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FORM **TAPS-1**
(12-15-92)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE

CENTERS FOR DISEASE CONTROL
NATIONAL CENTER FOR HEALTH STATISTICS

TEENAGE ATTITUDES AND PRACTICES SURVEY II

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RT 55	3-8	9-22

Section A – FINAL STATUS

23-24

01 ☐ Complete interview
02 ☐ Partial interview
03 ☐ Refusal by sample youth
04 ☐ Refusal by parent/guardian
05 ☐ Temporarily absent
06 ☐ No one home/unable to contact
07 ☐ Unable to locate/moved, address unknown
08 ☐ Moved out of country
09 ☐ Military
10 ☐ Under age 9 or over age 22
11 ☐ Mentally or physically incapable
12 ☐ Institutionalized
13 ☐ Deceased
14 ☐ Other noninterview – *Specify*

Section B – INTERVIEW ATTEMPTED BY

25

1 ☐ Telephone only
2 ☐ Personal visit only
3 ☐ Both telephone and personal visit

Section C – RECORD OF CALLS

Date	Time	Notes

	Month	26-27	Day	28-29
Date of interview				

	Code	30-32
Field Representative		

A. *INTRODUCTION*

Hello, I am *(your name)* **from the United States Bureau of the Census. May I speak with** *(name of sample youth)***?**

☐ Yes *(Continue with B)*
☐ No, the sample youth is not available *(Obtain callback information)*
☐ No, does not live here (try to get information to help locate the youth)

B. *READ IF YOUTH COMES TO THE PHONE:* **Hello, I am** *(your name)* **from the United States Bureau of the Census.**

We are taking a survey of what the young people living in our country think and do. It is very important that you help us with this survey. We sent you a letter explaining the survey. Did you get the letter?

☐ Yes *(Skip to D)*
☐ No and this is a telephone interview *(Read C – survey explanation)*
☐ No and this is a personal visit interview *(Hand a copy of the introductory letter and skip to D)*

C. *SURVEY EXPLANATION*

This survey is authorized by the Public Health Service Act. The survey is voluntary and any information you give is confidential and will be used only for statistical purposes to plan programs for young Americans. The questions I will be asking are about school, family, social activities, and health issues, such as smoking. If I ask a question that you do not want to answer, just let me know and I'll move on to the next one. However, it is important that everyone participate so we can get accurate statistics on the Nation's health.

D1. *VERIFY OR OBTAIN NAME*

a. ☐ Complete name on label *(READ)* **I need to verify the spelling of your name. Our records show that your first name is spelled** *(spell first name)* **and your last name is spelled** *(spell last name)***. Is that correct?**

1☐ Yes *(Skip to E)*
2☐ No *(Enter correct names in D2)*

b. ☐ Incomplete name on label *(READ)* **I see we do not have a complete name for you. May I have your name so I can refer to you properly?**

ENTER correct name in D2.

D2. *PRINT THE CORRECT NAME*

34-48 49-68

First name _____ Last name _____

E. *DATE OF BIRTH* 69-74

What is your date of birth?

Month	Day	Year
		19

F. *CALCULATE AND RECORD AGE* 7

Age ☐

That means you are *(age)* **– is that correct?**

☐ Yes *(Go to 1)*
☐ No *(Correct age and/or date of birth)*

RT 56

3-4

5

Now I'm going to ask you some questions about cigarette smoking. Remember, there are no right or wrong answers. We just want to know what applies to you.

1. Have you ever smoked a cigarette?	1 ☐ Yes *(2)* 2 ☐ No *(31 on page 9)* 9 ☐ DK *(31 on page 9)*
2. How old were you when you smoked your first WHOLE cigarette?	00 ☐ Never smoked whole cigarette *(31b on page 9)* _____ Age (6-7)
3. Have you smoked at least 100 cigarettes in your life? *If asked, 100 cigarettes equals 5 packs.*	(8) 1 ☐ Yes *(5a)* 2 ☐ No 9 ☐ DK
4a. About how many cigarettes have you smoked in your life?	(9-10) _____ Number *(5a)* 99 ☐ DK
b. Have you smoked 5 or more cigarettes in your life?	(11) 1 ☐ Yes 2 ☐ No *(7a)* 9 ☐ DK
When you smoked your first cigarette, did it make you feel dizzy?	(12) 1 ☐ Yes 2 ☐ No 9 ☐ DK/Don't remember
b. When you smoked your first cigarette, did it make you feel sick to your stomach?	(13) 1 ☐ Yes 2 ☐ No 9 ☐ DK/Don't remember
c. When you smoked your first cigarette, did it make you cough?	(14) 1 ☐ Yes 2 ☐ No 9 ☐ DK/Don't remember
d. When you smoked your first cigarette, did it make you feel relaxed?	(15) 1 ☐ Yes 2 ☐ No 9 ☐ DK/Don't remember

If less than 30 cigarettes in Q4a, go to Q7a. Otherwise, ask Q6a.

6a. Have you ever smoked a cigarette every day for at least a month?	(16) 1 ☐ Yes 2 ☐ No } *(7a)* 9 ☐ DK } *(7a)*
b. How old were you when you first smoked every day for at least a month?	(17-18) _____ Age 99 ☐ DK

7a. Think about the last 30 days. On how many of these days did you smoke cigarettes? [19-20]

00 ☐ None *(25 on page 8)*
30 ☐ All of them *(8b)*
_____ Days *(CHECK ITEM 1)*
99 ☐ DK *(7b)*

b. Was it more or less than 15 days? [21]

0 ☐ Exactly 15 days *(8a)*
1 ☐ Less than 15 days
2 ☐ More than 15 days *(7e)*
9 ☐ DK *(8a)*

c. Was it more or less than 10 days? [22]

0 ☐ Exactly 10 days *(8a)*
1 ☐ Less than 10 days
2 ☐ More than 10 days } *(8a)*
9 ☐ DK

d. Was it more or less than 5 days? [23]

0 ☐ Exactly 5 days
1 ☐ Less than 5 days } *(8a)*
2 ☐ More than 5 days
9 ☐ DK

e. Was it more or less than 20 days? [24]

0 ☐ Exactly 20 days } *(8a)*
1 ☐ Less than 20 days
2 ☐ More than 20 days *(7f)*
9 ☐ DK *(8a)*

f. Was it more or less than 25 days? [25]

0 ☐ Exactly 25 days *(8b)*
1 ☐ Less than 25 days *(8a)*
2 ☐ More than 25 days *(8b)*
9 ☐ DK *(8a)*

CHECK ITEM 1 *Refer to Q7a.*

☐ Less than 25 days *(8a)*
☐ 25 or more days *(8b)*

8a. Now, think carefully about the last SEVEN days. Did you smoke cigarettes on any of THOSE days? [26]

1 ☐ Yes
2 ☐ No *(9)*
9 ☐ DK *(8b)*

b. I'm going to ask you to think about your cigarette smoking on each of the last seven days. Let's start with yesterday . . . which was *(day)*. **Please think back carefully and tell me how many cigarettes you smoked** *(day)*?

