

ATTACHMENT 9: ExPECTT 3 Youth Survey: Baseline

**The Real Cost Campaign Outcomes Evaluation Study: Cohort 3
(Outcomes Study)**

[PROGRAMMING NOTES:

- THE RESPONSE OPTION, “PREFER NOT TO ANSWER” WILL NOT BE INCLUDED UNTIL A RESPONDENT TRIES TO SKIP A QUESTION WITHOUT RESPONDING. IF ANY ITEM IS LEFT UNANSWERED, THE ERROR MESSAGE WILL 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, AND PREFER NOT TO ANSWER WILL DISPLAY AT THE BOTTOM OF THE ANSWER CHOICES, CODED 999.
 - QUESTIONS MARKED WITH AN ASTERISK WILL ONLY BE ASKED AT BASELINE]
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INTRO

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. Even if you don't use tobacco or marijuana, we want to know what you think. Finally, we will also ask about your experiences in school and in your home.

It will take about 30 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.

Your responses will be combined with those of others who are taking this survey before the data are reported. This will be done to ensure your identity and responses will not be revealed.

ASK: All respondents

SECTION A: DEMOGRAPHICS

[PROGRAMMING NOTE: PREFER NOT TO ANSWER WILL NOT BE ALLOWED FOR AGE. IF A RESPONDENT TRIES TO SKIP THE BIRTHDATE QUESTION, THE ERROR MESSAGE WILL SAY “YOUR DATE OF BIRTH IS REQUIRED TO CONFIRM THAT YOU ARE ELIGIBLE TO COMPLETE THIS SURVEY. IF YOU HAVE ANY QUESTIONS, PLEASE HAVE YOUR PARENT/GUARDIAN CONTACT US AT 1-866-800-9177.”]

INTRO_A.

The first part of the survey asks you some general questions about yourself.

ASK: All respondents

A1_1.

What is your date of birth?
_____ (mm/dd/yyyy)

ASK: All respondents

A1_2.

That would make you [CALCULATED AGE] years old, is that correct?

1. Yes
2. No

ASK: All respondents

A1_3. [IF A1_2 = 2]

To be sure we have the right information, please enter your birthdate once more.
_____ (mm/dd/yyyy)

ASK: Respondents who indicate their calculated age is incorrect

A1_4. [IF A1_2 = 2]

That would make you [CALCULATED AGE] years old, is that correct?

1. Yes
2. No

ASK: Respondents who indicate their calculated age is incorrect

EXIT1. [IF A1_4 = 2]

Thank you. We need to ask a few follow-up questions before continuing the survey. Please have your parent/guardian contact us at 1-866-800-9177.

ASK: Respondents who indicate their calculated age is incorrect a second time

SECTION B: TOBACCO USE BEHAVIOR AND OTHER SUBSTANCE USE

INTRO_B.

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

ASK: All respondents

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.



B1.

Have you ever tried vaping nicotine, even one time?

1. Yes
2. No

ASK: All respondents

B1A. [IF B1=1 OR 999]

Approximately, **when did you first try** vaping nicotine? Your best estimate is appreciated.

____ Year [RANGE 2004 - 2023]

____ Month [RANGE: January – December; Can't remember]

ASK: Respondents who have ever tried vaping or PNTA

B1B. [IF B1A MONTH=Can't remember]

During what season did you first try vaping nicotine (winter/spring/summer/fall)?

1. Winter
2. Spring
3. Summer
4. Fall

ASK: Respondents who can't remember what month they ever tried vaping

B2. [IF B1=1 OR 999]

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

_____ days [RANGE 0-30]

ASK: Respondents who have ever tried vaping or PNTA

B3. [IF B1=1 OR 999]

How old were you the first time you used a vape with nicotine?

_____ years old [DO NOT ALLOW AGE > PARTICIPANT AGE]

ASK: Respondents who have ever tried vaping or PNTA

B4_1. [IF B2 >=1]

On the days that you can vape nicotine 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

ASK: Respondents who are current vape users

B4_2. [IF B2 >=1]

Are you seriously thinking about stopping vaping nicotine altogether?

1. Yes, within the next 30 days
2. Yes, not within the next 30 days but sometime in the next 6 months
3. Yes, not within the next 6 months but sometime in the next year
4. Yes, but not within the next year
5. No, I am not seriously thinking about stopping forever
99. Don't know

ASK: Respondents who are current vape users

INTRO_CIG1.

Thanks for your answers! Now we want to ask you a few questions about smoking cigarettes.

ASK: All respondents

B5.

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

1. Yes
2. No

ASK: All respondents

B6. [IF B5=1 OR 999]

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

_____ days [RANGE 0-30]

ASK: Respondents who have ever tried smoking or PNTA

B7. [IF B6 >=1]

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

1. Regular
2. Menthol
3. Both Regular and Menthol, equally

ASK: Respondents who are current cigarette smokers

B8. [IF B6 >=1]

In 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

ASK: Respondents who are current cigarette smokers

B9. [IF B5=1 OR 999]

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)

ASK: Respondents who have ever tried smoking or PNTA

B10. [IF B5=1]

How old were you the first time you smoked a cigarette?

_____ years old [DO NOT ALLOW AGE > PARTICIPANT AGE]

ASK: Respondents who have ever tried smoking

INTRO_OTP.

Now we want to ask you a few questions about using other tobacco products.

ASK: All respondents

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



B11.

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

1. Yes
2. No

ASK: All respondents

B12. [IF B11=1 OR 999]

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

_____ days [RANGE 0-30]

ASK: Respondents who have ever used smokeless tobacco or PNTA

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



B13.

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

1. Yes
2. No

ASK: All respondents

B14. [IF B13=1 OR 999]

In the **past 30 days**, on how many days did you smoke any type of cigar (including traditional cigars, cigarillos, or little cigars)?

