Study Name: Increasing Understanding of Digital Advertising: Hookah Beliefs Survey

RTI Principal Investigator: Matthew Farrelly

Version: 12/7/22 OMB No. 0910-0810 Exp. Date 12/31/2024 RTI IRB No. 22093

Attachment A: Screener and Survey

SCREENER CONSENT

Note to the reviewer: Programming language is in brackets. Based on instrument skip patterns and timing considerations, some items may be excluded. During internal review, address wording inaccuracies and typos to improve language clarity.

Welcome to the NextUp Survey!

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

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

- The purpose of this research study is to assess young adults' health beliefs and behaviors.
- You are being asked to answer a few questions to see if you are eligible for a study of approximately 1,500 young adults in the United States.
- You may only complete this questionnaire one time.
- It will only take about 3 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 \$5 Amazon digital gift card.
- You may only take the additional online survey one time and you will only receive one \$5 Amazon digital 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 \$5 Amazon digital 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. If you do not want to answer a question, you may stop the survey at any time.
 Please read our privacy policy before continuing.
- If you have any questions about the survey, you can contact us at nextupsurvey@rti.org.

[SCREENER_CONSENT] 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

[IF SCREENER_CONSENT=2, TERMINATE]

SCREENER

[AGE] How old are you?years old [RANGE: 5-100]
[STATE] In what state do you live? [DROP DOWN BOX WITH U.S. STATES + OPTION TO SELECT "I DO NOT LIVE IN THE U.S."]
 [GENDER] What is your gender identity? Please check all that apply. Woman/girl Man/boy Non-binary or gender non-conforming Transgender woman/girl Transgender man/boy Another gender identity Prefer not to say
 [HISP_ORIGIN] Are you Hispanic, Latino/a, or Spanish origin? Please check all that apply. No, not of Hispanic, Latino/a, or Spanish origin Yes, Mexican, Mexican American, Chicano/a Yes, Puerto Rican Yes, Cuban Yes, Another Hispanic, Latino, or Spanish origin Prefer not to answer
[RACE] Which of these best describes your racial and/or ethnic background? Please check all that apply. 1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White
 [ATTN_1] The following question is designed to ensure that people are at a high attention level throughout survey. Please select "Some days" as your answer to this question. 1. Every day 2. Some days 3. Rarely 4. Not at all
[ZIP] What is your zip code? Enter your 5-digit zip code
1. Prefer not to answer
[DOB] What is your date of birth? Please use the following format (MM/DD/YYYY)

//	
[EMAIL]	
Please enter your email address:	[OPEN TEXT]
The email address you provide is used only for	the purposes of this survey and will not be sold or shared.
[EMAIL_VER]	
Please verify your email address:	[OPEN TEXT]

[IF AGE <18 OR AGE >24, AND/OR STATE IS "I DO NOT LIVE IN THE U.S." OR IF AGE=18 AND STATE= NEBRASKA OR ALABAMA PROCEED TO TERMINATE]

[SOFT QUOTAS: BALANCE OF AGE, GENDER, AND RACE/ETHNICITY]

[TERMINATE: IF TERMINATED, DISPLAY NEW SCREEN]

You do not qualify for the longer survey. Thank you for your time.

Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0910-0810. The public reporting burden for this information collection has been estimated to average 3 minutes per response to complete the screener (the time estimated to read, review, respond). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to PRAStaff@fda.hhs.gov.

[IF ELIGIBLE, DISPLAY NEW SCREEN]

Congratulations! You are eligible and are invited to complete our 15-minute web survey for a \$5 Amazon digital gift card. Please click the forward arrow button at the bottom of the page to continue and take the survey now. After you complete the survey, we will send you a \$5 Amazon digital gift card to the email address you provided. The gift card will be sent within 1-2 weeks after we have verified that you have only completed the survey one time.

Please answer these questions carefully. You may become ineligible partway through the survey. If that happens, you will not receive the gift card.

Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0910-0810. The public reporting burden for this information collection has been estimated to average 3 minutes per response to complete the screener (the time estimated to read, review, respond). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to PRAStaff@fda.hhs.gov.

[WHEN CONTINUE IS CLICKED, GO TO INFORMED CONSENT]

[ALL QUESTIONS FROM THIS POINT ON WILL ALLOW SKIPS. IF A PARTICIPANT SKIPS A QUESTION, THE FOLLOWING POP-UP REMINDER WILL SHOW: "There is an unanswered question on this page. Would you like to continue?" Options include: "Continue without answering" or "Answer this question".]

