
Underage Tobacco Use Survey (UTUS) – Main Questionnaire

AGE. What is your age?

_____ years (DISPLAY WARNING IF <13 OR >20)
(IF OUT OF RANGE AFTER 3 TIMES, TERMINATE)

IF AGE 13-17, CONFIRM THAT PARENTAL CONSENT WAS PREVIOUSLY OBTAINED

- IF PARENTAL CONSENT NOT PREVIOUSLY OBTAINED, TERMINATE THE INTERVIEW

SEX. What is your sex?

Male - 1
Female - 2

MINOR ASSENT AND ADULT CONSENT STATEMENTS HAVE BEEN REMOVED FROM THE QUESTIONNAIRE. THESE NOW TAKE PLACE WITHIN THE CONTEXT OF THE HUB. SEE SCREENER DOCUMENT.

AWARE / EVER USED

- 3a. The next question is about electronic cigarettes or e-cigarettes, such as JUUL[®], Vuse[®], blu[®], and Logic[™]. E-Cigarettes are battery-powered devices that usually contain a nicotine-based liquid that is vaporized and inhaled. You may also know them as e-cigs, vape-pens, e-hookahs, vapes or mods.

Have you ever seen or heard of e-cigarettes before this study?

Yes - 1

No - 2

(ASK Q.4a IF 'YES' AT Q.3a)

- 4a. Have you **ever used** an e-cigarette, even once or twice?

Yes - 1

No - 2

- 3b. Have you ever seen or heard of cigarettes (ones that have to be lit and burned) before this study?

Yes - 1

No - 2

(ASK Q.4b IF 'YES' AT Q.3b)

- 4b. Have you **ever smoked** a cigarette, even one or two puffs?

Yes - 1

No - 2

- 3c. The next question is about the use of cigars, cigarillos, or little cigars such as Swisher Sweets[®], Black and Mild[®], Garcia y Vega[®], Cheyenne[™], White Owl[®], or Dutch Masters[®]. Have you ever seen or heard of cigars, cigarillos, or little cigars before this study?

Yes - 1

No - 2

(ASK Q.4c IF 'YES' AT Q.3c)

- 4c. Have you **ever smoked** a cigar, cigarillo, or little cigar, even one or two puffs?

Yes - 1

No - 2

AWARE / EVER USED (Continued)

- 3d. The following question is about the use of chewing tobacco, snuff, or dip, such as Copenhagen®, Grizzly®, Skoal®, or Longhorn®. Do not think about snus or dissolvable tobacco products when answering this question.
Have you ever seen or heard of chewing tobacco, snuff, or dip before this study?

Yes - 1
No - 2

(ASK Q.4d IF 'YES' AT Q.3d)

- 4d. Have you **ever used** chewing tobacco, snuff, or dip, even just a small amount?

Yes - 1
No - 2

- 3e. The next question is about smoking tobacco in a hookah, which is a type of waterpipe. Shisha (or hookah tobacco) is smoked in a hookah.
Have you ever seen or heard of smoking tobacco in a hookah or waterpipe before this study?

Yes - 1
No - 2

(ASK Q.4e IF 'YES' AT Q.3e)

- 4e. Have you **ever smoked** tobacco in a hookah or waterpipe, even one or two puffs?

Yes - 1
No - 2

- 3f. And the following question is about pipes filled with tobacco (not hookah or waterpipe).
Have you ever seen or heard of pipes filled with tobacco (not hookah or waterpipe) before this study?

Yes - 1
No - 2

(ASK Q.4f IF 'YES' AT Q.3f)

- 4f. Have you **ever used** pipes filled with tobacco (not hookah or waterpipe), even just one time?

Yes - 1
No - 2

AWARE / EVER USED (Continued)

- 3g. The next question is about snus, which is a type of smokeless tobacco product. It usually comes in small pouches, although some snus may be sold as loose snus. Typically, with most kinds of smokeless tobacco, you spit, but you do not need to spit when using snus. Common brands include Camel Snus® or General Snus®. Do not think about chewing tobacco, snuff, or dip when answering this question.

Have you ever seen or heard of snus before this study?

Yes - 1
No - 2

(ASK Q.4g IF 'YES' AT Q.3g)

- 4g. Have you **ever used** Snus, such as Camel Snus or General Snus, even just one time?

Yes - 1
No - 2

- 3h. And the next question is about heated tobacco products. Some people refer to these products as "heat-not-burn" tobacco products. "Heated tobacco products" heat tobacco sticks or capsules to produce a vapor. They are different from e-cigarettes, which heat a liquid to produce a vapor. Some brands of "heated tobacco products" include IQOS®, glo™, and Eclipse®. Have you ever seen or heard of "heated tobacco products" before this study?

Yes - 1
No - 2

(ASK Q.4h IF 'YES' AT Q.3h)

- 4h. Have you **ever used** a "heated tobacco product", even just one time?

Yes - 1
No - 2

(Questions 3h1, 3h8, 3h9, and 4h1 added in Q2'21)

- 3h1. Have you **ever seen or heard** of IQOS® before this study?

Yes - 1
No - 2
Don't Know - 3

- 3h8. [Ask if 'Yes' at Q.3h1] How did you first see or hear of IQOS®?

A friend/peer/classmate told me about it	-1
A family member told me about it	-2
Advertisement at gas stations, convenience stores, or other retail stores	-3
Advertisement in newspapers or magazines	-4
Advertisement at festivals, nightclubs, or bars	-5
Advertisement on websites or social media sites	-6
Heard or read a story in the news	-7
Saw IQOS in person in a store, mall, convenience store	-8
Saw someone else using IQOS	-9
Saw it on social media (e.g., YouTube or Instagram)	-10
Other, specify _____	-90
Don't know/don't recall	-99

AWARE / EVER USED (Continued)

3h9. [Ask if aware of IQOS® at Q.3h1] Which of the following best describes IQOS®? [Rotate responses 1-4. Keep 1-3 together, rotating within these 3 responses. Always keep “Don’t Know” last.]

- | | |
|--|-----|
| This device only uses replaceable pods/cartridges/capsules | -1 |
| This device only uses sticks containing actual tobacco | -2 |
| This device uses both sticks containing actual tobacco and replaceable pods/cartridges/capsules | -3 |
| This device is refilled using bottles of e-liquid | -4 |
| [ALWAYS SHOW LAST] Don’t Know | -99 |

4h1. [Ask if ‘Yes’ at Q.3h1] Have you ever used IQOS® before this study, even just one time?

- | | |
|------------|-----|
| Yes | - 1 |
| No | - 2 |
| Don’t know | -99 |

3i. The next question is about “oral nicotine products”. These products might come in pouches such as on!® or Zyn™, lozenges, chewables and other oral forms. Do not think about chewing tobacco, snuff, dip, snus, or products used to quit tobacco such as nicotine gum, Nicorette® or Nicoderm® when answering this question.
Have you ever seen or heard of “oral nicotine products” before this study?

- | | |
|-----|-----|
| Yes | - 1 |
| No | - 2 |

(Question 3i1 added in Q4’21)

3i1. [Ask if ‘Yes’ at Q.3i] How did you first see or hear of oral nicotine products?

- | | |
|---|-----|
| A friend/peer/classmate told me about them | -1 |
| A family member told me about them | -2 |
| Advertisement at gas stations, convenience stores, or other retail stores | -3 |
| Advertisement in newspapers or magazines | -4 |
| Advertisement at festivals, nightclubs, or bars | -5 |
| Advertisement on websites or social media sites | -6 |
| Heard or read a story in the news | -7 |
| Saw oral nicotine products in person in a store, mall, convenience store | -8 |
| Saw someone else using an oral nicotine product | -9 |
| Saw them on social media (e.g., YouTube or Instagram) | -10 |
| Other, specify _____ | -90 |
| Don’t know/don’t recall | -99 |

(ASK Q.4i IF ‘YES’ AT Q.3i)

4i. Have you **ever used** an oral nicotine product, even just one time?

- | | |
|-----|-----|
| Yes | - 1 |
| No | - 2 |

E-CIGARETTE SECTION

(If ever tried E-Cigarettes at Q.4a, show intro and ask Q.5a; otherwise, skip to directional before Cigarette section.)

The next several questions are about electronic cigarettes or e-cigarettes. You may also know them as e-cigs, vape-pens, e-hookahs, vapes, or mods.

5a. [If Q4a is 'Yes'] How old were you when you **first used** an e-cigarette, even once or twice?

8 years old or younger	-1	15 years old	-8
9 years old	-2	16 years old	-9
10 years old	-3	17 years old	-10
11 years old	-4	18 years old	-11
12 years old	-5	19 years old	-12
13 years old	-6	20 years old	-13
14 years old	-7		

RESPONSE VALIDATION: If age of onset > current age, ask:

5av. *“Earlier you mentioned that you were [INSERT AGE] years old, but now you just said that you were [INSERT Q.5a response] years old when you first used an e-cigarette. Please confirm the age that you first used an e-cigarette.”*

[REDISPLAY RESPONSE LIST FROM Q.5a AND RECORD VALIDATION RESPONSE IN A SEPARATE VARIABLE]

[ONLY ASK VALIDATION ONCE. IF STILL FAIL AFTER VALIDATION, ACCEPT RESPONSE AND RECORD “UNKNOWN AGE OF ONSET”]

6a. [If age of onset = current age -1] Did you first use an e-cigarette within the past 12 months (that is, starting from MM/DD/YYYY)?