DAY		NO. SMOKED	
_____	27	_____	28-29

c. Now, how many cigarettes did you smoke the day before that which was *(day)*?

Repeat question until all days are recorded.

DAY		NO. SMOKED	
_____	30	_____	31-32
_____	33	_____	3
_____	36	_____	3
_____	39	_____	40-41
_____	42	_____	43-44
_____	45	_____	46-47

9. **I'm going to read you a list of reasons why people say they smoke. After I read each one, please tell me if this is a reason why you smoke.**

a. **I smoke because . . . it relaxes or calms me.**	1 ☐ Yes 2 ☐ No 9 ☐ DK	48
b. **it helps me keep my weight down.**	1 ☐ Yes 2 ☐ No 9 ☐ DK	49
c. **it's really hard to quit.**	1 ☐ Yes 2 ☐ No 9 ☐ DK	50
d. **I smoke because . . . my friends smoke.**	1 ☐ Yes 2 ☐ No 9 ☐ DK	51
e. **people in my family smoke.**	1 ☐ Yes 2 ☐ No 9 ☐ DK	52
f. **it makes me look cool.**	1 ☐ Yes 2 ☐ No 9 ☐ DK	53
g. **I just like to smoke.**	1 ☐ Yes 2 ☐ No 9 ☐ DK	54
CHECK ITEM 2 *Refer to Q8b/c.*	☐ 2 or more cigarettes on 3 or more days *(10)* ☐ Other *(11a)*	
10. **How soon after you wake up do you usually smoke your first cigarette?**	000 ☐ Immediately _____ (Number) } 1 ☐ Minutes, 2 ☐ Hours 998 ☐ No usual time/time varies 999 ☐ DK	57
11a. **Do your parents know that you smoke?**	1 ☐ Yes 2 ☐ No } *(12a)* 9 ☐ DK } *(12a)*	58
b. **Do either of your parents mind that you smoke?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	59

12a. Do you usually buy your own cigarettes?	1 ☐ Yes *(13)* 2 ☐ No	60
b. Have you EVER bought your own cigarettes?	1 ☐ Yes *(13)* 2 ☐ No	
c. Have you ever TRIED to buy your own cigarettes?	1 ☐ Yes 2 ☐ No *(20 on page 7)*	62
13. Have you ever been asked to show proof of age when (trying to buy/buying) cigarettes?	1 ☐ Yes 2 ☐ No	63
CHECK ITEM 3 *Refer to Q12a.*	☐ "No" in 12a *(14)* ☐ Other *(15)*	
14. What is the main reason you don't buy your own cigarettes?	1 ☐ Don't have money/can't afford 2 ☐ Not old enough 3 ☐ Get from friends/"bum" cigarettes 4 ☐ I'll smoke more 8 ☐ Other } *(20)*	64
15. What brand do you usually buy?	00 ☐ No usual brand 01 ☐ Newport 02 ☐ Salem 03 ☐ Kool } *(16b)* 04 ☐ Marlboro 05 ☐ Merit 06 ☐ Winston 07 ☐ Benson & Hedges 08 ☐ Camel 09 ☐ Vantage 10 ☐ Pall Mall 11 ☐ Virginia Slims 12 ☐ Generic brand 88 ☐ Other	65-66
16a. Are the *(brand in 15/cigarettes)* **you smoke menthol or non-menthol?**	1 ☐ Menthol 2 ☐ Non-menthol *(17a)* 9 ☐ DK *(17a)*	67
b. Why do you smoke menthols? *PROBE ONE TIME:* **Anything else?** *MARK (X) ALL THAT APPLY.*	1 ☐ Less harmful 2 ☐ Health reasons 3 ☐ Tastes better/like taste 4 ☐ Less irritating 5 ☐ Image/cool 6 ☐ Friends smoke them 7 ☐ Just like them 8 ☐ Other 9 ☐ DK	68 69 70 71 72 73 74 75 76
17a. Are the *(brand in 15/cigarettes)* **regulars, lights, or ultra-lights?**	1 ☐ Regulars *(18a)* 2 ☐ Lights 3 ☐ Ultra-lights 9 ☐ DK *(18a)*	77
b. Why do you smoke *(lights/ultra-lights)***?** *PROBE ONE TIME:* **Anything else?** *MARK (X) ALL THAT APPLY.*	1 ☐ Less harmful 2 ☐ Health reasons 3 ☐ Tastes better/like taste 4 ☐ Less irritating 5 ☐ Image/cool 6 ☐ Friends smoke them 7 ☐ Just like them 8 ☐ Other 9 ☐ DK	78 79 80 83 84 85 86