SURVEY

Note to the reviewer: Programming language is in brackets. Based on instrument skip patterns and timing considerations, some items may be excluded. During internal review, address wording inaccuracies and typos to improve language clarity.

Section 1: Tobacco Use and Susceptibility

[TOB_EVER] Which of the following products have you ever used, even just one time? Please check all that apply.

- 1. Cigarettes (such as Marlboro, Newport, Camel, or others)
- 2. Vapes with nicotine (<u>not</u> with marijuana; such as JUUL, Vuse, PuffBar, or others)
- 3. Cigarillos with tobacco (<u>not</u> with marijuana; such as Black & Mild, Swisher Sweets, Backwoods, or others)
- 4. Hookah with tobacco (not with marijuana)
- 5. Chewing tobacco, snuff, or dip (such as Copenhagen, Skoal, Camel Snus, or others)
- 6. Prefer not to answer

[TOB_30] In the <u>past 30 days</u>, which of the following products have you used on <u>at least one day</u>? Please check all that apply [PROGRAMMING: ONLY INCLUDE OPTIONS SELECTED IN TOB_EVER]

- 1. Cigarettes (such as Marlboro, Newport, Camel, or others)
- 2. Vapes with nicotine (not with marijuana; such as JUUL, Vuse, PuffBar, or others))
- 3. Cigarillos with tobacco (<u>not</u> with marijuana; such as Black & Mild, Swisher Sweets, Backwoods, or others)
- 4. Hookah with tobacco (not with marijuana)
- 5. Chewing tobacco, snuff, or dip (such as Copenhagen, Skoal, Camel Snus, or others)
- 6. Prefer not to answer

When answering the next set of questions, please think about hookah use with tobacco (not with marijuana).

[ASK IF TOB_EVER ≠ 4]

[HOOKSUSCEPT_1] Do you think you will smoke hookah in the next year?

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

[ASK IF TOB EVER ≠ 4]

[HOOKSUSCEPT_2] Do you think you will try smoking hookah soon?

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

[ASK IF TOB_EVER ≠ 4]

[HOOKSUSCEPT_3] If one of your best friends were to offer you a hookah, would you try it?

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

Section 2: Perceptions of Addiction

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

[PROGRAMMING: RANDOMIZE ORDER OF ROWS IN MATRIX, TAKING INTO ACCOUNT SKIP LOGIC]

	Strongly	Disagree	Neither	Agree	Strongly	Prefer
	disagree		disagree		agree	not to
			or agree			answer
[ADD_NIC] Hookah contains nicotine.						
[ADD_SMK] Hookah is addictive.						
[ADD_OCC] If I were to smoke hookah						
occasionally, I would not become						
addicted.						
[ADD_LESS] Hookah smoking is just as						
addictive as cigarette smoking.						
[ASK IF TOB_30 = 4 OR TOB_EVER = 4]						
[ADD_CRAV] I crave hookah.						

Section 3: Harm Relative to Cigarettes

Please say how much you disagree or agree with the following statements. [PROGRAMMING: RANDOMIZE ORDER OF ROWS IN MATRIX]

	Strongly	Disagree	Neither	Agree	Strongly	Prefer
	disagree		disagree		agree	not to
			or agree			answer
[HARM_HOUR] One hour of hookah						
smoking makes the same amount of						
smoke as 100 cigarettes.						
[HARM_DAMAGE] Hookah smoke causes						
less damage to your body than cigarette						
smoke.						
[HARM_CIGS] Smoking hookah is just as						
harmful as smoking cigarettes.						
[ATTN_CHK1] This question is designed to						
ensure you are paying attention. Please						
select strongly agree as the answer to this						
question.						

Section 4: Short Term Health Consequences

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

[PROGRAMMING: RANDOMIZE ORDER OF ROWS IN MATRIX]

	Strongly	Disagree	Neither	Agree	Strongly	Prefer
	disagree		disagree		agree	not to
			or agree			answer
[ST_TIME] Someone has to smoke hookah						
for a long time for it to be harmful.						
[ST_SICK] Smoking hookah can make you						
feel sick immediately after using it.						
[ST_BP] Smoking hookah can cause						
sudden and dangerous changes in your						
blood pressure.						
[ST_HEART] Smoking hookah can cause						
sudden and dangerous changes in your						
heart rate.						
[ST_DISEASE] Smoking hookah with						
shared hoses can spread infectious						
diseases.						
[ST_HEP] Smoking hookah with shared						
hoses can spread hepatitis.						
[ST_BACT] When you smoke hookah, you						
breathe in the bacteria that live in the						
hose.						

