



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: _____
