely Not	Prefer Not to Answer
a.	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"/> _99
b.	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"/> _99
c.	If one of your best friends were to offer you a vape , would you use it?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _99

ASK: Respondents who are at least 15 years old.

[VAPE_CURIOUS_V2] [IF VAPE_USE = 8, 98, OR 99 & AGE = 15 OR OLDER]

Are you curious about vaping?

1. Definitely yes
2. Probably yes
3. Probably not
4. Definitely not
99. Prefer not to answer

ASK: Respondents who have never vaped (or PNTA) and are at least 15 years old.

[STATE]

What state do you live in?

[PROGRAMMER NOTE: INCLUDE DROP DOWN LIST OF 50 STATES & WASHINGTON DC. INCLUDE AN OPTION FOR 'I DON'T LIVE IN THE UNITED STATES'. SHOULD APPEAR FIRST IN DROP DOWN. INCLUDE AN OPTION FOR 99. PREFER NOT TO ANSWER. SHOULD APPEAR LAST IN DROP DOWN.]

ASK: All respondents

[ZIP]

What is your zip code?

____ [OPEN TEXT 5 NUMBERS]

99. Prefer not to answer

ASK: All respondents

[DOB]

What is your date of birth?

Please use the following format (MM/DD/YYYY)

____/____/____

99. Prefer not to answer

ASK: All respondents

[EMAIL]

Please enter your email address: _____ [OPEN TEXT]

99. Prefer not to answer

The email address you provide will only be used for the purpose of sending you a digital gift card if you qualify and complete this survey in full. It will **not** be sold or shared with anyone outside of the survey team.

Please make sure your email address is correct.

ASK: All respondents

[EMAIL_VER]

[PROGRAMMER NOTE: VERIFY EMAIL FORMAT AND THAT BOTH EMAIL ADDRESSES MATCH. VERIFY THAT THIS EMAIL WAS NOT USED IN THE PAST 6 MONTHS.]

Please verify your email address: _____

99. Prefer not to answer

ASK: Respondents who provide an email address in EMAIL

[CHECKPOINT, INCLUDE IF:

- 15-30 YEARS OLD BASED ON AGE PROVIDED AND
- 15-30 YEARS OLD BASED ON DOB AND
- STATE \neq I DON'T LIVE IN THE US AND \neq 99 AND
- AGE PROVIDED AND AGE CALCULATED BY DOB MUST MATCH AND
- PROVIDED A VALID EMAIL ADDRESS (EMAIL \neq 99 AND EMAIL_VER = 1) AND
- (VAPE_USE = 1-3) OR (VAPE_USE = 4-7) OR (VAPE_SUSCEPT A, B, OR C \neq 4 AND \neq 99) OR (VAPE_CURIOUS \neq 4 AND \neq 99)]

[QUOTAS (1,500 TOTAL)

- VAPING CATEGORY:
 - o 900 CURRENT USERS (VAPE_USE = 1, 2, OR 3)
 - o 300 EVER USERS (VAPE_USE = 4, 5, 6, 7)
 - o 300 SUSCEPTIBLE, NEVER USERS [(VAPE_USE = 8, 98, OR 99) AND ((VAPE_SUSCEPT A, B, OR C = 1, 2, OR 3) OR (VAPE_CURIOUS = 1, 2, OR 3))]
- RACE/ETHNICITY: NATURAL FALL
- GENDER: ~50% FEMALE/50% MALE
- AGE: 50% < 21 / 50% 21+]

[THANK_YOU] [IF FAIL CHECKPOINT CRITERIA]

Thank you for taking the time to take our eligibility screener. Unfortunately, based on your responses, you do not qualify to participate in our survey.

[EXIT]

OMB No: 0910-NEW

Expiration Date: xx/xx/xxxx

Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 2.5 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRASStaff@fda.hhs.gov.

ASK: Participants who fail the inclusion criteria

[CONTINUE] [IF PASS CHECKPOINT CRITERIA]

You are invited to complete our web survey for a \$10 electronic gift card. The survey will take about 20 minutes. Please click the “Next” button to continue and take the survey now.

1. Next

OMB No: 0910-[NEW]

Expiration Date: [INSERT DATE]

Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 20 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to yourvoicenow@rti.org.

ASK: Respondents who pass the inclusion criteria

MONTHLY MONITORING STUDY; YOUTH AND YOUNG ADULT SURVEY ON EMERGING TOBACCO PRODUCTS

[CONSENT] [IF (SCREENER AGE \geq 18 AND [STATE \neq ALABAMA OR NEBRASKA]) OR
SCREENER AGE \geq 19 AND [STATE = ALABAMA OR NEBRASKA])]
[ATTACHMENT 5. MONTHLY MONITORING STUDY CONSENT FORM]

ASK: All respondents who are 18 years old or older (\geq 19 in NE/AL)

[ASSENT] [IF (SCREENER AGE $<$ 18 OR AND STATE \neq ALABAMA OR NEBRASKA) OR
(SCREENER AGE = 18 AND [STATE = ALABAMA OR NEBRASKA])]
[ATTACHMENT 3. MONTHLY MONITORING STUDY ASSENT FORM]

ASK: All respondents who are 15 to 17 years old ($<$ 19 in NE/AL)

[CONSENTREF] [IF CONSENT = 2 OR ASSENT = 2]
[PROGRAMMER: CODE AS REFUSAL]

Thank you for your time.

ASK: Respondents who refuse to provide consent or assent.

SECTION A: TOBACCO AND VAPE USE

[A1]

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

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

ASK: All respondents

[A67_V2] [IF A1 = 2 OR 99]

Are you curious about smoking cigarettes?

1. Definitely yes
2. Probably yes
3. Probably not
4. Definitely not
99. Prefer not to answer

ASK: Respondents who have never smoked or PNTA

[A2_V2] [IF A1 = 1]

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

1. _____ [0-30 Days]
99. Prefer not to answer

ASK: Respondents who have ever smoked

[A68] [IF A1 = 1]

Do you currently smoke cigarettes fairly regularly?

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

ASK: Respondents who have ever smoked

[A69] [IF A68 = 1]

How old were you when you first started smoking cigarettes fairly regularly?

1. _____ years old [RANGE: 5-24]
99. Prefer not to answer

ASK: Respondents who currently smoke fairly regularly

[A70]

Please tell us if you think the following statements about smoking cigarettes are true.