_____ days [RANGE 0-30]

ASK: Respondents who have ever smoked traditional cigars, cigarillos, or little cigars, or PNTA

B15. [IF B14 >=1]

In the **past 30 days**, when you smoked traditional cigars, cigarillos, or little cigars, how often did you replace any of the tobacco with marijuana (sometimes called a “blunt”)?

1. Every time
2. Most of the time
3. Sometimes
4. Rarely
5. Never

ASK: Respondents who are current traditional cigar, cigarillo, or little cigar smokers

The next questions are about smoking tobacco in a hookah, which is a type of water pipe. It is sometimes also called a "narghile" pipe. People smoke shisha or hookah tobacco in a hookah.



B16.

Have you ever tried smoking tobacco out of a hookah, even one time? Please do not include smoking marijuana/THC/CBD/Delta 8 when answering this question.

1. Yes
2. No

ASK: All respondents

B17. [IF B16=1 OR 999]

In the **past 30 days**, on how many days did you smoke tobacco out of a hookah? Please do not include smoking marijuana/THC/CBD/Delta 8 when answering this question.

_____ days [RANGE 0-30]

ASK: Respondents who have ever tried smoking tobacco out of a hookah or PNTA

The next questions are about “nicotine pouches” such as Zyn, on!, or Velo. These small, flavored pouches contain nicotine. Users place them in their mouth. Nicotine pouches are different from other smokeless tobacco products such as snus, dip, or chewing tobacco, because they do not contain any tobacco leaf.

Please do not think about other forms of smokeless tobacco, such as chewing tobacco, snuff, dip, snus, or dissolvable tobacco when answering these questions.

Nicotine Pouches



B18.

Have you ever used a nicotine pouch, even just one time?

1. Yes
2. No

ASK: All respondents

B19. [IF B18=1 OR 999]

In the **past 30 days**, on how many days did you use a nicotine pouch?

_____ days [RANGE 0-30]

ASK: Respondents who have ever used a nicotine pouch or PNTA

INTRO_MJ.

The next two questions are about your use of marijuana (also known as cannabis, pot, weed, hash, or kush). Please include all forms of marijuana. Some examples include dried herb, edibles, oils, hash or kief, concentrates (wax, shatter, budder), drinks, and tinctures. Please do not include CBD when answering these questions.

ASK: All respondents

B20.

Have you ever tried marijuana, even one time?

1. Yes
2. No

ASK: All respondents

B21. [IF B20=1 OR 999]

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

_____ days [RANGE 0-30]

ASK: Respondents who have ever tried marijuana or PNTA

B22. [IF B1=1 OR 999]

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

1. Marijuana (THC, CBD, or Delta 8), such as concentrates, hash oils, or dabs
2. Nicotine
3. Zero nicotine e-liquids (nicotine-free, just flavoring)

ASK: Respondents who have ever tried vaping or PNTA

B23. [IF B2>0 OR 999]

In the **past 30 days**, what did you usually vape? Select all that apply.

1. THC
2. CBD
3. Delta 8
4. Nicotine
5. Zero nicotine e-liquids (nicotine-free, just flavoring)
6. Other (please specify)
7. Don't know

ASK: Respondents who currently vape

SECTION C: TOBACCO USE INTENTIONS/CURIOSITY/WILLINGNESS TO USE

INTRO_CVAPE.

You're doing great! Now we want you to think about what you might do in the future.

ASK: All respondents

C1_1.

Thinking about the future...

Do you think that you will **vape nicotine** soon?

1. Definitely yes
2. Probably yes
3. Probably not
4. Definitely not

ASK: All respondents

C1_2.

Thinking about the future...

Do you think you will **vape nicotine** at any time in the next year?

1. Definitely yes
2. Probably yes
3. Probably not
4. Definitely not

ASK: All respondents

C1_3.

Thinking about the future...

If one of your best friends were to offer you a **vape with nicotine**, would you use it?

1. Definitely yes
2. Probably yes
3. Probably not
4. Definitely not

ASK: All respondents

C1_4. [IF B1=2]

Are you curious about **vaping nicotine**?

1. Definitely yes
2. Probably yes
3. Probably not
4. Definitely not

ASK: Respondents who have never tried vaping nicotine

C2. [SOURCE: WILLINGNESS TO USE SCALE (VOGEL, 2021)]

[USE SCROLLING LIST. RANDOMIZE ORDER OF THE C2 SERIES.]

Suppose you were in the following situation. You are at a party and many of your friends are vaping nicotine. You are offered a vape with nicotine by a person you like very much.

- C2_1. How likely is it you would take the vape and try it?
- C2_2. How likely is it you would say no thanks?
- C2_3. How likely is it you would leave the situation?

- 1. Not at all likely
- 2. A little likely
- 3. Somewhat likely
- 4. Very likely
- 5. Extremely likely

ASK: All respondents

C3.

In the next 30 days, do you think you will obtain a vape with nicotine for your own personal use?

1 (Definitely will not obtain one to use it)	2	3	4	5	6	7	8	9	10 (Definitely will obtain one to use it)
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ASK: All respondents

C4. [USE SCROLLING LIST. RANDOMIZE ORDER OF THE C4 SERIES.]

In the next year...

- C4_1. ...I do not intend to vape nicotine.
- C4_2. ...I will try not to vape nicotine.
- C4_3. ...I will not start vaping nicotine.

- 1. Strongly disagree
- 2. Disagree
- 3. Neutral
- 4. Agree
- 5. Strongly agree

ASK: All respondents

C5. [Adapted from PATH W5]

Do you think using vapes with nicotine is less harmful, about the same, or more harmful than smoking cigarettes?

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

ASK: All respondents

C6.

Please indicate the number that best describes how you feel about vaping nicotine.
Vaping nicotine is...

C6_1.	Unattractive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Attractive
C6_2.	Not Cool	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Cool
C6_3.	Boring	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Fun
C6_4.	Not meant for someone like me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Meant for someone like me
C6_5.	Childish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Grown-up

ASK: All respondents

INTRO_CCIG.

Shifting gears, now think about **cigarettes** and what you might do in the future.