Yes - 1
No - 2

8a. [If Q4a is 'Yes'] In total, how many times have you used an e-cigarette in your **entire life**? Count each occasion that you used an e-cigarette, even if the occasion was just a few puffs.

1 time, even just a few puffs	-1
2 to 10 times	-2
11 to 20 times	-3
21 to 50 times	-4
51 to 99 times	-5
100 or more times	-6
Don't know	-99
Refused	-98

E-CIGARETTE SECTION (CONTINUED)

9a. [If Q4a is 'Yes'] When was the last time you used an e-cigarette, even one or two times?
(Please select the first answer that fits.)

- | | |
|---|----|
| Earlier today | -1 |
| Not today but sometime during the past 7 days | -2 |
| Not during the past 7 days but sometime during the past 30 days | -3 |
| Not during the past 30 days but sometime during the past 6 months | -4 |
| Not during the past 6 months but sometime during the past year | -5 |
| 1 to 4 years ago | -6 |
| 5 or more years ago | -7 |

**Questions 10-18 are for past 30 day (P30D) users
(If Q9a is 1-3, ask Q.10a; otherwise, skip to Q.19a.)**

10a. [If Q9a is 1-3] During the **past 30 days**, on how many days did you use e-cigarettes?

__ _ Number of days (1-30)

11a. [If Q9a is 1-3] During the past 30 days, **on the days you used** an e-cigarette, about how many times per day did you use it?

- | | |
|----------------------------|----|
| 1 time per day | -1 |
| 2 to 5 times per day | -2 |
| 6 to 10 times per day | -3 |
| 11 to 20 times per day | -4 |
| More than 20 times per day | -5 |

12a1. [If Q9a is 1-3] Which of the following best describes the types of e-cigarettes you have used in the past 30 days? (select all that apply)

- | | |
|---|-----|
| A disposable e-cigarette | -1 |
| An e-cigarette that uses pre-filled pods or cartridges (e.g. JUUL) | -2 |
| An e-cigarette with a tank that you refill with liquids | -3 |
| A mod system (an e-cigarette that can be customized by the user with their own combination of batteries or other parts) | -4 |
| I don't know the type | -99 |

12a2. [If Q12a1 is 1-4 and more than one selected] Which of the following best describes the type of e-cigarette you used most often? (select one answer) [Only display types mentioned at Q.12a1 and "don't know"]

- | | |
|---|-----|
| A disposable e-cigarette | -1 |
| An e-cigarette that uses pre-filled pods or cartridges (e.g. JUUL) | -2 |
| An e-cigarette with a tank that you refill with liquids | -3 |
| A mod system (an e-cigarette that can be customized by the user with their own combination of batteries or other parts) | -4 |
| I don't know the type | -99 |

E-CIGARETTE SECTION (CONTINUED)

12a. [If Q9a is 1-3] During the past 30 days, what e-cigarette brand or brands did you use? *(select all that apply)*

(Display brand list)

BLU	-1	SMOK	-8	
EONSMOKE	-2	STIG	-9	
JUUL	-3	SUORIN	-10	
HYDE [Added Q4'21]	-12	VUSE	-11	
LOGIC	-4			
NJOY	-6	Some other brand not listed here	-90	(specify) _____
PUFF BAR	-7	Not sure	-99	

13a. [If more than 1 brand mentioned at Q.12a] During the past 30 days, what brand of e-cigarettes did you usually use? *(select one answer)* [Only display brands mentioned at Q.12a, "no usual" and "not sure"]

[PROGRAMMING NOTE: AUTOMARK Q.13a IF ONLY 1 BRAND MENTIONED AT Q.12a]

I did not have a usual brand	-97	SMOK	-8	
BLU	-1	STIG	-9	
EONSMOKE	-2	SUORIN	-10	
JUUL	-3	VUSE	-11	
HYDE [Added Q4'21]	-12			
LOGIC	-4	Some other brand	-90	(specify) _____
NJOY	-6	not listed here		
PUFF BAR	-7	Not sure	-99	

14a. [If Q9a is 1-3] What flavor or flavors were the e-cigarettes that you used during the past 30 days? *(select all that apply)*

Tobacco	-1
Menthol	-2
Mint	-3
Clove or Spice	-4
Fruit	-5
Chocolate	-6
Alcoholic drinks (such as wine, cognac, margarita, or other cocktails)	-7
Candy, desserts, or other sweets	-8
Some other flavor not listed here (specify) _____	-90
Don't Know	-99

15a. [If more than one response at Q.14a] During the past 30 days, which flavor variety did you usually use? *(select one answer)* [Only display flavors mentioned at Q.14a, "no usual" and "don't know"]

[PROGRAMMING NOTE: AUTOMARK Q.15a IF ONLY 1 FLAVOR MENTIONED AT Q.14a]

I did not have a usual flavor	-97
Tobacco	-1
Menthol	-2
Mint	-3
Clove or Spice	-4
Fruit	-5
Chocolate	-6
Alcoholic drinks (such as wine, cognac, margarita, or other cocktails)	-7
Candy, desserts, or other sweets	-8
Some other flavor not listed here (specify) _____	-90
Don't Know	-99

E-CIGARETTE SECTION (CONTINUED)

16a. [If Q9a is 1-3] During the past 30 days, how did you usually get your e-cigarettes, including any refill liquid or replacement cartridges, pods, or tanks? *(select one answer)*

- | | |
|--|-----|
| I bought them myself | -1 |
| I asked someone else to buy them for me | -2 |
| I asked someone to give me some | -3 |
| Someone offered them to me | -4 |
| I bought them from another person | -5 |
| I took them from another person | -6 |
| I took them from a store | -7 |
| I got them some other way (specify_____) | -90 |

17a. [If Q.16a is 'I asked someone else to buy them for me', 'I asked someone to give me some', 'Someone offered them to me', 'I bought them from another person', or 'I took them from another person'] Who did you usually get your e-cigarettes from? Again, this includes any refill liquid or replacement cartridges, pods, or tanks. *(select one answer)*

- | | |
|---|----|
| Parent/Guardian | -1 |
| Brother/sister (under legal age to purchase tobacco) | -2 |
| Brother/sister (over legal age to purchase tobacco) | -3 |
| Other family member (under legal age to purchase tobacco) | -4 |
| Other family member (over legal age to purchase tobacco) | -5 |
| Friend/peer/classmate (under legal age to purchase tobacco) | -6 |
| Friend/peer/classmate (over legal age to purchase tobacco) | -7 |
| Another person not listed above | -8 |

18a. [If Q16a is "I bought them myself"] During the past 30 days, where did you usually buy your e-cigarettes, including any refill liquid or replacement cartridges, pods, or tanks? *(select one answer)*

- | | |
|---------------------------------------|-----|
| A gas station or convenience store | -1 |
| A grocery store | -2 |
| A drugstore | -3 |
| A mall or shopping center kiosk/stand | -4 |
| A vending machine | -5 |
| On the Internet | -6 |
| Through the mail | -7 |
| A vape shop | -8 |
| A tobacco specialty store | -9 |
| Some other place not listed here | -90 |

19a. [If Q9a > 3 (i.e., lifetime history of use but not in the past 30 days)] Have you completely stopped using e-cigarettes (or vaping)?

- | | |
|-----|-----|
| Yes | - 1 |
| No | - 2 |

20a. [If Q9a = 1-3 (P30D user)] Are you seriously thinking about stopping e-cigarettes (or vaping)? (Please choose the first answer that fits)

- | | |
|--|----|
| Yes, within the next 30 days | -1 |
| Yes, within the next 6 months | -2 |
| Yes, within the next 12 months | -3 |
| Yes, but not within the next 12 months | -4 |

No, I am not seriously thinking about stopping -5

CIGARETTE SECTION

(If ever tried Cigarettes at Q.4b, show intro and ask Q.5b; otherwise, skip to directional before Cigar section.)

The next several questions are about smoking cigarettes (ones that have to be lit and burned).

5b. [If Q4b is 'Yes'] How old were you when you **first smoked** a cigarette, even one or two puffs?

8 years old or younger	-1	15 years old	-8
9 years old	-2	16 years old	-9
10 years old	-3	17 years old	-10
11 years old	-4	18 years old	-11
12 years old	-5	19 years old	-12
13 years old	-6	20 years old	-13
14 years old	-7		

RESPONSE VALIDATION: If age of onset > current age, ask:

5bv. *“Earlier you mentioned that you were [INSERT AGE] years old, but now you just said that you were [INSERT Q.5b response] years old when you first smoked a cigarette. Please confirm the age that you first smoked a cigarette.”*

[REDISPLAY RESPONSE LIST FROM Q.5b AND RECORD VALIDATION RESPONSE IN A SEPARATE VARIABLE]

[ONLY ASK VALIDATION ONCE. IF STILL FAIL AFTER VALIDATION, ACCEPT RESPONSE AND RECORD “UNKNOWN AGE OF ONSET”]

6b. [If age of onset = current age -1] Did you first smoke a cigarette within the past 12 months (that is, starting from MM/DD/YYYY)?

Yes - 1
No - 2

8b. [If Q4b is 'Yes'] How many cigarettes have you smoked in your **entire life**? A pack usually has 20 cigarettes in it.