				Not at	A little	Somewhat	Pretty	Very	Prefer not
--	--	--	--	---------------	-----------------	-----------------	---------------	-------------	-------------------

		all true	true	true	true	true	to Answer
a.	Smoking helps you fit in with other people	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _99
b.	Smoking makes you feel more energetic.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _99
c.	Smoking helps you concentrate on things.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _99
d.	Smoking makes you feel more sure of yourself.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _99
e.	Smoking is something to do when you're bored.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _99
f.	Smoking makes you feel more relaxed.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _99
g.	Smoking cheers you up when you're in a bad mood.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _99

ASK: All respondents

[A85]

What do you think about people who smoke cigarettes? I think they are...

		Not at all						Very	Prefer not to answer
a.	Smart	<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"/> _99
b.	Adventurous	<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"/> _99
c.	Good-looking	<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"/> _99
d.	Cool	<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"/> _99
e.	Popular	<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"/> _99

ASK: All respondents

[A71]

How much do you think people harm themselves when they smoke cigarettes some days but not every day?

1. No harm
2. Little harm
3. Some harm
4. A lot of harm
99. Prefer not to answer

ASK: All respondents

[A100]

Have you ever tried using [tobacco/nicotine product]- examples include cigarettes, little cigars, chewing tobacco)?

- 1. Yes
- 2. No
- 99. Prefer not to answer

ASK: All respondents

[A101] [IF A100 = 2 OR 99]

Are you curious about using [tobacco/nicotine product]?

- 1. Definitely yes
- 2. Probably yes
- 3. Probably not
- 4. Definitely not
- 99. Prefer not to answer

ASK: Respondents who have never used product or PNTA

[A102] [IF A100 = 1]

During the **past 30 days**, on how many days did you use [tobacco/nicotine product]?

- 1. _____ [0-30 Days]
- 99. Prefer not to answer

ASK: Respondents who have ever use product

[A103] [IF A100 = 1]

Do you currently use [tobacco/nicotine product] fairly regularly?

- 1. Yes
- 2. No
- 99. Prefer not to answer

ASK: Respondents who have ever used product

[A104] [IF A103 = 1]

How old were you when you first started using [tobacco/nicotine product] fairly regularly?

- 1. _____ years old [RANGE: 5-24]
- 99. Prefer not to answer

ASK: Respondents who currently use product fairly regularly

[A105]

What do you think about people who use [tobacco/nicotine product]? I think they are...

		Not at all						Very	Prefer not to answer
--	--	-------------------	--	--	--	--	--	-------------	-----------------------------

a.	Smart	<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"/> _99
b.	Adventurous	<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"/> _99
c.	Good-looking	<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"/> _99
d.	Cool	<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"/> _99
e.	Popular	<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"/> _99

ASK: All respondents

[A106]

How much do you think people harm themselves when they use [tobacco/nicotine product] some days but not every day?

1. No harm
2. Little harm
3. Some harm
4. A lot of harm
99. Prefer not to answer

ASK: All respondents

[A107]

Do you believe that [tobacco/nicotine product] is...

1. Less addictive than cigarettes
2. Equally addictive as cigarettes
3. More addictive than cigarettes
98. Don't know
99. Prefer not to answer

ASK: All respondents

[VAPE_INTRO]

Thanks for your answer so far! The next questions are about vapes or e-cigarettes. Please do **NOT** include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

1. Next

ASK: All respondents

[A4_V2] [IF VAPE_USE = 1-3]

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

1. _____ [0-30 Days]
99. Prefer not to answer

ASK: Respondents who reported vaping in the past 30 days.

[A72] [IF VAPE_USE = 1-7]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

Do you currently **vape** fairly regularly?

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

ASK: Respondents who have ever vaped

[A73] [IF A72 = 1]

How old were you when you first started **vaping** fairly regularly?

1. _____years old [RANGE: 5-24]
99. Prefer not to answer

ASK: Respondents who currently vape fairly regularly

[A5] [IF VAPE_USE = 1-7]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

How many times have you vaped in your entire life? (Assume that one “time” consists of around 15 puffs or lasts around 10 minutes)

1. 0 times
2. 1 time (around 15 puffs or 10 minutes)
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
99. Prefer not to answer

ASK: Respondents who reported having ever tried vaping.

[A74]

How much do you think people harm themselves when they vape some days but not every day?

1. No harm
2. Little harm
3. Some harm
4. A lot of harm
99. Prefer not to answer

ASK: All respondents

[A75_V2]

Do you believe that vapes are...

1. Less addictive than cigarettes
2. Equally addictive as cigarettes
3. More addictive than cigarettes
98. Don't know
99. Prefer not to answer

ASK: All respondents

[A48_V2] [IF VAPE_USE = 1-3;
RANDOMIZE RESPONSE OPTIONS]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

What are the most important reasons you CURRENTLY vape? Select up to 3.

1. To help me quit regular cigarettes
2. To see what it's like
3. Because it looks cool
4. To have a good time with my friends
5. Because I have nothing else to do
6. Because it tastes good
16. Because I like to vape when I drink alcohol
7. Because I can hide it from others
8. Because regular cigarette use is not permitted where I vape
9. Because it is not harmful
14. Because vapes are less harmful than regular cigarettes
10. To relax or relieve tension
11. To feel good or get a nicotine buzz
15. To boost my mood
17. To help me cope with mental health issues
12. Because I am 'hooked' or addicted
13. [other reason]
14. Other (please specify) _____ [OPEN TEXT; ANCHOR]
99. Prefer not to answer [EXCLUSIVE; ANCHOR]

ASK: Respondents who reported vaping in the past 30 days.

[A76] [IF VAPE_USE = 1-3]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

When you vape, do you usually vape...

1. Nicotine
2. Zero-nicotine e-liquid
3. Both nicotine and zero-nicotine e-liquid
98. Don't know
99. Prefer not to answer

ASK: Respondents who reported vaping in the past 30 days.

[A77] [IF A76 = 1]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

How much nicotine is in the cartridges, pods, or e-liquids you usually vape?

1. < 2% or < 20 mg/mL
2. 2%-4.9% or 20-49 mg/mL
3. 5% or 50 mg/mL
98. Don't know
99. Prefer not to answer

ASK: Respondents who reported vaping nicotine

[A8_V3] [IF VAPE_USE = 1-3]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

During the **past 30 days**, where did you vape most often? Select all that apply.