ASK: All respondents

C7_1.

Thinking about the future...

Do you think that you will smoke a **cigarette** soon?

1. Definitely yes
2. Probably yes
3. Probably not
4. Definitely not

ASK: All respondents

C7_2.

Thinking about the future...

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

1. Definitely yes
2. Probably yes
3. Probably not
4. Definitely not

ASK: All respondents

C7_3.

Thinking about the future...

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

1. Definitely yes
2. Probably yes
3. Probably not
4. Definitely not

ASK: All respondents

C7_4. [IF B5=2]

Are you curious about smoking a **cigarette**?

1. Definitely yes
2. Probably yes
3. Probably not
4. Definitely not

ASK: Respondents who have never smoked cigarettes

C8. [SOURCE: WILLINGNESS TO USE SCALE (VOGEL, 2021)]

[USE SCROLLING LIST. RANDOMIZE ORDER OF THE C8 SERIES.]

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.

C8_1. How likely is it you would take the cigarette and try it?

C8_2. How likely is it you would say no thanks?

C8_3. How likely is it you would leave the situation?

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely

ASK: All respondents

INTRO_CALCOHOL.

Finally, we want you to think about **alcohol** and what you might do in the future.

ASK: All respondents

C9. [SOURCE: WILLINGNESS TO USE SCALE (VOGEL, 2021)]

[USE SCROLLING LIST. RANDOMIZE ORDER OF THE C9 SERIES.]

Suppose you were in the following situation. You are at a party and many of your friends are drinking alcohol. You are offered an alcoholic drink by a person you like very much.

C9_1. How likely is it you would take the alcoholic drink and try it?

C9_2. How likely is it you would say no thanks?

C9_3. How likely is it you would leave the situation?

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely

ASK: All respondents

CUTEBRK1. Thank you for all of your answers so far. You're doing great!



ASK: All respondents

SECTION D: UNINTENDED CONSEQUENCES

INTRO_D.

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.

ASK: All respondents

D1.

Please tell us how much you agree or disagree with the following statement.

Vaping nicotine can increase your risk for developing an anxiety disorder.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents

D2.

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.

ASK: All respondents

SECTION E: CAMPAIGN TARGETED CONSTRUCTS

ELECTRONIC NICOTINE DELIVERY SYSTEMS

E1. *[PERCEIVED SEVERITY: METALS]*

[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E1 SERIES.]

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

E1_1. The metals in vapes will cause permanent damage to the user's lungs.

E1_2. The metals in vapes will cause organ damage.

E1_3. The metals in vapes poison the user's body.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents

E2. *[PERCEIVED SUSCEPTIBILITY: METALS]*

[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E2 SERIES.]

If you were to vape a few days a week, how likely is it that you personally would...

E2_1. ...poison your body with the metals in vapes?

E2_2. ...permanently damage your lungs by inhaling metal particles?

E2_3. ...inhale metals that will cause organ damage?

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely

ASK: All respondents

E3. *[OUGHT SELF-DISCREPANCY: FAMILY]*
[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E3 SERIES.\]](#)
Please tell us how much you agree or disagree with the following statements.

- E3_1.** If I vape, my family will be disappointed in me.
- E3_2.** If I vape, my family will feel like I'm always breaking their trust.
- E3_3.** If I vape, I will not live up to the person my family thinks I should be.
- E3_4.** If I vape, I will not live up to my family's expectations.

- 1. Strongly disagree
- 2. Disagree
- 3. Neutral
- 4. Agree
- 5. Strongly agree

ASK: All respondents

E4. *[OUGHT SELF-DISCREPANCY: FRIENDS/PEERS]*
[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E4 SERIES.\]](#)
Please tell us how much you agree or disagree with the following statements.

- E4_1.** If I vape, my friends will be very disappointed in me.
- E4_2.** If I vape, I will never live up to my friends' expectations.
- E4_3.** If I vape, my friendships will be negatively impacted.
- E4_4.** If I vape, my friends will look at me very negatively.

- 1. Strongly disagree
- 2. Disagree
- 3. Neutral
- 4. Agree
- 5. Strongly agree

ASK: All respondents

ATTNCHK1

To show us that you're paying attention, please select Lunch as the answer to this question.

Which of the following is your favorite subject in school?

- 1. Hieroglyphics
- 2. Recess
- 3. Math
- 4. Lunch
- 5. History of Pottery

ASK: All respondents

E5. *[IDEAL SELF-DISCREPANCY]*
[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E5 SERIES.\]](#)
Please tell us how much you agree or disagree with the following statements.

- E5_1.** If I vape, I will never become the person I want to be.
- E5_2.** If I vape, I will never be able to perform well at things that are important to me.
- E5_3.** If I vape, I will never be able to live up to my potential.
- E5_4.** If I vape, I will never be able to achieve my goals.
 - 1. Strongly disagree
 - 2. Disagree
 - 3. Neutral
 - 4. Agree
 - 5. Strongly agree

ASK: All respondents

E6. *[ANTICIPATORY SOCIALIZATION]*
[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E6 SERIES.\]](#)
Please tell us how much you agree or disagree with the following statements.

- E6_1.** Vaping will help me make friends.
- E6_2.** Vaping will help me feel more comfortable in social situations.
- E6_3.** To me, vaping is an important part of being with friends.
 - 1. Strongly disagree
 - 2. Disagree
 - 3. Neutral
 - 4. Agree
 - 5. Strongly agree

ASK: All respondents

E7. *[ANTICIPATED GUILT (SCALE)]*
[\[USE SCROLLING LIST. RANDOMIZE ORDER OF E7_1-E7_9.\]](#)
If I vape, I will feel...