1 or more puffs but never a whole cigarette	-1
1 cigarette	-2
2 to 10 cigarettes (about ½ a pack total)	-3
11 to 20 cigarettes (about ½ a pack to 1 pack)	-4
21 to 50 cigarettes (more than 1 pack, but less than 3 packs)	-5
51 to 99 cigarettes (more than 2 ½ packs, but less than 5 packs)	-6
100 or more cigarettes (5 packs or more)	-7

CIGARETTE SECTION (CONTINUED)

9b. [If Q4b is 'Yes'] When was the last time you smoked a cigarette, even one or two puffs? (*Please select the first answer that fits.*)

Earlier today	-1
Not today but sometime during the past 7 days	-2
Not during the past 7 days but sometime during the past 30 days	-3
Not during the past 30 days but sometime during the past 6 months	-4
Not during the past 6 months but sometime during the past year	-5
1 to 4 years ago	-6
5 or more years ago	-7

**Questions 10-18 are for past 30 day (P30D) users
(If Q9b is 1-3, ask Q.10b; otherwise, skip to Q.19b.)**

10b. [If Q9b is 1-3] During the **past 30 days**, on how many days did you smoke cigarettes?

__ _ Number of days (1-30)

11b. [If Q9b is 1-3] During the past 30 days, **on the days you smoked**, about how many cigarettes did you smoke per day? A pack usually has 20 cigarettes in it.

Less than 1 cigarette per day	-1
1 cigarette per day	-2
2 to 5 cigarettes per day	-3
6 to 10 cigarettes per day	-4
11 to 20 cigarettes per day	-5
More than 20 cigarettes per day	-6

12b. [If Q9b is 1-3] During the past 30 days, what brand or brands of cigarettes did you smoke? (*select all that apply*)

(Display brand list)

305's	-1	NEWPORT	-10
AMERICAN SPIRIT	-2	L&M	-11
BASIC	-3	PALL MALL	-12
CAMEL	-4	PARLIAMENT	-13
GPC	-5	PYRAMID	-14
DORAL	-6	USA GOLD	-15
KOOL	-7	WINSTON	-16
MARLBORO	-8	Some other brand not listed here	-90 (specify) _____
MAVERICK	-9	Not sure	-99

CIGARETTE SECTION (CONTINUED)

13b. [If more than 1 brand mentioned at Q.12b] During the past 30 days, what brand of cigarettes did you usually smoke? (*select one answer*) [Only display brands mentioned at Q.12b, "no usual" and "not sure"]

[PROGRAMMING NOTE: AUTOMARK Q.13b IF ONLY 1 BRAND MENTIONED AT Q.12b]

I did not smoke a usual brand	-97	NEWPORT	-10
305's	-1	L&M	-11
AMERICAN SPIRIT	-2	PALL MALL	-12
BASIC	-3	PARLIAMENT	-13
CAMEL	-4	PYRAMID	-14
GPC	-5	USA GOLD	-15
DORAL	-6	WINSTON	-16
KOOL	-7	Some other brand	-90 (specify) _____
MARLBORO	-8	not listed here	
MAVERICK	-9	Not sure	-99

14b. [If Q9b is 1-3] Menthol cigarettes are cigarettes that taste like mint. In the past 30 days, were the cigarettes you smoked menthol, non-menthol (or regular) or did you smoke both types?

Menthol	-1
Non-Menthol	-2
Both types	-3
Don't Know	-99

15b. [If Q14b is 'Both types'] During the past 30 days, were the cigarettes that you usually smoked menthol or non-menthol? (*select one answer*)

[PROGRAMMING NOTE: AUTOMARK Q.15b IF MENTION '1', '2', OR '99' AT Q.14b]

I did not smoke a usual type	-1
Menthol	-2
Non-Menthol	-3
Not sure	-99

CIGARETTE SECTION (CONTINUED)

16b. [If Q9b is 1-3] During the past 30 days, how did you usually get your cigarettes? (*select one answer*)

- | | |
|---|-----|
| I bought them myself | -1 |
| I asked someone else to buy them for me | -2 |
| I asked someone to give me some | -3 |
| Someone offered them to me | -4 |
| I bought them from another person | -5 |
| I took them from another person | -6 |
| I took them from a store | -7 |
| I got them some other way (specify _____) | -90 |

17b. [If Q.16b is 'I asked someone else to buy them for me', 'I asked someone to give me some', 'Someone offered them to me', 'I bought them from another person', or 'I took them from another person'] Who did you usually get your cigarettes from? (*select one answer*)

- | | |
|---|----|
| Parent/Guardian | -1 |
| Brother/sister (under legal age to purchase tobacco) | -2 |
| Brother/sister (over legal age to purchase tobacco) | -3 |
| Other family member (under legal age to purchase tobacco) | -4 |
| Other family member (over legal age to purchase tobacco) | -5 |
| Friend/peer/classmate (under legal age to purchase tobacco) | -6 |
| Friend/peer/classmate (over legal age to purchase tobacco) | -7 |
| Another person not listed above | -8 |

18b. [If Q16b is "I bought them myself"] During the past 30 days, where did you usually buy your cigarettes? (*select one answer*)

- | | |
|---------------------------------------|-----|
| A gas station or convenience store | -1 |
| A grocery store | -2 |
| A drugstore | -3 |
| A mall or shopping center kiosk/stand | -4 |
| A vending machine | -5 |
| On the Internet | -6 |
| Through the mail | -7 |
| A vape shop | -8 |
| A tobacco specialty store | -9 |
| Some other place not listed here | -90 |

19b. [If Q9b > 3 (i.e., lifetime history of use but not in the past 30 days)] Have you completely stopped smoking cigarettes?

- | | |
|-----|-----|
| Yes | - 1 |
| No | - 2 |

20b. [If Q9b = 1-3 (P30D user)] Are you seriously thinking about stopping smoking cigarettes? (Please choose the first answer that fits)

- | | |
|--|----|
| Yes, within the next 30 days | -1 |
| Yes, within the next 6 months | -2 |
| Yes, within the next 12 months | -3 |
| Yes, but not within the next 12 months | -4 |
| No, I am not seriously thinking about stopping | -5 |

CIGAR SECTION

(If ever tried Cigars at Q.4c, show intro and ask Q.5c; otherwise, skip to directional before Chew/Snuff/Dip section.)

The next several questions are about the use of cigars, cigarillos, or little cigars.

5c. [If Q4c is 'Yes'] How old were you when you **first smoked** a cigar, cigarillo, or little cigar, even one or two puffs?

8 years old or younger	-1	15 years old	-8
9 years old	-2	16 years old	-9
10 years old	-3	17 years old	-10
11 years old	-4	18 years old	-11
12 years old	-5	19 years old	-12
13 years old	-6	20 years old	-13
14 years old	-7		

RESPONSE VALIDATION: If age of onset > current age, ask:

5cv. *“Earlier you mentioned that you were [INSERT AGE] years old, but now you just said that you were [INSERT Q.5c response] years old when you first smoked a cigar. Please confirm the age that you first smoked a cigar.”*

[REDISPLAY RESPONSE LIST FROM Q.5c AND RECORD VALIDATION RESPONSE IN A SEPARATE VARIABLE]

[ONLY ASK VALIDATION ONCE. IF STILL FAIL AFTER VALIDATION, ACCEPT RESPONSE AND RECORD “UNKNOWN AGE OF ONSET”]

6c. [If age of onset = current age -1] Did you first smoke a cigar, cigarillo, or little cigar within the past 12 months (that is, starting from MM/DD/YYYY)?

Yes - 1
No - 2

8c. [If Q4c is 'Yes'] How many cigars, cigarillos, or little cigars have you smoked in your **entire life**?

1 or more puffs but never a whole one	-1
1	-2
2 to 10	-3
11 to 20	-4
21 to 50	-5
51 to 99	-6
100 or more	-7

CIGAR SECTION (CONTINUED)

9c. [If Q4c is 'Yes'] When was the last time you smoked a cigar, cigarillo, or little cigar, even one or two puffs? (*Please select the first answer that fits.*)

Earlier today	-1
Not today but sometime during the past 7 days	-2
Not during the past 7 days but sometime during the past 30 days	-3
Not during the past 30 days but sometime during the past 6 months	-4
Not during the past 6 months but sometime during the past year	-5
1 to 4 years ago	-6
5 or more years ago	-7

Questions 10-18 are for past 30 day (P30D) users
(If Q9c is 1-3, ask Q.10c; otherwise, skip to Q.19c.)

10c. [If Q9c is 1-3] During the **past 30 days**, on how many days did you smoke cigars, cigarillos, or little cigars?

__ _ Number of days (1-30)

11c. [If Q9c is 1-3] During the past 30 days, **on the days you smoked**, about how many cigars, cigarillos, or little cigars did you smoke per day?