1. At home (indoors or outdoors)
6. At school (indoors or outdoors)
7. At work (indoors or outdoors)
8. Indoor public place, not including school or work (e.g., store, restaurants, sports arenas)
9. Outdoor public place, not including school or work (e.g., parking lots, stadiums, parks)
4. In the car
5. [other location]
6. Other (please specify) _____ [OPEN TEXT]
99. Prefer not to answer [EXCLUSIVE]

ASK: Respondents who reported vaping in the past 30 days.

[A49_V2] [IF A8_V3 = 6]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

During the **past 30 days**, where did you vape at school most often?

1. Inside a school bathroom or locker room
2. Inside a classroom
3. Inside some other area of the school (hallway, cafeteria)
4. Outside of the school, such as in the parking lot, sidewalk, sports fields, or other school grounds
5. [other location]
6. Somewhere else not listed here (please specify) _____ [OPEN TEXT]
99. Prefer not to answer [EXCLUSIVE]

ASK: Respondents who reported vaping at school most often

[A50] [IF VAPE_USE = 1-3]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

Do you think you could stop vaping anytime you want?

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

ASK: Respondents who reported vaping in the past 30 days.

[A79] [IF VAPE_USE = 1-3]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

On the days that you can vape freely, how soon after you wake up do you vape?

1. 0-5 minutes
2. 6-15 minutes
3. 16-30 minutes
4. 31-60 minutes
5. 61-120 minutes
6. 121 or more minutes
99. Prefer not to answer

ASK: Respondents who reported vaping in the past 30 days.

[A80] [IF VAPE_USE = 1-3]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

On a scale of 0% (not addicted) to 100% (extremely addicted), how addicted to vapes do you think you are?

Not addicted: 0% - 100% Extremely addicted [SLIDING SCALE INCREMENTS OF 1%]

99. Prefer not to answer

ASK: Respondents who reported vaping in the past 30 days.

[A9_V2] [IF VAPE_USE = 1-3]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

During the **past 30 days**, did you stop vaping because you were trying to quit for good?

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

ASK: Respondents who reported vaping in the past 30 days.

[A10_V2] [IF A9_V2 = 1

RANDOMIZE RESPONSE OPTIONS]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

Why were you trying to quit vaping? Select all that apply.

1. I was concerned about my health
7. I did not like the way vaping made me feel
2. I did not want to become addicted
5. I was concerned that I was addicted
3. I was spending too much money on vapes
8. I am no longer interested in vaping
6. My family or friends wanted me to quit
7. [other reason]
4. Other (please specify) _____ [OPEN TEXT; ANCHOR]
99. Prefer not to answer [EXCLUSIVE; ANCHOR]

ASK: Respondents who reported trying to quit in the past 30 days

[A33] [IF A9_V2 = 1]

Did you try any of the following strategies when you tried to quit? Select all that apply.

1. Avoid situations that trigger me to vape
2. Avoid people who I usually vape around
3. Distract myself by doing something else instead of vaping
4. Get support when I wanted to vape
5. Get rid of my vaping products
6. Use another nicotine product instead of vaping
7. Use marijuana instead of vaping
8. Use a vaping product with no nicotine and no marijuana
9. [other strategy]
9. Other (please describe) _____ [OPEN TEXT]
99. Prefer not to answer [EXCLUSIVE]

ASK: Respondents who reported trying to quit in the past 30 days

[A51_V2] [IF A9_V2 = 1]

Before you tried to quit vaping were you using any of the following products? Select all that apply.

1. Nicotine patches, nicotine gum, or some other type of nicotine replacement therapy (NRT)
2. Cigarettes
3. Cigarillos, cigars, or little cigars (tobacco only, not including marijuana; like Swisher Sweets or Black & Milds)
4. Marijuana/THC/CBD/Delta 8
5. Hookah (like Mya Sarav or Starbuzz)
8. Smokeless tobacco (like Copenhagen, Skoal, or Camel Snus)
9. Nicotine pouches (like ZYN, Velo, or On!)
10. [other tobacco/nicotine product]
6. Something else (please describe) _____ [OPEN TEXT]
7. I did not use another product [EXCLUSIVE]

99. Prefer not to answer [EXCLUSIVE]

ASK: Respondents who reported trying to quit in the past 30 days

[A53_V2] [IF A51_V2 = 2]

When you stopped vaping, did you smoke **cigarettes**...

1. More
2. Less
3. About the same
99. Prefer not to answer [EXCLUSIVE]

ASK: Respondents who smoked cigarettes before trying to quit vaping in the past 30 days

[A54_V2] [IF A51_V2 = 3]

When you stopped vaping, did you smoke **cigarillos, cigars or little cigars**...

1. More
2. Less
3. About the same
99. Prefer not to answer [EXCLUSIVE]

ASK: Respondents who used LCCs before trying to quit vaping in the past 30 days

[A55] [IF A51_V2 = 4]

When you stopped vaping, did you use **marijuana/THC/CBD/Delta 8**...

1. More
2. Less
3. About the same
99. Prefer not to answer [EXCLUSIVE]

ASK: Respondents who used marijuana/THC/CBD/Delta 8 before trying to quit vaping in the past 30 days

[A56_V2] [IF A51_V2 = 5]

When you stopped vaping, did you smoke **hookah**...

1. More
2. Less
3. About the same
99. Prefer not to answer [EXCLUSIVE]

ASK: Respondents who used hookah before trying to quit vaping in the past 30 days

[A86] [IF A51_V2 = 8]

When you stopped vaping, did you use **smokeless tobacco** (like Copenhagen, Skoal, or Camel Snus) ...

1. More
2. Less
3. About the same

99. Prefer not to answer [EXCLUSIVE]

ASK: Respondents who used smokeless tobacco before trying to quit vaping in the past 30 days

[A87] [IF A51_V2 = 9]

When you stopped vaping, did you use **nicotine pouches** (like ZYN, Velo, or On!)...

1. More
2. Less
3. About the same
99. Prefer not to answer [EXCLUSIVE]

ASK: Respondents who used nicotine pouches before trying to quit vaping in the past 30 days

[A108] [IF A51_V2 = 10]

When you stopped vaping, did you use [tobacco/nicotine product]...

1. More
2. Less
3. About the same
99. Prefer not to answer [EXCLUSIVE]

ASK: Respondents who used product before trying to quit vaping in the past 30 days

[A57] [IF A51_V2 = 6]

When you stopped vaping, did you use the other product you mentioned, “[PIPE A51r6]”...

