

## **Formative Research Support: Awareness and Outcomes Assessment Screener and Survey Instrument: Wave 1**

### **SECTION 1: SCREENER**

Thank you for your interest in this survey. To get started, we first need to know a little more about you to see if you are eligible to take the survey.

[ASK ALL]

What is your date of birth?

[Y\_BMONTH] Month: \_\_ \_\_ [Y\_BDAY] Day: \_\_ \_\_ [Y\_BYEAR] Year: \_\_ \_\_ \_\_ \_\_

[VALIDATE CORRECT FORMAT. TERMINATE IF P\_BMONTH ≠ Y\_BMONTH OR P\_BDAY ≠ Y\_BDAY OR P\_BYEAR ≠ Y\_BYEAR.]

GENERATE AGE VARIABLE BASED ON DATE OF SURVEY. TERMINATE IF AGE < 13 OR >17.]

[ASK ALL]

[RACE] Which of these best describes your racial and/or ethnic background? (Select all that apply) [SOURCE: NEW ITEM]

1. American Indian or Alaska Native
2. Asian or Asian American
3. Black or African American
4. Hispanic/Latino/a/x
5. Pacific Islander/Native Hawaiian
6. White
7. Prefer not to answer

[ASK ALL]

[GENDID] What is your gender identity? (Select all that apply) [SOURCE: NEW ITEM]

1. Woman/girl
2. Man/boy
3. Transgender woman/girl

4. Transgender man/boy
5. Agender
6. Gender fluid
7. Gender non-conforming
8. Gender queer
9. Non-binary
10. I am not sure yet
11. Something else: \_\_\_\_\_

[ASK ALL]

**[STATE]** Please indicate your state of residence.

[INSERT LIST WITH 50 US STATES + DC]

[GENERATE REGION VARIABLE]

**[TEST\_SND]** To take part in this survey, you must have sound enabled on your device. What sound is being played? *Note: you may need to adjust your volume.*

[INSERT CLASSICAL MUSIC AUDIO; RANDOMIZE RESPONSE OPTIONS]

1. Cat
2. Dog
3. Cow
4. Bird
5. Horse
6. Car horn
7. Airplane
8. Telephone
9. Classical music
10. None/couldn't hear sound

**[TEST\_VID]** To take part in this survey, you must be able to watch videos on your device. What animal do you see in this video?

[INSERT SQUIRREL VIDEO; RANDOMIZE RESPONSE OPTIONS]

1. Cat
2. Dog

3. Cow
4. Bird
5. Horse
6. Tiger
7. Bear
8. Lion
9. Squirrel
10. None/couldn't see video

**ELIGIBILITY AND QUOTAS:**

**TERMINATE IF:**

- AGE < 13 OR >17
- TEST\_SND ≠ 9
- TEST\_VID ≠ 9

**SET SOFT QUOTAS FOR:**

- MAX 70% WOMAN/GIRL (GENDID = 1)
- MAX 85% WHITE (RACE = 8)
- APPROXIMATELY EVEN DISTRIBUTION ACROSS GEOGRAPHIC REGIONS

Thank you for providing that information. Based on your responses, you are eligible to participate in this survey.

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Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 3 minutes per response. Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov).

## **SECTION 2: TOBACCO USE**

[ALL QUESTIONS FROM THIS POINT ON WILL ALLOW SKIPS. IF A PARTICIPANT SKIPS A QUESTION, THE FOLLOWING POP-UP REMINDER WILL SHOW: “THERE IS 1 UNANSWERED QUESTION ON THIS PAGE. WOULD YOU LIKE TO CONTINUE?” OPTIONS INCLUDE: “CONTINUE WITHOUT ANSWERING” OR “ANSWER THIS QUESTION”.]

The next questions are about your experience with cigarettes.

[ASK ALL]

**[EVER\_SMK]** Have you ever tried cigarette smoking, even one or two puffs?

[SOURCE: PATH WAVE 6]

1. Yes
2. No

[ASK IF EVER\_SMK = 1]

**[CURR\_SMK]** During the past 30 days, on how many days did you smoke cigarettes?

[SOURCE: NYTS 2020]

\_\_\_\_\_ days [NUMERIC, WHOLE NUMBERS ONLY. RANGE = 0-30]

**[VAPE\_INTRO]** These next few questions are about vaping products or vapes that are used to vape nicotine. You may also know them as electronic cigarettes, e-cigarettes, vape pens or mods. Some common brands are JUUL, Vuse, NJOY, Bidi Stick, Suorin, SMOK, and Puff Bar.



[ASK ALL]

**[EVER\_VAPE]** Have you ever vaped nicotine, even one time? [SOURCE: FDA EXPECTT SURVEY]

1. Yes
2. No

[ASK IF EVER\_VAPE = 1]

**[CURR\_VAPE]** During the past 30 days, on how many days did you vape nicotine? [ADAPTED FROM PATH WAVE 6]

\_\_\_\_\_ days [NUMERIC, WHOLE NUMBERS ONLY. RANGE = 0-30]

[ASK IF CURR\_VAPE > 0]

**[VAPE\_WAKE]** On days that you can vape nicotine, how soon after you wake up do you first vape? [SOURCE: ADAPTED FROM VOGEL ET AL., 2020]

1. 0–5 minutes

2. 6–15 minutes
3. 16–30 minutes
4. 31–60 minutes
5. 61–120 minutes
6. 121+ minutes

[ASK IF EVER\_VAPE = 1]

**[LIFE\_VAPE]** How many times have you vaped nicotine in your entire life? [*SOURCE: FDA EXPECTT SURVEY*]

1. 0 times
2. 1 time, even just a few puffs
3. 2 to 10 times
4. 11 to 20 times
5. 21 to 50 times
6. 51 to 99 times
7. 100 or more times

[ASK IF CURR\_VAPE = 1-30]

**[VAPE\_QINT]** Which of the following describes you? [*SOURCE: ADAPTED FROM KOTZ ET AL., 2013*]

1. I don't want to stop vaping
2. I think I should stop vaping but don't really want to.
3. I want to stop vaping but haven't thought about when.
4. I REALLY want to stop vaping but I don't know when I will.
5. I want to stop vaping and hope to soon.
6. I REALLY want to stop vaping and intend to in the next 3 months.
7. I REALLY want to stop vaping and intend to in the next month.