Less than 1 cigar, cigarillo, or little cigar per day	-1
1 per day	-2
2 to 5 per day	-3
6 to 10 per day	-4
11 to 20 per day	-5
More than 20 per day	-6

CIGAR SECTION (CONTINUED)

12c1. During the past 30 days, which of the following types of cigars have you smoked? (*select all that apply*)

Regular Cigars	-1
Cigarillos	-2
Little Cigars	-3
Not sure	-4

12c2. [If multiples selected at Q12c1] During the past 30 days, which type of cigars did you smoke most often? (*select one answer*) [Only display types mentioned at Q.12c1 and “not sure”]
[PROGRAMMING NOTE: AUTOMARK Q.12c2 IF ONLY 1 TYPE MENTIONED AT Q.12c1]

Regular Cigars	-1
Cigarillos	-2
Little Cigars	-3
Not sure	-4

12c. [If Q9c is 1-3] During the past 30 days, what brands of cigars, cigarillos, or little cigars did you smoke? (*select all that apply*)

(Display brand list)

ARTURO FUENTE	-1	PHILLIES	-8
BACKWOODS [Added Q2'21]	-14	PRIME TIME	-9
BLACK & MILD	-2	ROMEO Y JULIETA	-10
CHEYENNE	-3	SWISHER SWEETS	-11
COHIBA	-4	WHITE OWL	-12
DUTCH MASTERS	-5	ZIG ZAG	-13
GAME [Added Q3'21]	-15		
GARCIA Y VEGA	-6	Some other brand not listed here	-90 (specify) _____
MACANUDO	-7	Not sure	-99

13c. [If more than 1 brand mentioned at Q.12c] During the past 30 days, what brand of cigars, cigarillos, or little cigars did you usually smoke? (*select one answer*) [Only display brands mentioned at Q.12c, “no usual” and “not sure”]

[PROGRAMMING NOTE: AUTOMARK Q.13c IF ONLY 1 BRAND MENTIONED AT Q.12c]

I did not smoke a usual brand	-97	PHILLIES	-8
ARTURO FUENTE	-1	PRIME TIME	-9
BACKWOODS [Added Q2'21]	-14	ROMEO Y JULIETA	-10
BLACK & MILD	-2	SWISHER SWEETS	-11
CHEYENNE	-3	WHITE OWL	-12
COHIBA	-4	ZIG ZAG	-13
DUTCH MASTERS	-5		
GAME [Added Q3'21]	-15	Some other brand	-90 (specify) _____
GARCIA Y VEGA	-6	not listed here	
MACANUDO	-7	Not sure	-99

CIGAR SECTION (CONTINUED)

14c. [If Q9c is 1-3] What flavor or flavors were the cigars, cigarillos, or little cigars that you smoked during the past 30 days? *(select all that apply)*

Tobacco (Regular)	-1
Menthol	-2
Mint	-3
Clove or Spice	-4
Fruit	-5
Chocolate	-6
Alcoholic drinks (such as wine, cognac, margarita, or other cocktails)	-7
Candy, desserts, or other sweets	-8
Some other flavor not listed here (specify) _____	-90
Don't Know	-99

15c. [If more than one response at Q.14c] During the past 30 days, which flavor variety did you usually smoke? *(select one answer)* [Only display flavors mentioned at Q.14c, "no usual" and "don't know"]

[PROGRAMMING NOTE: AUTOMARK Q.15c IF ONLY 1 FLAVOR MENTIONED AT Q.14c]

I did not smoke a usual flavor	-97
Tobacco (Regular)	-1
Menthol	-2
Mint	-3
Clove or Spice	-4
Fruit	-5
Chocolate	-6
Alcoholic drinks (such as wine, cognac, margarita, or other cocktails)	-7
Candy, desserts, or other sweets	-8
Some other flavor not listed here (specify) _____	-90
Don't Know	-99

CIGAR SECTION (CONTINUED)

16c. [If Q9c is 1-3] During the past 30 days, how did you usually get your cigars, cigarillos, or little cigars? (*select one answer*)

- | | |
|--|-----|
| I bought them myself | -1 |
| I asked someone else to buy them for me | -2 |
| I asked someone to give me some | -3 |
| Someone offered them to me | -4 |
| I bought them from another person | -5 |
| I took them from another person | -6 |
| I took them from a store | -7 |
| I got them some other way (specify_____) | -90 |

17c. [If Q.16c is 'I asked someone else to buy them for me', 'I asked someone to give me some', 'Someone offered them to me', 'I bought them from another person', or 'I took them from another person'] Who did you usually get your cigars, cigarillos, or little cigars from? (*select one answer*)

- | | |
|---|----|
| Parent/Guardian | -1 |
| Brother/sister (under legal age to purchase tobacco) | -2 |
| Brother/sister (over legal age to purchase tobacco) | -3 |
| Other family member (under legal age to purchase tobacco) | -4 |
| Other family member (over legal age to purchase tobacco) | -5 |
| Friend/peer/classmate (under legal age to purchase tobacco) | -6 |
| Friend/peer/classmate (over legal age to purchase tobacco) | -7 |
| Another person not listed above | -8 |

18c. [If Q16c is "I bought them myself"] During the past 30 days, where did you usually buy your cigars, cigarillos, or little cigars? (*select one answer*)

- | | |
|---------------------------------------|-----|
| A gas station or convenience store | -1 |
| A grocery store | -2 |
| A drugstore | -3 |
| A mall or shopping center kiosk/stand | -4 |
| A vending machine | -5 |
| On the Internet | -6 |
| Through the mail | -7 |
| A vape shop | -8 |
| A tobacco specialty store | -9 |
| Some other place not listed here | -90 |

19c. [If Q9c > 3 (i.e., lifetime history of use but not in the past 30 days)] Have you completely stopped smoking cigars, cigarillos, or little cigars?

- | | |
|-----|-----|
| Yes | - 1 |
| No | - 2 |

20c. [If Q9c = 1-3 (P30D user)] Are you seriously thinking about stopping smoking cigars, cigarillos, or little cigars? (Please choose the first answer that fits)

- | | |
|--|----|
| Yes, within the next 30 days | -1 |
| Yes, within the next 6 months | -2 |
| Yes, within the next 12 months | -3 |
| Yes, but not within the next 12 months | -4 |
| No, I am not seriously thinking about stopping | -5 |

CHEWING TOBACCO/SNUFF/DIP SECTION

(If ever tried Chewing Tobacco, Snuff, or Dip at Q.4d, show intro and ask Q.5d; otherwise, skip to directional before Hookah section.)

The next several questions are about the use of chewing tobacco, snuff, or dip. Do not think about snus or dissolvable tobacco products when you answer these questions.

5d. [If Q4d is 'Yes'] How old were you when you **first used** chewing tobacco, snuff, or dip?

8 years old or younger	-1	15 years old	-8
9 years old	-2	16 years old	-9
10 years old	-3	17 years old	-10
11 years old	-4	18 years old	-11
12 years old	-5	19 years old	-12
13 years old	-6	20 years old	-13
14 years old	-7		

RESPONSE VALIDATION: If age of onset > current age, ask:

5dv. *“Earlier you mentioned that you were [INSERT AGE] years old, but now you just said that you were [INSERT Q.5d response] years old when you first used chewing tobacco, snuff, or dip. Please confirm the age that you first used chewing tobacco, snuff, or dip.”*

[REDISPLAY RESPONSE LIST FROM Q.5d AND RECORD VALIDATION RESPONSE IN A SEPARATE VARIABLE]

[ONLY ASK VALIDATION ONCE. IF STILL FAIL AFTER VALIDATION, ACCEPT RESPONSE AND RECORD “UNKNOWN AGE OF ONSET”]

6d. [If age of onset = current age -1] Did you first use chewing tobacco, snuff, or dip within the past 12 months (that is, starting from MM/DD/YYYY)?

Yes - 1
No - 2

8d. [If Q4d is 'Yes'] How many times have you used chewing tobacco, snuff, or dip in your **entire life**? Count each occasion you used chewing tobacco, snuff or dip.

1 time	-1
2 to 10 times	-2
11 to 20 times	-3
21 to 50 times	-4
51 to 99 times	-5
100 or more times	-6

CHEWING TOBACCO/SNUFF/DIP SECTION (CONTINUED)

9d. [If Q4d is 'Yes'] When was the last time you used chewing tobacco, snuff, or dip? (*Please select the first answer that fits.*)

Earlier today	-1
Not today but sometime during the past 7 days	-2
Not during the past 7 days but sometime during the past 30 days	-3
Not during the past 30 days but sometime during the past 6 months	-4
Not during the past 6 months but sometime during the past year	-5
1 to 4 years ago	-6
5 or more years ago	-7

Questions 10-18 are for past 30 day (P30D) users
(If Q9d is 1-3, ask Q.10d; otherwise, skip to Q.19d.)

10d. [If Q9d is 1-3] During the **past 30 days**, on how many days did you use chewing tobacco, snuff, or dip?

__ _ Number of days (1-30)

11d. [If Q9d is 1-3] During the past 30 days, **on the days you used** chewing tobacco, snuff, or dip, about how many times per day did you use it?