18a. **How often do you buy your cigarettes from a vending machine . . . would you say often, sometimes, rarely, or never?**	1 ☐ Often 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never	87
b. **How often do you buy your cigarettes from a large store, such as a supermarket . . . would you say often, sometimes, rarely, or never?**	1 ☐ Often 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never	88
c. **How often do you buy your cigarettes from a small store, such as a 7-Eleven or a gas station . . . would you say often, sometimes, rarely, or never?**	1 ☐ Often 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never	89
19. **Where did you buy your last pack of cigarettes, from a vending machine, a small store, a large store, or someplace else?**	1 ☐ Vending machine 2 ☐ Small store 3 ☐ Large store 4 ☐ Someplace else 9 ☐ DK/don't remember	90
20. **Have you ever seriously thought about quitting smoking?**	0 ☐ Already/just quit *(26)* 1 ☐ Yes 2 ☐ No } *(30)* 9 ☐ DK } *(30)*	91
21. **How many times have you tried to quit smoking?**	0 ☐ Never *(30)* 1 ☐ Once 2 ☐ 2–3 times 3 ☐ 4 or more times 9 ☐ DK	92
22. **Have you tried to quit smoking in the last six months?**	0 ☐ Already/just quit *(26)* 1 ☐ Yes 2 ☐ No	93
23a. **When did you last try to quit smoking?**	0000 ☐ Already/just quit *(26)* ☐☐ Month 1 9 ☐☐ Year	94-97
b. **When you last tried to quit, how long did you stay off cigarettes?**	000 ☐ Less than one day ago _____ (Number) } 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	98-100

RT 57

24. Why did you try to quit smoking?

PROBE ONE TIME: **Anything else?**

MARK (X) ALL THAT APPLY.

- 00 ☐ Never smoked regularly *(37)*
- 01 ☐ No reason
- 02 ☐ Concern for my health
- 03 ☐ Cost of cigarettes
- 04 ☐ Pressure from family
- 05 ☐ Pressure from friends
- 06 ☐ Lost desire
- 07 ☐ Pregnancy
- 08 ☐ Bad/dirty habit
- 09 ☐ Not cool
- 10 ☐ Quit with someone else
- 11 ☐ Tastes bad/didn't like taste
- 12 ☐ Played/wanted to play sports
- 13 ☐ Illness/too sick to smoke
- 88 ☐ Other
- 99 ☐ DK

(29)

3-4 | 5-6 | 7-8 | 9-10 | 11-12 | 13-14 | 15-16 | 17-18 | 19-20 | 21-22 | 23-24 | 25-26 | 27-28 | 29-30 | 31-32 | 33-34 | 35-36

25. Have you quit smoking?

37

- 0 ☐ Never regular smoker *(37)*
- 1 ☐ Yes *(26)*
- 2 ☐ No *(30)*

26. When was the last time you smoked a cigarette, even a puff?

38-40

- 000 ☐ Less than one day ago

_____ (Number)

- 1 ☐ Days ago
- 2 ☐ Weeks ago
- 3 ☐ Months ago
- 4 ☐ Years ago

27. How many times have you tried to quit before you quit this time?

41-42

- 00 ☐ None

_____ Times

- 99 ☐ DK

28. Why did you quit smoking?

PROBE ONE TIME: **Anything else?**

MARK (X) ALL THAT APPLY.

- 00 ☐ Never smoked regularly *(37)*
- 01 ☐ No reason
- 02 ☐ Concern for my health
- 03 ☐ Cost of cigarettes
- 04 ☐ Pressure from family
- 05 ☐ Pressure from friends
- 06 ☐ Lost desire
- 07 ☐ Pregnancy
- 08 ☐ Bad/dirty habit
- 09 ☐ Not cool
- 10 ☐ Quit with someone else
- 11 ☐ Tastes bad/didn't like taste
- 12 ☐ Played/wanted to play sports
- 13 ☐ Illness/too sick to smoke
- 88 ☐ Other
- 99 ☐ DK

43-44 | 45-46 | 47-48 | 49-50 | 51-52 | 53-54 | 55-56 | 57-58 | 59-60 | 61-62 | 63-64 | 65-66 | 67-68 | 69-70 | 71-72 | 73-74

29. When you (quit/tried to quit) smoking did you . . .		
a. feel a strong need or urge to have a cigarette?	1 ☐ Yes 2 ☐ No 9 ☐ DK	75
b. feel more irritable?	1 ☐ Yes 2 ☐ No 9 ☐ DK	76
c. find it hard to concentrate?	1 ☐ Yes 2 ☐ No 9 ☐ DK	77
When you (quit/tried to quit) did you . . . **d.** feel restless?	1 ☐ Yes 2 ☐ No 9 ☐ DK	78
e. feel hungry more often?	1 ☐ Yes 2 ☐ No 9 ☐ DK	79
f. feel sad, blue, or depressed?	1 ☐ Yes 2 ☐ No 9 ☐ DK } *(Check item 4)*	80
30. Do you think you will ever want to quit smoking someday?	1 ☐ Yes *(36)* 2 ☐ No *(37)* 9 ☐ DK *(36)*	81
31a. Have you ever tried or experimented with cigarette smoking, even a few puffs?	1 ☐ Yes 2 ☐ No 9 ☐ DK } *(32)*	82
b. How long ago did you try your first cigarette?	_____ (Number) 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	83-85
c. When you tried smoking your first cigarette, did it make you feel dizzy?	1 ☐ Yes 2 ☐ No 9 ☐ DK/Don't remember	86
d. When you tried your first cigarette, did it make you feel sick to your stomach?	1 ☐ Yes 2 ☐ No 9 ☐ DK/Don't remember	87
e. When you tried your first cigarette, did it make you cough?	1 ☐ Yes 2 ☐ No 9 ☐ DK/Don't remember	88
f. When you tried your first cigarette, did it make you feel relaxed?	1 ☐ Yes 2 ☐ No 9 ☐ DK/Don't remember } *(34)*	89
32. Do you think you will EVER try a cigarette?	1 ☐ Yes 2 ☐ No 9 ☐ DK } *(34)*	90