[ASK IF EVER\_VAPE = 0]

**[CURIO\_VAPE]** Have you ever been curious about vaping? [*ADAPTED FROM PATH WAVE 6*]

1. Very curious
2. Somewhat curious
3. A little curious

4. Not at all curious

[ASK ALL]

**[YR\_VAPE]** Do you think you will vape in the next year? *[ADAPTED FROM PATH WAVE 6]*

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

[ASK IF EVER\_VAPE = 0]

**[SOON\_VAPE]** Do you think that you will try vaping soon? *[ADAPTED FROM PATH WAVE 6]*

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

[ASK ALL]

**[FRIEND\_VAPE]** If one of your best friends were to offer you a vaping product, would you try it? *[ADAPTED FROM PATH WAVE 6]*

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

[ASK ALL]

For each of the tobacco products below, please indicate if you use the product every day, some days, rarely, or not at all

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS.]

1. Every day
2. Some days

3. Rarely
4. Not at all

**[CURR\_SLT]** Chewing tobacco, snuff, or dip

**[CURR\_CIGAR]** Cigars, cigarillos, or little cigars

**[CURR\_HOOK]** Tobacco out of hookahs or water pipes

### **SECTION 3: MEDIA USAGE**

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

How often do you personally use the following to stream music, and/or watch videos, media, or television shows? *[SOURCE: FDA EXPECTT SURVEY]*

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS.]

1. Never
2. Sometimes
3. A lot

**[STR\_CBL]** Cable television (like Comcast Xfinity, Spectrum, Dish Network, or Direct TV)

**[STR\_HULU]** Hulu

**[STR\_YT]** YouTube

**[STR\_TW]** Twitch

**[STR\_ROKU]** Roku

**[STR\_FIRE]** Amazon Firestick, Apple TV, Chromecast, or Smart TV

**[STR\_PS]** PlayStation

**[STR\_TUBI]** Tubi

**[STR\_SPOT]** Spotify

**[STR\_INSTA]** Instagram

**[STR\_SNAP]** Snapchat

**[STR\_FB]** Facebook

**[STR\_TT]** TikTok

**[ADS\_PLAT]** [ASK IF (STR\_HULU = 2 OR 3) OR (STR\_ROKU = 2 OR 3) OR (STR\_PS = 2 OR 3) OR (STR\_FIRE = 2 OR 3) or (STR\_SPOT = 2 OR 3)]



When you use :

- IF STR\_HULU = 2 OR 3, DISPLAY “Hulu”
- IF STR\_ROKU = 2 OR 3, DISPLAY “Roku”
- IF STR\_PS = 2 OR 3, DISPLAY “PlayStation”
- IF STR\_FIRE = 2 OR 3, DISPLAY “Amazon Firestick, Apple TV, Chromecast, or Smart TV”
- IF STR\_SPOT = 2 OR 3, DISPLAY “Spotify”

do you ever see video advertisements? [SOURCE: FDA EXPECTT SURVEY]

1. Yes, I see video ads
2. No, I do not see video ads

[ASK IF STR\_CBL = 2 OR 3]

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

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS.]

1. Yes
2. No

[CBL\_TN] Teen Nick

[CBL\_AS] Adult Swim

[CBL\_FF] Freeform

[CBL\_VH1] VH1

[CBL\_WWE] WWE on USA

[CBL\_MTV] MTV

#### **SECTION 4: OUTCOME MEASURES**

Next, we'd like to ask you some questions about your thoughts on vaping nicotine.

[GENERATE THE VARIABLE VAPE\_STAT WITH THE FOLLOWING VALUES:

VALUES	CODING
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0	CURR_VAPE = 0 AND YR_VAPE = 4 AND SOON_VAPE = 4 AND FRIEND_VAPE = 4
1	CURR_VAPE = 0 AND [(YR_VAPE = 1, 2, OR 3) OR (SOON_VAPE = 1, 2, OR 3) OR (FRIEND_VAPE = 1, 2, OR 3)]
2	CURR_VAPE = 1-30
9	MISSING ON ANY OF CURR_VAPE, YR_VAPE, SOON_VAPE, OR FRIEND_VAPE

WITHIN EACH LEVEL OF *VAPE\_STAT*, RANDOMIZE TO OUTCOME MODULE 1 OR MODULE 2 USING LEAST-FILL QUOTAS. THIS SHOULD RESULT IN A SIMILAR DISTRIBUTION OF *VAPE\_STAT* BETWEEN MODULE 1 AND MODULE 2. GENERATE *MODULE* VARIABLE TO INDICATE WHICH MODULE WAS ASSIGNED.]

[ADMINISTER MODULE 1 IF *MODULE* = 1]

***OUTCOME MEASURES – MODULE 1***

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

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS WITHIN EACH “BLOCK” OF ITEMS. FOR EXAMPLE, PERCEIVED SEVERITY: METALS IS ONE BLOCK OF ITEMS. DO NOT RANDOMIZE ITEM BLOCKS.]

