

SSYC
Youth Tobacco Purchase Survey Data Form

GENERAL

Minor Name: <u>Allison Burke.</u>	Minor Ethnicity: <u>caucasian</u>
Minor Age: <u>15</u>	Survey date: <u>6/29/06</u>
Store Name: <u>Liquor & Deli</u>	Survey date: _____
Store Number: _____	Interviewer: <u>Anna</u>

PURCHASE ATTEMPT

1. Sale: Yes a "sale" was made No "sale" was made
2. Receipt?: Yes No
3. Type of tobacco requested: NEWPORTS
4. Price of tobacco: \$5.94
5. Other products purchased: hot fries (chips)
6. Type of retail store:
 Gas Station Gas Station with Convenience store
 Drug store Grocery store small
 Tobacco store Grocery store chain
 Convenience store only Other: market _____
 Liquor store
- 6a. "Mom & Pop" Store Corporate chain

Clerk characteristics:

7. Gender: Male Female
8. Age: Younger than 30 Older than 30 Can't tell
9. Was there an ID scanner? Yes No
10. Did He/She ask for ID? Yes (answer 10a) No (skip to 11)
- 10a When did the clerk ask for ID?
 Before the clerk rang up tobacco After the clerk rang up tobacco After someone made a comment Other
11. Did He/She ask your age? Yes (answer 11a) No (skip to 12)
- 11a When did the clerk ask for your age?
 Before the clerk rang up tobacco After the clerk rang up tobacco After someone made a comment Other

12. Other comments/observations about clerk and/or purchase attempt:
THE KEYS WORK!!!



OBSERVATIONS

13. Were there any surveillance cameras: Yes No

14. Location of tobacco products (check all that apply):

	Behind counter	Near cash register	Locked cases	Open shelves
• Cigarette pack	<input checked="" 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"/>
• Cigars	<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"/>
• Other? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Location of Signs: (check all that apply)

	Windows Walls	Self-Display	Counter	Other?
FEDERAL/STATE/LOCAL SIGNS				
• Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• STAKE ACT Sign (w/ (#)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Penal Code 308(blk&wht)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOBACCO INDUSTRY SIGNS

• "We CARD"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other Signs: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other Ads: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Any observational notes, comments or thoughts about what you saw?

INVESTIGATIVE COMMENTS?

17. THINK CRITICALLY: Any other important notes, comments or thoughts?

SIGNATURES:

The above statements and information is true and accurate to the best of my knowledge.

Minor Purchaser:

 Print Signature Date

Minor Interviewer:

 Print Signature Date