1. More
2. Less
3. About the same
99. Prefer not to answer [EXCLUSIVE]

ASK: Respondents who used another tobacco product before trying to quit vaping in the past 30 days

[A11_V3] [IF A9_V2 = 1]

When you stopped vaping, did you start using any of the following? Select all that apply.

1. Nicotine patches, nicotine gum, or some other type of nicotine replacement therapy (NRT) [SHOW IF NOT SELECTED IN A51]
2. Cigarettes [SHOW IF NOT SELECTED IN A51]
3. Cigarillos, cigars, or little cigars (tobacco only, not including marijuana; like Swisher Sweets or Black & Milds) [SHOW IF NOT SELECTED IN A51]
4. Marijuana/THC/CBD/Delta 8 [SHOW IF NOT SELECTED IN A51]
5. Hookah (like Mya Sarav or Starbuzz) [SHOW IF NOT SELECTED IN A51]
8. Smokeless tobacco (like Copenhagen, Skoal, or Camel Snus) [SHOW IF NOT SELECTED IN A51]
9. Nicotine pouches (like ZYN, Velo, or On!) [SHOW IF NOT SELECTED IN A51]
10. [other tobacco/nicotine product] [SHOW IF NOT SELECTED IN A51]
6. I started using something else (please describe) _____ [OPEN TEXT]
7. I did not start using another product when I stopped vaping [EXCLUSIVE]
99. Prefer not to answer [EXCLUSIVE]

ASK: Respondents who reported trying to quit in the past 30 days

[A59_V2] [IF A11_V3 = 2]

When you stopped vaping, why did you start smoking **cigarettes**?

1. _____ [OPEN TEXT]
98. Don't know
99. Prefer not to answer

ASK: Respondents who switched to cigarettes when they tried to quit

[A60_V2] [IF A11_V3 = 3]

When you stopped vaping, why did you start smoking **cigarillos, cigars, or little cigars**?

1. _____ [OPEN TEXT]
98. Don't know
99. Prefer not to answer

ASK: Respondents who switched to cigarillos, cigars, or little cigars when they tried to quit

[A61] [IF A11_V3 = 4]

When you stopped vaping, why did you start using **marijuana/THC/CBD/Delta 8**?

1. _____ [OPEN TEXT]
98. Don't know
99. Prefer not to answer

ASK: Respondents who switched to marijuana/THC/CBD/Delta 8 when they tried to quit

[A62_V2] [IF A11_V3 = 5]

When you stopped vaping, why did you start smoking **hookah**?

1. _____ [OPEN TEXT]
98. Don't know
99. Prefer not to answer

ASK: Respondents who switched to hookah when they tried to quit

[A88] [IF A11_V3 = 8]

When you stopped vaping, why did you start using **smokeless tobacco (like Copenhagen, Skoal or Camel Snus)**?

1. _____ [OPEN TEXT]
98. Don't know
99. Prefer not to answer

ASK: Respondents who switched to smokeless tobacco when they tried to quit

[A89] [IF A11_V3 = 9]

When you stopped vaping, why did you start using **nicotine pouches** (like ZYN, Velo or On!)?

1. _____ [OPEN TEXT]

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

ASK: Respondents who switched to nicotine pouches when they tried to quit

[A109] [IF A11_V3 = 10]

When you stopped vaping, why did you start using [tobacco/nicotine product]?

- 1. _____ [OPEN TEXT]
- 98. Don't know
- 99. Prefer not to answer

ASK: Respondents who switched to product when they tried to quit

[A63] [IF A11_V3 = 6]

When you stopped vaping, why did you start using the other product you mentioned, “[PIPE A11_V3r6]?”

- 1. _____ [OPEN TEXT]
- 98. Don't know
- 99. Prefer not to answer

ASK: Respondents who switched to another tobacco product when they tried to quit

[A12] [IF VAPE_USE = 1-3]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

How much do you want to stop vaping?

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

ASK: Respondents who reported vaping in the past 30 days

[A81] [IF A76 = 1 OR 3]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

Have you ever gradually reduced the amount of nicotine you vape as a strategy to quit vaping?

- 1. Yes
- 2. No
- 99. Prefer not to answer

ASK: Respondents who vape nicotine

[A82_V2] [IF A81 = 1]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

Please describe how you reduced the nicotine you vape.

1. _____ [OPEN TEXT]
99. Prefer not to answer

ASK: Respondents who have ever tried to quit by reducing their nicotine

[ATTENTION1]

To show us that you are paying attention, please select “Often” as your response to this item.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often
99. Prefer not to answer

ASK: All Respondents.

[BRAND_INTRO]

Thanks for all your responses! We now want to ask you about different vape brands.

ASK: All Respondents.

[A13T] [INSERT PRODUCT PICTURES FROM ATTACHMENT 9;
RANDOMIZE RESPONSE OPTIONS]

Have you heard about any of the following vape brands? Select all that apply.

1. [brand]
2. [brand]
3. [brand]
4. [brand]
5. [brand]
6. [brand]
7. [brand]
8. [brand]
9. [brand]
10. [brand]
11. None of these [EXCLUSIVE; ANCHOR]
98. Don't know [EXCLUSIVE; ANCHOR]
99. Prefer not to answer [EXCLUSIVE; ANCHOR]

ASK: All respondents

[A13B] [INSERT PRODUCT PICTURES FROM ATTACHMENT 9;
RANDOMIZE RESPONSE OPTIONS]

Have you heard about any of the following vape brands? Select all that apply.

1. [brand]
2. [brand]
3. [brand]
4. [brand]
5. [brand]
6. [brand]
7. [brand]
8. [brand]
9. [brand]
10. [brand]
11. None of these [EXCLUSIVE; ANCHOR]
98. Don't know [EXCLUSIVE; ANCHOR]
99. Prefer not to answer [EXCLUSIVE; ANCHOR]

ASK: All respondents

[A13N] [INSERT PRODUCT PICTURES FROM ATTACHMENT 9;
RANDOMIZE RESPONSE OPTIONS]

Have you heard about any of the following vape brands? Select all that apply.

1. [brand]
2. [brand]
3. [brand]
4. [brand]
5. [brand]
6. [brand]
7. [brand]
8. [brand]
9. [brand]
10. [brand]
11. None of these [EXCLUSIVE; ANCHOR]
98. Don't know [EXCLUSIVE; ANCHOR]
99. Prefer not to answer [EXCLUSIVE; ANCHOR]

ASK: All respondents

[A14_V2]

What other brand(s) of vapes have you heard about? Select all that apply. You may type to search for brands and can select multiple answers from the list.