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

[PERCEIVED SEVERITY: METALS]

**[PS\_MET\_DEST]** When people vape, the metals they inhale will destroy their lungs.

**[PS\_MET\_TOX]** When people vape, the metal particles they inhale will be toxic to their bodies.

**[PS\_MET\_DAM]** The metals in vapes will cause permanent damage to one’s lungs.

**[PS\_MET\_HARM]** The metal particles in vapes are extremely harmful to one’s body.

**[PS\_MET\_ORG]** The metals in vapes will cause organ damage.

**[PS\_MET\_POIS]** The metals in vapes poisons one's body.

[PERCEIVED SEVERITY: CHEMICALS]

**[PS\_CHEM\_HURT]** When people vape, the chemicals they inhale will hurt their lungs.

**[PS\_CHEM\_HARM]** When people vape, the chemicals they inhale will harm their bodies.

**[PS\_CHEM\_DNA]** When people vape, the chemicals they inhale will severely damage their DNA.

**[PS\_CHEM\_DAM]** The chemicals in vapes will cause permanent damage to people's bodies.

**[PS\_CHEM\_BOD]** The chemicals in vapes are extremely harmful to one's body.

[PERCEIVED SEVERITY: PHYSICAL FITNESS]

**[PS\_PF\_HURT]** Vaping will hurt one's physical fitness.

**[PS\_PF\_RUIN]** Vaping will ruin people's chances of achieving their fitness goals.

**[PS\_PF\_TIRE]** Vaping will make people get tired much more easily when they exercise.

**[PS\_PF\_DIFF]** Vaping will make exercising much more difficult.

**[PS\_PF\_IMP]** Vaping makes it impossible for people to perform physical activities.

**[PS\_PF\_BRE]** Vaping will make people get out of breath more easily when exercising.

**[PS\_PF\_STR]** Vaping will prevent people from being able to have strong bodies.

**[PS\_PF\_HOLD]** Vaping will hold people back from being physically in-shape.

[PERCEIVED SEVERITY: ANXIETY (WORSENING ANXIETY SYMPTOMS)]

**[PS\_ANX\_WORS]** Vaping will make anxious feelings worse.

**[PS\_ANX\_PAN]** Vaping will make anxious feelings so bad that it will lead to a panic attack.

**[PS\_ANX\_WORR]** Vaping will make people feel worried more often.

**[PS\_ANX\_STR]** Vaping will make people feel more stressed.

**[PS\_ANX\_NERV]** Vaping will make nervous feelings stronger.

**[PS\_ANX\_BRE]** Vaping will make anxious feelings so bad that it would be hard to breathe.

**[PS\_ANX\_CHE]** Vaping will make anxious feelings so bad that it would cause chest tightness.

[PERCEIVED SEVERITY: ANXIETY (CAUSING MENTAL ILLNESS)]

**[PS\_MILL\_SEVA]** Vaping will give people severe anxiety.

**[PS\_MILL\_ADIS]** Vaping will cause people to have anxiety disorders.

**[PS\_MILL\_MH]** Vaping will cause people to develop a mental health condition.

**[PS\_MILL\_PRO]** Vaping will make people so stressed out that they would need help from a professional.

[PERCEIVED SEVERITY: ANXIETY (EFFECT ON MOOD)]

**[PS\_MOOD\_BAD]** Vaping will make someone more likely to be in a bad mood.

**[PS\_MOOD\_GRUM]** Vaping will make people grumpy more often.

**[PS\_MOOD\_CRAN]** Vaping makes people cranky.

**[PS\_MOOD\_AROU]** Vaping will cause a person's mood to become so bad that others won't want to be around them.

[PERCEIVED SEVERITY: ANXIETY (SOCIAL ANXIETY)]

**[PS\_SA\_TALK]** Vaping will cause people to feel nervous just talking to others.

**[PS\_SA\_CARE]** Vaping will make people feel anxious around people they care about.

**[PS\_SA\_SOC]** Vaping will make people feel scared to socialize.

**[PS\_SA\_UNC]** Vaping will make people feel more uncomfortable around others.

[ADDICTION SEVERITY]

**[ASV\_PRO]** A vaping addiction is something people would need professional help to deal with.

**[ASV\_SER]** A vaping addiction is something people should take seriously.

**[ASV\_PROB]** A vaping addiction could cause major problems for people.

**[ASV\_CRV]** A vaping addiction would make the person crave their vape all the time.

**[ASV\_NORM]** A vaping addiction would mean a person has to keep vaping more just to feel normal.

**[ASV\_ANX]** A vaping addiction would mean people would get anxious if they can't vape when they want to.

**[ASV\_MORE]** A vaping addiction means a person always wants to vape more.

If you were to vape every day, how likely is it that you personally would...

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS WITHIN EACH “BLOCK” OF ITEMS. FOR EXAMPLE, PERCEIVED SUSCEPTIBILITY: METALS IS ONE BLOCK OF ITEMS. DO NOT RANDOMIZE ITEM BLOCKS.]