33. **Do you think that you will try a cigarette soon?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	91
34. **Have you ever been offered a cigarette?**	1 ☐ Yes 2 ☐ No	92
35a. **If one of your best friends were to offer you a cigarette, would you smoke it?**	1 ☐ Yes *(35b)* 2 ☐ No *(35c)* 9 ☐ DK *(37)*	93
b. **Would you say probably yes or definitely yes?**	1 ☐ Probably yes 2 ☐ Definitely yes } *(37)*	94
c. **Would you say probably not or definitely not?**	1 ☐ Probably not 2 ☐ Definitely not } *(37)*	95
CHECK ITEM 4 *Refer to Q26 on page 8.*	☐ 4 or more days ago *(37)* ☐ Other *(36)*	
36. **If a program to help people quit smoking were offered for free, would you be interested in going?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	96
Ask only if age 10–17, others skip to Q38a. **37.** **(Is it/Was it/Do you think it would be) easy or hard for you to BUY cigarettes (if you wanted some)?**	1 ☐ Easy 2 ☐ Hard 9 ☐ DK	97
38a. **Is there a law in your State or city that says you have to be a certain age before you can buy cigarettes?**	1 ☐ Yes 2 ☐ No 9 ☐ DK } *(39a)*	98
b. **How old do you have to be to buy cigarettes legally?**	_____ Age 99 ☐ DK	99-100
39a. **Have you ever seen warning labels on cigarette packs or in ads for cigarettes?**	1 ☐ Yes 2 ☐ No *(40a)*	101
b. **Have you ever read the warning labels?**	1 ☐ Yes 2 ☐ No *(40a)*	102
c. **Do you remember what the warnings were?** *PROBE ONE TIME:* **Anything else?** *MARK (X) ALL THAT APPLY.*	01 ☐ Lung cancer risk 02 ☐ Other cancer risk 03 ☐ Cancer risk, no type mentioned 04 ☐ Pregnancy risk 05 ☐ Heart disease/problems 06 ☐ Carbon monoxide 07 ☐ Emphysema 08 ☐ Lung problems 88 ☐ Other 99 ☐ DK	RT 58 3-4 5-6 7-8 9-10 11-12 13-14 15-16 17-18 19-20 21-22 23-24

40a. **Do you think you will be smoking one year from now?**	1 ☐ Yes *(40b)* 2 ☐ No *(40c)* 9 ☐ DK *(41)*	25
b. **Would you say probably yes or definitely yes?**	1 ☐ Probably yes 2 ☐ Definitely yes } *(41)*	26
c. **Would you say probably not or definitely not?**	1 ☐ Probably not 2 ☐ Definitely not	27
These next questions are about chewing tobacco and snuff. **41.** **Have you ever used chewing tobacco or snuff?**	0 ☐ Tried only once *(68 on page 15)* 1 ☐ Yes *(42a)* 2 ☐ No 9 ☐ DK } *(65 on page 15)*	28
42a. **Are you now a regular user of chewing tobacco or snuff?**	1 ☐ Yes *(43)* 2 ☐ No *(42b)*	29
b. **Was there ever a time when you considered yourself to be a regular user of chewing tobacco or snuff?**	1 ☐ Yes 2 ☐ No	30
43. **How old were you when you first started using chewing tobacco or snuff?**	_____ Age	31-32
44. **Have you ever used chewing tobacco or snuff every day for at least a month?**	1 ☐ Yes 2 ☐ No 9 ☐ DK } *(46a)*	33
45. **How old were you when you first used chewing tobacco or snuff every day for at least a month?**	_____ Age 99 ☐ DK	34-35
46a. **Think about the last 30 days. On how many of these days did you use chewing tobacco or snuff?**	00 ☐ None *(59 on page 14)* 30 ☐ All of them *(47)* _____ Number of days *(47)* 99 ☐ DK *(46b)*	36-37
b. **Was it more or less than 15 days?**	0 ☐ Exactly 15 days *(47)* 1 ☐ Less than 15 days *(46c)* 2 ☐ More than 15 days *(46e)* 9 ☐ DK *(47)*	38
c. **Was it more or less than 10 days?**	0 ☐ Exactly 10 days *(47)* 1 ☐ Less than 10 days *(46d)* 2 ☐ More than 10 days 9 ☐ DK } *(47)*	39
d. **Was it more or less than 5 days?**	0 ☐ Exactly 5 days 1 ☐ Less than 5 days 2 ☐ More than 5 days 9 ☐ DK } *(47)*	40
e. **Was it more or less than 20 days?**	0 ☐ Exactly 20 days 1 ☐ Less than 20 days } *(47)* 2 ☐ More than 20 days *(46f)* 9 ☐ DK *(47)*	41
f. **Was it more or less than 25 days?**	0 ☐ Exactly 25 days 1 ☐ Less than 25 days 2 ☐ More than 25 days 9 ☐ DK	42

47. **On those days you used chewing tobacco or snuff, how many times each day did you use it?**	_____ Times per day 99 ☐ DK	43-44
I'm going to read you a list of reasons why people say they use chewing tobacco and snuff. After I read each one, please tell me if this is a reason why you use it.		
48. **I use chewing tobacco or snuff because . . .** **a.** **it relaxes or calms me.**	1 ☐ Yes 2 ☐ No 9 ☐ DK	45
b. **it helps me keep my weight down.**	1 ☐ Yes 2 ☐ No 9 ☐ DK	46
I use chewing tobacco or snuff because . . . **c.** **it's really hard to quit.**	1 ☐ Yes 2 ☐ No 9 ☐ DK	47
d. **my friends use it.**	1 ☐ Yes 2 ☐ No 9 ☐ DK	48
e. **people in my family use it.**	1 ☐ Yes 2 ☐ No 9 ☐ DK	4[illegible]
I use chewing tobacco or snuff because . . . **f.** **it makes me look cool.**	1 ☐ Yes 2 ☐ No 9 ☐ DK	50
g. **it's better than smoking cigarettes.**	1 ☐ Yes 2 ☐ No 9 ☐ DK	51
h. **I just like to use it.**	1 ☐ Yes 2 ☐ No 9 ☐ DK	52
49. **Do you usually buy your own chewing tobacco or snuff?**	1 ☐ Yes *(52)* 2 ☐ No	53
50a. **Have you EVER bought your own chewing tobacco or snuff?**	1 ☐ Yes *(52)* 2 ☐ No	54
b. **Have you ever TRIED to buy your own chewing tobacco or snuff?**	1 ☐ Yes *(52)* 2 ☐ No	55