- E7_1.** ...bad about it.
- E7_2.** ...worried about hurting my body
- E7_3.** ...responsible if anything bad happens.
- E7_4.** ...like I am acting recklessly.
 - 1. Strongly disagree
 - 2. Disagree
 - 3. Neutral
 - 4. Agree
 - 5. Strongly agree

ASK: All respondents

E7_5. *[ANTICIPATED GUILT (SINGLE ITEM)]*

If I vape, I will feel guilty.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents

E8. *[ANTICIPATED SHAME (EXTERNAL SHAME)]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E8 SERIES.\]](#)

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

E8_1. ...judge me.

E8_2. ...criticize me.

E8_3. ...think I messed up.

E8_4. ...be disappointed in me.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents

E9. *[ANTICIPATED SHAME (INTERNAL SHAME - SCALE)]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF E9_1-E9_8.\]](#)

If I vape, I will...

E9_1. ...feel alone.

E9_2. ...criticize myself.

E9_3. ...feel gross about myself.

E9_4. ...be embarrassed.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents

E9_5. *[ANTICIPATED SHAME (INTERNAL SHAME – SINGLE ITEM)]*

If I vape, I will feel ashamed.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents

E10. *[ANTICIPATED REGRET – SINGLE ITEM]*

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

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents

E11. *[PERCEIVED SEVERITY: ANXIETY (WORSENING ANXIETY SYMPTOMS)]*
[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E11 SERIES.\]](#)

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

E11_1. Vaping will make anxious feelings so bad that it will lead to a panic attack.

E11_2. Vaping will increase stress.

E11_3. Vaping will make nervous feelings stronger.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents

E12. *[PERCEIVED SEVERITY: ANXIETY (EFFECT ON MOOD)]*
[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E12 SERIES.\]](#)

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

E12_1. Vaping will make someone more likely to be in a bad mood.

E12_2. Vaping makes people angry more often.

E12_3. Vaping will cause a person's mood to become so bad that others won't want to be around them.

1. Strongly disagree

2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents

E13. *[PERCEIVED SEVERITY: ANXIETY (SOCIAL ANXIETY)]*
[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E13 SERIES.\]](#)
Please tell us how much you agree or disagree with the following statements.

E13_1. Vaping will cause people to feel nervous just talking to others.

E13_2. Vaping will make people feel anxious around other people.

E13_3. Vaping will make people feel scared to socialize.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents

E14. *[PERCEIVED SUSCEPTIBILITY: ANXIETY (WORSENING ANXIETY SYMPTOMS)]*
[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E14 SERIES.\]](#)
If you were to vape a few days a week, how likely is it that you personally would...

E14_1. ...have anxious feelings that are so bad you get panic attacks?

E14_2. ...have stronger feelings of nervousness?

E14_3. ...feel more stressed?

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely

ASK: All respondents

E15. *[PERCEIVED SUSCEPTIBILITY: ANXIETY (EFFECT ON MOOD)]*
[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E15 SERIES.\]](#)
If you were to vape a few days a week, how likely is it that you personally would...

E15_1. ...be in a bad mood?

E15_2...be in such a bad mood that others don't want to be around you?

E15_3... be angry more often?

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely

ASK: All respondents

E16. *[PERCEIVED SUSCEPTIBILITY: ANXIETY (SOCIAL ANXIETY)]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E16 SERIES.\]](#)

If you were to vape a few days a week, how likely is it that you personally would

E16_1...feel nervous just talking to others?

E16_2...feel anxious around other people?

E16_3...feel scared to socialize?

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely

ASK: All respondents

E17. *[ADDICTION SUSCEPTIBILITY]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E17 SERIES.\]](#)

If you were to vape a few days a week, how likely is it that you personally would...

E17_1...want to keep vaping more to get the same effect?

E17_2...crave vaping constantly every day?

E17_3...feel anxious if you can't vape whenever you want to?

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely

ASK: All respondents

E18. *[ADDICTION SEVERITY]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E18 SERIES.\]](#)

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

- E18_1.** A vaping addiction would make the person crave their vape constantly every day.
E18_2. A vaping addiction would mean a person has to keep vaping more to get the same effect.
E18_3. A person with a vaping addiction will get anxious if they can't vape when they want to.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondent

E19. *[PERCEIVED SEVERITY: CHEMICALS]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E19 SERIES.\]](#)

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

- E19_1.** When people vape, the chemicals they inhale will cause a lot of harm to their lungs.
E19_2. When people vape, the chemicals they inhale will severely damage their DNA.
E19_3. The chemicals in vapes will cause permanent damage to the user's body.
E19_4. When people vape, they inhale chemicals that cause cancer.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondent

E20. *[PERCEIVED SUSCEPTIBILITY: CHEMICALS]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E20 SERIES.\]](#)

If you were to vape a few days a week, how likely is it that you personally would...

- E20_1**....inhale chemicals that cause a lot of harm to your lungs?
E20_2....inhale chemicals that will severely damage your DNA?
E20_3....inhale chemicals that will cause permanent damage to your body?
E20_4.....inhale chemicals that cause cancer.

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely

ASK: All respondent

E21. *[PERCEIVED SERVERITY: PHYSCIAL FITNESS (SINGLE ITEM)]*
Vaping will hold people back from being physically in-shape.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents.

E22. *[PERCEIVED SUSCEPTIBILITY: PHYSICAL FITNESS (SINGLE ITEM)]*
If you were to vape a few days a week, how likely is it that you personally would be held back from getting physically in shape?

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

ASK: All respondents.

E23. Please tell us how much you agree or disagree with the following statement.
Vaping will make it very hard to concentrate.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents.

E24. If you were to vape a few days a week, how likely is it that you personally would be controlled by nicotine?

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely

ASK: All respondents.

E25. [SOURCE: FDA EXPRESSED CLAIMS SURVEY]

If you were to vape a few days a week, how likely is it that you would harm your overall health?

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely

ASK: All respondents.

E26. [PERCEIVED SEVERITY – WITHDRAWL]

[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E26 SERIES.]

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

E26_1. People who vape wake up often when they are trying to sleep.

E26_2. People who vape feel like it's almost impossible to fall asleep.