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

[PERCEIVED SUSCEPTIBILITY: METALS]

**[PSU\_MET\_POIS]** ...poison your body from inhaling metals in vapes.

**[PSU\_MET\_DEST]** ...have your lungs destroyed from inhaling metal particles.

**[PSU\_MET\_TOX]** ...inhale metals that are toxic to your body.

**[PSU\_MET\_DAM]** ...permanently damage your lungs by inhaling metal particles.

**[PSU\_MET\_BOD]** ...expose your body to extremely harmful metal particles.

**[PSU\_MET\_ORG]** ...inhale metals that will cause you organ damage.

[PERCEIVED SUSCEPTIBILITY: CHEMICALS]

**[PSU\_CHEM\_HURT]** ...inhale chemicals that hurt your lungs.

**[PSU\_CHEM\_HARM]** ...inhale chemicals that harm your body.

**[PSU\_CHEM\_DNA]** ...inhale chemicals that will severely damage your DNA.

**[PSU\_CHEM\_DAM]** ...inhale chemicals that will cause permanent damage to your body.

**[PSU\_CHEM\_BOD]** ...inhale chemicals that cause extreme damage to your body.

[PERCEIVED SUSCEPTIBILITY: PHYSICAL FITNESS]

**[PSU\_PF\_HURT]** ...hurt your physical fitness.

**[PSU\_PF\_RUIN]** ...ruin your chances of achieving your fitness goals.

**[PSU\_PF\_TIRE]** ...get tired more quickly when exercising.

**[PSU\_PF\_EX]** ...have a hard time exercising.

**[PSU\_PF\_PA]** ...have a hard time performing physical activities.

**[PSU\_PF\_BRE]** ...have a hard time breathing when exercising.

**[PSU\_PF\_RUN]** ...run out of breath more easily when exercising.

**[PSU\_PF\_STR]** ...be prevented from having a strong body.

**[PSU\_PF\_SHA]** ...be prevented from getting physically in-shape.

**[PERCEIVED SUSCEPTIBILITY: ANXIETY (WORSENING ANXIETY SYMPTOMS)]**

**[PSU\_ANX\_WORS]** ...have worse feelings of anxiety.

**[PSU\_ANX\_PAN]** ...have anxious feelings that are so bad you get panic attacks.

**[PSU\_ANX\_WOR]** ...feel more worried.

**[PSU\_ANX\_BRE]** ...have anxious feelings that are so bad it is hard to breathe.

**[PSU\_ANX\_CHE]** ...have anxious feelings that are so bad your chest feels tight

**[PSU\_ANX\_NERV]** ...have stronger feelings of nervousness.

**[PSU\_ANX\_STR]** ...feel more stressed.

**[PERCEIVED SUSCEPTIBILITY: ANXIETY (CAUSING MENTAL ILLNESS)]**

**[PSU\_MILL\_SEVA]** ...get severe anxiety.

**[PSU\_MILL\_ANX]** ...get an anxiety disorder you did not have before.

**[PSU\_MILL\_MH]** ...develop a mental health condition.

**[PSU\_MILL\_PRO]**...get so stressed out that you need to get help from a professional.

**[PERCEIVED SUSCEPTIBILITY: ANXIETY (EFFECT ON MOOD)]**

**[PSU\_MOOD\_BAD]** ...be in a bad mood more often.

**[PSU\_MOOD\_AROU]** ...be in such a bad mood that others don't want to be around you.

**[PSU\_MOOD\_GRUM]** ...feel grumpy for no good reason more often.

**[PSU\_MOOD\_CRAN]** ...feel cranky more often.

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

**[PSU\_SA\_NERV]** ...feel nervous just talking to others.

**[PSU\_SA\_ANX]** ...feel anxious around people you care about.

**[PSU\_SA\_SOC]** ...feel scared to socialize.

**[PSU\_SA\_UNC]** ...feel uncomfortable around others.

**[ADDICTION SUSCEPTIBILITY]**

[ASU\_MORE] ...want to vape more often to get the same effect.

[ASU\_CRV] ...crave vaping all the time.

[ASU\_NOT] ...not be able to stop vaping even if you wanted to.

[ASU\_NORM] ...feel like you need to vape just to feel normal.

[ASU\_ANX] ...feel anxious if you can't vape when you want to.

[ASU\_PRO] ...need professional help to stop vaping.

[ASU\_HOOK] ...get hooked on vaping.

[ASU\_ADD] ...get addicted to vaping.

#### [ANTICIPATORY SOCIALIZATION]

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

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS.]

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

[AS\_FIT] Vaping will help me fit in.

[AS\_FRND] Vaping will help me make friends.

[AS\_POP] Vaping will make me more popular.

[AS\_SOC] Vaping will help me feel more comfortable in social situations.

[AS\_AROU] Vaping will make others want to be around me.

[AS\_POS] Vaping will make my peers think more positively of me.

[AS\_IMP] To me, vaping is an important part of being with friends.

[AS\_MFR] I think vaping allows people my age to make friends.

[AS\_TEEN] I think vaping is part of the teenage experience.

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

[ADMINISTER MODULE 2 IF MODULE = 2]

#### **OUTCOME MEASURES – MODULE 2**

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

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS WITHIN EACH “BLOCK” OF ITEMS. FOR EXAMPLE, *OUGHT SELF-DISCREPANCY: FAMILY* IS ONE BLOCK OF ITEMS. DO NOT RANDOMIZE ITEM BLOCKS.]

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

[OUGHT SELF-DISCREPANCY: FAMILY]

**[OSD\_FAM\_DOWN]** If I vape, I will let my family down.

**[OSD\_FAM\_POOR]** If I vape, I will treat my family poorly.

**[OSD\_FAM\_HURT]** If I vape, I will do things that hurt my family.

**[OSD\_FAM\_DIS]** If I vape, my family will be disappointed.

**[OSD\_FAM\_REL]** If I vape, I will do things that harm my relationship with my family.

**[OSD\_FAM\_TRU]** If I vape, I will do things that break my family’s trust.

**[OSD\_FAM\_FAIL]** If I vape, I will fail to live up to the person my family thinks I should be.

**[OSD\_FAM\_EXP]** If I vape, I will be unable to live up to my family’s expectations.

[OUGHT SELF-DISCREPANCY: FRIENDS/PEERS]