Section 5: Long Term Health Consequences

Please say how much you disagree or agree with the following statements. [PROGRAMMING: RANDOMIZE ORDER OF ROWS IN MATRIX]

	Strongly	Disagree	Neither	Agree	Strongly	Prefer
	disagree		disagree		agree	not to
			or agree			answer
[LT_GUM] Smoking hookah can cause gum						
disease.						
[LT_TOOTH] Smoking hookah can cause						
tooth loss.						
[LT_MOUTH] Smoking hookah can cause						
mouth cancer.						
[LT_LIP] Smoking hookah can cause lip						
cancer.						

Section 6: Toxins and Chemicals

Please say how much you disagree or agree with the following statements. [PROGRAMMING: RANDOMIZE ORDER OF ROWS IN MATRIX]

	Strongly	Disagree	Neither	Agree	Strongly	Prefer	Ī
--	----------	----------	---------	-------	----------	--------	---

	disagree	disagree	agree	not to
[TOX_CHARC] Burning charcoal while		or agree		answer
using a hookah can produce some of the				
toxins that cause cancer.				
[TOX_SAME] Hookah smoke has many of				
the same toxic chemicals as cigarette				
smoke.				
[TOX_CO] Smoking hookah increases your				
carbon monoxide level even more than				
smoking cigarettes.				
[TOX_CANCER] Hookah contains toxins				
that can cause cancer.				
[TOX_FILTER] The water in a hookah filters				
out toxic chemicals.				
[TOX_METAL] Hookah contains heavy				
metals that can be dangerous.				
[TOX_HASTOB] Most hookah contains				
tobacco.				
[ATTN_CHK2] This question is designed to				
ensure you are paying attention. Please				
select strongly agree as the answer to this				
question.				

Section 7: Social Appeal

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

[PROGRAMMING: RANDOMIZE ORDER OF ROWS IN MATRIX, TAKING INTO ACCOUNT SKIP LOGIC]

	Strongly	Disagree	Neither	Agree	Strongly	Prefer
	disagree		disagree		agree	not to
			or agree			answer
[ASK IF TOB_30 = 4]						
[SOC_FIT] I smoke hookah because it helps						
me to fit in with my friends.						
[ASK IF TOB_30 = 4]						
[SOC_LOUNGE] I smoke hookah because						
going to hookah lounges to smoke is						
enjoyable.						
[ASK IF TOB_30 = 4]						
[SOC_FUN] I smoke hookah because it is a						
fun thing to do with my friends.						
[ASK IF TOB_30 = 4]						
SOC_NEWFR] I smoke hookah because it is						
a good way to make new friends.						
[ASK IF TOB_30 ≠ 4]						
[IFSOC_FIT] Smoking hookah would help						
me to fit in with my friends.						
[ASK IF TOB_30 ≠ 4]						
[IFSOC_LOUNGE] Going to hookah lounges						
to smoke would be enjoyable.						
[ASK IF TOB_30 ≠ 4]						
[IFSOC_FUN] Smoking hookah would be a						
fun thing to do with my friends.						
[ASK IF TOB_30 ≠ 4]						
[IFSOC_NEWFR] Smoking hookah would be						
a good way to make new friends.						

$[ASK IF TOB_30 = 4]$

[WHERESMOK] Where do you usually smoke hookah? (Select one.)

- 1. In a hookah bar or lounge
- 2. In the place where I live (for example, a home, apartment, or dorm)
- 3. In someone else's home, apartment, or dorm
- 4. Somewhere else: please specify ______
- 5. Prefer not to answer

Section 8: Psychological Appeal

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

[PROGRAMMING: RANDOMIZE ORDER OF ROWS IN MATRIX, TAKING INTO ACCOUNT SKIP LOGIC]

	Strongly	Disagree	Neither	Agree	Strongly	Prefer
	disagree		disagree		agree	not to
			or agree			answer
[PSY_RELAX] Smoking hookah is relaxing.						
[PSY_BUZZ] Smoking hookah provides a						
pleasant buzz.						
[PSY_STRESS] Smoking hookah can help						
reduce stress.						
[ASK IF TOB_30 ≠ 4]						
[PSY_CUR] I am curious about how smoking						
hookah will make me feel.						

