

**FDA Tobacco Prevention Broad Quantitative Research Package**

**Youth Electronic Screener**

**Overview:**

Recruitment will be conducted online through an online panel provider. Individuals from a diverse range of racial/ethnic groups and socioeconomic backgrounds are eligible to participate. Recruitment will continue until a representative sample of the required number of participants for each group is obtained. An existing panel participant database that generates lists of individuals who have voluntarily signed up to participate in research will be used to identify individuals interested in research participation.

The research team has demonstrated capability in recruiting individuals from diverse demographic backgrounds. The time necessary to complete this survey is an average of five minutes per response for youth

Before recruiting begins, all recruiters will attend training to ensure the screening procedures are administered consistently.

**Table 1. Summary of Youth Screener Questions**

Item(s)	Rationale/Justification
A1– A1a	Assess if the youth is between ages of 13-17 (and will not turn 18 by the time the study takes place)
	<b><i>Termination Point if the youth is not within the appropriate age ranges</i></b>
B1-B4	Verify gender, age, race/ethnicity and current zip code
C1	Relationship with a tobacco company, market research company, ad agency, media, or health care
	<b><i>Termination Point for individuals who work for a tobacco company or have friends or family who work for a tobacco company</i></b>
C2	Ask if youth has engaged in a discussion group, survey, or interview about tobacco in the last 6 months
	<b><i>Termination Point for youth who have engaged in a discussion group, survey, or interview about tobacco within the last 6 months</i></b>
D1-D4	Ask lifestyle questions to determine health behaviors
D5- D22	Verify the tobacco use status. Identify youth who are at risk and experimenters. Exclude youth who are closed to using tobacco products
	<b><i>Termination Point for youth who do not meet criteria in D5-D22</i></b>
E1	Collect email address for parent/guardian for parental notification/opt-out form
	Unique identification number created at this point

Thanks for your interest in participating in this survey. We have to collect a little bit of eligibility information to begin.

## **DEMOGRAPHICS AND TOBACCO USE**

A1. How old are you?

- A. 12 years old or younger [Terminate]
- B. 13 years old
- C. 14 years old
- D. 15 years old
- E. 16 years old
- F. 17 years old [If yes go to A1a]
- G. 18 years old or older [Terminate]

A1a. [If child is 17] Will you turn 18 before X date [latest date by which survey will be conducted]?

- A. Yes [Terminate]
- B. No

B1. Are you...?

- A. Female
- B. Male
- C. Other (record)
- D. Prefer not to answer

B2. What is the 5-digit zip code where you CURRENTLY live?

\_\_\_\_ \_

B3. Are you Hispanic, Latino/a, or Spanish origin? (You can choose one answer or more than one answer)

- A. No, not of Hispanic, Latino/a, or Spanish origin
- B. Yes, Mexican, Mexican American, Chicano or Chicana
- C. Yes, Puerto Rican
- D. Yes, Cuban
- E. Yes, another Hispanic, Latino/a, or Spanish origin

B4. What race or races do you consider yourself to be? (You can choose one answer or more than one answer)

- A. American Indian or Alaska Native
- B. Asian
- C. Black or African American
- D. Native Hawaiian or Other Pacific Islander
- E. White

C1. Do you or any member of your immediate family or a close friend work for...? (Select all that apply)

- A. A market research company
- B. A tobacco company (manufacturer or importer of tobacco products) [Terminate]
- C. An advertising agency or public relations firm
- D. The media (TV/radio/newspapers/magazines)
- E. A healthcare professional (doctor, nurse, pharmacist, dietician, etc.)
- F. None of these

C2. Have you ever received money or gift cards from a company for sharing your opinions in a discussion group, interview or survey about tobacco?

- A. Yes, within the past 6 months [Terminate]
- B. Yes, more than 6 months ago
- C. No
- D. I'm not sure

D1. During the past 7 days, did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)

- A. Yes [CONTINUE TO D2]
- B. No [SKIP TO D4]

D2. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? Your best guess is fine. (Do not count diet soda or diet pop.)

- A. I did not drink soda or pop during the past 7 days
- B. 1 to 3 times during the past 7 days
- C. 4 to 6 times during the past 7 days
- D. 1 time per day
- E. 2 times per day
- F. 3 times per day
- G. 4 times or more per day

D3. Do you think that you will drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite, in the next week? (Do not count diet soda or diet pop.)

- A. Definitely yes
- B. Probably yes
- C. Probably not
- D. Definitely not

D4. In the past 30 days how often have you engaged in the follow activities?