**[OSD\_FRND\_DOWN]** If I vape, I will let my friends down when they are counting on me.

**[OSD\_FRND\_DIS]** If I vape, my friends will be disappointed.

**[OSD\_FRND\_EXP]** If I vape, I will fail to live up to my friends’ expectations.

**[OSD\_FRND\_FAIL]** If I vape, I will fail to live up to the person my friends think I should be.

**[OSD\_FRND\_REL]** If I vape, I will do things that negatively affect my friendships.

**[OSD\_FRND\_NEG]** If I vape, my friends will look at me negatively.

**[OSD\_FRND\_SUPP]** If I vape, it could get in the way of me supporting my friends.

[IDEAL SELF-DISCREPANCY]



**[ISD\_BEC]** If I vape, I will become someone I don't want to be.

**[ISD\_GIVE]** If I vape, I will give up things that are important to me.

**[ISD\_BEST]** If I vape, I can't be my best self.

**[ISD\_UND]** If I vape, I will underperform at things that are important to me.

**[ISD\_IDEA]** If I vape, I can't be who I would ideally like to be.

**[ISD\_POT]** If I vape, I can't live up to my potential.

**[ISD\_FALL]** If I vape, I will fall behind on my goals.

**[ISD\_MISS]** If I vape, I will miss out on important opportunities.

**[ISD\_DOWN]** If I vape, I'll be letting myself down.

#### [ANTICIPATED GUILT (SCALE)]

If I vape, I will feel...

**[AG\_BAD]** ...bad about it.

**[AG\_TENS]** ...tension about it.

**[AG\_REGR]** ...regretful.

**[AG\_WRON]** ...like I did something wrong.

**[AG\_SHLD]** ...like I did something that I shouldn't have.

**[AG\_WORR]** ...worried about hurting myself.

**[AG\_RESP]** ...responsible if anything bad happens.

**[AG\_IMP]** ...like I am being improper.

**[AG\_RECK]** ...like I am acting recklessly.

**[AG\_INA]** ...like I am doing something inappropriate.

#### [ANTICIPATED GUILT (SINGLE ITEM)]

**[AG\_GUIL]** If I vape, I will feel guilty.

#### [ANTICIPATED SHAME (EXTERNAL SHAME)]

If I vape, I feel that...

**[ASH\_EX\_STAN]** ...others will see me as not being up to their standards.

**[ASH\_EX\_UND]** ...others will not understand me.

**[ASH\_EX\_JUDG]** ...others will judge me.

**[ASH\_EX\_CRIT]** ...others will criticize me.

**[ASH\_EX\_UNIN]** ...other people will see me as uninteresting.  
**[ASH\_EX\_MESS]** ...other people will think I messed up. [NEW ITEM]  
**[ASH\_EX\_GOOD]** ...other people will think I am not good enough. [NEW ITEM]  
**[ASH\_EX\_DIS]** ...other people will be disappointed in me.  
**[ASH\_EX\_GRO]** ...other people will think I am gross.  
**[ASH\_EX\_NEG]** ...other people will see me negatively.

[ANTICIPATED SHAME (INTERNAL SHAME - SCALE)]

If I vape, I feel that ...

**[ASH\_INT\_IS]** ...I will be isolated.  
**[ASH\_INT\_INF]** ...I will be inferior to others.  
**[ASH\_INT\_UNW]** ...I will be unworthy as a person.  
**[ASH\_INT\_JUDG]** ...I will be judgmental of myself.  
**[ASH\_INT\_CRIT]** ...I will criticize myself.  
**[ASH\_INT\_CRIN]** ...I will cringe when I think of what I did. [NEW ITEM]  
**[ASH\_INT\_DIS]** ...I will be disappointed in myself. [NEW ITEM]  
**[ASH\_INT\_GRO]** ...I will feel gross about myself. [NEW ITEM]  
**[ASH\_INT\_EMB]** ...I will be embarrassed.  
**[ASH\_INT\_HYP]** ...I will feel like a hypocrite.  
**[ASH\_INT\_FOOL]** ...I will feel foolish.  
**[ASH\_INT\_HELP]** ...I will feel helpless.  
**[ASH\_INT\_SILL]** ...I will feel silly.

[ANTICIPATED SHAME (INTERNAL SHAME – SINGLE ITEM)]

**[AS\_INT\_ASH]** If I vape, I will feel ashamed.

[ANTICIPATED REGRET]

If I vape I will...

**[AR\_SBV]** ...experience self-blame about deciding to vape.  
**[AR\_SORR]** ...feel sorry.  
**[AR\_SB]** ...experience self-blame.  
**[AR\_GUIL]** ...feel guilty.

**[AR\_CONF]** ...feel conflicted.

**[AR\_KICK]** ...feel like kicking myself.

**[AR\_BETT]** ...think things would have gone better if I had decided not to vape.

**[AR\_DEC]** ...wish I had decided not to vape.

**[AR\_TDEC]** ...think I should have decided not to vape.

**[AR\_TBET]** ...think it would have been better off had I decided not to vape.

**[AR\_TCHO]** ...think I should have chosen not to vape.

**[AR\_REG]** ...feel a sense of regret.

**[AR\_UPS]** ...feel upset with myself.

## **SECTION 5: VALIDATION MEASURES**

[ASK ALL]

**[VAPE\_HHEALTH]** If you were to vape every day, how likely is it that you would harm your overall health? *[SOURCE: FDA EXPRESSED CLAIMS SURVEY]*

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

[ASK ALL]

Please say how much you agree or disagree with each statement. *[SOURCE: ATTITUDES TOWARD CHEMICALS SCALE]*

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS.]