[POPULATE DROPDOWN WITH BRANDS LIST AND RANDOMIZE THE LIST WITH "OTHER," "NO OTHER BRANDS," AND "PREFER NOT TO ANSWER" PINNED AT THE TOP]

ASK: All respondents

[A14_V2_OTHER] [IF A14_V2 = "Other"]

What other brand(s) of vapes have you heard about?

_____ [OPEN TEXT]

ASK: Respondents who chose “other” in A14_V2

[A15T] [IF VAPE_USE = 1-3]

[INSERT PRODUCT PICTURES FROM ATTACHMENT 9;
RANDOMIZE RESPONSE OPTIONS]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

During the **past 30 days**, what vape brands did you use most often? Select all that apply.

1. [brand]
2. [brand]
3. [brand]
4. [brand]
5. [brand]
6. [brand]
7. [brand]
8. [brand]
9. [brand]
10. [brand]
11. None of these [EXCLUSIVE; ANCHOR]
98. Don't know [EXCLUSIVE; ANCHOR]
99. Prefer not to answer [EXCLUSIVE; ANCHOR]

ASK: Respondents who reported vaping in the past 30 days.

[A15T] [IF VAPE_USE = 1-3]

[INSERT PRODUCT PICTURES FROM ATTACHMENT 9;
RANDOMIZE RESPONSE OPTIONS]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

During the **past 30 days**, what vape brands did you use most often? Select all that apply.

1. [brand]
2. [brand]
3. [brand]
4. [brand]
5. [brand]
6. [brand]
7. [brand]
8. [brand]
9. [brand]
10. [brand]
11. None of these [EXCLUSIVE; ANCHOR]
98. Don't know [EXCLUSIVE; ANCHOR]
99. Prefer not to answer [EXCLUSIVE; ANCHOR]

ASK: Respondents who reported vaping in the past 30 days.

[A15N] [IF VAPE_USE = 1-3]

[INSERT PRODUCT PICTURES FROM ATTACHMENT 9;
RANDOMIZE RESPONSE OPTIONS]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

During the **past 30 days**, what vape brands did you use most often? Select all that apply.

1. [brand]
2. [brand]
3. [brand]
4. [brand]
5. [brand]
6. [brand]
7. [brand]
8. [brand]
9. [brand]
10. [brand]
11. None of these [EXCLUSIVE; ANCHOR]
98. Don't know [EXCLUSIVE; ANCHOR]
99. Prefer not to answer [EXCLUSIVE; ANCHOR]

ASK: Respondents who reported vaping in the past 30 days.

[A15_11_SEL] [IF A15 = 11]

Please select the other vape brand(s) that you use most often. You may type to search for brands and can select multiple answers from the list.

[POPULATE DROPDOWN WITH BRANDS LIST AND RANDOMIZE THE LIST
WITH "SOMETHING ELSE" "NO OTHER BRANDS," AND "PREFER NOT TO
ANSWER" PINNED AT THE TOP]

ASK: Respondents who select something else in A15

[A15_OTHER] [IF A15_11_SEL = "Something else"]

What other brand(s) do you use most often?

_____ [OPEN TEXT]

ASK: Respondents who select something else in A15_11_SEL

[A16_V2] [IF A15_V2 = 1-25;

RANDOMIZE RESPONSE OPTIONS]

Why did you use the brand(s) that you selected instead of other vape brands? Select all that apply.

1. My friends use them
2. I like the flavors
11. They have more nicotine than other brands
12. They have less nicotine than other brands
3. They are easy to use
10. They are easy to get
13. They have the type of device I like (disposable, pod, tank)

4. I like the box they come in
5. I like the brand or advertisements
6. The price is low
8. Using them is convenient
9. I like their quality
14. [other reason]
7. Other reason (please specify) _____ [OPEN TEXT; ANCHOR]
98. Don't know [EXCLUSIVE; ANCHOR]
99. Prefer not to answer [EXCLUSIVE; ANCHOR]

ASK: Respondents who chose at least one brand in A15.

[A17_V2] [IF (A13 = 1-10 OR 12-25) OR (A15 = 1-25)]

How did you hear about the brand(s) you selected? Select all that apply.

1. From a friend (not online)
2. On social media
3. From the vape brand's website
4. From a vape retailer/store's website
5. Vaping forum, blog, or product review website
6. TV
7. Radio
8. Magazine or newspaper
10. [other source]
9. Other (please specify) _____ [OPEN TEXT]
98. Don't know [EXCLUSIVE]
99. Prefer not to answer [EXCLUSIVE]

ASK: Respondents who chose at least one brand in A13 or A15

[A66_V3] [IF A17_V2=2]

Who posted the information you saw on social media about the brand(s) you selected? Select all that apply.

1. A friend I follow on social media
2. A personality, influencer, or celebrity I follow on social media
3. A person I don't know and don't follow on social media
4. The company that sells the brand
6. A vaping retailer/store
7. [other source]
5. Other (please specify) _____ [OPEN TEXT]
98. Don't know [EXCLUSIVE]
99. Prefer not to answer [EXCLUSIVE]

ASK: Respondents who heard about vaping brands on social media

[A18_V2] [IF A17_V2=2 OR 5]

Where did you see information about the brand(s) you selected? Select all that apply.

1. Reddit

2. Instagram
3. TikTok
4. Snapchat
5. Facebook
6. Twitter
8. YouTube
9. [other platform]
7. Other website or social media platform (please specify) _____ [OPEN TEXT]
98. Don't know [EXCLUSIVE]
99. Prefer not to answer [EXCLUSIVE]

ASK: Respondents who heard about vaping brands online

[A19_V2] [IF ((VAPE_SUSCEPT A, B, OR C ≠ 4 AND ≠ 99) OR (VAPE_CURIOUS = 1, 2, OR 3)) AND VAPE_USE = 8, 98, OR 99]
 [INSERT PRODUCT PICTURES FROM ATTACHMENT 9]

Before today, had you heard of any of the following types of vapes? Select all that apply.

1. A disposable device that you throw away when it's empty (like blu, Puff Bar, or Bidi Stick)
2. A device that uses prefilled cartridges or pods that you replace when they are empty (like a JUUL)
3. A device with a tank that is either pre-filled or you refill with liquids (like Suorin Drop or SMOK Novo)
5. [other device type]
4. Some other type of vape device (please specify) _____ [OPEN TEXT]
98. Don't know [EXCLUSIVE]
99. Prefer not to answer [EXCLUSIVE]

ASK: Respondents who never tried vaping and are either susceptible or curious about vaping.

