



## Youth Purchase Survey Data Form

Minor ID: \_\_\_\_\_ Survey number: \_\_\_\_\_  
 Accompanying adult ID: \_\_\_\_\_ Survey date: \_\_\_\_\_  
 Store ID: \_\_\_\_\_ Time of visit: \_\_\_\_\_  am  pm

### I. PURCHASE ATTEMPT

1. Sale outcome:  Yes, a "sale" was made  No, a "sale" was not made
2. Price: \$ \_\_\_\_\_
3. Type of tobacco requested:  Cigarettes  Smokeless tobacco/chew
4. Type of outlet:  Gas station only  Convenience (with gas)  Convenience (without gas)  
 Tobacco stores  Supermarket  Drug store/pharmacy  
 Liquor store  Discount store  Other (specify) \_\_\_\_\_
- 4a. Was the store an ethnic market?  Yes  No
5. Clerk characteristics: Gender:  Male  Female  
 Age:  Younger than 25  Older than 25  
 Ethnicity:  Caucasian  African American  Asian  
 Hispanic/Latino  Middle Eastern  Other: \_\_\_\_\_
6. How many other people were within 10 feet from where you were standing? Customers: \_\_\_\_\_ Clerks: \_\_\_\_\_
7. The tobacco you attempted to purchase was (choose only one):  
 Requested from the clerk  Self-service  In a vending machine
8. When you attempted to purchase tobacco: Were you asked your age?  Yes  No  
 Were you asked for an identification?  Yes  No  
 Were you asked whom the tobacco product was for?  Yes  No
- 8a. If the youth was asked any of the above questions, indicate at which point in time the question was asked by placing a check mark in the corresponding box.

	Age	ID	Who is tobacco for?
After youth asked for tobacco product or placed tobacco product on the counter (before cashier rang up tobacco)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After cashier rang up tobacco product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic prompt on cash register when tobacco product was rung up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After a customer comment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After comment from another clerk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Other clerk comments: \_\_\_\_\_  
 \_\_\_\_\_

**STORE ■ Strategic Tobacco Retail Effort**

10. Was there a vending machine present?  Yes  No

11. Please respond only if your purchase attempt was from a vending machine:

Did the vending machine need special tokens?  Yes  No  I don't know

Was there a locking device on the machine?  Yes  No  I don't know

Was the vending machine operational?  Yes  No  I don't know

**II. OBSERVATIONS**

12. Location of tobacco products in the store (check all that apply):

	Near cash register	Behind counter	Open shelves/racks in store/self-service	Locked cases/enclosed area (clerk access only)
Cartons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single packs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kiddie packs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chewing tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bidis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candy look alike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Location of signs stating that sales to minors are unlawful (check all that apply):

**FEDERAL, STATE AND LOCAL SIGNS:**

	Checkout counter	Tobacco display site	Doors/windows	Other (specify)
STAKE Act sign 1-800-5ASK4ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penal code 308	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FDA signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TOBACCO INDUSTRY SIGNS:**

	Checkout counter	Tobacco display site	Doors/windows	Other (specify)
If You Ask/We Ask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's the Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We CARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support the Law: It Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Comments and additional observations: \_\_\_\_\_  
\_\_\_\_\_