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

**[ATC\_1]** I am scared of chemical substances and the risks associated with them

**[ATC\_2]** I do everything I can to avoid contact with chemicals and chemical products in my daily life

**[ATC\_3]** All use of chemicals must be risk-free

**[ATC\_4]** I would like to live in a world where chemicals do not exist

[ASK ALL]

The following contain a list of situations in which people may find themselves vaping. Please indicate how much you could resist vaping in each case. *[SOURCE: ADAPTED FROM DRINKING REFUSAL SELF-EFFICACY QUESTIONNAIRE (PATTON ET AL., 2018)]*

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS.]

[INSERT 6-POINT SCALE WITH ANCHORS AT 1 (“I am sure I could not resist”) and 6 (“I am very sure I could resist”)]

**[DFSQ\_1]** When I am at a party

**[DFSQ\_2]** When I am listening to music

**[DFSQ\_3]** When someone I have feelings for is vaping

**[DFSQ\_4]** When my friends are vaping

**[DFSQ\_5]** When I feel upset

**[DFSQ\_6]** When I am feeling down

**[DFSQ\_7]** When I first arrive home

**[DFSQ\_8]** When I feel sad

[ASK ALL]

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 by a person you like very much. *[SOURCE: WILLINGNESS TO USE SCALE (VOGEL, 2021)]*

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS.]

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

**[WTU\_1]** How likely is it you would take the vape and try it?

**[WTU\_2]** How likely is it you would say no thanks?

**[WTU\_3]** How likely is it you would leave the situation?

[ASK ALL]

Imagine that you just began vaping. You vape 2 to 3 times per day. Sometimes you use alone, and sometimes you use with friends.

How likely are you to... *[SOURCE: CHAFEE ET AL. (2015)]*

**[VAPE\_INCAT]** ...experience increased athletic performance?

**[VAPE\_UPFRND]** ...upset friends?

**[VAPE\_UPFAM]** ...upset family?

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

[ASK ALL]

**[PEER\_VAPE]** How many of your **four** closest friends vape? *[SOURCE: ADAPTED FROM ETIM ET AL., 2020]*

0. None
1. One
2. Two
3. Three
4. Four

[ASK IF MODULE = 1]

Please say how much you agree or disagree with each statement. *[SOURCE: HEALTH SELF-CONSCIOUSNESS SCALE]*

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS.]

1. Strongly disagree
2. Disagree
3. Neutral

4. Agree
5. Strongly agree

**[HSC\_1]** I reflect about my health a lot.

**[HSC\_2]** I'm very self-conscious about my health.

**[HSC\_3]** I'm generally attentive to my inner feelings about my health.

[ASK IF MODULE = 1]

Please say how much you agree or disagree with each statement. *[SOURCE: SHORT-FORM VAPING CONSEQUENCES QUESTIONNAIRE. NEGATIVE REINFORCEMENT SUB-SCALE (MOREAN ET AL., 2021)]*

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS.]

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

**[VCQ\_1]** Vaping helps me deal with anxiety.

**[VCQ\_2]** Vaping helps me deal with depression.

**[VCQ\_3]** Vaping helps me deal with anger.

**[VCQ\_4]** Vaping helps me reduce or handle tension.

**[VCQ\_5]** When I'm upset with someone, vaping helps me cope.

**[VCQ\_6]** Vaping calms me down when I feel nervous.

**[VCQ\_7]** When I'm angry a vape can calm me down.

[ASK IF MODULE = 1]

Please say how much you agree or disagree with each statement. *[SOURCE: FDA EXPRESSED CLAIMS SURVEY, ADAPTED FROM OAKES ET AL., 2004]*

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS.]

1. Strongly disagree
2. Disagree
3. Neutral

4. Agree
5. Strongly agree

**[SKEP\_1]** The medical evidence that vaping nicotine is harmful is exaggerated.

**[SKEP\_2]** Vaping nicotine cannot be all that bad for you because many people who vape live healthy lives.

**[SKEP\_3]** Vaping nicotine cannot be that bad because top sports people vape and still perform well.

[ASK IF MODULE = 1]

**[VAPE\_POP]** If you were to vape every day, how likely is it that you would become more popular? *[SOURCE: POKHREL ET AL., 2018]*

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

[ASK IF MODULE = 1]

**[VAPE\_ADDICT]** If you were to vape every day, how likely is it that you would get addicted? *[SOURCE: FDA EXPRESSED CLAIMS SURVEY]*

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

[ASK IF MODULE = 2]

**[PEER\_NORM]** Do people your age approve or disapprove of vaping? *[SOURCE: EAST ET AL., 2019]*

1. Strongly approve
2. Somewhat approve
3. Neither approve nor disapprove
4. Somewhat disapprove

5. Strongly disapprove

[ASK IF MODULE = 2]

Please say how much you disagree or agree with each statement. *[SOURCE: SELF-ACTUALIZATION SCALE]*

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS.]

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

**[SA1]** I fear failure

**[SA2]** I am bothered by fears of being inadequate

**[SA3]** I feel I must do what others expect me to do

**[SA4]** It's always necessary that others approve of what I do

[ASK IF MODULE = 2]

**[VAPE\_RULE]** Which statement best describes the rules about vaping in your home?

Would you say... *[SOURCE: ADAPTED FROM NEW YORK ADULT TOBACCO SURVEY]*

1. Vaping is not allowed anywhere inside your home
2. Vaping is allowed in some places or at some times
3. Vaping is allowed anywhere inside your home
4. There are no rules about vaping inside your home

[ASK IF MODULE = 2]

**[PAR\_NORM]** How wrong would your parents feel it would be for you to vape nicotine?

1. Very wrong
2. Somewhat wrong
3. Not very wrong
4. Not wrong at all

[ASK IF MODULE = 2]



Please indicate how much each of the following statements applied to you over the past week. *[SOURCE: ADAPTED FROM DASS SCALE]*

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS.]