[A20_V2] [IF VAPE_USE = 1-3]
 [INSERT PRODUCT PICTURES FROM ATTACHMENT 9]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

For the following question, please think about the vape device you use most often. What kind is it?

1. A disposable device that you throw away when it's empty (like blu, Puff Bar, or Bidi Stick)
2. A device that uses prefilled cartridges or pods that you replace when they are empty (like a JUUL)
3. A device with a tank that is either prefilled or you refill with liquids (like Suorin Drop or SMOK Novo)
5. [other device type]
4. Some other type of vape device (please specify) _____ [OPEN TEXT]
98. Don't know [EXCLUSIVE]
99. Prefer not to answer [EXCLUSIVE]

ASK: Respondents who reported vaping in past 30 days.

[A83] [IF A20 = 1-4]

[FILL FROM A20_V2 WITH SHORTENED VERSIONS: 1. a disposable device; 2. prefilled cartridges or pods; 3. a tank; 4. the other type of device]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

Why do you use [FILL FROM A20_V2] most often?

_____ [OPEN TEXT]

99. Prefer not to answer

ASK: Respondents who chose a device type they use most often

[A22] [IF VAPE_USE = 1-3]

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

Where did you buy or get the vape device you use most often?

1. Gas station
2. Convenience store
3. Grocery store
4. Drug store
5. Vape shop
6. Online
9. Bought it from a friend or family member
7. I didn't buy it (someone gave it to me or shared it with me)
10. [other location/source]
8. Somewhere else (please specify) _____ [OPEN TEXT]
98. Don't know
99. Prefer not to answer

ASK: Respondents who reported vaping in past 30 days.

[A31_V2] [IF VAPE_USE = 1-7 & (A20_V2 & A21 ≠ 1) OR (A20_V2 & A21 = MISSING)]

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

Now, we would like to ask you about **disposable** vape devices (like blu, Puff Bar, or Bidi Stick) that you throw away when they are empty because they are **not rechargeable or refillable**.

Have you ever vaped a **disposable** device (like blu, Puff Bar, or Bidi Stick) that is **not rechargeable or refillable**?



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

ASK: Respondents who reported ever vaping and did not report using disposable devices or skipped A20_V2/A21.

[A94] [IF A31_V2 = 1]

During the **past 30 days**, on how many days did you vape a **disposable** device (like blu, Puff Bar, or Bidi Stick) that is **not rechargeable or refillable**??

1. _____ [0-30 Days]
99. Prefer not to answer

ASK: Respondents who have ever used disposable vape

[A32] [IF A20_V2 = 1 OR A21 = 1 OR A31 = 1]

[PROGRAMMER: IF MISSING A31, INCLUDE THE FOLLOWING INTRO: Now, we would like to ask you about **disposable** devices (like blu, Puff Bar, or Bidi Stick) that are **not rechargeable or refillable.**]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

When you vaped using a **disposable** device, what flavors did you use? Select all that apply.

1. Tobacco-flavored
2. Menthol
3. Mint
4. Fruit
5. Candy, desserts, or other sweets
7. [other flavor]
6. Some other flavor (please specify) _____ [OPEN TEXT]
98. Don't know [EXCLUSIVE]

99. Prefer not to answer [EXCLUSIVE]

ASK: Respondents who reported using disposable devices or disposable device use is missing.

[A39]

In this section, we'd like to ask you about **tobacco-free nicotine (TFN)** and **synthetic nicotine**. These are sometimes also referred to as non-tobacco nicotine.

Tobacco-free nicotine (TFN): Nicotine that is taken from a tobacco plant but does not include the tobacco leaves.

Synthetic nicotine: Nicotine that is created in a lab and does not come from a tobacco plant.

Before today, did you think that **tobacco-free nicotine (TFN)** and **synthetic nicotine** were the same thing?

1. Yes
2. No
98. Don't know
99. Prefer not to answer

ASK: All respondents

[A40]

The next two questions are about **tobacco-free nicotine (TFN)**.

Before today, had you heard of **tobacco-free nicotine (TFN)**?

1. Yes
2. No
98. Don't know
99. Prefer not to answer

ASK: All respondents

[A41] [IF A40 = 1]

Have you ever vaped **tobacco-free nicotine (TFN)**?

1. Yes
2. No
98. Don't know
99. Prefer not to answer

ASK: Respondents who have heard of tobacco-free nicotine.

[A42]

The next few questions ask about **synthetic nicotine**.

Before today, had you heard of **synthetic nicotine**?

1. Yes
2. No

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

ASK: All respondents

[A43] [IF A42 = 1]

Have you ever vaped **synthetic nicotine**?

- 1. Yes
- 2. No
- 98. Don't know
- 99. Prefer not to answer

ASK: Respondents who have heard of synthetic nicotine.

[A44] [IF A43 = 1]

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

- 1. _____ [0-30 Days]
- 99. Prefer not to answer

ASK: Respondents who have ever vaped synthetic nicotine.

[A45] [IF A43 = 1]

What brands have you vaped with **synthetic nicotine**?

- 1. _____ [OPEN TEXT]
- 98. Don't know
- 99. Prefer not to answer

ASK: Respondents who have ever vaped synthetic nicotine.

[A46]

Compared to nicotine that comes from a tobacco plant, do you think that **synthetic nicotine** is...

- 1. Less harmful to your health
- 2. Equally harmful to your health
- 3. More harmful to your health
- 98. Don't know
- 99. Prefer not to answer

ASK: All respondents

[A47]

Compared to nicotine that comes from a tobacco plant, do you think that **synthetic nicotine** is...

- 1. Less addictive
- 2. Equally addictive
- 3. More addictive
- 98. Don't know
- 99. Prefer not to answer

ASK: All respondents

[A90]

Please indicate if you think the following statements are true or false.
The FDA is responsible for making rules about products that contain...

		True	False	Don't know	Prefer not to answer
a.	nicotine from a tobacco plant.	1	2	98	99
b.	nicotine made in a lab (synthetic nicotine).	1	2	98	99

ASK: All respondents

[B12_V3]

In general, how much do you trust information from the FDA?

1. A lot
2. Some
3. A little
4. Not at all
5. I have never heard of the FDA
98. Don't know
99. Prefer not to answer

ASK: All respondents

[B17]

Recently, the FDA said it was OK for stores to sell tobacco-flavored Vuse vapes in the U.S.