Section 9: Affordability & Ease of Access

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

[PROGRAMMING: RANDOMIZE ORDER OF ROWS IN MATRIX, TAKING INTO ACCOUNT SKIP LOGIC]

	Strongly	Disagree	Neither	Agree	Strongly	Prefer
	disagree		disagree		agree	not to
			or agree			answer
[ACC_EASY] It is easy to buy hookah						
tobacco.						
[ASK IF TOB_30 = 4]						
[ACC_AFFORD] I smoke hookah because it is						
affordable.						
[ASK IF TOB_30 = 4]						
[ACC_TIMECIGS] I smoke hookah because I						
can smoke it when smoking cigarettes isn't						
allowed.						
[ASK IF TOB_30 ≠ 4]						
[IFACC_AFFORD] Smoking hookah would be						
more affordable than smoking cigarettes.						
[ASK IF TOB_30 ≠ 4]						
[IFACC_TIMECIGS] I could smoke hookah						
when smoking cigarettes isn't allowed.						

Section 10: Additional Variables

Please say how much you disagree or agree with the following statements. [PROGRAMMING: RANDOMIZE ORDER OF ROWS IN MATRIX]

	Strongly	Disagree	Neither	Agree	Strongly	Prefer
	disagree		disagree		agree	not to
			or agree			answer
[SENSEEK1] I would like to explore strange						
places.						
[SENSEEK2] I like to do frightening things.						
[SENSEEK3] I like new and exciting						
experiences, even if I have to break the rules.						
[SENSEEK4] I prefer friends who are exciting						
and unpredictable.						

Not including yourself, does anyone who lives with you now do any of the following? Please check all that apply.

- 1. [HOUSE_CIGS] Smoke cigarettes
- 2. [HOUSE_VAPE] Vape nicotine (not with marijuana; such as JUUL, Vuse, PuffBar, or others)
- 3. [HOUSE_CIGARS] Smoke cigarillos with tobacco (not with marijuana)
- 4. [HOUSE_HOOKAH] Smoke hookah with tobacco (not with marijuana)
- 5. [HOUSE_CHEW] Use chewing tobacco, snuff, or dip
- 6. Prefer not to answer

[ASK IF TOB EVER ≠ 2]

[VAPESUSCEPT_1] Do you think you will vape nicotine in the next year?

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

[ASK IF TOB_EVER ≠ 2]

[VAPESUSCEPT_2] Do you think you will try vaping nicotine soon?

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

[ASK IF TOB_EVER ≠ 2]

[VAPESUSCEPT_3] If one of your best friends were to offer you a vape with nicotine, would you try it?

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

Next, we're going to ask you some questions about your social media use.

[SM_WEEKLY] Which of the following social media platforms do you use <u>at least once a week</u>? Please check all that apply.

- 1. Facebook
- 2. Instagram
- 3. Snapchat
- 4. TikTok
- 5. Reddit
- 6. YouTube
- 7. Twitter
- 8. Tumblr
- 9. Twitch
- 10. Other: _____
- 11. I do not use any social media platforms
- 12. Prefer not to answer

[SM_DAILY] On a typical day, how much time do you spend on social media platforms?

- 1. Less than 1 hour
- 2. 1-2 hours
- 3. 3-4 hours
- 4. 5-6 hours
- 5. More than 6 hours
- 6. Prefer not to answer

[FOR [SM TIME] SHOW EACH PLATFORM SELECTED IN [SM WEEKLY]]

[SM_TIME] For each of the social media platforms you use weekly, please select how much time you spend on it on a typical day.

- 1. Do not use in a typical day
- 2. Less than an hour
- 3. 1-2 hours
- 4. 3-4 hours
- 5. 5-6 hours
- 6. More than 6 hours
- 7. Prefer not to answer

[FOR [SM_PICKUP] SHOW EACH PLATFORM THAT WAS SELECTED IN [SM_WEEKLY]]

[SM_PICKUP] For each of the social media platforms you use weekly, please select how many times you check it on a typical day. By check it, we mean the number of times you open the app or site, look at content, and leave.