1. Did not apply to me at all
2. Applied to me to some degree, or some of the time
3. Applied to me to a considerable degree or a good part of time
4. Applied to me very much or most of the time

**[DASS\_1]** I was aware of dryness of my mouth

**[DASS\_2]** I couldn't seem to experience any positive feeling at all

**[DASS\_3]** I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)

**[DASS\_4]** I found it difficult to work up the initiative to do things

**[DASS\_5]** I experienced trembling (e.g. in the hands)

**[DASS\_6]** I was worried about situations in which I might panic and make a fool of myself

**[DASS\_7]** I felt that I had nothing to look forward to

**[DASS\_8]** I felt down-hearted and blue

**[DASS\_9]** I felt I was close to panic

**[DASS\_10]** I was unable to become enthusiastic about anything

**[DASS\_11]** I felt I wasn't worth much as a person

**[DASS\_12]** I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)

**[DASS\_13]** I felt scared without any good reason

**[DASS\_14]** I felt that life was meaningless

[ASK IF MODULE = 2]

Please say how much you agree or disagree with each statement. *[SOURCE: REGRET SCALE (SHWARTZ ET AL., 2002)]*

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS.]

1. Strongly disagree
2. Disagree
3. Neutral

4. Agree
5. Strongly agree

**[REG\_1]** Whenever I make a choice, I'm curious about what would have happened if I had chosen differently

**[REG\_2]** Whenever I make a choice, I try to get information about how the other alternatives turned out

**[REG\_3]** If I make a choice and it turns out well, I still feel like something of a failure if I find out that another choice would have turned out better

**[REG\_4]** When I think about how I'm doing in life, I often assess opportunities I have passed up

**[REG\_5]** Once I make a decision, I don't look back

[ASK IF MODULE = 2]

For each of the following statements, please indicate how much you think they happen to you. [SOURCE: ADAPTED FROM GUILT SCALE FOR ADOLESCENTS, RECOGNITION OF MISTAKE SUBSCALE (LASKOSKI ET AL., 2013)].

[USE SCROLLING LIST. RANDOMIZE ORDER OF ITEMS.]

[INSERT SCALE FROM 1 ("Never occurs") TO 5 ("Always occurs")]

**[ROM\_1]** I feel bad when I want to do something that I know is not right.

**[ROM\_2]** I feel bad after having done something wrong.

**[ROM\_3]** Sometimes I feel guilty when I want to do something bad.

**[ROM\_4]** I feel bad when I know I should have done something but have not done it.

**[ROM\_5]** When I feel guilty for having harmed someone, I try to repair the damages caused.

**[ROM\_6]** I feel guilty for something I have not done but I know I should have done.

**[ROM\_7]** I feel remorseful for having done something I should not have done.

[SOURCE: SHAME SCALE FOR ADOLESCENTS, RECOGNITION OF MISTAKE SUBSCALE (LASKOSKI ET AL., 2013)].

**[SS\_1]** Sometimes I feel prevented from doing something out of fear of being judged.

**[SS\_2]** I am afraid of being judged for my actions.

**[SS\_3]** I am afraid of being judged for who I am.

**[SS\_4]** Sometimes I do not do something that I wish to do out of fear of what other people will say or think.

**[SS\_5]** I am afraid of what people may say or think of me.

**[SS\_6]** I feel insecure when other people pay attention to me.

**[SS\_7]** I feel bad for some action I have committed and other people saw or heard about it.

**[SS\_8]** I feel inferior to other people.

**SECTION 6: EXPERIMENT 1 (REAL COST AD AWARENESS)**

STUDY PROTOCOL:

RANDOMIZE RESPONDENTS TO 1 OF 9 CONDITIONS ACCORDING TO TABLE 1 BELOW. USE LEAST FILL QUOTAS TO ACHIEVE APPROXIMATELY EQUIVALENT DISTRIBUTION ACROSS GROUPS. GENERATE VARIABLE FOR EXPERIMENT 1 STUDY CONDITION [CONDITION\_1] WITH VALUES A1, B1, ETC. ACCORDING TO VALUES BELOW.

**TABLE 1. EXPERIMENT 1 STUDY FACTORS**

FACTOR 1: RECALL PERIOD	FACTOR 2: AD FORMAT		
	1 (6 SECOND)	2 (15 SECOND)	3 (COLLAGE)
A (1 WEEK)	A1 (N~267)	A2 (N~267)	A3 (N~267)
B (1 MONTH)	B1 (N~267)	B2 (N~267)	B3 (N~267)
C (3 MONTH)	C1 (N~267)	C2 (N~267)	C3 (N~267)

GENERATE PIPED TEXT VARIABLE [PIPE\_TIME], WITH PIPED TEXT ACCORDING TO THE CRITERIA IN TABLE 2.

**TABLE 2. PIPED TEXT FOR FACTOR 1**

CRITERIA	PIPE_TIME TEXT
CONDITION = A1, A2, OR A3	“week”
CONDITION = B1, B2, OR B3	“month”
CONDITION = C1, C2, OR C3	“3 months”

EACH RESPONDENT WILL BE SHOWN 3 ADS OF THE SAME FORMAT, WITH VARIATION IN FORMAT ACCORDING TO THE CRITERIA IN TABLE 3. LOOP THROUGH THIS SECTION FOR EACH OF ADS 1\_X\_1, 1\_X\_2, AND 1\_X\_3.