51. **What is the main reason you don't buy your own chewing tobacco or stuff?**	1 ☐ Don't have money/can't afford 2 ☐ Not old enough 3 ☐ Get from friends/"bum" it 4 ☐ Use more if I buy 8 ☐ Other *(55)*	56
52. **Have you ever been asked to show proof of age when (trying to buy/buying) chewing tobacco or stuff?**	1 ☐ Yes 2 ☐ No	57
53. **What brand of chewing tobacco or snuff do you usually buy?**	0 ☐ No usual brand 1 ☐ Skoal Bandits 2 ☐ Skoal 3 ☐ Redman 4 ☐ Levi Garrett 5 ☐ Beechnut 6 ☐ Copenhagen 7 ☐ Kodiak 8 ☐ Other	58
54a. **How often do you buy your chewing tobacco or snuff from a large store, such as a supermarket . . . would you say often, sometimes, rarely, or never?**	1 ☐ Often 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never	59
b. **How often do you buy your chewing tobacco or snuff from a small store, such as a 7-Eleven or a gas station . . . would you say often, sometimes, rarely, or never?**	1 ☐ Often 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never	60
c. **Where did you last buy your chewing tobacco or snuff from a small store, a large store, or someplace else?**	1 ☐ Small store 2 ☐ Large store 3 ☐ Someplace else 9 ☐ DK/don't remember	61
55. **Have you ever seriously thought about quitting using chewing tobacco or snuff?**	0 ☐ Already/just quit *(60)* 1 ☐ Yes 2 ☐ No 9 ☐ DK *(64)*	62
56. **How many times have you tried to quit using chewing tobacco or snuff?**	0 ☐ Never *(64)* 1 ☐ Once 2 ☐ 2–3 times 3 ☐ 4 or more times 9 ☐ DK	63
57. **Have you tried to quit using chewing tobacco or snuff in the last six months?**	0 ☐ Already/just quit *(60)* 1 ☐ Yes 2 ☐ No	64

58a. When did you last try to quit using chewing tobacco or snuff? 65-68

0000 ☐ Already/just quit *(60)*

☐☐ Month 1 9 ☐☐ Year

b. When you last tried to quit, how long did you stop using chewing tobacco or snuff? 69-71

000 ☐ Less than one day

_____ (Number)
1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years
(62)

59. Have you quit using chewing tobacco or snuff? 72

98 ☐ Yes
99 ☐ No *(64)*

60. How many times have you tried to quit before you quit this time? 73-74

00 ☐ None

_____ Times

99 ☐ DK

61. When was the last time you used chewing tobacco or snuff? 75-77

000 ☐ Less than one day

_____ (Number)
1 ☐ Days ago
2 ☐ Weeks ago
3 ☐ Months ago
4 ☐ Years ago

62. Why did you (quit/try to quit) using chewing tobacco or snuff?

PROBE ONE TIME: **Anything else?**

MARK (X) ALL THAT APPLY.

01 ☐ No reason 78-79
02 ☐ Concern for my health 80-81
03 ☐ Cost of chew/snuff 82-83
04 ☐ Pressure from family 84-85
05 ☐ Pressure from friends 86-87
06 ☐ Lost desire 88-89
07 ☐ Bad/dirty habit 90-91
08 ☐ Not cool 92-93
09 ☐ Quit with someone else 94-95
10 ☐ Tastes bad/didn't like taste 96-97
11 ☐ Played/wanted to play sports 98-99
12 ☐ Illness/too sick to use 100-101
88 ☐ Other 102-103
99 ☐ DK 104-105

63. When you (quit/tried to quit) using chewing tobacco or snuff did you . . .		
a. feel a strong need or urge to use it again?	1 ☐ Yes 2 ☐ No 9 ☐ DK	106
b. feel more irritable?	1 ☐ Yes 2 ☐ No 9 ☐ DK	107
c. find it hard to concentrate?	1 ☐ Yes 2 ☐ No 9 ☐ DK	108
When you (quit/tried to quit) using chewing tobacco or snuff did you . . .		
d. feel restless?	1 ☐ Yes 2 ☐ No 9 ☐ DK	109
e. feel hungry more often?	1 ☐ Yes 2 ☐ No 9 ☐ DK	110
f. feel sad, blue, or depressed?	1 ☐ Yes 2 ☐ No } *(70)* 9 ☐ DK	111
64. Do you think you will ever want to quit using chewing tobacco or snuff?	1 ☐ Yes 2 ☐ No } *(70)* 9 ☐ DK	112
65. Have you ever TRIED using chewing tobacco or snuff?	1 ☐ Yes *(68)* 2 ☐ No	113
66. Do you think you will EVER use chewing tobacco or snuff?	1 ☐ Yes *(67)* 2 ☐ No } *(68)* 9 ☐ DK	114
67. Do you think you will try using chewing tobacco or snuff soon?	1 ☐ Yes 2 ☐ No 9 ☐ DK	115
68. Have you ever been offered chewing tobacco or snuff?	1 ☐ Yes 2 ☐ No	116
69a. If one of your best friends were to offer you chewing tobacco or snuff, would you use it?	1 ☐ Yes *(69b)* 2 ☐ No *(69c)* 9 ☐ DK *(70)*	RT 59 3-4 5
b. Would you say probably yes or definitely yes?	1 ☐ Probably yes 2 ☐ Definitely yes } *(70)*	6
c. Would you say probably not or definitely not?	1 ☐ Probably not 2 ☐ Definitely not	7

Ask only if age 10–17. Others skip to Q71a. **70. (Is it/Was it/Do you think it would be) easy or hard for you to BUY chewing tobacco or snuff (if you wanted some)?**	1 ☐ Easy 2 ☐ Hard 9 ☐ DK	8
71a. Is there a law in your State or city that says you have to be a certain age before you can buy chewing tobacco or snuff?	1 ☐ Yes 2 ☐ No } *(72)* 9 ☐ DK } *(72)*	9
b. How old do you have to be to buy chewing tobacco or snuff legally?	_____ Age 99 ☐ DK	10-11
72a. Have you ever seen warning labels in ads for chewing tobacco or snuff or on chewing tobacco pouches or snuff tins?	1 ☐ Yes 2 ☐ No *(73a)*	12
b. Have you ever read the warning labels?	1 ☐ Yes 2 ☐ No *(73a)*	13
c. Do you remember what the warnings were? *PROBE ONE TIME:* **Anything else?** *MARK (X) ALL THAT APPLY.*	1 ☐ Gum disease 2 ☐ Mouth/oral cancer risk 3 ☐ Other cancer risk 4 ☐ Cancer risk, type not mentioned 5 ☐ Tooth loss 6 ☐ Not safer than cigarettes 8 ☐ Other 9 ☐ DK	14 15 16 17 18 19 20 21
73a. Do you think you will be using chewing tobacco or snuff one year from now?	1 ☐ Yes *(73b)* 2 ☐ No *(73c)* 9 ☐ DK *(74a)*	22
b. Would you say probably yes or definitely yes?	1 ☐ Probably yes } *(74a)* 2 ☐ Definitely yes } *(74a)*	23
c. Would you say probably not or definitely not?	1 ☐ Probably not } *(74a)* 2 ☐ Definitely not } *(74a)*	24