E26_3. People who vape toss and turn in bed all night.

E26_4. People who vape will have insomnia.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents.

E27. [PERCEIVED SUSCEPTIBILITY – WITHDRAWL]

[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E27 SERIES.]

If you were to vape a few days a week, how likely is it that you personally would...

E27_1. ...wake up often when you are trying to sleep?

E27_2. ...find it almost impossible to fall asleep?

E27_3. ...toss and turn in bed all night?

E27_4. ...have insomnia?

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely

5. Extremely likely

ASK: All respondents.

E28. *[PERCEIVED SEVERITY – ORGANS]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E28 SERIES.\]](#)

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

E28_1. Vaping causes serious damage to the user's vital organs.

E28_2. Vaping is very harmful to your internal organs

E28_3. Vaping is toxic to the body's major organs.

E28_4. Vaping will damage nearly every part of your body.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents.

E29. *[PERCEIVED SUSCEPTIBILITY – ORGANS]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E29 SERIES.\]](#)

If you were to vape a few days a week, how likely is it that you personally would...

E29_1. ...have vital organs that are seriously damaged?

E29_2. ...have internal organs that are harmed a lot?

E29_3. ...find vapes to be toxic to your body's major organs?

E29_4. ...have nearly every part of your body damaged?

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely

ASK: All respondents.

E30. *[PERCEIVED SEVERITY – BRAIN]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E30 SERIES.\]](#)

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

E30_1. When teenagers vape, their brains don't develop normally.

E30_2. When teenagers vape, the chemicals in vapes disrupt their brain forever.

E30_3. The brains of teens who vape will always be different than the brains of teens who don't vape.

E30_4. Vaping will permanently change teen's brains.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents.

E31. *[PERCEIVED SUSCEPTIBILITY – BRAIN]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E31 SERIES.\]](#)

If you were to vape a few days a week, how likely is it that you personally would...

E31_1. ...have a brain that won't develop normally?

E31_2. ...be exposed to chemicals in vapes that disrupt your brain forever?

E31_3. ...have a brain that is always different than the brain of a teen who didn't vape?

E31_4. ...have a brain that is permanently changed?

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely

ASK: All respondents.

E32. *[PERCEIVED SEVERITY – LUNGS]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E32 SERIES.\]](#)

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

- E32_1.** Vaping permanently damages the lungs.
- E32_2.** Vaping leads to the destruction of the lungs.
- E32_3.** Vaping makes it harder to breathe.
- E32_4.** Lungs damaged by vaping can never fully recover

- 1. Strongly disagree
- 2. Disagree
- 3. Neutral
- 4. Agree
- 5. Strongly agree

ASK: All respondents.

E33. *[PERCEIVED SUSCEPTIBILITY – LUNGS]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E33 SERIES.\]](#)

If you were to vape a few days a week, how likely is it that you personally would...

- E33_1.** ...have lungs that are permanently damaged?
- E33_2.** ...have lungs that are destroyed?
- E33_3.** ...find it harder to breathe?
- E33_4.** ...have lungs that never fully recover?

- 1. Not at all likely
- 2. A little likely
- 3. Somewhat likely
- 4. Very likely
- 5. Extremely likely

ASK: All respondents.

E34. *[ADDICTION SEVERITY – NICOTINE]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E34 SERIES.\]](#)

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

E34_1. A nicotine addiction is something people would need professional help to stop using nicotine-

E34_2. A nicotine addiction makes a person crave nicotine nonstop.

E34_3. A person who is addicted to nicotine will get anxious if they can't get nicotine when they want to.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents.

E35. *[ADDICTION SUSCEPTIBILITY- NICTONE]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E35 SERIES.\]](#)

If you were to use nicotine a few days a week, how likely is it that you personally would...

E35_1. ...crave nicotine nonstop?

E35_2. ...feel extremely anxious if you can't get nicotine whenever you want to?

E35_3. ...need professional help to stop using nicotine?

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely

ASK: All respondents.

CIGARETTES

INTRO_CIG2.

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

ASK: All respondents

E36. [PERCEIVED SEVERITY: MENTAL WELL-BEING]

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E36 SERIES.\]](#)

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

E36_1. Smoking cigarettes will make people feel worried more often.

E36_2. Smoking cigarettes will make it impossible to get a good night's sleep.

E36_3. Smoking cigarettes will make it very hard to concentrate.

E36_4. Smoking cigarettes will seriously damage a person's mental well-being.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondent

E37. [PERCEIVED SEVERITY: ADDICTION]

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E37 SERIES.\]](#)

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

E37_1. People who have a cigarette addiction need professional help to stop smoking.

E37_2. A cigarette addiction makes a person crave cigarettes nonstop.

E37_3. A person who is addicted to cigarettes will get extremely anxious if they can't smoke whenever they want to.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondent

E38. *[OUGHT SELF-DESCREPANCY]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E38 SERIES.\]](#)

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

E38_1. If I smoke cigarettes, my friends will be very disappointed in me.

E38_2. If I smoke cigarettes, I will never live up to my friends' expectations.

E38_3. If I smoke cigarettes, my friends will look at me very negatively.

E38_4. If I smoke cigarettes, I will be completely unable to support my friends.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents

E39. *[IDEAL SELF-DISCREPANCY]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E39 SERIES.\]](#)

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

E39_1. If I smoke cigarettes, I will never become the person I want to be.

E39_2. If I smoke cigarettes, I will always miss out on things that are important to me.

E39_3. If I smoke cigarettes, I will never be able to perform well at things that are important to me.

E39_4. If I smoke cigarettes, I will never be able to live up to my potential.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondent

E40. *[ANTICIPATED GUILT]*
[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E40 SERIES.]
If I smoke cigarettes, I will feel...

- E40_1.** ...extremely bad about it.
- E40_2.** ...like I did something that I really shouldn't have.
- E40_3.** ...responsible if anything bad happens.
- E40_4.** ...like I am acting recklessly.