How does this information change your opinion, if at all, about the safety of **Vuse vapes**?

1. Makes me think Vuse vapes are safe
2. Makes me think Vuse vapes are **not** safe
3. Does not change my opinion
98. Don't know
99. Prefer not to answer

ASK: All respondents

[B18]

Recently, the FDA said it was OK for stores to sell tobacco-flavored Vuse vapes in the U.S.

How does this information change your opinion, if at all, about the safety of **vaping in general**?

1. I now think vaping is safer than I used to think
2. I now think vaping is less safe than I used to think
3. Does not change my opinion about the safety of vaping
98. Don't know
99. Prefer not to answer

ASK: All respondents

[B19]

Recently, the FDA said it was OK for stores to sell [*authorized vape product*] in the U.S.

How does this information change your opinion, if at all, about the safety of [*authorized vape product*]?

1. Makes me think [*authorized vape product*] are safe
3. Makes me think [*authorized vape product*] are **not** safe
4. Does not change my opinion
98. Don't know
99. Prefer not to answer

ASK: All respondents

[B20]

Recently, the FDA said it was OK for stores to sell [*authorized vape product*] in the U.S.

How does this information change your opinion, if at all, about the safety of **vaping in general**?

1. I now think vaping is safer than I used to think
3. I now think vaping is less safe than I used to think
4. Does not change my opinion about the safety of vaping
98. Don't know
99. Prefer not to answer

ASK: All respondents

[INFO_INTRO]

Thank for all your answers! The next few questions are about your use of media and where you get information about vapes and health.

ASK: All respondents

[A25_V2] [\[RANDOMIZE RESPONSE OPTIONS\]](#)

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

Who do you trust for getting **health** information about vapes? Select all that apply.

1. Friends (online or in-person)
2. People on social media I don't personally know (like an influencer or celebrity)
3. Vape brand/company's website or social media
17. Online forums or communities (like Reddit or Discord)
18. News source (like TV news, online news aggregator, newspaper)
5. Vape stores/retailers (like vape shop staff)
6. The U.S. Food and Drug Administration (FDA)
7. The Centers for Disease Control and Prevention (CDC)
8. Other government sources (like the WHO, state health department)

9. Doctors/health care professionals
10. Anti-vape ads (like *truth*[®], *The Real Cost*)
11. Parent, teacher, or coach
19. [other source]
12. No one [EXCLUSIVE; ANCHOR]
13. Other (please specify) _____ [OPEN TEXT; ANCHOR]
98. Don't know [EXCLUSIVE; ANCHOR]
99. Prefer not to answer [EXCLUSIVE; ANCHOR]

ASK: All respondents

[A24_V2] [RANDOMIZE RESPONSE OPTIONS]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

Who do you trust for getting information on **vape brands and vape devices**? Select all that apply.

1. Friends (online or in-person)
2. People on social media I don't personally know (like an influencer or celebrity)
3. Vape brand/company's website or social media
17. Online forums or communities (like Reddit or Discord)
18. News source (like TV news, online news aggregator, newspaper)
5. Vape stores/retailers (like vape shop staff)
6. The U.S. Food and Drug Administration (FDA)
7. The Centers for Disease Control and Prevention (CDC)
8. Other government sources (like the WHO, state health department)
9. Doctors/health care professionals
10. Anti-vape ads (like *truth*[®], *The Real Cost*)
11. Parent, teacher, or coach
19. [other source]
12. No one [EXCLUSIVE; ANCHOR]
13. Other (please specify) _____ [OPEN TEXT; ANCHOR]
98. Don't know [EXCLUSIVE; ANCHOR]
99. Prefer not to answer [EXCLUSIVE; ANCHOR]

ASK: All respondents

[A92]

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
1. A few times in the past week
1. About once in the past week
1. More than a week ago
1. Prefer not to answer

ASK: All respondents

[A93]

In the past week, how often did you see content posted on social media about the harms of vaping?

1. More than once a day
2. About once a day
2. A few times in the past week
2. About once in the past week
2. More than a week ago
99. Prefer not to answer

ASK: All respondents

[A27_V2]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

How concerned are you about developing a lung injury because of vaping?

1. Not at all concerned
2. Somewhat concerned
4. Concerned
5. Very concerned
99. Prefer not to answer

ASK: All respondents

[A30]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions.

How long do you think someone has to vape before it harms their health?

1. It will never harm their health
2. Less than a year
3. At least 1 year but less than 5 years
4. At least 5 years but less than 10 years
5. At least 10 years but less than 20 years
6. 20 years or more
98. Don't know
99. Prefer not to answer

ASK: All respondents

[B8] [IF VAPE_USE= 8]

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

How has COVID-19 impacted your interest in trying vaping? Since COVID-19, I am...

1. Less interested
2. About the same
3. More interested
99. Prefer not to answer

ASK: Respondents who are never vapers

How much do you agree with the following statements?

[B9]

In my opinion, vaping may increase the risk for getting sick from COVID-19.

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

ASK: All respondents

[B10]

In my opinion, vaping may weaken the immune system, making people more at risk for getting sick from COVID-19.

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

ASK: All respondents

[B11]

In my opinion, vaping may make COVID-19 symptoms worse.

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

ASK: All respondents

[A26] Please do NOT include vaping marijuana/THC/CBD when answering these questions.

Thinking about your closest friends, how would you describe their views on vaping?

1. Very positive

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

ASK: All respondents

[A28] Please do NOT include vaping marijuana/THC/CBD when answering these questions.

In the past 12 months, have your parents or family members talked with you, even once, about not vaping?

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

ASK: All respondents

[A29] **[IF AGE = 15-17]**

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

If your parents or guardians found you vaping, how do you think they would react?

1. They would be very upset
2. They would be a little upset
3. They would not be upset at all
98. Don't know
99. Prefer not to answer

ASK: Respondents ages 15-17

[D1_V2]

Please do NOT include marijuana/THC/CBD/Delta 8 when answering these questions.

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

1. Cigarettes
2. Smokeless tobacco (like Copenhagen, Skoal, or Camel Snus)
8. Nicotine pouches (like ZYN, Velo or On!)
3. Cigars, cigarillos, or little cigars (like Swisher Sweets or Black & Milds)
4. Hookah (like Mya Sarav, Starbuzz)
5. Vaping devices
8. *[other tobacco/nicotine product]*
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

[EXCLUSIVE]

98. Don't know **[EXCLUSIVE]**
99. Prefer not to answer **[EXCLUSIVE]**

ASK: All respondents

[A84]

Please do NOT include vaping marijuana/THC/CBD/Delta 8 when answering these questions

Which of the following best describes vaping inside your home?