	Often	Sometimes	Seldom	Never
Hunting				
Fishing				
Shopping				
Video Gaming				
Mudding				
Reading for enjoyment				
Four wheeling				
Sports (basketball, baseball, soccer, etc.)				

**TOBACCO EXPERIMENTER QUESTIONS:**

Switching gears now, I'd like to ask you a few questions about vaping, or using an e-cigarette; sometimes these products are also called vapes, vape pens, hookah pens, personal vaporizers and mods, e-cigars, pipes, or e-hookahs. I will be calling the products e-cigarettes from now on. I will also use the term "vaping" to describe using these products. Please know that when I ask about "vaping" I am referring to using vapes or vaping only, not smoking traditional cigarettes or any other substance.

E1. Have you ever tried a [TOBACCO PRODUCT] even one or two puffs?

Yes  **CONTINUE**

No  **SKIP TO Q13 FOR E-CIGARETTE SUSCEPTIBILITY/AT-RISK QUESTIONS**

E2. For this question, do not tell me your answer, just tell me the letter that corresponds to each answer I read or say stop when I say your answer. About how many times have you used a [cigarette/e-cigarette/cigar/little cigar/cigarillo/hookah/smokeless tobacco] in your entire life? Your best guess is fine. Please just say a number and do not mention the word e-cigarette.

1	A	<b>CONTINUE TO E3</b>
2 to 5	B	
6 to 15	C	
16 to 25	D	
26 to 49	E	
50 to 99	F	
100 or more	G	<b>TERMINATE</b>

E3. For this question, do not tell me your answer, just tell me the letter that corresponds to each answer I read or say stop when I say your answer. During the past 30 days, on how many days did you use a a [cigarette/e-cigarette/cigar/little cigar/cigarillo/hookah/smokeless tobacco]?

0 days	A	
1 or 2 days	B	<b>[QUALIFY FOR TOBACCO EXPERIMENTER/DUAL EXPERIMENTER GROUP]</b>
3 to 5 days	C	
6 to 9 days	D	
10 to 16 days	E	
16 to 20 days	F	
21 to 29 days	G	<b>TERMINATE</b>
All 30 days	H	<b>TERMINATE</b>

**[Tobacco Product] SUSCEPTIBILITY QUESTIONS:**

For all these questions, do not tell me your answer – just tell me the letter that corresponds to each answer I read or say stop when I say your answer.

F1. Do you think you will try a a [cigarette/e-cigarette/cigar/little cigar/cigarillo/hookah/smokeless tobacco] soon?

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

F2. Do you think you will try a a [cigarette/e-cigarette/cigar/little cigar/cigarillo/hookah/smokeless tobacco] at any time in the next year?

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

F3. If one of your best friends were to offer you a a [cigarette/e-cigarette/cigar/little cigar/cigarillo/hookah/smokeless tobacco], would you try it?

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

F4. [For cigar/little cigar/cigarillo users] When you use cigars/cigarillos/little cigars, do you primarily use them with marijuana?

- Yes 1
- No 2

**[IF F1 and F2 and F3 = 1, EXCLUDE FROM SUSCEPTIBLE/AT-RISK TOBACCO GROUP AND TERMINATE]**

**[ALL ELSE QUALIFY FOR AT-RISK FOR TOBACCO USE GROUP]**

**EMAIL ADDRESS**

---

[SCREEN OUT DISQUALIFYING YOUTH BEFORE PROCEEDING TO NEXT PAGE.]

[**TERMINATION**: TEXT PRESENTED TO DISQUALIFIED PARTICIPANTS]: “Thank you for answering our questions! Unfortunately, you will not be invited to take part in the full survey.”

[TEXT PRESENTED TO QUALIFIED PARTICIPANTS]: “Congrats! You qualify to complete the full survey! We just need a little more info so we can send you the link in about 24 hours.”

F1. Before we can send you the full survey, we need to email a copy of our Parent Notification Form to your parent or guardian. This form explains what you will be doing and **provides them with a way to contact us only if they do NOT want you to complete the survey. Your parent will NOT see any of your answers so far.**

You may click [HERE](#) to see what a copy of the parental notification looks like.

Parent or guardian’s email address: \_\_\_\_\_

**As a reminder, we will not share your answers with anyone outside the study, including your parents.**

[TEXT PRESENTED TO QUALIFIED PARTICIPANTS]: “Thank you! We will email you the link to the full survey in about 24 hours. Don’t forget to check your junk mail folder if you do not see the survey link after 24 hours.”

**Paperwork Reduction Act Statement:** The public reporting burden for this information collection has been estimated to average 5 minutes per response to complete this screener (the time estimated to read and complete). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to [PRStaff@fda.hhs.gov](mailto:PRStaff@fda.hhs.gov).