- 1. Strongly disagree
- 2. Disagree
- 3. Neutral
- 4. Agree
- 5. Strongly agree

ASK: All respondents

E40_5. *[ANTICIPATED GUILT (SINGLE ITEM)]*
If I smoke cigarettes, I will feel guilty.

- 1. Strongly disagree
- 2. Disagree
- 3. Neutral
- 4. Agree
- 5. Strongly agree

ASK: All respondent

E41. *[ANTICIPATED REGRET – SINGLE ITEM]*
If I smoke cigarettes, I will feel a sense of regret.

- 1. Strongly disagree
- 2. Disagree
- 3. Neutral
- 4. Agree
- 5. Strongly agree

ASK: All respondent

E42. *[PERCEIVED THREAT TO FREEDOM]*
[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E42 SERIES.\]](#)
Smoking cigarettes would ...

- E42_1.** ...take away my freedom to do what I want.
- E42_2.** ...mean cigarettes are completely controlling me.
- E42_3.** ...make it impossible to make my own choices.
- E42_4.** ...take away my independence.

- 1. Strongly disagree
- 2. Disagree
- 3. Neutral
- 4. Agree
- 5. Strongly agree

ASK: All respondent

E43. *[PERCEIVED SUSCEPTIBILITY: MENTAL WELL-BEING]*
[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E43 SERIES.\]](#)
If you were to smoke cigarettes a few days a week, how likely is it that you personally would...

- E43_1.** ...feel worried more often?
- E43_2.** ...find it impossible to get a good night's sleep?
- E43_3.** ...find it very hard to concentrate?
- E43_4.** ...experience serious harm to your mental well-being?

- 1. Not at all likely
- 2. A little likely
- 3. Somewhat likely
- 4. Very likely
- 5. Extremely likely

ASK: All respondents

E44. *[PERCEIVED SUSCEPTIBILITY: ADDICTION]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E44 SERIES.\]](#)

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

E44_1. ...crave cigarettes nonstop?

E44_2. ...feel extremely anxious if you can't smoke whenever you want to?

E44_3. ...need professional help to stop smoking?

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely

ASK: All respondent

E45. *[PERCEIVED SEVERITY – SMELL AND TASTE]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E45 SERIES.\]](#)

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

E45_1. When people smoke cigarettes, they will completely lose their ability to taste.

E45_2. When people smoke cigarettes, they will completely lose their ability to smell.

E45_3. Smoking cigarettes destroys the sense of smell.

E45_4. Smoking cigarettes destroys the sense of taste.

E45_5. Smoking cigarettes reduces a person's sense of taste.

E45_6. Smoking cigarettes reduces a person's sense of smell.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondent

E46. *[PERCEIVED SUSCEPTIBILITY – SMELL AND TASTE]*
[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E46 SERIES.\]](#)

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

- E46_1. ...lose your ability to taste?
- E46_2. ...lose your ability to smell?
- E46_3. ...have your sense of smell destroyed?
- E46_4. ...have your sense of taste destroyed?
- E46_5. ...have your sense of taste reduced?
- E46_6. ...have your sense of smell reduced?

- 1. Not at all likely
- 2. A little likely
- 3. Somewhat likely
- 4. Very likely
- 5. Extremely likely

ASK: All respondent

E47. *[PERCEIVED SEVERITY – IMMUNE SYSTEM]*
[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E47 SERIES.\]](#)

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

- E47_1. Smoking cigarettes destroys the ability to stay healthy.
- E47_2. Smoking cigarettes weakens a person's immune system.
- E47_3. Smoking cigarettes harms the ability to fight infections.
- E47_4. Cigarette smokers get sick more frequently.

- 1. Strongly disagree
- 2. Disagree
- 3. Neutral
- 4. Agree
- 5. Strongly agree

ASK: All respondent

E48. *[PERCEIVED SUSCEPTIBILITY – IMMUNE SYSTEM]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E48 SERIES.\]](#)

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

E48_1. ...have your ability to stay healthy destroyed?

E48_2. ...have your immune system weakened?

E48_3. ...have your ability to fight infections harmed?

E48_4. ...get sick more frequently?

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely

ASK: All respondent

E49. *[PERCEIVED SEVERITY – CIGARETTE SMELL]*

[\[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E49 SERIES.\]](#)

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

E49_1. The smell of cigarette smoke is impossible to cover up.

E49_2. The smell of cigarette smoke makes a person smell like a smoker forever.

E49_3. The smell of cigarette smoke lingers forever.

E49_4. People who try to hide the smell of cigarettes always fail.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondent

E50. *[PERCEIVED SUSCEPTIBILITY – CIGARETTE SMELL]*

[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E50 SERIES.]

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

E50_1. ...find it impossible to cover up the smell of cigarette smoke?

E50_2. ...forever smell like a cigarette smoker?

E50_3. ...have the smell of cigarette smoke linger on you forever?

E50_4. ...fail to cover up the smell of cigarette smoke?

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely

ASK: All respondent

E51. *[PERCEIVED SEVERITY – COSMETIC CONSEQUENCES/APPEARANCE]*

[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E51 SERIES.]

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

E51_1. Smoking cigarettes destroys people's appearance.

E51_2. Smoking cigarettes gives people saggy skin.

E51_3. Smoking cigarettes makes people's teeth yellow.

E51_4. Smoking cigarettes causes people to have gum disease.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondent

E52. *[PERCEIVED SUSCEPTIBILITY – COSMETIC CONSEQUENCES/APPEARANCE]*
[USE SCROLLING LIST. RANDOMIZE ORDER OF THE E52 SERIES.]

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

E52_1. ...have your appearance destroyed?

E52_2. ...have saggy skin?

E52_3. ...have yellow teeth?

E52_4. ...get gum disease?