1. Vaping is allowed anywhere in your home
2. Vaping is **never** allowed **anywhere** in your home
3. Something in between
98. Don't know
99. Prefer not to answer

ASK: All respondents

[D3_V2]

How old do you have to be to legally purchase **nicotine** vaping devices where you live?

1. 16 years old
2. 17 years old
3. 18 years old
4. 19 years old
5. 20 years old
6. 21 years old
7. 22 years old
98. Don't know
99. Prefer not to answer

ASK: All respondents

[ATTENTION2]

Please select "Disagree" as your answer.

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

ASK: All respondents

[ATTENT_FAIL] [IF ATTENTION1 ≠ 4 & ATTENTION2 ≠ 2]

Thank you for your time. Unfortunately, you no longer qualify for our survey.

ASK: Respondents who answer both attention check items incorrectly

SECTION C: MARIJUANA

[C_INTRO_MJ]

In this section, we'd like to know about your use of different forms of marijuana, including THC, CBD, and Delta 8.

1. Next

ASK: All respondents

[C1_V2] [PROGRAMMER: 3, 98, AND 99 ARE EXCLUSIVE]

Which of the following have you ever **vaped**? Select all that apply.

1. THC, concentrates or dabs, flower, or hash oils
2. CBD
4. Delta 8
3. I have never vaped marijuana (THC, CBD, or Delta 8)
98. Don't know
99. Prefer not to answer

ASK: All Respondents

[C2_V2] [IF C1 = 1 OR 99]

During the **past 30 days**, on how many days did you **vape THC**, concentrates or dabs, flower, or hash oils?

1. _____ [0-30 Days]
99. Prefer not to answer

ASK: Respondents who reported ever vaping marijuana (or PNTA)

[C3] [IF C1 = 2 OR 99]

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

1. _____ [0-30 Days]
99. Prefer not to answer

ASK: Respondents who reported ever vaping CBD (or PNTA)

[C11]

Earlier we asked about vaping marijuana. This question is about **smoking marijuana**.

Have you ever **smoked marijuana/THC/CBD/Delta 8** (like in a pipe, joint, or blunt)?

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

ASK: All respondents

[C6] [IF C11 = 1 OR 99]

During the **past 30 days**, on how many days did you **smoke marijuana/THC/CBD/Delta 8** (like in a pipe, joint, or blunt)?

1. _____ [0-30 days]

99. Prefer not to answer

ASK: Respondents who reported ever smoking marijuana (or PNTA)

[D12_V2]

Other than you, has anyone who lives with you used any form of **marijuana/THC/CBD/Delta 8** (e.g., smoking, vaping, consuming edibles) during the **past 30 days**?

1. Yes

2. No

98. Don't know

99. Prefer not to answer

ASK: All respondents

SECTION C: FRIENDS' MARIJUANA USE

[C_INTRO_MJ]

In this section, we'd like to know about **your friends** and their use of **marijuana/THC/CBD/Delta 8**.

1. Next

ASK: All respondents

[C7]

How many of your four closest friends **vape marijuana/THC/CBD/Delta 8**?

1. _____ [0-4 friends]
98. Don't know
99. Prefer not to answer

ASK: All respondents

[C10]

The previous question was about vaping marijuana. This question is about **smoking marijuana**.

How many of your four closest friends **smoke marijuana/THC/CBD/Delta 8**?

1. _____ [0-4 friends]
98. Don't know
99. Prefer not to answer

ASK: All respondents

SECTION D: ENVIRONMENT

[D_INTRO]

You're doing great! We have just a few more questions for you.

ASK: All respondents

[D4]

Please tell us how much you agree with the following statements.

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

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

ASK: All respondents

[D5]

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

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

ASK: All respondents

[D6]

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

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

ASK: All respondents

[D7]

Now thinking about the friends you spend the most time with. Please tell us how much you agree with the following statements.

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

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

ASK: All respondents

[D8]

I do what my friends want me to do, even if I don't want to.

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

ASK: All respondents

[D9]

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

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

ASK: All respondents

[D10]

I like to do the same things my friends do, even if it could get me into trouble.

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

ASK: All respondents

[D13]

Over the last 2 weeks, how often have you been bothered by the following problems?

		Not at all	Several days	More than half the days	Nearly every day	Prefer not to Answer
a.	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"/> _99
b.	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"/> _99
c.	Little interest or pleasure in doing things	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _99
d.	Feeling down, depressed, or hopeless	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _99

ASK: All respondents

SECTION E: DEMOGRAPHICS AND CLOSING

[E1]

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

1. Straight or heterosexual
2. Bisexual
3. Gay or lesbian
4. Pansexual
5. Queer
6. Asexual
7. I am not sure yet
8. Something else
99. Prefer not to answer

ASK: All respondents

[E2] [IF AGE = 15-17]

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
99. Prefer not to answer

ASK: Respondents ages 15 to 17

[E3] [IF AGE = 18-24]

Considering your own income and the income from any other people who help you, how much money do you 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
99. Prefer not to answer

ASK: Respondents ages 18 to 24

[VERIFY]

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

_____ [RANGE: 1-10]

99. Prefer not to answer

ASK: All respondents

[COMMNT]

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

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

1. Next

ASK: All respondents

[THANKS]

To thank you for completing the survey, you will receive an electronic gift card for \$10. If you would like to decline receiving this payment, you can select “No” to continue to the next screen.

Would you like to receive this gift card?

1. Yes
2. No

ASK: All respondents

[CARD] [IF THANKS = 1]

We will send you a **\$10 electronic amazon gift card** to the email address you provided within 1-2 weeks.

1. Next

ASK: Respondents who would like to receive a gift card.

[CLOSE_V2]

Thank you for your participation. If you want to quit vaping, get your personalized quit plan here: <https://teen.smokefree.gov/vaping-quit-plan> or call your state’s Quitline at 1-800-QUIT-NOW (1-800-784-8669). For those who want information about quitting, try these tools and tips: <https://teen.smokefree.gov/>. For additional information, visit: <https://smokefree.gov/quit-smoking/ecigs-menthol-dip/ecigs>.

You may now close your browser or navigate away from this page.

ASK: All respondents