- 1. Do not use in a typical day
- 2. Once a day or less
- 3. 2-4 times a day
- 4. 5-7 times a day
- 5. 8-10 times a day
- 6. 10 times or more a day
- 7. Prefer not to answer

1.	Yes
2.	No
3.	Not sure
4.	Prefer not to answer
[OTT_V	VEEKLY] Which of the following streaming services do you watch content on <u>at least once a week</u> ? Please
check a	all that apply.
1.	Netflix
2.	Hulu
3.	Prime Video
4.	YouTube TV
5.	Disney+
6.	HBO Now
7.	Apple TV+
8.	Peacock
9.	Paramount+
10.	Sling TV
11.	Fubo
12.	TubiTV
13.	Other
14.	I do not use any streaming services
15.	Prefer not to answer

[SCREEN_TIME] Do you use screen-time limits on your phone for any social media apps?

[FOR [OTT_WEEKLY_AD] PIPE IN EACH PLATFORM THAT WAS SELECTED IN [OTT_WEEKLY]]
[OTT_WEEKLY_AD] When you watch [INSERT EACH SERVICE SELECTED FROM OTT_WEEKLY], are there video advertisements during the shows?

- 1. Yes, there are video ads
- 2. No, there are no video ads at all
- 3. Prefer not to answer

[OTT_DAILY] On a typical day, how much time do you think you spend watching content on streaming services?

- 1. Less than an hour
- 2. 1-2 hours
- 3. 3-4 hours
- 4. 5-6 hours
- 5. More than 6 hours
- 6. Prefer not to answer

[FOR [OTT_TIME] SHOW EACH PLATFORM THAT WAS SELECTED IN [OTT_WEEKLY]]

[OTT_TIME] For each of the streaming services that you watch content on weekly, please select how much time you spend watching content on it on a typical day.

- 1. Do not use in a typical day
- 2. Less than an hour
- 3. 1-2 hours
- 4. 3-4 hours
- 5. 5-6 hours
- 6. More than 6 hours
- 7. Prefer not to answer

[DEVICES_WEEKLY] On what device(s) do you typically watch content on streaming services? Please check all that apply.

- 1. AppleTV
- 2. Roku
- 3. Amazon Fire
- 4. TiVo
- 5. Google Chromecast
- 6. Cable TV (like Xfinity or Spectrum)
- 7. Gaming consoles (like PlayStation or Xbox)
- 8. Other
- 9. I do not use any devices to watch content
- 10. Prefer not to answer

[CHURN_RATE] In the past 6 months, thinking about all the streaming platforms you've used, have you...(Check all that apply)

- 1. Completely stopped using a streaming platform
- 2. Started using a new streaming platform
- 3. Temporarily stopped using a streaming platform and then started reusing that platform later
- 4. Don't know
- 5. Prefer not to answer

Section 10: Demographic Variables

[EDUC] What is the highest grade or level of school you have completed?

- 1. Less than high school
- 2. Some high school, no diploma
- 3. GED
- 4. High school graduate—diploma
- 5. Some college but no degree
- 6. Associate degree—occupational/vocational
- 7. Associate degree—academic program
- 8. Bachelor's degree (ex: BA, AB, BS)
- 9. Master's degree (ex: MA, MS, MEng, Med, MSW)
- 10. Professional school degree (ex: MD, DDS, DVM, JD)
- 11. Doctorate degree (ex: PhD, EdD)
- 12. Don't know
- 13. Prefer not to answer

[EDUC_ENROLL] Are you currently enrolled in a degree program?

- 1. Yes
- 2. No
- 3. Don't know
- 4. Prefer not to answer

[INCOME] 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
- 5. Prefer not to answer

[SO] Which of the following best represents how you think of yourself? Please check all that apply.

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

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

Would you like to receive this gift card?

- 1. Yes
- 2. No

[If YES]: Thank you. We will send you a \$5 electronic gift card to the email address you provided within 1-2 weeks. You may now close your browser or navigate away from this page.

[IF NO]: Thank you for your participation. You may now close your browser or navigate away from this page.

[CLOSING LANGUAGE]

Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0910-0810. The public reporting burden for this information collection has been estimated to average 15 minutes per response to complete the survey (the time estimated to read, review, respond). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to PRAStaff@fda.hhs.gov.