1. Not at all likely
2. A little likely
3. Somewhat likely
4. Very likely
5. Extremely likely

ASK: All respondent

SECTION F: EXPOSURE/AWARENESS OF ADS

[PROGRAMMING NOTE: DISPLAY: FILL DATE IS THE FIRST DAY OF THE RECALL PERIOD. FILL DATE = DATE THAT IS 3 MONTHS BEFORE CURRENT DATE.]

INTRO_F.

Now we want to ask you about some slogans or logos you may have seen on TV or online.

F1.

In the **past 3 months**, that is since [FILL DATE], have you seen or heard the following slogan or logo?

The Real Cost

1. Yes
2. No
99. Not sure



ASK: All respondents

F2.

F2. In the **past 3 months**, that is since [FILL DATE], have you seen or heard the following slogan or logo?

Tips from Former Smokers (Tips)

1. Yes
2. No
99. Not sure



ASK: All respondents

F3.

F3. In the **past 3 months**, that is since [FILL DATE], have you seen or heard the following slogan or logo?

truth

1. Yes
2. No
99. Not sure



ASK: All respondents

F4.



In the **past 3 months**, that is since **[FILL DATE]**, have you seen or heard the following slogan or logo?

GenZ Vape Free

1. Yes
2. No
99. Not sure

ASK: All respondents

AIDED AWARENESS

INTRO_AWARE.

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.

ASK: All respondents

F5_X. [\[DISPLAY VIDEO/SCREENSHOT\]](#)

ASK: All respondents

F6_X.

Apart from this survey, how frequently have you seen this ad in the **past 3 months**, that is since **[FILL DATE]**?

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very Often

ASK: All respondents

ATTENTION

F7_X. [\[IF F6_X = 2, 3, 4, OR 5\]](#)

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. Neutral
4. Agree
5. Strongly agree

ASK: Respondents who saw the ad at least rarely in the past 3 months

F8_X. [IF F6_X = 2, 3, 4, OR 5;
RANDOMIZE ORDER OF RESPONSE OPTIONS]

Apart from this survey, which of the following did you ever do when you saw this ad? Select all that apply.

1. Turned the sound on or turned the volume up
2. Turned the sound off or turned the volume down
3. Clicked on the ad
4. Scrolled past the ad
5. Skipped the ad once given the option
6. Watched the full ad
7. Made the ad full screen
8. Replayed the ad
9. None of the above

ASK: Respondents who saw the ad at least rarely in the past 3 months

CERTAINTY OF EXPOSURE

F9_X. [IF F6_X = 2, 3, 4, OR 5]

Apart from this survey, how certain are you that you have seen this ad before?

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

ASK: Respondents who saw the ad at least rarely in the past 3 months

ATTNCHK2.

To show us that you're paying attention, please select Always as the answer to this question.

How often have you piloted a spaceship in the past 30 days?

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never

ASK: All respondents

SECTION G: MEDIA USE

INTRO_G.

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

ASK: All respondents

G1.

How often do you personally use the following to stream music, and/or watch media, television shows, or videos?

	Never	Sometimes	A lot
G1_1. Hulu	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G1_2. Roku	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G1_3. PlayStation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G1_4. Amazon Fire TV Stick	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G1_5. Cable TV	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G1_6. You Tube	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G1_7. Spotify	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G1_X. Platform X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G1_X. Platform X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G1_X. Platform X	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

ASK: All Respondents

G2. [IF G1_1=2 OR 3]

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
99. Not sure if there are video ads

ASK: Respondents who report watching Hulu sometimes or a lot

G3. [IF G1_2=2 OR 3, DISPLAY: "Roku" FOR PLATFORM;
 IF G1_4=2 OR 3, DISPLAY: "Amazon Fire TV Stick FOR PLATFORM";
 IF G1_3=2 OR 3, DISPLAY: "PlayStation" FOR PLATFORM]

When you watch media, television shows, or videos on your [PLATFORM] do you ever see video advertisements?

1. Yes, I see video ads
2. No, I do not see video ads
99. I'm not sure if I see video ads

ASK: Respondents who report watching Roku, PlayStation, or Amazon Fire TV Stick Sometimes or a lot

G4. [IF G1_5=2 OR 3]

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

	Yes	No
G4_1. Show 1	<input type="checkbox"/> _1	<input type="checkbox"/> _2
G4_2. Show 2	<input type="checkbox"/> _1	<input type="checkbox"/> _2
G4_3. Show 3	<input type="checkbox"/> _1	<input type="checkbox"/> _2
G4_4. Show 4	<input type="checkbox"/> _1	<input type="checkbox"/> _2
G4_5. Show 5	<input type="checkbox"/> _1	<input type="checkbox"/> _2
G4_6. Show 6	<input type="checkbox"/> _1	<input type="checkbox"/> _2

ASK: Respondents who report watching Cable Television sometimes or a lot

[PROGRAMMING NOTE: RANDOMIZE ORDER THAT G5 SERIES IS DISPLAYED]

G5_1.

- How often do you....
 Watch television shows?
1. Several times a day
 2. About once a day
 3. 3-5 days a week
 4. 1-2 days a week
 5. Every few weeks
 6. Less often
 7. Never

ASK: All respondents

G5_2.

- How often do you....
 Use Instagram?
1. Several times a day
 2. About once a day
 3. 3-5 days a week
 4. 1-2 days a week
 5. Every few weeks
 6. Less often
 7. Never

ASK: All respondents

G5_3.

How often do you....

Use Snapchat?

1. Several times a day
2. About once a day
3. 3-5 days a week
4. 1-2 days a week
5. Every few weeks
6. Less often
7. Never

ASK: All respondents

G5_4.

How often do you....

Use Facebook?

1. Several times a day
2. About once a day
3. 3-5 days a week
4. 1-2 days a week
5. Every few weeks
6. Less often
7. Never

ASK: All respondents

G5_5.

How often do you....

Use TikTok

1. Several times a day
2. About once a day
3. 3-5 days a week
4. 1-2 days a week
5. Every few weeks
6. Less often
7. Never

ASK: All respondents.

G5_X.

How often do you....