1 time per day	-1
2 to 5 times per day	-2
6 to 10 times per day	-3
11 to 20 times per day	-4
More than 20 times per day	-5

12d1. [If Q9d is 1-3] Smokeless tobacco is available in several different forms, including chewing tobacco, snuff or dip in loose form such as long cut or fine cut, and snuff or dip in a pouch. During the past 30 days, which types of smokeless tobacco have you used? (*select all that apply*)

Chewing tobacco	-1
Snuff or dip in loose form (long cut or fine cut)	-2
Snuff or dip in a pouch	-3
Not sure	-99

12d2. [If more than one type mentioned at Q12d1] During the past 30 days, which type of smokeless tobacco did you usually use? (*select one answer*) [Only display types mentioned at Q.12d1 and "not sure"]

[PROGRAMMING NOTE: AUTOMARK Q.12d2 IF ONLY 1 TYPE MENTIONED AT Q.12d1]

Chewing tobacco	-1
Snuff or dip in loose form (long cut or fine cut)	-2
Snuff or dip in a pouch	-3
Not sure	-99

CHEWING TOBACCO/SNUFF/DIP SECTION (CONTINUED)

12d. [If Q9d is 1-3] During the past 30 days, what brand or brands of chewing tobacco, snuff, or dip did you use? *(select all that apply)*

(Display brand list)

BEECHNUT	-1	LONGHORN	-6
COPENHAGEN	-2	RED MAN	-7
GRIZZLY	-3	SKOAL	-8
KODIAK	-4	STOKER'S [Added Q3'21]	-9
LEVI GARRETT	-5	Some other brand not listed here	-90 (specify) _____
		Not sure	-99

13d. [If more than 1 brand mentioned at Q.12d] During the past 30 days, what brand of chewing tobacco, snuff, or dip did you usually use? *(select one answer)* [Only display brands mentioned at Q.12d, "no usual" and "not sure"]

[PROGRAMMING NOTE: AUTOMARK Q.13d IF ONLY 1 BRAND MENTIONED AT Q.12d]

I did not have a usual brand	-97	LONGHORN	-6
BEECHNUT	-1	RED MAN	-7
COPENHAGEN	-2	SKOAL	-8
GRIZZLY	-3	STOKER'S [Added Q3'21]	-9
KODIAK	-4	Some other brand	-90 (specify) _____
LEVI GARRETT	-5	not listed here	
		Not sure	-99

14d. [If Q9d is 1-3] What flavor or flavors were the chewing tobacco, snuff, or dip that you used during the past 30 days? *(select all that apply)*

Tobacco (natural, original, straight)	-1
Wintergreen	-2
Mint	-3
Clove or Spice	-4
Fruit	-5
Chocolate	-6
Alcoholic drinks (such as wine, cognac, margarita, or other cocktails)	-7
Candy, desserts, or other sweets	-8
Some other flavor not listed here (specify) _____	-90
Don't Know	-99

15d. [If more than one response at Q.14d] During the past 30 days, which flavor variety did you usually use? *(select one answer)* [Only present flavors mentioned at Q.14d, "no usual" and "don't know"]

[PROGRAMMING NOTE: AUTOMARK Q.15d IF ONLY 1 FLAVOR MENTIONED AT Q.14d]

I did not have a usual flavor	-97
Tobacco (natural, original, straight)	-1
Wintergreen	-2
Mint	-3
Clove or Spice	-4
Fruit	-5
Chocolate	-6
Alcoholic drinks (such as wine, cognac, margarita, or other cocktails)	-7
Candy, desserts, or other sweets	-8
Some other flavor not listed here (specify) _____	-90
Don't Know	-99

CHEWING TOBACCO/SNUFF/DIP SECTION (CONTINUED)

16d. [If Q9d is 1-3] During the past 30 days, how did you usually get your chewing tobacco, snuff, or dip? (*select one answer*)

- | | |
|--|-----|
| I bought it myself | -1 |
| I asked someone else to buy it for me | -2 |
| I asked someone to give me some | -3 |
| Someone offered it to me | -4 |
| I bought it from another person | -5 |
| I took it from another person | -6 |
| I took it from a store | -7 |
| I got it some other way (specify_____) | -90 |

17d. [If Q16d is 'I asked someone else to buy it for me', 'I asked someone to give me some', 'Someone offered it to me', 'I bought it from another person', or 'I took it from another person'] Who did you usually get your chewing tobacco, snuff, or dip from? (*select one answer*)

- | | |
|---|----|
| Parent/Guardian | -1 |
| Brother/sister (under legal age to purchase tobacco) | -2 |
| Brother/sister (over legal age to purchase tobacco) | -3 |
| Other family member (under legal age to purchase tobacco) | -4 |
| Other family member (over legal age to purchase tobacco) | -5 |
| Friend/peer/classmate (under legal age to purchase tobacco) | -6 |
| Friend/peer/classmate (over legal age to purchase tobacco) | -7 |
| Another person not listed above | -8 |

18d. [If Q16d is "I bought it myself"] During the past 30 days, where did you usually buy your chewing tobacco, snuff, or dip? (*select one answer*)

- | | |
|---------------------------------------|-----|
| A gas station or convenience store | -1 |
| A grocery store | -2 |
| A drugstore | -3 |
| A mall or shopping center kiosk/stand | -4 |
| A vending machine | -5 |
| On the Internet | -6 |
| Through the mail | -7 |
| A vape shop | -8 |
| A tobacco specialty store | -9 |
| Some other place not listed here | -90 |

19d. [If Q9d > 3 (i.e., lifetime history of use but not in the past 30 days)] Have you completely stopped using chewing tobacco, snuff, or dip?

- | | |
|-----|-----|
| Yes | - 1 |
| No | - 2 |

20d. [If Q9d = 1-3 (P30D user)] Are you seriously thinking about stopping chewing tobacco, snuff, or dip? (Please choose the first answer that fits)

- | | |
|--|----|
| Yes, within the next 30 days | -1 |
| Yes, within the next 6 months | -2 |
| Yes, within the next 12 months | -3 |
| Yes, but not within the next 12 months | -4 |

No, I am not seriously thinking about stopping -5

HOOKAH SECTION

(If ever tried Hookah at Q.4e, show intro and ask Q.5e; otherwise, skip to directional before Pipe section.)

The next several questions are about smoking tobacco in a hookah, which is a type of waterpipe. Shisha (or hookah tobacco) is smoked in a hookah.

5e. [If Q4e is 'Yes'] How old were you when you **first smoked** tobacco in a hookah or waterpipe, even one or two puffs?

- | | | | |
|------------------------|----|--------------|-----|
| 8 years old or younger | -1 | 15 years old | -8 |
| 9 years old | -2 | 16 years old | -9 |
| 10 years old | -3 | 17 years old | -10 |
| 11 years old | -4 | 18 years old | -11 |
| 12 years old | -5 | 19 years old | -12 |
| 13 years old | -6 | 20 years old | -13 |
| 14 years old | -7 | | |

RESPONSE VALIDATION: If age of onset > current age, ask:

5ev. *“Earlier you mentioned that you were [INSERT AGE] years old, but now you just said that you were [INSERT Q.5e response] years old when you first smoked tobacco in a hookah or waterpipe. Please confirm the age that you first smoked tobacco in a hookah or waterpipe.”*

[REDISPLAY RESPONSE LIST FROM Q.5e AND RECORD VALIDATION RESPONSE IN A SEPARATE VARIABLE]

[ONLY ASK VALIDATION ONCE. IF STILL FAIL AFTER VALIDATION, ACCEPT RESPONSE AND RECORD “UNKNOWN AGE OF ONSET”]

6e. [If age of onset = current age -1] Did you first smoke tobacco in a hookah or waterpipe within the past 12 months (that is, starting from MM/DD/YYYY)?

- Yes - 1
No - 2

8e. [If Q4e is 'Yes'] How many times have you smoked tobacco in a hookah in your **entire life**? Count each sitting or session where you smoked tobacco in a hookah, whether alone or with others.

- | | |
|-------------------|----|
| 1 time | -1 |
| 2 to 10 times | -2 |
| 11 to 20 times | -3 |
| 21 to 50 times | -4 |
| 51 to 99 times | -5 |
| 100 or more times | -6 |

HOOKAH SECTION (CONTINUED)

9e. [If Q4e is 'Yes'] When was the last time you smoked tobacco in a hookah or waterpipe, even one or two puffs? *(Please select the first answer that fits.)*

- | | |
|---|----|
| Earlier today | -1 |
| Not today but sometime during the past 7 days | -2 |
| Not during the past 7 days but sometime during the past 30 days | -3 |
| Not during the past 30 days but sometime during the past 6 months | -4 |
| Not during the past 6 months but sometime during the past year | -5 |
| 1 to 4 years ago | -6 |
| 5 or more years ago | -7 |

**Questions 10-18 are for past 30 day (P30D) users
(If Q9e is 1-3, ask Q.10e; otherwise, skip to Q.19e.)**

10e. [If Q9e is 1-3] During the **past 30 days**, on how many days did you smoke tobacco in a hookah or waterpipe?

__ _ Number of days (1-30)

11e. [If Q9e is 1-3] During the past 30 days, **on the days you smoked** tobacco in a hookah or waterpipe, about how many times did you smoke per day? Count each sitting or session where you smoked tobacco in a hookah, whether alone or with others.

- | | |
|----------------------------|----|
| 1 time per day | -1 |
| 2 to 5 times per day | -2 |
| 6 to 10 times per day | -3 |
| 11 to 20 times per day | -4 |
| More than 20 times per day | -5 |

Q.12-15 (BRAND/FLAVOR QUESTIONS) NOT ASKED FOR HOOKAH

Q.16-18 (ACCESS QUESTIONS) NOT ASKED FOR HOOKAH

19e. [If Q9e > 3 (i.e., lifetime history of use but not in the past 30 days)] Have you completely stopped smoking tobacco in a hookah or waterpipe?

- | | |
|-----|-----|
| Yes | - 1 |
| No | - 2 |

20e. [If Q9e = 1-3 (P30D user)] Are you seriously thinking about stopping smoking tobacco in a hookah or waterpipe? *(Please choose the first answer that fits)*

- | | |
|--|----|
| Yes, within the next 30 days | -1 |
| Yes, within the next 6 months | -2 |
| Yes, within the next 12 months | -3 |
| Yes, but not within the next 12 months | -4 |
| No, I am not seriously thinking about stopping | -5 |

PIPE SECTION

(If ever tried Pipe at Q.4f, show intro and ask Q.5f; otherwise, skip to directional before Snus section.)

The next several questions are about smoking pipes filled with tobacco (not hookah or waterpipe).

5f. [If Q4f is 'Yes'] How old were you when you **first smoked** a pipe filled with tobacco, even one or two puffs?

8 years old or younger	-1	15 years old	-8
9 years old	-2	16 years old	-9
10 years old	-3	17 years old	-10
11 years old	-4	18 years old	-11
12 years old	-5	19 years old	-12
13 years old	-6	20 years old	-13
14 years old	-7		

RESPONSE VALIDATION: If age of onset > current age, ask:

5fv. *“Earlier you mentioned that you were [INSERT AGE] years old, but now you just said that you were [INSERT Q.5f response] years old when you first smoked a pipe filled with tobacco. Please confirm the age that you first smoked a pipe filled with tobacco.”*

[REDISPLAY RESPONSE LIST FROM Q.5f AND RECORD VALIDATION RESPONSE IN A SEPARATE VARIABLE]

[ONLY ASK VALIDATION ONCE. IF STILL FAIL AFTER VALIDATION, ACCEPT RESPONSE AND RECORD “UNKNOWN AGE OF ONSET”]

6f. [If age of onset = current age -1] Did you first smoke a pipe filled with tobacco within the past 12 months (that is, starting from MM/DD/YYYY)?

Yes - 1
No - 2

8f. [If Q4f is 'Yes'] How many times have you smoked a pipe filled with tobacco in your **entire life**? Count each session where you smoked tobacco in a pipe, whether you smoked all of the tobacco that was in the pipe or not.

1 time	-1
2 to 10 times	-2
11 to 20 times	-3
21 to 50 times	-4
51 to 99 times	-5
100 or more times	-6

PIPE SECTION (CONTINUED)

9f. [If Q4f is 'Yes'] When was the last time you smoked a pipe filled with tobacco, even one or two puffs? (*Please select the first answer that fits.*)

- | | |
|---|----|
| Earlier today | -1 |
| Not today but sometime during the past 7 days | -2 |
| Not during the past 7 days but sometime during the past 30 days | -3 |
| Not during the past 30 days but sometime during the past 6 months | -4 |
| Not during the past 6 months but sometime during the past year | -5 |
| 1 to 4 years ago | -6 |
| 5 or more years ago | -7 |

**Questions 10-18 are for past 30 day (P30D) users
(If Q9f is 1-3, ask Q.10f; otherwise, skip to Q19f.)**

10f. [If Q9f is 1-3] During the **past 30 days**, on how many days did you smoke a pipe filled with tobacco?

__ _ Number of days (1-30)

11f. [If Q9f is 1-3] During the past 30 days, **on the days you smoked** a pipe filled with tobacco, about how many times did you smoke per day? Count each session where you smoked tobacco in a pipe.

- | | |
|----------------------------|----|
| 1 time per day | -1 |
| 2 to 5 times per day | -2 |
| 6 to 10 times per day | -3 |
| 11 to 20 times per day | -4 |
| More than 20 times per day | -5 |

Q.12-15 (BRAND/FLAVOR QUESTIONS) NOT ASKED FOR PIPE

Q.16-18 (ACCESS QUESTIONS) NOT ASKED FOR PIPE

19f. [If Q9f > 3 (i.e., lifetime history of use but not in the past 30 days)] Have you completely stopped smoking a pipe filled with tobacco?

- | | |
|-----|-----|
| Yes | - 1 |
| No | - 2 |

20f. [If Q9f = 1-3 (P30D user)] Are you seriously thinking about stopping smoking a pipe filled with tobacco? (*Please choose the first answer that fits*)

- | | |
|--|----|
| Yes, within the next 30 days | -1 |
| Yes, within the next 6 months | -2 |
| Yes, within the next 12 months | -3 |
| Yes, but not within the next 12 months | -4 |
| No, I am not seriously thinking about stopping | -5 |

SNUS SECTION

(If ever tried Snus at Q.4g, show intro and ask Q.5g; otherwise, skip to directional before Heated Tobacco Products section.)

The next several questions are about the use of snus. Do not think about chewing tobacco, snuff, or dip when you answer these questions.

5g. [If Q4g is 'Yes'] How old were you when you **first used** snus?

8 years old or younger	-1	15 years old	-8
9 years old	-2	16 years old	-9
10 years old	-3	17 years old	-10
11 years old	-4	18 years old	-11
12 years old	-5	19 years old	-12
13 years old	-6	20 years old	-13
14 years old	-7		

RESPONSE VALIDATION: If age of onset > current age, ask:

5gv. ***“Earlier you mentioned that you were [INSERT AGE] years old, but now you just said that you were [INSERT Q.5g response] years old when you first used snus. Please confirm the age that you first used snus.”***

[REDISPLAY RESPONSE LIST FROM Q.5g AND RECORD VALIDATION RESPONSE IN A SEPARATE VARIABLE]

[ONLY ASK VALIDATION ONCE. IF STILL FAIL AFTER VALIDATION, ACCEPT RESPONSE AND RECORD “UNKNOWN AGE OF ONSET”]

6g. [If age of onset = current age -1] Did you first use snus within the past 12 months (that is, starting from MM/DD/YYYY)?

Yes	- 1
No	- 2

8g. [If Q4g is 'Yes'] How many snus pouches have you used in your **entire life**?

1 pouch	-1
2 to 10 pouches	-2
11 to 20 pouches	-3
21 to 50 pouches	-4
51 to 99 pouches	-5
100 or more pouches	-6

9g. [If Q4g is 'Yes'] When was the last time you used snus, even one or two pouches? (*Please select the first answer that fits.*)

Earlier today	-1
Not today but sometime during the past 7 days	-2
Not during the past 7 days but sometime during the past 30 days	-3
Not during the past 30 days but sometime during the past 6 months	-4
Not during the past 6 months but sometime during the past year	-5
1 to 4 years ago	-6
5 or more years ago	-7

SNUS SECTION (CONTINUED)

**Questions 10-18 are for past 30 day (P30D) users
(If Q9g is 1-3, ask Q.10g; otherwise, skip to Q.19g.)**

10g. [If Q9g is 1-3] During the **past 30 days**, on how many days did you use snus?

__ _ Number of days (1-30)

11g. [If Q9g is 1-3] During the past 30 days, **on the days you used** snus, about how many pouches did you use per day?

1 pouch per day	-1
2 to 5 pouches per day	-2
6 to 10 pouches per day	-3
11 to 20 pouches per day	-4
More than 20 pouches per day	-5

12g. [If Q9g is 1-3] During the past 30 days, what brand or brands of snus did you use? (*select all that apply*)

(Display brand list)

CAMEL SNUS	-1
GENERAL SNUS	-2
SKOAL SNUS	-3
Some other brand not listed here	-90 (specify) _____
Not sure	-99

13g. [If more than 1 brand mentioned at Q.12g] During the past 30 days, what brand of snus did you usually use? (*select one answer*) [Only display brands mentioned at Q.12g, "no usual" and "not sure"]

[PROGRAMMING NOTE: AUTOMARK Q.13g IF ONLY 1 BRAND MENTIONED AT Q.12g]

I did not have a usual brand	-97
CAMEL SNUS	-1
GENERAL SNUS	-2
SKOAL SNUS	-3
Some other brand not listed here	-90 (specify) _____
Not sure	-99

SNUS SECTION (CONTINUED)

14g. [If Q9g is 1-3] What flavor or flavors were the snus that you used during the past 30 days? (*select all that apply*)

Tobacco (Original, Classic)	-1
Wintergreen	-2
Mint	-3
Clove or Spice	-4
Fruit	-5
Chocolate	-6
Alcoholic drinks (such as wine, cognac, margarita, or other cocktails)	-7
Candy, desserts, or other sweets	-8
Some other flavor not listed here (specify) _____	-90
Don't Know	-99

15g. [If more than one response at Q.14g] During the past 30 days, which flavor variety did you usually use? (*select one answer*) [Only display flavors mentioned at Q.14g, "no usual" and "don't know"]
 [PROGRAMMING NOTE: AUTOMARK Q.15g IF ONLY 1 FLAVOR MENTIONED AT Q.14g]

I did not have a usual flavor	-97
Tobacco (Original, Classic)	-1
Wintergreen	-2
Mint	-3
Clove or Spice	-4
Fruit	-5
Chocolate	-6
Alcoholic drinks (such as wine, cognac, margarita, or other cocktails)	-7
Candy, desserts, or other sweets	-8
Some other flavor not listed here (specify) _____	-90
Don't Know	-99

16g. [If Q9g is 1-3] During the past 30 days, how did you usually get your snus? (*select one answer*)

I bought it myself	-1
I asked someone else to buy it for me	-2
I asked someone to give me some	-3
Someone offered it to me	-4
I bought it from another person	-5
I took it from another person	-6
I took it from a store	-7
I got it some other way (specify _____)	-90

SNUS SECTION (CONTINUED)

17g. [If Q.16g is 'I asked someone else to buy it for me', 'I asked someone to give me some', 'Someone offered it to me', 'I bought it from another person', or 'I took it from another person'] Who did you usually get your snus from? (*select one answer*)

Parent/Guardian	-1
Brother/sister (under legal age to purchase tobacco)	-2
Brother/sister (over legal age to purchase tobacco)	-3
Other family member (under legal age to purchase tobacco)	-4
Other family member (over legal age to purchase tobacco)	-5
Friend/peer/classmate (under legal age to purchase tobacco)	-6
Friend/peer/classmate (over legal age to purchase tobacco)	-7
Another person not listed above	-8

18g. [If Q16g is "I bought it myself"] During the past 30 days, where did you usually buy your snus? (*select one answer*)

A gas station or convenience store	-1
A grocery store	-2
A drugstore	-3
A mall or shopping center kiosk/stand	-4
A vending machine	-5
On the Internet	-6
Through the mail	-7
A vape shop	-8
A tobacco specialty store	-9
Some other place not listed here	-90

19g. [If Q9g > 3 (i.e., lifetime history of use but not in the past 30 days)] Have you completely stopped using snus?

Yes	- 1
No	- 2

20g. [If Q9g = 1-3 (P30D user)] Are you seriously thinking about stopping using snus? (Please choose the first answer that fits)

Yes, within the next 30 days	-1
Yes, within the next 6 months	-2
Yes, within the next 12 months	-3
Yes, but not within the next 12 months	-4
No, I am not seriously thinking about stopping	-5

HEATED TOBACCO PRODUCT SECTION

(If ever tried Heated Tobacco Products at Q.4h, show intro and ask Q.5h; otherwise, skip to directions in IQOS® Specific section.)

These next questions are about the use of “heated tobacco products”. Some people refer to these products as “heat-not-burn” tobacco products.

5h. [If Q4h is ‘Yes’] How old were you when you **first used** a heated tobacco product?

8 years old or younger	-1	15 years old	-8
9 years old	-2	16 years old	-9
10 years old	-3	17 years old	-10
11 years old	-4	18 years old	-11
12 years old	-5	19 years old	-12
13 years old	-6	20 years old	-13
14 years old	-7		

RESPONSE VALIDATION: If age of onset > current age, ask:

5hv. ***“Earlier you mentioned that you were [INSERT AGE] years old, but now you just said that you were [INSERT Q.5h response] years old when you first used a heated tobacco product. Please confirm the age that you first used a heated tobacco product.”***

[REDISPLAY RESPONSE LIST FROM Q.5h AND RECORD VALIDATION RESPONSE IN A SEPARATE VARIABLE]

[ONLY ASK VALIDATION ONCE. IF STILL FAIL AFTER VALIDATION, ACCEPT RESPONSE AND RECORD “UNKNOWN AGE OF ONSET”]

6h. [If age of onset = current age -1] Did you first use a heated tobacco product within the past 12 months (that is, starting from MM/DD/YYYY)?

Yes - 1
No - 2

8h. [If Q4h is ‘Yes’] How many heated tobacco sticks or capsules have you used in your **entire life**?

1	-1
2 to 10	-2
11 to 20	-3
21 to 50	-4
51 to 99	-5
100 or more	-6

HEATED TOBACCO PRODUCT SECTION (CONTINUED)

9h. [If Q4h is 'Yes'] When was the last time you used a heated tobacco product, even one or two times? *(Please select the first answer that fits.)*

Earlier today	-1
Not today but sometime during the past 7 days	-2
Not during the past 7 days but sometime during the past 30 days	-3
Not during the past 30 days but sometime during the past 6 months	-4
Not during the past 6 months but sometime during the past year	-5
1 to 4 years ago	-6
5 or more years ago	-7

**Questions 10-18 are for past 30 day (P30D) users
(If Q9h is 1-3, ask Q.10h; otherwise, skip to Q.19h.)**

10h. [If Q9h is 1-3] During the **past 30 days**, on how many days did you use a heated tobacco product?

__ _ Number of days (1-30)

11h. [If Q9h is 1-3] During the past 30 days, **on the days you used** heated tobacco products, about how many tobacco sticks or capsules did you use per day?

Less than 1 per day	-1
1 per day	-2
2 to 5 per day	-3
6 to 10 per day	-4
11 to 20 per day	-5
More than 20 per day	-6

12h. [If Q9h is 1-3] During the past 30 days, what brand or brands of heated tobacco products did you use? *(select all that apply)*

(Display brand list. Only show IQOS® if 'Yes' at Q.4h1)

ECLIPSE	-1
GLO	-2
IQOS	-3
PAX	-4
PLOOM	-5
Some other brand not listed here	-90 (specify) _____
Not sure	-99

HEATED TOBACCO PRODUCT SECTION (CONTINUED)

13h. [If more than 1 brand mentioned at Q.12h] During the past 30 days, what brand of heated tobacco products did you usually use? (*select one answer*) [Only display brands mentioned at Q.12h, "no usual" and "not sure"]

[PROGRAMMING NOTE: AUTOMARK Q.13h IF ONLY 1 BRAND MENTIONED AT Q.12h]

I did not have a usual brand	-97
ECLIPSE	-1
GLO	-2
IQOS	-3
PAX	-4
PLOOM	-5
Some other brand not listed here	-90 (specify) _____
Not sure	-99

14h. [If Q9h is 1-3] Menthol heated tobacco product tobacco sticks or capsules taste like mint. In the past 30 days, were the tobacco sticks or capsules that you used menthol, non-menthol (or regular) or did you use both types?

Menthol	-1
Non-Menthol	-2
Both types	-3
Don't Know	-99

15h. [If Q.14h is "Both types"] During the past 30 days, were the tobacco sticks or capsules that you usually used menthol or non-menthol? (*select one answer*)

[PROGRAMMING NOTE: AUTOMARK Q.15h IF MENTION '1', '2', OR '99' AT Q.14h]

I did not use a usual type	-97
Menthol	-1
Non-menthol	-2
Not sure	-99

16h. [If Q9h is 1-3] During the past 30 days, how did you usually get your tobacco sticks or capsules? (*select one answer*)

I bought them myself	-1
I asked someone else to buy them for me	-2
I asked someone to give me some	-3
Someone offered them to me	-4
I bought them from another person	-5
I took them from another person	-6
I took them from a store	-7
I got them some other way (specify _____)	-90

HEATED TOBACCO PRODUCT SECTION (CONTINUED)

17h. [If Q.16h is 'I asked someone else to buy them for me', 'I asked someone to give me some', 'Someone offered them to me', 'I bought them from another person', or 'I took them from another person'] Who did you usually get your tobacco sticks or capsules from? (*select one answer*)

Parent/Guardian	-1
Brother/sister (under legal age to purchase tobacco)	-2
Brother/sister (over legal age to purchase tobacco)	-3
Other family member (under legal age to purchase tobacco)	-4
Other family member (over legal age to purchase tobacco)	-5
Friend/peer/classmate (under legal age to purchase tobacco)	-6
Friend/peer/classmate (over legal age to purchase tobacco)	-7
Another person not listed above	-8

18h. [If Q16h is "I bought them myself"] During the past 30 days, where did you usually buy your tobacco sticks or capsules? (*select one answer*)

A gas station or convenience store	-1
A grocery store	-2
A drugstore	-3
A mall or shopping center kiosk/stand	-4
A vending machine	-5
On the Internet	-6
Through the mail	-7
A vape shop	-8
A tobacco specialty store	-9
Some other place not listed here	-90

19h. [If Q9h > 3 (i.e., lifetime history of use but not in the past 30 days)] Have you completely stopped using heated tobacco products?

Yes	- 1
No	- 2

20h. [If Q9h = 1-3 (P30D user)] Are you seriously thinking about stopping using heated tobacco products? (Please choose the first answer that fits)

Yes, within the next 30 days	-1
Yes, within the next 6 months	-2
Yes, within the next 12 months	-3
Yes, but not within the next 12 months	-4
No, I am not seriously thinking about stopping	-5

IQOS® SPECIFIC SECTION (added Q2'21)

(If ever tried IQOS® at Q.4h1, read intro and ask Q.21hi; otherwise, skip to directions in Oral Nicotine section.)

You mentioned earlier that you have used IQOS® before this study. The next questions are about IQOS®.

21hi. [Ask if 'Yes' at Q.4h1] How many HeatSticks have you used with IQOS® in your **entire life**?

1	-1
2 to 10	-2
11 to 20	-3
21 to 50	-4
51 to 99	-5
100 or more	-6

22hi. [Ask if 'Yes' at Q.4h1] Menthol HeatSticks are HeatSticks that taste like mint. Was the first IQOS® HeatStick you used menthol or non-menthol (regular)?

Menthol	- 1
Non-Menthol	- 2
Not sure	-99

23hi. [Ask if 'Yes' at Q.4h1 and IQOS® is not mentioned at Q.12h. Otherwise, if IQOS® is mentioned at Q12h, autofill this question with 'Yes' and move to Q.24hi.] During the past 30 days, did you use IQOS®?

Yes	- 1
No	- 2
Don't know	-99

24hi. [Ask if 'Yes' at Q.23hi or IQOS® is mentioned at Q.12h] During the past 30 days, on how many days did you use IQOS®?

_ _ Number of days (1-30)

25hi. [If 'Yes' at Q.23hi or IQOS® is mentioned at Q.12h] During the past 30 days, on the days you used IQOS®, about how many HeatSticks did you use with IQOS® per day?

Less than 1 per day	-1
1 per day	-2
2 to 5 per day	-3
6 to 10 per day	-4
11 to 20 per day	-5
More than 20 per day	-6

26hi. [If 'Yes' at Q.23hi or IQOS® is mentioned at Q.12h] During the past 30 days, was the HeatStick you usually used with IQOS® menthol or non-menthol?

Menthol	-1
Non-Menthol	-2
I did not have a usual type	-97
Not sure	-99

ORAL NICOTINE SECTION

(If ever tried Oral Nicotine at Q.4i, show intro and ask Q.5i; otherwise, skip to directional before First Product Used section.)

These next questions are about the use of “oral nicotine products”. These products might come in pouches such as on! or Zyn, lozenges, chewables, dissolvables, and other oral forms. Do not think about chewing tobacco, snuff, dip, snus, or products used to quit tobacco such as nicotine gum, Nicorette® or Nicoderm®, when you answer these questions.

5i. [If Q4i is ‘Yes’] How old were you when you **first used** an oral nicotine product?

8 years old or younger	-1	15 years old	-8
9 years old	-2	16 years old	-9
10 years old	-3	17 years old	-10
11 years old	-4	18 years old	-11
12 years old	-5	19 years old	-12
13 years old	-6	20 years old	-13
14 years old	-7		

RESPONSE VALIDATION: If age of onset > current age, ask:

5iv. ***“Earlier you mentioned that you were [INSERT AGE] years old, but now you just said that you were [INSERT Q.5i response] years old when you first used an oral nicotine product. Please confirm the age that you first used an oral nicotine product.”***

[REDISPLAY RESPONSE LIST FROM Q.5i AND RECORD VALIDATION RESPONSE IN A SEPARATE VARIABLE]

[ONLY ASK VALIDATION ONCE. IF STILL FAIL AFTER VALIDATION, ACCEPT RESPONSE AND RECORD “UNKNOWN AGE OF ONSET”]

6i. [If age of onset = current age -1] Did you first use an oral nicotine product within the past 12 months (that is, starting from MM/DD/YYYY)?

Yes	- 1
No	- 2

8i. [If Q4i is ‘Yes’] How many times have you used an oral nicotine product in your **entire life**? Count each occasion you used an oral nicotine product.

1 time	-1
2 to 10 times	-2
11 to 20 times	-3
21 to 50 times	-4
51 to 99 times	-5
100 or more times	-6

9i. [If Q4i is ‘Yes’] When was the last time you used an oral nicotine product, even one or two times? *(Please select the first answer that fits.)*

Earlier today	-1
Not today but sometime during the past 7 days	-2
Not during the past 7 days but sometime during the past 30 days	-3
Not during the past 30 days but sometime during the past 6 months	-4
Not during the past 6 months but sometime during the past year	-5
1 to 4 years ago	-6

5 or more years ago

-7

ORAL NICOTINE SECTION (CONTINUED)

**Questions 10-18 are for past 30 day (P30D) users
(If Q9i is 1-3, ask Q.10i; otherwise, skip to Q.19i.)**

10i. [If Q9i is 1-3] During the **past 30 days**, on how many days did you use an oral nicotine product?

__ _ Number of days (1-30)

11i. [If Q9i is 1-3] During the past 30 days, **on the days you used** oral nicotine products, about how many times per day did you use it?

1 time per day	-1
2 to 5 times per day	-2
6 to 10 times per day	-3
11 to 20 times per day	-4
More than 20 times per day	-5

12i. [If Q9i is 1-3] During the past 30 days, what brand or brands of oral nicotine products did you use?
(select all that apply)

(Display brand list)

FRĒ [Added Q4'21]	-8
ON!	-3
VELO	-5
ZYN	-6
ROGUE [Added Q3'21]	-7
Some other brand not listed here	-90 (specify) _____
Not sure	-99

13i. [If more than 1 brand mentioned at Q.12i] During the past 30 days, what brand of oral nicotine products did you usually use? (select one answer) [Only display brands mentioned at Q.12i, "no usual" and "not sure"]

[PROGRAMMING NOTE: AUTOMARK Q.13i IF ONLY 1 BRAND MENTIONED AT Q.12i]

I did not have a usual brand	-97
FRĒ [Added Q4'21]	-8
ON!	-3
VELO	-5
ZYN	-6
ROGUE [Added Q3'21]	-7
Some other brand not listed here	-90 (specify) _____
Not sure	-99

ORAL NICOTINE SECTION (CONTINUED)

14i. [If Q9i is 1-3] What flavor or flavors were the oral nicotine products that you used during the past 30 days? (*select all that apply*)

Tobacco or Original	-1
Wintergreen	-2
Mint	-3
Clove or Spice	-4
Fruit	-5
Chocolate	-6
Alcoholic drinks (such as wine, cognac, margarita, or other cocktails)	-7
Candy, desserts, or other sweets	-8
Some other flavor not listed here (specify) _____	-90
Don't Know	-99

15i. [If more than one response at Q.14i] During the past 30 days, which flavor variety did you usually use? (*select one answer*) [Only display flavors mentioned at Q.14i, "no usual" and "don't know"]

[PROGRAMMING NOTE: AUTOMARK Q.15i IF ONLY 1 FLAVOR MENTIONED AT Q.14i]

I did not have a usual flavor	-97
Tobacco or Original	-1
Wintergreen	-2
Mint	-3
Clove or Spice	-4
Fruit	-5
Chocolate	-6
Alcoholic drinks (such as wine, cognac, margarita, or other cocktails)	-7
Candy, desserts, or other sweets	-8
Some other flavor not listed here (specify) _____	-90
Don't Know	-99

16i. [If Q9i is 1-3] During the past 30 days, how did you usually get your oral nicotine products? (*select one answer*)

I bought them myself	-1
I asked someone else to buy them for me	-2
I asked someone to give me some	-3
Someone offered them to me	-4
I bought them from another person	-5
I took them from another person	-6
I took them from a store	-7
I got them some other way (specify _____)	-90

ORAL NICOTINE SECTION (CONTINUED)

- 17i. [If Q.16i is 'I asked someone else to buy them for me', 'I asked someone to give me some', 'Someone offered them to me', 'I bought them from another person', or 'I took them from another person'] Who did you usually get your oral nicotine products from? (*select one answer*)
- | | |
|---|----|
| Parent/Guardian | -1 |
| Brother/sister (under legal age to purchase tobacco) | -2 |
| Brother/sister (over legal age to purchase tobacco) | -3 |
| Other family member (under legal age to purchase tobacco) | -4 |
| Other family member (over legal age to purchase tobacco) | -5 |
| Friend/peer/classmate (under legal age to purchase tobacco) | -6 |
| Friend/peer/classmate (over legal age to purchase tobacco) | -7 |
| Another person not listed above | -8 |
- 18i. [If Q16i is "I bought them myself"] During the past 30 days, where did you usually buy your oral nicotine products? (*select one answer*)
- | | |
|---------------------------------------|-----|
| A gas station or convenience store | -1 |
| A grocery store | -2 |
| A drugstore | -3 |
| A mall or shopping center kiosk/stand | -4 |
| A vending machine | -5 |
| On the Internet | -6 |
| Through the mail | -7 |
| A vape shop | -8 |
| A tobacco specialty store | -9 |
| Some other place not listed here | -90 |
- 19i. [If Q9i > 3 (i.e., lifetime history of use but not in the past 30 days)] Have you completely stopped using oral nicotine products?
- | | |
|-----|-----|
| Yes | - 1 |
| No | - 2 |
- 20i. [If Q9i = 1-3 (P30D user)] Are you seriously thinking about stopping using oral nicotine products? (Please choose the first answer that fits)
- | | |
|--|----|
| Yes, within the next 30 days | -1 |
| Yes, within the next 6 months | -2 |
| Yes, within the next 12 months | -3 |
| Yes, but not within the next 12 months | -4 |
| No, I am not seriously thinking about stopping | -5 |

FIRST PRODUCT USED

(After all tobacco product modules are completed, ask the following question if respondent indicates that multiple tobacco products were first used at the same earliest age.)

21. You mentioned that you started using the following products at age [EARLIEST AGE]. Which type of tobacco did you try first? *(select one answer)*

(ONLY DISPLAY APPLICABLE PRODUCTS – THOSE WITH SAME AGE OF ONSET)

Cigarettes	-1
Cigars	-2
Chewing tobacco, snuff, or dip	-3
E-cigarettes	-4
Hookah	-5
A pipe filled with tobacco	-6
Snus	-7
Heated tobacco products	-8
Oral nicotine products	-9
I can't remember	-10

QUALITY CONTROL #2

- QC2. [QUALITY CONTROL TEST #2] Thank you for your answers so far. We appreciate your input. You're almost finished! Please select [INSERT COLOR] to continue with your survey.

(RANDOMIZE LIST)

RED	-1
BLUE	-2
YELLOW	-3
GREEN	-4

(SET "FLAG-4" IF PARTICIPANT DOES NOT SELECT THE CORRECT COLOR)

ADDITIONAL DEMOGRAPHIC QUESTIONS

These last few questions are for classifications purposes only.

(IF MALE, INSERT "Latino"; IF FEMALE, INSERT "Latina")

22. Are you Hispanic, [Latino/Latina], or of Spanish origin?

Yes	-1
No	-2
Don't Know	-99
Refused	-98

23. What is your race?
(select all that apply.)

White	-1
Black or African American	-2
Native American or Alaska Native	-3
Native Hawaiian or Other Pacific Islander	-4
Asian	-5
Refused	-98

24. Are you currently...
(select one answer)

A student in middle-school	-1
A student in high-school	-2
Home schooled	-3
A student in college or university	-4
Working part time, not in school	-5
Working full time, not in school	-6

25. [If above question is 'middle or high school' or 'home schooled'] What grade are you in? If you are on a holiday or summer break, please select the grade or year you will enter when you return to school. If you are home schooled, please select the grade you would be in if you were attending your local school

6th grade or below	-1
7th grade	-2
8th grade	-3
9th grade	-4
10th grade	-5
11th grade	-6
12th grade	-7
Other (not enrolled this year or last, or school not graded)	-8