Notes

_____

_____

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_____

_____

_____

74a. **(Besides yourself) Does anyone who lives in your household – now use chewing tobacco or snuff?**	1 ☐ Yes *(74b)* 2 ☐ No } *(74c)* 9 ☐ DK } *(74c)*	25
b. **Who is this?** *If "brother(s)/sister(s)," PROBE:* **(Are/Is) your brother(s)/sister(s) who use chewing tobacco or snuff younger or older than you?** *PROBE ONE TIME:* **Anyone else?** *MARK (X) ALL THAT APPLY.*	01 ☐ Mother 02 ☐ Father 03 ☐ Adoptive/foster mother 04 ☐ Adoptive/foster father 05 ☐ Stepmother 06 ☐ Stepfather 07 ☐ Older brother(s) 08 ☐ Older sister(s) 09 ☐ Younger brother(s) 10 ☐ Younger sister(s) 11 ☐ Grandparent(s) 12 ☐ Other relative(s) 13 ☐ Spouse 14 ☐ Unrelated person(s)	26-27 28-29 30-31 32-33 34-35 36-37 38-39 40-41 42-43 44-45 46-47 48-49 50-51 52-53
c. **Do any close relatives NOT living in your household – now use chewing tobacco or snuff?**	1 ☐ Yes *(74d)* 2 ☐ No } *(75a)* 9 ☐ DK } *(75a)*	54
d. **Who is this?** *If "brother(s)/sister(s)," PROBE:* **(Are/Is) your brother(s)/sister(s) who use chewing tobacco or snuff younger or older than you?** *PROBE ONE TIME:* **Anyone else?** *MARK (X) ALL THAT APPLY.*	01 ☐ Mother 02 ☐ Father 03 ☐ Adoptive/foster mother 04 ☐ Adoptive/foster father 05 ☐ Stepmother 06 ☐ Stepfather 07 ☐ Older brother(s) 08 ☐ Older sister(s) 09 ☐ Younger brother(s) 10 ☐ Younger sister(s) 11 ☐ Grandparent(s) 12 ☐ Other relative(s) 13 ☐ Spouse	55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70 71-72 73-74 75-76 77-78 79-80

Notes

75a. **(Besides yourself) Does anyone who lives in your household – now smoke cigarettes?**	1 ☐ Yes *(75b)* 2 ☐ No } *(75c)* 9 ☐ DK	81
b. **Who is this?** *If "brother(s)/sister(s)," PROBE:* **(Are/Is) your brother(s)/sister(s) who smoke younger or older than you?** *PROBE ONE TIME:* **Anyone else?** *MARK (X) ALL THAT APPLY.*	01 ☐ Mother 02 ☐ Father 03 ☐ Adoptive/foster mother 04 ☐ Adoptive/foster father 05 ☐ Stepmother 06 ☐ Stepfather 07 ☐ Older brother(s) 08 ☐ Older sister(s) 09 ☐ Younger brother(s) 10 ☐ Younger sister(s) 11 ☐ Grandparent(s) 12 ☐ Other relative(s) 13 ☐ Spouse 14 ☐ Unrelated person(s)	82-83 84-85 86-87 88-89 90-91 92-93 94-95 96-97 98-99 100-101 102-103 104-105 106-107 108-109
c. **Do any close relatives NOT living in your household – now smoke cigarettes?**	1 ☐ Yes 2 ☐ No } *(76)* 9 ☐ DK	110
d. **Who is this?** *If "brother(s)/sister(s)," PROBE:* **(Are/Is) your brother(s)/sister(s) who smoke younger or older than you?** *PROBE ONE TIME:* **Anyone else?** *MARK (X) ALL THAT APPLY.*	01 ☐ Mother 02 ☐ Father 03 ☐ Adoptive/foster mother 04 ☐ Adoptive/foster father 05 ☐ Stepmother 06 ☐ Stepfather 07 ☐ Older brother(s) 08 ☐ Older sister(s) 09 ☐ Younger brother(s) 10 ☐ Younger sister(s) 11 ☐ Grandparent(s) 12 ☐ Other relative(s) 13 ☐ Spouse	RT 60 9-10 11-12 13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30
76. **During an average day, about how often are you near enough to smell or breathe in the smoke from other people's cigarettes . . . would you say often, sometimes, rarely, or never?**	1 ☐ Often 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never 9 ☐ DK	31
77. **Does the smoke from other people's cigarettes bother you a lot, somewhat, a little, or not at all?**	1 ☐ A lot 2 ☐ Somewhat 3 ☐ A little 4 ☐ Not at all	32
78. **Do you think the smoke from other people's cigarettes is harmful to you?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	33

79a. **Of your four best male friends, how many of them smoke cigarettes?**	0 ☐ None 1 ☐ One 2 ☐ Two 3 ☐ Three 4 ☐ Four 5 ☐ Don't have four best male friends *(80a)* 9 ☐ DK	34
b. **How many of them use chewing tobacco or snuff?**	0 ☐ None 1 ☐ One 2 ☐ Two 3 ☐ Three 4 ☐ Four 9 ☐ DK	35
80a. **Of your four best female friends, how many of them smoke cigarettes?**	0 ☐ None 1 ☐ One 2 ☐ Two 3 ☐ Three 4 ☐ Four 5 ☐ Don't have four best female friends *(81)* 9 ☐ DK	36
b. **How many of them use chewing tobacco or snuff?**	0 ☐ None 1 ☐ One 2 ☐ Two 3 ☐ Three 4 ☐ Four 9 ☐ DK	37
81. **Have you seen anything on television in the past month about the health risks of smoking?**	1 ☐ Yes 2 ☐ No 3 ☐ Don't watch TV	38
82. **(Have you) heard anything on the radio in the past month (about the health risks of smoking)?**	1 ☐ Yes 2 ☐ No 3 ☐ Don't listen to radio	39
83. **(Have you) read anything in the newspaper or magazines in the past month (about the health risks of smoking)?**	1 ☐ Yes 2 ☐ No 3 ☐ Don't read newspapers or magazines	40

For these next questions I'd like you to give me YOUR opinion, not what others may say or believe.