Use [INSERT SOCIAL MEDIA PLATFORM]

1. Several times a day
2. About once a day
3. 3-5 days a week
4. 1-2 days a week
5. Every few weeks
6. Less often
7. Never

ASK: All respondents.

G6.

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

1. Yes
2. No

ASK: All respondents.

G7.

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

ASK: All respondents

SECTION H: OTHER

INTRO_H.

Thanks for all your answers so far! We have just a few more questions for you.



ASK: All respondents

H1.

Other than you, has anyone who lives with you used any of the following in 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 with nicotine, such as [\[NAME TOP BRANDS\]](#)
6. Nicotine pouches [\[NAME TOP BRANDS\]](#)
7. Any other form of tobacco
8. No, no one who lives with me has used any form of tobacco during the past 30 days

ASK: All respondents

H2. [Source: BSSS-4]

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

H2_1.

I would like to explore strange new places.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents

H2_2.

I like to do frightening things.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents

H2_3.

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

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents

H2_4.

I prefer friends who are exciting and unpredictable.

1. Strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly agree

ASK: All respondents

H3. [Source: PHQ-4]

In the **past 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
H3_1.	Feeling nervous, anxious or on edge.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
H3_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
H3_3.	Little interest or pleasure in doing things.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
H3_4.	Feeling down, depressed, or hopeless.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

ASK: All respondents

H4. Do you play sports on a team?

1. Yes
2. No

ASK: All respondents.

H5. Do you attend school outside of your home?

1. Yes
2. No

ASK: All respondents.

H6. [IF H5 = 1]

How well would you say you have done in school?

1. Much better than average
2. Better than average
3. Average
4. Below average
5. Much worse than average

ASK: All respondents who attend school outside of their home.

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

- H7.** [IF H5 = 1]
I feel close to people at my school.
1. Strongly Disagree
 2. Disagree
 3. Neutral
 4. Agree
 5. Strongly Agree

ASK: All respondents who attend school outside of their home.

- H8.** [IF H5 = 1]
I am happy to be at my school.
1. Strongly Disagree
 2. Disagree
 3. Neutral
 4. Agree
 5. Strongly Agree

ASK: All respondents who attend school outside of their home.

- H9.** [IF H5 = 1]
I feel like I am a part of my school.
1. Strongly Disagree
 2. Disagree
 3. Neutral
 4. Agree
 5. Strongly Agree

ASK: All respondents who attend school outside of their home.

- H10.**
How far do you think you will go in school?
1. I don't plan to go to school anymore
 2. 9th grade
 3. 10th grade
 4. 11th grade
 5. 12th grade or GED
 6. Some college or technical school but no degree
 7. Technical school degree
 8. College degree
 9. Graduate school, medical school, or law school

ASK: All respondents.

These next questions ask about how you feel about your current relationship with your parents or guardians.

H11.

Thinking about the adult or adults you live with, how satisfied are you with the way you communicate with each other?

1. Not at all satisfied
2. Not very satisfied
3. Somewhat satisfied
4. Quite satisfied
5. Very satisfied

ASK: All respondents.

H12.

How close do you feel to the adult or adults you live with?

1. Not at all close
2. Not very close
3. Somewhat close
4. Quite close
5. Very close

ASK: All respondents.

H13.

Are you: Mark all that apply.

1. Female
2. Male
3. Transgender, non-binary, or another gender identity

ASK: All respondents

H14.

Which of these best describes your racial and/or ethnic background? Select all that apply.

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

ASK: All respondents

H15_1. [IF H14=4]

In general, do you usually speak...

1. Only Spanish
2. Spanish more than English
3. Spanish and English equally
4. English more than Spanish
5. English only

ASK: Respondents who are Hispanic or Latino

H15_2. [IF H14=4]

When you watch TV, what type of programming do you usually watch?

1. Only Spanish
2. Spanish more than English
3. Spanish and English equally
4. English more than Spanish
5. English only

ASK: Respondents who are Hispanic or Latino

H16.

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 [Open Text]
9. Prefer not to answer

ASK: All respondents

H17.

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

ASK: All respondents

THANKS_YOUTH [IF A1_1 < 18 (calculated) or < 19 in AL or NE]

To thank you for completing the survey, we will mail you a [IF BEFORE [ADD DATE] FILL: \$30 incentive; ELSE (ON AND AFTER [ADD DATE]) FILL: \$25 incentive] to the address provided by your parent.

Would you like to receive **cash** or a **Visa gift card**?

1. Cash
2. Visa gift card

ASK: Respondents who < 18 (<19 in AL or NE) and who do not have a waiver of parental permission

THANKS_ADULT [IF A1_1 ≥ 18 (calculated) or ≥ 19 in AL or NE]

To thank you for completing the survey, we will mail you a [IF BEFORE [ADD DATE] FILL: \$30 incentive; ELSE (ON AND AFTER [ADD DATE]) FILL: \$25 incentive] to the address you provided.

Would you like to receive **cash** or a **Visa gift card**?

1. Cash
2. Visa gift card
3. I do not wish to receive the incentive.

ASK: Respondents who ≥ 18 (≥19 in AL or NE)

[INCENTIVE]

We will mail your [IF BEFORE [ADD DATE] FILL: \$30] [IF THANKS_YOUTH OR THANKS_ADULT = 1 in cash] [IF THANKS_YOUTH OR THANKS_ADULT = 2 Visa gift card]; ELSE (ON AND AFTER [ADD DATE]) FILL: \$25 [IF THANKS_YOUTH OR THANKS_ADULT = 2 Visa gift card]] within 1-2 weeks.

1. Next

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 asked you to provide your opinions around some statements on vapes and cigarettes. Some of the statements we asked you about were made up for this study and are not facts.

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 call SAMHSA's National Helpline 1-800-662-HELP (4357) or send a text message to 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](#).

Thank you for taking time to complete this survey.

ASK: All respondents

OMB No: [FILL NUMBER]

Expiration Date: [FILL DATE]

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