Table S1. Characteristics of the Study Sample by Sexual Minority Status

	Sexual Mino			
Characteristics b	Sexual Minority ^c	Heterosexual	P-value ^a	
Number of Participants	597	2520		
Gender Identity ^d , %				
Male	24.3	49.7	<.001	
Female	75.7	50.3		
Age Group,%			0.577	
13-14	23.1	26.0		
15-16	33.8	33.8		
17-18	43.1	40.2		
Race, %			0.493	
White	77.5	75.3		
Black	13.7	16.0		
Other ^e	8.8	8.7		
Ethnicity, %			0662	
Non-Hispanic	77.8	79.1		
Hispanic	22.2	20.9		
Family Socioeconomic Status, %			<.001	
High income	40.1	52.8		
Low income ^f	59.9	47.2		
Parent Education, %			0.181	
Less than associate's degree	57.0	52.6		
Associate's degree or higher	43.0	47.4		
Place of residence, %			0.273	
Urban	37.9	33.7		
Suburban	41.5	42.1		
Rural	20.5	24.3		

^aP-value for comparisons between sexual minority status based on Rao Scott χ2 tests.

^bData are weighted from the sample of 3,174 participants except the numbers of participants.

^cIncluding lesbian, gay, bisexual and other sexual minority such as asexual or pansexual.

^dParticipants were asked to identify their gender, including male, female, transgender and other (specify).

However, only male and female were reported and no participant identified as a gender minority.

^eOther race included Asian/Pacific Islander, American Indian/Alaska Native, or bi-multi races.

^fLow income: Participated in a free/reduced cost lunch program at school or family receiving government public assistance (Medicaid, Section 8 housing, Obama phone, or food stamps).

SUPPLEMENTAL DOCUMENT 1

Questions	were	used	for	data	in	the	anal	yses.
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1) gen	IDER	IDEN	ITITY
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- Do you identify as...
 - 1. Male
 - 2. Female
 - 3. Transgender
 - 4. Other, please specify:

2) SEXUAL ORIENTATION

- What is your sexual orientation?
 - 1. Straight
 - 2. Gay
 - 3. Lesbian
 - 4. Bisexual
 - 5. Other, please specify: _____
 - 6. Prefer not to answer

3) AGE

- What is your date of birth?
 - 1. Month:
 - 2. Day:
 - 3. Year:

4) PLACE OF RESIDENCE

- Which of the following best describes the area in which you live?
 - 1. Urban (big or small urban city)
 - 2. Suburban (suburb of a big city, big townships / developed areas)
 - 3. Rural (small town, farm towns, "back country")

5) RACE/ETHNICITY

- Are you Hispanic, Latino, or of Spanish origin? Choose the description below that best applies.
 - 1. No, not of Hispanic, Latino, or Spanish origin
 - 2. Yes, Mexican, Mexican American, Chicano
 - 3. Yes, Puerto Rican, Boricua, New York Rican
 - 4. Yes, Cuban or Cuban American
 - 5. Yes, Central American
 - 6. Yes, South American
 - 7. Yes, other Hispanic, Latino, or Spanish origin (specify)
 - 8. Don't know

- What is your race? Choose one.

- 1. White or Caucasian
- 2. Black or African American
- 3. Asian or Pacific Islander

4.	American Indian or Alaska Native
5.	Other (specify)
6.	More than one race (specify)
7.	Don't know

6) FAMILY SOCIOECONOMIC STATUS

- Do you currently participate in a free or reduced cost lunch program at your school?
 - 1. Yes
 - 2. No
 - 3. Not sure
- Do you / your family receive government public assistance (such as Medicaid, Section 8 for housing assistance, Obama phone, food stamps/the link card/SNAP, or other government financial help) or any non-government (e.g. religious institutions / charitable organizations) assistance?
 - 1. Yes
 - 2. No
 - 3. Not sure

7) PARENTAL EDUCATION LEVEL

- Please select the highest level of education either of your parents completed. Answer this question for the parent who has the highest level of education.
 - 1. Less than 6th grade
 - 2. 6th grade
 - 3. 7th grade
 - 4. 8th grade
 - 5. 9th grade
 - 6. 10th grade
 - 7. 11th grade
 - 8. 12th grade, did not graduate high school
 - 9. Graduated high school
 - 10. Earned GED
 - 11. Earned a trade school or technical school degree
 - 12. Some college
 - 13. Graduated from a 2-year college (Associate's degree)
 - 14. Graduated from a 4-year college (Bachelor's degree)
 - 15. Graduated from graduate or professional school (e.g., Master's degree, law degree, etc.)
 - 16. Not sure

8) VAPING/TOBACCO USE

- Which of the following types of tobacco [photos of products for each type were provided] have you ever tried (even one time or two times)?

Yes or No

a. Electronic nicotine products such as e-cigarettes, vape pens, hookah pens, personal vaporizers and mods, e-cigars, e-pipes, and e-hookahs. These products are battery-powered and produce vapor instead of smoke. They typically use a nicotine liquid, although the amount of nicotine can vary and some may not contain any nicotine at all. Some common brands include Fin, NJOY, Blu, e-Go and Vuse.

c. Traditional cigars d. Little or filtered cigars (may be the same size as cigarettes) e. Cigarillos (may be the same size as cigarettes, may have plastic or wooden tips) f. Smokeless tobacco (snus pouches, loose snus, moist snuff, dip, spit, or chew) g. Dissolvable tobacco: sticks, orbs, pellets, or strips h. Hookahs for smoking tobacco i. Bidis and kreteks (kreteks are clove-flavored) j. Other (describe)	
For each item selected in [question above] as "Yes" How often do you use (insert item name)?
Choose one.	
1. Daily	
2. At least weekly	
3. At least monthly	
4. Occasionally, but less than monthly	
5. Not now, but used in past	
- Which flavor of electronic nicotine product is your favorite? Choose one.	
1. Tobacco	
2. Menthol, mint, or wintergreen (which flavor?)	
3. Fruit, such as grape or strawberry (which flavor?)	
4. Candy, such as gummy bear (which flavor?)	
5. Sweet, such as vanilla or desserts (which flavor?)	
6. Coffee	
7. Chocolate	
8. Alcohol, such as strawberry daiquiri or piña colada (which flavor?)	
9. Spice, such as cinnamon or clove (which flavor?)	
10. Other (Specify)	
11. Don't know	
12. None of the above	
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b. Cigarettes (traditional, not e-cigarettes)