84.	**Do YOU believe . . .**		
a.	**there is any harm in having an occasional cigarette?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	
b.	**it's safe to smoke for only a year or two?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	42
c.	**smoking can help people when they are bored?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	43
d.	**cigarette smoking helps people relax?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	44
e.	**cigarette smoking helps reduce stress?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	45
	Do YOU believe . . .		
f.	**smoking helps people feel more comfortable at parties and in other social situations?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	46
g.	**smoking helps people keep their weight down?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	47
h.	**you can smoke a few cigarettes without becoming addicted to them?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	48
i.	**using chewing tobacco and snuff can cause cancer?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	49

For these next statements, after I read each one, please tell me whether you agree, disagree, or if you have no opinion.

85a.	**I strongly dislike being around people who are smoking.**	1 ☐ Agree 2 ☐ Disagree 3 ☐ No opinion	50
b.	**(If I started to smoke regularly), I could stop smoking anytime I wanted.**	1 ☐ Agree 2 ☐ Disagree 3 ☐ No opinion	51
c.	**Cigarette smoking is worse for your health than using chewing tobacco or snuff.**	1 ☐ Agree 2 ☐ Disagree 3 ☐ No opinion	52
d.	**Warning labels on the side of cigarette packs will keep kids from smoking.**	1 ☐ Agree 2 ☐ Disagree 3 ☐ No opinion	53
e.	**Smokers look healthier in cigarette ads than they really are?**	1 ☐ Agree 2 ☐ Disagree 3 ☐ No opinion	54

These last questions are about school, social activities, your family, your health, and things that may affect your health.

Ask only for age 16+. Others skip to Q88.

5.	**Are you currently working at a job or business not counting work around the house?**	1 ☐ Yes 2 ☐ No
87.	**Are you now married, widowed, divorced, separated, or have you never been married?**	1 ☐ Married 2 ☐ Widowed 3 ☐ Divorced 4 ☐ Separated 5 ☐ Never married
88.	**Do you go to school?**	1 ☐ Yes 2 ☐ No
89.	**What was the last grade in school that you finished?**	00 ☐ Never attended or kindergarten *(94)* 01 ☐ First 02 ☐ Second 03 ☐ Third 04 ☐ Fourth 05 ☐ Fifth 06 ☐ Sixth 07 ☐ Seventh 08 ☐ Eighth 09 ☐ Ninth 10 ☐ Tenth 11 ☐ Eleventh 12 ☐ Twelfth 13 ☐ 1st year college 14 ☐ 2nd year college 15 ☐ 3rd year college 16 ☐ 4th year college 17 ☐ 5+ years college
90.	**How (do/did) you do in school? Would you say MUCH better than average, better than average, average, or below average?**	1 ☐ Much better than average 2 ☐ Better than average 3 ☐ Average 4 ☐ Below average 5 ☐ DK
91a.	**(Is/Was) there a rule at your school that students (are/were) not allowed to smoke anywhere on school property?**	1 ☐ Yes 2 ☐ No 9 ☐ DK
b.	**How many of your teachers have you ever seen smoking cigarettes, would you say none, a few, some, or most of them?**	0 ☐ None 1 ☐ A few 2 ☐ Some 3 ☐ Most/all 9 ☐ DK
92.	**Have you ever taken a class at school in which the health risks of smoking were discussed?**	1 ☐ Yes 2 ☐ No 9 ☐ DK
CHECK ITEM 5	*Refer to Q88.*	☐ "Yes" in Q88 *(93a)* ☐ "No" in Q88 *(94)*

93a. **During the last TWO WEEKS, have you missed any FULL days from school?**	1 ☐ Yes 2 ☐ No *(94)*	64
b. **How many days in the last TWO WEEKS did you miss because you were sick or injured?**	_____ Days	65
c. **How many days in the last TWO WEEKS did you miss because you just felt like skipping or cutting school?**	_____ Days	67-68
d. **How many days in the last TWO WEEKS did you miss for other reasons?**	_____ Days	69-70
94. **During the past year, how often have you felt too tired to do things . . . would you say often, sometimes, rarely, or never?**		
a. **felt too tired to do things?**	1 ☐ Often 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never	71
b. **had trouble going to sleep or staying asleep?**	1 ☐ Often 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never	72
c. **felt unhappy, sad, or depressed?**	1 ☐ Often 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never	73
d. **during the past year, how often have you – felt hopeless about the future?**	1 ☐ Often 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never	74
e. **felt nervous or tense?**	1 ☐ Often 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never	75
f. **worried too much about things?**	1 ☐ Often 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never	76
95. **How do you think of yourself, would you say underweight, slightly underweight, overweight, slightly overweight, or just about right?**	1 ☐ Underweight 2 ☐ Slightly underweight 3 ☐ Overweight 4 ☐ Slightly overweight 5 ☐ Just about right	77

96a. **Has a doctor, dentist, or nurse ever said anything to you about cigarette smoking?**	1 ☐ Yes 2 ☐ No	78
b. **Has a doctor, dentist, or nurse ever said anything to you about using chewing tobacco or snuff?**	1 ☐ Yes 2 ☐ No	79
97a. **During the PAST YEAR have you been in a physical fight that involved hitting, pushing, shoving, or any other kind of physical contact?**	1 ☐ Yes *(97b)* 2 ☐ No *(98)*	80
b. **How many times in the PAST YEAR have you been in physical fights?**	1 ☐ Once 2 ☐ Twice 3 ☐ 3–5 times 4 ☐ 6–9 times 5 ☐ 10 or more times 9 ☐ DK	81
98. **Do you ever like to do things that are a little risky or dangerous?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	82
99. **How often do you wear a seat belt when you drive or ride in a car . . . would you say always, most of the time, sometimes, rarely, or never?**	1 ☐ Always 2 ☐ Most of the time 3 ☐ Sometimes 4 ☐ Rarely 5 ☐ Never	83
100. **During the LAST FOUR WEEKS, have you ridden in a vehicle driven by someone who had been drinking or using drugs?**	1 ☐ Yes 2 ☐ No	84
101. **Including SATURDAYS AND SUNDAYS, how many nights a week do you go out with friends just to have fun?**	_____ Nights	85
Ask only for 12+ years of age. Others skip to Q103a. **102a.** **Have you ever had a steady (boyfriend/girlfriend)?**	1 ☐ Yes *(102b)* 2 ☐ No *(103a)*	86
b. **Did (he/she) smoke cigarettes?**	1 ☐ Yes 2 ☐ No 9 ☐ DK if smoked	87
103a. **Do you get an allowance or have a way of earning money that you can spend on yourself any way you want to?**	1 ☐ Yes 2 ☐ No *(104)*	88
b. **About how much money do you have each week to spend on yourself?**	$ _____ .00 Dollars 999 ☐ DK	89-91
104. **In the past year have you participated in any kind of competitive and organized physical activity, such as team sports?**	1 ☐ Yes 2 ☐ No	92

105a. If you had a serious problem, is there someone you could talk to or go to for help? | 93

1 ☐ Yes
2 ☐ No *(Check item 6)*

b. Who is that?

PROBE ONE TIME: **Anyone else?**

MARK (X) ALL THAT APPLY.

	R
01 ☐ Mother	3-4
02 ☐ Father	5-6
03 ☐ Brother(s)	7-8
04 ☐ Sister(s)	9-10
05 ☐ Grandparent(s)	11-12
06 ☐ Other relative	13-14
07 ☐ Priest/Minister	15-16
08 ☐ Teacher	17-18
09 ☐ School counselor	19-20
10 ☐ Psychiatrist/Psychologist	21-22
11 ☐ Coach	23-24
12 ☐ Spouse	25-26
13 ☐ Other adult	27-28
14 ☐ Friend	29-30
	31-32

CHECK ITEM 6 *Refer to age and Q88 on page 22.*

☐ Age 17+ *(107)*
☐ Age 10–16 and "Yes" in Q88 *(106a)*
☐ Age 10–16 and "No" in Q88 *(107)*

106a. About how many days a week are you at home before or after school without a parent or adult around? | 33

0 ☐ Never *(107)*

_____ Days a week

8 ☐ Not regularly
9 ☐ DK
} *(107)*

b. On those days, about how many hours are you at home without a parent or adult? | 34-35

ENTER WHOLE NUMBERS ONLY.

00 ☐ Less than one hour

_____ Hours a day

107. On the average, how often in the last year have you gone to church, synagog, or some other type of religious service? | 36

Read response categories if necessary.

1 ☐ Never
2 ☐ Few times a year
3 ☐ Once or twice/month
4 ☐ Weekly/almost weekly
5 ☐ More than once a week

108. Are your parents married to each other, separated, divorced, or did they never marry? | 37

1 ☐ Married
2 ☐ Separated
3 ☐ Divorced
4 ☐ Never married
5 ☐ Father deceased
6 ☐ Mother deceased
7 ☐ Both parents deceased

109a.	**How close (do/did) you feel to your mother . . . extremely close, quite close, fairly close, or not very close?**	38 1 ☐ Extremely close 2 ☐ Quite close 3 ☐ Fairly close 4 ☐ Not very close
b.	**How close (do/did) you feel to your father . . . extremely close, quite close, fairly close, or not very close?**	39 1 ☐ Extremely close 2 ☐ Quite close 3 ☐ Fairly close 4 ☐ Not very close
110.	**(Do your parents/Does your (mother/father)) talk over important decisions with you often, sometimes, rarely, or never?**	40 1 ☐ Often 2 ☐ Sometimes 3 ☐ Rarely 4 ☐ Never 5 ☐ Both parents deceased
111.	**At home, (are/were) you expected to help out with chores, such as cleaning your room, doing the dishes, or mowing the lawn?**	41 1 ☐ Yes 2 ☐ No
112.	**At home, (are/were) there rules about things like watching TV, doing homework, dating, or going out with friends?**	42 1 ☐ Yes 2 ☐ No

Notes

RT 62
3-4
5

G. *VERIFY ADDRESS*

There are only a few more questions and I will be finished. I have your address as *(read the address from label or the address at which you actually located the youth)*. **Is that correct?**

1 ☐ Yes – and you used the address on the label *(Skip to I)*
2 ☐ Yes – and the address you used is not on the label *(Go to H and enter correct address)*
3 ☐ No *(Go to H and ask for correct address)*

H. *ADDRESS CORRECTION*

Number and street					6-30
City	31-50	State	51-52	ZIP Code	53-57

I. *CURRENT TELEPHONE NUMBER* 58

I have your telephone number as *(read telephone number from label or number you actually used to call the youth)*. **Is that correct?**

1 ☐ Yes – and you used the telephone number on the label *(Skip to K)*
2 ☐ Yes – and the number you used is not on the label *(Go to J and enter correct number)*
3 ☐ No *(Go to J and enter the correct number)*

J. *CURRENT TELEPHONE NUMBER* 59-68

___ ___ ___ ___ ___ ___ ___ ___ ___ ___

K. *UPDATE CONTACT PERSON INFORMATION*

The last time a Census Bureau interviewer talked to you or your family, we were told that *(read name of contact person)* **knows you and will know how to get in touch with you if we want to call you again in a few years. Would** *(read name of contact person)* **still be the best person to contact if we are unable to reach you?**

☐ Yes *(Read the contact person's address and telephone number to the sample youth. If they are correct on the label, thank the youth and end the interview. If not correct, obtain correct information and enter it into L).*

☐ No *(Ask the sample youth to tell you the name and address of an adult who is not currently living with the youth and who will know where he/she can be contacted in the future. Enter this information into L).*

L. *CONTACT PERSON CURRENT INFORMATION* RT 63 3-4

Last name	5-24	First	25-39	Middle initial	40
Number and street					41-65
City	66-85	State	86-87	ZIP Code	88-92
Telephone number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___					93-102

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