**TABLE 3. AD ASSIGNMENT FOR FACTOR 2**

<b>CRITERIA</b>	<b>ADS</b>
CONDITION = A1, B1, OR C1	AD 1_1_1 (6 second); AD 1_1_2 (6 second); AD 1_1_3 (6 second)
CONDITION = A2, B2, OR C2	AD 1_2_1 (15 second); AD 1_2_2 (15 second); AD 1_2_3 (15 second)
CONDITION = A3, B3, OR C3	AD 1_3_1 (Collage); AD 1_3_2 (Collage); AD 1_3_3 (Collage)

Thank you so much for your attention to this survey. You're almost done! Next, we'd like to show you a few ads and ask you some questions about them.

[SHOW AD X ACCORDING TO STUDY CONDITION. RANDOMIZE ORDER OF ADS.]

[ASK ALL]

**[AWR\_FREQ]** Apart from this survey, how frequently have you seen this ad in the past [PIPE\_TIME]?

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

[GENERATE PIPED TEXT VARIABLE [PIPE\_FREQ], WITH PIPED TEXT ACCORDING TO THE CRITERIA IN TABLE 4.]

**TABLE 4. PIPED TEXT FOR FACTOR 1**

<b>CRITERIA</b>	<b>PIPE_FREQ TEXT</b>
AWR_FREQ = 2	"rarely"
AWR_FREQ = 3	"sometimes"
AWR_FREQ = 4	"often"
AWR_FREQ = 5	"very often"

[ASK ALL]

**[AWR\_FREQ]** You indicated that you have seen this ad **[PIPE\_FREQ]**. Apart from this survey, about **how many times** would you say that you have seen this ad in the past **[PIPE\_TIME]**? Your best guess is fine.

\_\_\_\_\_ **[OPEN TEXT NUMERIC, WHOLE NUMBERS ONLY. RANGE = 0-500]**  
999. Don't know

[ASK IF AWR\_FREQ = 2-5]

**[PATTENT]** How much do you disagree or agree with the following statement:

When I saw this ad **before taking this survey**, I really paid attention to it.

1. Strongly disagree
2. Disagree
3. Neither disagree nor agree
4. Agree
5. Strongly agree

[ASK IF AWR\_FREQ = 2-5]

Which of the following did you ever do when you saw this ad, **before taking this survey**? (*select all that apply*)

[RANDOMIZE ORDER OF ENGAGE\_1 – ENGAGE\_7]

**[ENGAGE\_1]** Turned the sound on

**[ENGAGE\_2]** Clicked on the ad

**[ENGAGE\_3]** Scrolled past the ad

**[ENGAGE\_4]** Skipped the ad once given the option

**[ENGAGE\_5]** Made the ad full screen

**[ENGAGE\_6]** Replayed the ad

**[ENGAGE\_7]** Watched the whole ad

**[ENGAGE\_8]** None of the above [EXCLUSIVE]

## **SECTION 7: EXPERIMENT 2 PRE-EXPOSURE**

STUDY PROTOCOL:

RANDOMIZE RESPONDENTS TO 1 OF 2 CONDITIONS ACCORDING TO TABLE 1 BELOW. USE LEAST FILL QUOTAS TO ACHIEVE APPROXIMATELY EQUIVALENT DISTRIBUTION ACROSS GROUPS. GENERATE VARIABLE FOR EXPOSED (1) VS. UNEXPOSED (2) [EXPOSURE] ACCORDING TO VALUES BELOW.

**TABLE 5. EXPERIMENT 2 STUDY CONDITIONS**

<b>FACTOR 1: EXPOSED VS UNEXPOSED</b>	<b>CONDITION</b>
EXPOSED	1 (N~1/2 TOTAL SAMPLE)
UNEXPOSED	2 (N~1/2 TOTAL SAMPLE)

ADMINISTER THIS SECTION ONLY TO EXPOSURE GROUP 1 (EXPOSED).

Thank you so much for your time taking this survey. You are almost done!

Next, we would like to show you a few more ads. Please pay close attention to them.

[RANDOMIZE ORDER OF ADS]

[SHOW AD 2\_1]

Please click the arrow to go to the next ad.

[SHOW AD 2\_2]

Please click the arrow to go to the next ad.

[SHOW AD 2\_3]

**SECTION 8: CLOSING QUESTIONS**

[ASK IF RACE = 5]

**[HIS\_ETH]** Which of the following best describes you? *(Select all that apply)* [SOURCE: NEW ITEM]

1. Mexican/Mexican American/Chicano/a
2. Puerto Rican
3. Cuban
4. Salvadoran
5. Dominican
6. Other Hispanic or Latino/a/x (Specify: \_\_\_\_\_)
7. Prefer not to answer

[ASK ALL]

**[COUNTRY]** In what country or territory were you born?

[DROP DOWN MENU OF COUNTRIES]

[ASK ALL]

**[LANG]** What language(s) do you usually speak with your family?

*[SOURCE: NEW ITEM]*

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

[ASK ALL]

**[SEXOR]** Which of the following best represents how you think of yourself? (*Select all that apply*) *[SOURCE: NEW ITEM]*

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: \_\_\_\_\_

[ASK ALL]

**[INCOME]** How much money does your family have? *[SOURCE: NEW ITEM]*

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 IF EVER\_VAPE = 1]

**[VAPE\_TYPE]** Earlier in the survey, you said that you have tried vaping at least one time. What type of products have you vaped? *[SOURCE: FDA EXPECTT SURVEY]*

1. Marijuana (THC or CBD) only (including concentrates, hash oils, or dabs)
2. Other products only (e.g., JUUL, Vuse, NJOY, Blu, or Puff Bar)
3. Both marijuana and other products
4. Prefer not to answer

END

You've reached the end of the survey.

*If you are a tobacco user or have a friend or family member who is a tobacco user, and you would like information on how to quit, please visit <https://smokefree.gov/>.*

OMB No: 0910-0810

Expiration Date:12/31/2024

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 20 minutes per response. Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov).