
Underage Tobacco Use Survey (UTUS) – Main Questionnaire (Online)

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

AWARE / EVER USED

(Question 3a modified in Q1'23)

- 3a. The next several questions are about electronic cigarettes or e-cigarettes, such as JUUL®, SMOK®, Suorin®, Vuse®, blu®, Puff/Puff Bar®, STIG®, or Hyde®. You may also know them as vapes, mods, e-cigs, e-hookahs, or vape-pens.

For the rest of this survey, these products and devices will be called e-cigarettes.

E-Cigarettes are battery powered devices that usually contain a nicotine-based liquid that is vaporized and inhaled.

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

- 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

AWARE / EVER USED (Continued)

(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

(Question 3h modified in Q1'23)

3h. The next section is about "heated tobacco products" such as IQOS®, glo™, and Eclipse®. You may know them as heated cigarettes or "heat-not-burn" tobacco products. "Heated tobacco products" heat tobacco sticks ("heatsticks") or capsules to produce a vapor. They are different from e-cigarettes, which heat a liquid to produce a vapor.

Do not think about e-cigarettes when answering these questions.

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 |

(Question 3i modified in Q1’23)

3i. The next section is about “nicotine pouches” such as Zyn™, on!® or Velo®. These small, flavored pouches contain nicotine that comes from tobacco. Users place them in their mouth. Nicotine pouches are different from other smokeless tobacco products such as snus, dip, or chewing tobacco, because they do not contain any tobacco leaf.

Do not think about other forms of smokeless tobacco, such as chewing tobacco, snuff, dip, snus, or products used to quit tobacco like nicotine gum (such as Nicorette®) or Nicoderm® when answering these questions.

Have you ever seen or heard of “nicotine pouches” before this study?

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

(Question 3i1 added in Q4’21; modified in Q1’23)

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

- | | |
|---|-----|
| 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 nicotine pouches in person in a store, mall, convenience store | -8 |
| Saw someone else using a nicotine pouch | -9 |
| Saw them on social media (e.g., YouTube or Instagram) | -10 |
| Other, specify _____ | -90 |
| Don’t know/don’t recall | -99 |

AWARE / EVER USED (Continued)

(ASK Q.4i IF 'YES' AT Q.3i) (Question 4i modified in Q1'23)

4i. Have you **ever used** nicotine pouches, even just one time?

Yes - 1

No - 2

(Questions 3ii, 3ii1 and 4i1 added in Q1'23)

3ii. The next section is about other oral nicotine products, such as Lucy® or Rogue®, that might come in the form of non-medical lozenges, gum, tablets, and/or gummies.

Do not think about nicotine pouches, other forms of smokeless tobacco, such as chewing tobacco, snuff, dip, snus, or products used to quit tobacco like nicotine gum (such as Nicorette®) or Nicoderm® when answering these questions.

Have you ever seen or heard of such other oral nicotine products before this study?

Yes - 1

No - 2

3ii1. [Ask if 'Yes' at Q.3ii] How did you first see or hear of these other oral nicotine products that might come in the form of non-medical lozenges, gum, tablets, and/or gummies?

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.4i1 IF 'YES' AT Q.3ii)

4i1. Have you **ever used** an oral nicotine product in the form of non-medical lozenges, gum, tablets, and/or gummies, 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.)

(Intro text modified in Q1'23)

The next several questions are about electronic cigarettes or e-cigarettes such as JUUL, SMOK, Suorin, Vuse, blu, Puff/Puff Bar, STIG, or Hyde. You may also know them as vapes, mods e-cigs, e-hookahs, or vape-pens.

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

(Questions 7a and 7a1 added in Q1'23)

7a. [If Q4a is 'Yes'] Why did you **first use** an e-cigarette? *(select all that apply)*

A friend used them	-1
A family member used them	-2
To try to quit using other tobacco products, such as cigarettes	-3
They cost less than other tobacco products, such as cigarettes	-4
They were easier to get than other tobacco products, such as cigarettes	-5
I've seen people on TV, online, or in movies use them	-6
They are less harmful than other forms of tobacco, such as cigarettes	-7
They were available in flavors, such as menthol, mint, candy, fruit, or chocolate	-8
I could use them unnoticed at home or at school	-9
I could use them to do tricks	-10
I was curious about them	-11
I was feeling anxious, stressed, or depressed	-12
To get a high or buzz from nicotine	-13
I used them for some other reason (specify) _____	-90

E-CIGARETTE SECTION (CONTINUED)

(Question 7a1 moved after Q18a in Q3'23)

- 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

- 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

E-CIGARETTE SECTION (CONTINUED)

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 |

(Question 12a1 and 12a2 punches modified in Q1'23)

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 (for example, Puff/Puff Bar or STIG) | -1 |
| An e-cigarette that uses pre-filled pods or cartridges (for example, JUUL, SMOK or Suorin) | -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 (for example, Puff/Puff Bar or STIG) | -1 |
| An e-cigarette that uses pre-filled pods or cartridges (for example, JUUL, SMOK or Suorin) | -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 |

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 | NJOY | -6 |
| ELFBAR or EBDESIGN or EBCREATE | -13 | POSH [Added Q1'23] | -16 |
| [Added Q1'23; Modified Q4,23] | | | |
| EONSMOKE | -2 | PUFF or PUFF BAR | -7 |
| ESCO BARS (Added Q1'24) | -17 | SMOK (including NOVO) | -8 |
| HYDE [Added Q4'21] | -12 | STIG | -9 |
| JUUL | -3 | SUORIN | -10 |
| LEAP [Added Q1'23] | -14 | VUSE | -11 |
| LOGIC | -4 | | |
| LOST MARY (Added Q1'24) | -18 | Some other brand not listed here | -90 (specify) _____ |
| MOJO [Added Q1'23] | -15 | Not sure | -99 |

E-CIGARETTE SECTION (CONTINUED)

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	NJOY	-6
BLU	-1	POSH [Added Q1'23]	-16
ELFBAR or EBDESIGN or EBCREATE	-13	PUFF or PUFF BAR	-7
[Added Q1'23; Modified Q4,23]			
EONSMOKE	-2	SMOK (including NOVO)	-8
ESCO BARS (Added Q1'24)	-17	STIG	-9
HYDE [Added Q4'21]	-12	SUORIN	-10
JUUL	-3	VUSE	-11
LEAP [Added Q1'23]	-14		
LOGIC	-4	Some other brand	-90 (specify) _____
LOST MARY (Added Q1'24)	-18	not listed here	
MOJO [Added Q1'23]	-15	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

(Question 15a1 added in Q1'23)

15a1. [If Q9a is 1-3] Did any of the e-cigarettes that you used in the past 30 days contain nicotine? (*select one answer*)

Yes, contained nicotine (without any flavorings)	-1
Yes, contained nicotine and also flavors	-2
No, did not contain nicotine (flavors only)	-3
Other (specify) _____	-4

Don't know

-5

E-CIGARETTE SECTION (CONTINUED)

(Question 16a modified in Q1'23)

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

I bought them myself	-1
I had someone else buy them for me	-2
I asked someone to give me some	-3
Someone offered them to me	-4
I got them from a friend	-8
I got them from a family member	-9
I took them from a store or another person	-10
I got them some other way (specify_____)	-90

(Question 17a deleted in Q1'23)

(Question 17a1 added in Q1'23)

17a1. [If Q.16a is response 2, 3, 4, 8, 9 or 10] Earlier you answered that you got or bought your e-cigarette devices, pods, cartridges, or e-liquid refills from another person, such as a friend or family member during the past 30 days. How old was this person? *(select one answer)*

Younger than 18 years old	-1
18 years old	-2
19 years old	-3
20 years old	-4
21 years old or older	-5
I don't know	-99

18a. [If Q16a is "I bought them myself"] During the past 30 days, where did you usually buy your e-cigarette devices, pods, tanks, cartridges, or e-liquid refills? *(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 (such as a product website or store website like EBAY or FACEBOOK MARKETPLACE) [TEXT IN PARENTHESIS ADDED Q1'23]	-6
Through the mail	-7
A vape shop	-8
A tobacco specialty store	-9
Through a delivery service (such as DOORDASH or POSTMATES) [ADDED Q1'23]	-10
Some other place not listed here	-90

E-CIGARETTE SECTION (CONTINUED)

7a1. [If Q9a is 1-3] Why do you **currently use** e-cigarettes? *(select all that apply)*

- | | |
|--|-----|
| A friend uses them | -1 |
| A family member uses them | -2 |
| To try to quit using other tobacco products, such as cigarettes | -3 |
| They cost less than other tobacco products, such as cigarettes | -4 |
| They are easier to get than other tobacco products, such as cigarettes | -5 |
| I've seen people on TV, online, or in movies use them | -6 |
| They are less harmful than other forms of tobacco, such as cigarettes | -7 |
| They are available in flavors, such as menthol, mint, candy, fruit, or chocolate | -8 |
| I can use them unnoticed at home or at school | -9 |
| I can use them to do tricks | -10 |
| I am curious about them | -11 |
| Because I feel anxious, stressed, or depressed | -12 |
| To get a high or buzz from nicotine | -13 |
| I use them for some other reason (specify) _____ | -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 |
| HESTIA [Added Q4'23] | -17 | VLN [Added Q4'23] | -18 |
| 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	VLN [Added Q4'23]	-18
HESTIA [Added Q4'23]	-17	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)

(Question 16b modified in Q1'23)

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 had someone else buy them for me	-2
I asked someone to give me some	-3
Someone offered them to me	-4
I got them from a friend	-8
I got them from a family member	-9
I took them from a store or another person	-10
I got them some other way (specify_____)	-90

(Question 17b deleted in Q1'23)

(Question 17b1 added in Q1'23)

17b1. [If Q.16b is is response 2, 3, 4, 8, 9 or 10] Earlier you answered that you got or bought your cigarettes from another person, such as a friend or family member during the past 30 days. How old was this person? (*select one answer*)

Younger than 18 years old	-1
18 years old	-2
19 years old	-3
20 years old	-4
21 years old or older	-5
I don't know	-99

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 (such as a product website or store website like EBAY or FACEBOOK MARKETPLACE) [TEXT IN PARENTHESIS ADDED Q1'23]	-6
Through the mail	-7
A vape shop	-8
A tobacco specialty store	-9
Through a delivery service (such as DOORDASH OR POSTMATES) [ADDED Q1'23]	-10
Some other place not listed here	-90

CIGARETTE SECTION (CONTINUED)

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

(Question 16c modified in Q1'23)

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 had someone else buy them for me	-2
I asked someone to give me some	-3
Someone offered them to me	-4
I got them from a friend	-8
I got them from a family member	-9
I took them from a store or another person	-10
I got them some other way (specify _____)	-90

CIGAR SECTION (CONTINUED)

(Question 17c deleted in Q1'23)

(Question 17c1 added in Q1'23)

17c1. [If Q.16c is response 2, 3, 4, 8, 9 or 10] Earlier you answered that you got or bought your cigars, cigarillos, or little cigars from another person, such as a friend or family member during the past 30 days. How old was this person? *(select one answer)*

Younger than 18 years old	-1
18 years old	-2
19 years old	-3
20 years old	-4
21 years old or older	-5
I don't know	-99

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 (such as a product website or store website like EBAY or FACEBOOK MARKETPLACE) [TEXT IN PARENTHESIS ADDED Q1'23]	-6
Through the mail	-7
A vape shop	-8
A tobacco specialty store	-9
Through a delivery service (such as DOORDASH or POSTMATES) [ADDED Q1'23]	-10
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	AMERICA'S BEST CHEW [Changed Q3'23]	-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	AMERICA'S BEST CHEW [Changed Q3'23]	-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)

(Question 16d modified in Q1'23)

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 had someone else buy it for me	-2
I asked someone to give me some	-3
Someone offered it to me	-4
I got it from a friend	-8
I got it from a family member	-9
I took it from a store or another person	-10
I got it some other way (specify_____)	-90

(Question 17d deleted in Q1'23)

(Question 17d1 added in Q1'23)

17d1. [If Q16d is response 2, 3, 4, 8, 9 or 10] Earlier you answered that you got or bought your chewing tobacco, snuff or dip from another person, such as a friend or family member during the past 30 days. How old was this person? (*select one answer*)

Younger than 18 years old	-1
18 years old	-2
19 years old	-3
20 years old	-4
21 years old or older	-5
I don't know	-99

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 (such as a product website or store website like EBAY or FACEBOOK MARKETPLACE) [TEXT IN PARENTHESIS ADDED Q1'23]	-6
Through the mail	-7
A vape shop	-8
A tobacco specialty store	-9
Through a delivery service (such as DOORDASH or POSTMATES) [ADDED Q1'23]	-10
Some other place not listed here	-90

CHEWING TOBACCO/SNUFF/DIP SECTION (CONTINUED)

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

(Question 16g modified in Q1'23)

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 had someone else buy it for me	-2
I asked someone to give me some	-3
Someone offered it to me	-4
I got it from a friend	-8
I got it from a family member	-9
I took it from a store or another person	-10
I got it some other way (specify _____)	-90

SNUS SECTION (CONTINUED)

(Question 17g deleted in Q1'23)

(Question 17g1 added in Q1'23)

17g1. [If Q.16g is response 2, 3, 4, 8, 9 or 10] Earlier you answered that you got or bought your snus from another person, such as a friend or family member during the past 30 days. How old was this person? *(select one answer)*

Younger than 18 years old	-1
18 years old	-2
19 years old	-3
20 years old	-4
21 years old or older	-5
I don't know	-99

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 (such as a product website or store website like EBAY or FACEBOOK MARKETPLACE) [TEXT IN PARENTHESIS ADDED Q1'23]	-6
Through the mail	-7
A vape shop	-8
A tobacco specialty store	-9
Through a delivery service (such as DOORDASH or POSTMATES) [ADDED Q1'23]	-10
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.)

(Introduction modified in Q1'23)

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

Do not think about e-cigarettes when answering these questions.

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

(Questions 7h and 7h1 added in Q1'23)

7h. [If Q4h is ‘Yes’] Why did you **first use** a heated tobacco product? *(select all that apply)*

A friend used them	-1
A family member used them	-2
To try to quit using other tobacco products, such as cigarettes	-3
They cost less than other tobacco products, such as cigarettes	-4
They were easier to get than other tobacco products, such as cigarettes	-5
I've seen people on TV, online, or in movies use them	-6
They are less harmful than other forms of tobacco, such as cigarettes	-7
They were available in flavors, such as menthol, mint, candy, fruit, or chocolate	-8
I could use them unnoticed at home or at school	-9
I could use them to do tricks	-10
I was curious about them	-11
I was feeling anxious, stressed, or depressed	-12
To get a high or buzz from nicotine	-13
I used them for some other reason (specify) _____	-90

HEATED TOBACCO PRODUCT SECTION (CONTINUED)

(Question 7h1 moved after Q18h in Q3'23)

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

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

HEATED TOBACCO PRODUCT SECTION (CONTINUED)

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

(Question 16h modified in Q1'23)

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 had someone else buy them for me	-2
I asked someone to give me some	-3
Someone offered them to me	-4
I got them from a friend	-8
I got them from a family member	-9
I took them from a store or another person	-10
I got them some other way (specify_____)	-90

HEATED TOBACCO PRODUCT SECTION (CONTINUED)

(Question 17h deleted in Q1'23)

(Question 17h1 added in Q1'23)

17h1. [If Q.16h is response 2, 3, 4, 8, 9 or 10] Earlier you answered that you got or bought your tobacco sticks or capsules from another person, such as a friend or family member during the past 30 days. How old was this person? *(select one answer)*

Younger than 18 years old	-1
18 years old	-2
19 years old	-3
20 years old	-4
21 years old or older	-5
I don't know	-99

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 (such as a product website or store website like EBAY or FACEBOOK MARKETPLACE) [TEXT IN PARENTHESIS ADDED Q1'23]	-6
Through the mail	-7
A vape shop	-8
A tobacco specialty store	-9
Through a delivery service (such as DOORDASH or POSTMATES) [ADDED Q1'23]	-10
Some other place not listed here	-90

7h1. [If Q9h is 1-3] Why do you **currently use** heated tobacco products? *(select all that apply)*

A friend uses them	-1
A family member uses them	-2
To try to quit using other tobacco products, such as cigarettes	-3
They cost less than other tobacco products, such as cigarettes	-4
They are easier to get than other tobacco products, such as cigarettes	-5
I've seen people on TV, online, or in movies use them	-6
They are less harmful than other forms of tobacco, such as cigarettes	-7
They are available in flavors, such as menthol, mint, candy, fruit, or chocolate	-8
I can use them unnoticed at home or at school	-9
I can use them to do tricks	-10
I am curious about them	-11
Because I feel anxious, stressed, or depressed	-12
To get a high or buzz from nicotine	-13
I use them for some other reason (specify) _____	-90

HEATED TOBACCO PRODUCT SECTION (CONTINUED)

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 Pouches at Q.4i or other Oral Nicotine Products at Q4i1, show intro and ask Q.5i; otherwise, skip to directional before First Product Used section.)

(Intro text modified in Q1'23)

These next questions are about the use of "oral nicotine products". These products might come in pouches such as on! or Zyn, or they might come in other forms such as non-medical lozenges, gum, chewables, dissolvables, such as Lucy or Rogue.

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 either Q4i or Q4i1 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

(Questions 7i and 7i1 added in Q1'23)

7i. [If either Q4i or Q4i1 is 'Yes'] Why did you **first use** an oral nicotine product? *(select all that apply)*

A friend used them	-1
A family member used them	-2
To try to quit using other tobacco products, such as cigarettes	-3
They cost less than other tobacco products, such as cigarettes	-4
They were easier to get than other tobacco products, such as cigarettes	-5
I've seen people on TV, online, or in movies use them	-6
They are less harmful than other forms of tobacco, such as cigarettes	-7
They were available in flavors, such as menthol, mint, candy, fruit, or chocolate	-8
I could use them unnoticed at home or at school	-9
(NOT USED)	-10
I was curious about them	-11
I was feeling anxious, stressed, or depressed	-12
To get a high or buzz from nicotine	-13

I used them for some other reason (specify) _____

-90

ORAL NICOTINE SECTION (CONTINUED)

(Question 7i1 moved after Q18i in Q3'23)

- 8i. [If either Q4i or Q4i1 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 either Q4i or Q4i1 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)

COTTON MOUTH [Added Q3'23]	-15	ROGUE [Added Q3'21]	-7
FRĒ [Added Q4'21]	-8	SESH+ [Added Q3'23]	-18
JUICE HEAD [Added Q1'23]	-9	SOLACE [Added Q1'23]	-13
KRAVE [Added Q1'23]	-10	VELO	-5
L!X [Added Q3'23]	-16	ZOLT [Added Q1'23]	-14
LUCY [Added Q1'23]	-11	ZYN	-6
NIC-S [Added Q3'23]	-17		
NIIN [Added Q1'23]	-12	Some other brand not listed here	-90
ON!	-3	(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	ROGUE [Added Q3'21]	-7
COTTON MOUTH [Added Q3'23]	-15	SESH+ [Added Q3'23]	-18
FRĒ [Added Q4'21]	-8	SOLACE [Added Q1'23]	-13
JUICE HEAD [Added Q1'23]	-9	VELO	-5
KRAVE [Added Q1'23]	-10	ZOLT [Added Q1'23]	-14
L!X [Added Q3'23]	-16	ZYN	-6
LUCY [Added Q1'23]	-11		
NIC-S [Added Q3'23]	-17	Some other brand not listed here	-90
NIIN [Added Q1'23]	-12	(specify) _____	
ON!	-3	Not sure	-99

ORAL NICOTINE SECTION (CONTINUED)

(Question 13.i1 added in Q1'23)

13i1. [If Q9i is 1-3] Which form of oral nicotine products do you usually use? *(select one answer)*

Pouches	-1
Tablets	-2
Gum	-3
Lozenges	-4
Gummies	-5
Other (Specify) _____	-90

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

(Question 16i modified in Q1'23)

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 had someone else buy them for me	-2
I asked someone to give me some	-3
Someone offered them to me	-4
I got them from a friend	-8
I got them from a family member	-9
I took them from a store or another person	-10
I got them some other way (specify _____)	-90

ORAL NICOTINE SECTION (CONTINUED)

(Question 17i deleted in Q1'23)

(Question 17i1 added in Q1'23)

17i1. [If Q.16i is response 2, 3, 4, 8, 9 or 10] Earlier you answered that you got or bought your oral nicotine products from another person, such as a friend or family member during the past 30 days. How old was this person? *(select one answer)*

Younger than 18 years old	-1
18 years old	-2
19 years old	-3
20 years old	-4
21 years old or older	-5
I don't know	-99

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 (such as a product website or store website like EBAY or FACEBOOK MARKETPLACE) [TEXT IN PARENTHESIS ADDED Q1'23]	-6
Through the mail	-7
A vape shop	-8
A tobacco specialty store	-9
Through a delivery service (such as DOORDASH or POSTMATES) [ADDED Q1'23]	-10
Some other place not listed here	-90

7i1. [If Q9i is 1-3] Why do you **currently use** an oral nicotine product? *(select all that apply)*

A friend uses them	-1
A family member uses them	-2
To try to quit using other tobacco products, such as cigarettes	-3
They cost less than other tobacco products, such as cigarettes	-4
They are easier to get than other tobacco products, such as cigarettes	-5
I've seen people on TV, online, or in movies use them	-6
They are less harmful than other forms of tobacco, such as cigarettes	-7
They are available in flavors, such as menthol, mint, candy, fruit, or chocolate	-8
I can use them unnoticed at home or at school	-9
(NOT USED)	-10
I am curious about them	-11
Because I feel anxious, stressed, or depressed	-12
To get a high or buzz from nicotine	-13
I use them for some other reason (specify) _____	-90

ORAL NICOTINE SECTION (CONTINUED)

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 race or races do you consider yourself to be?
(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
Prefer not to answer	-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

ADDITIONAL DEMOGRAPHICS (Continued)

(Question 31-32 added in Q3'23)

31. Which of the following best describes you (select one)?

- | | | |
|--|-----|-----------------|
| Lesbian or gay | -1 | |
| Heterosexual (straight), that is, not gay or lesbian | -2 | |
| Bisexual | -3 | |
| I am not sure | -4 | |
| I use a different term | -5 | (Specify) _____ |
| I prefer not to answer | -98 | |

32. Some people describe themselves as transgender when their sex at birth does not match the way they think or feel about their gender. Are you transgender?

- | | | |
|---|-----|-----------------|
| No, I am not transgender | -1 | |
| Yes, I am transgender | -2 | |
| I am not sure if I am transgender | -3 | |
| I don't know what this question is asking | -4 | |
| I use a different term | -5 | (Specify) _____ |
| I prefer not to answer | -98 | |