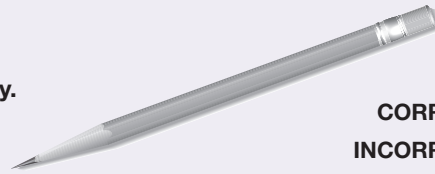


MARKING INSTRUCTIONS

- Use number 2 pencil only.
- Make dark marks that fill the oval completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



CORRECT MARKS ●●●●
INCORRECT MARKS ✓ ✗ ◐ ◑

The first questions ask for some background information about yourself.

1. How old are you?

- 11 years old or younger 15 years old
 12 years old 16 years old
 13 years old 17 years old
 14 years old 18 years old or older

2. Are you: Female Male

3. What grade are you in? 6th 7th 8th 9th 10th 11th 12th

4. Are you Hispanic or Latino? (Fill in only *ONE* response.)

- No
 Yes

4a. What race do you consider yourself to be? (Fill in only *ONE* response.)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 More than one race

5. On average, what grades did you get in school last year?

- Mostly A's Mostly B's Mostly C's Mostly D's Mostly F's

6. During the current school year, do you qualify for a free or reduced price school lunch?

- Yes
 No
 Don't know

PROOF

The next group of questions asks about cigarette use.

7. Have you ever tried cigarette smoking, even one or two puffs? Yes No

8. How old were you when you smoked a whole cigarette for the first time?

- | | |
|---|---|
| <input type="radio"/> I have never smoked a whole cigarette | <input type="radio"/> 12 or 13 years old |
| <input type="radio"/> 7 years old or younger | <input type="radio"/> 14 or 15 years old |
| <input type="radio"/> 8 or 9 years old | <input type="radio"/> 16 or 17 years old |
| <input type="radio"/> 10 or 11 years old | <input type="radio"/> 18 years old or older |

9. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days? Yes No

10. During the past 30 days, on how many days did you . . .

	0 days	1 to 2 days	3 to 9 days	10 to 29 days	All 30 days
a. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Smoke cigarettes on school property ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- | | |
|--|---|
| <input type="radio"/> I did not smoke cigarettes during the past 30 days | <input type="radio"/> 6 to 10 cigarettes per day |
| <input type="radio"/> Less than 1 cigarette per day | <input type="radio"/> 11 to 20 cigarettes per day |
| <input type="radio"/> 1 cigarette per day | <input type="radio"/> More than 20 cigarettes per day |
| <input type="radio"/> 2 to 5 cigarettes per day | |

12. Are the cigarettes you usually smoke menthol cigarettes?

- I do not smoke cigarettes Yes No

13. Are you planning to quit smoking cigarettes within the next 6 months?

- I do not smoke cigarettes Yes No

14. Are you planning to quit using electronic cigarettes within the next 6 months? Electronic cigarettes are also called e-cigarettes, vape pens, e-hookah, hookah pens, and mods such as NJOY, blu, Logic or JUUL.

- I do not use electronic cigarettes Yes No

The next few questions ask about your parents or guardians.

24. Do your parents or guardians know that you use tobacco products?

- I do not use tobacco products Yes No

25. Have your parents or guardians ever told you **NOT TO** use tobacco products?

- Yes No

26. In the past 12 months, how often have your parents or guardians discussed the dangers of tobacco use with you?

- Never Rarely Sometimes Often Very often

The next few questions ask your beliefs regarding health effects of tobacco.

27. Which **BEST** describes your opinion about smoking in indoor public places? Smoking should be:

- Not allowed in **ANY** indoor public place Allowed **ONLY** in smoking areas Allowed in **ALL** indoor public places

28. How dangerous do you think it is for a person your age to use: **(DARKEN ONE BUBBLE FOR EACH LINE)**

- | | Very
Dangerous | Somewhat
Dangerous | Not Very
Dangerous | Not At All
Dangerous |
|--|-----------------------|-----------------------|-----------------------|-------------------------|
| a. Cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Chewing tobacco, snuff, dip, or snus, such as Skoal, Copenhagen, Grizzly, Camel or Marlboro Snus, Redman, or Levi Garrett? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Cigars/little cigars/cigarillos (filled only with tobacco), such as Swisher Sweets, Black & Mild, or Zig Zag? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Tobacco in a hookah or a water pipe? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Electronic cigarettes, also called e-cigarettes, vape pens, e-hookah, hookah pens, and mods, such as NJOY, blu, Logic, or JUUL? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Tobacco products that are flavored? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Alcohol? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The next question concerns information given by your health care provider.

29. Have the following people talked to you about the dangers of tobacco use in the past 12 months?	I have not visited a doctor's/dentist's office in the past 12 months	Yes	No
a. Doctor or someone in a doctor's office?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Dentist or someone in a dentist's office?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about your exposure to tobacco use.

30. About how many of your closest friends . . .	None	A few	Some	Most	All	Not Sure
a. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Use chewing tobacco, snuff, dip, or snus, such as Skoal, Copenhagen, Grizzly, Camel or Marlboro Snus, Redman, or Levi Garrett?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Use electronic cigarettes, also called e-cigarettes, vape pens, e-hookah, hookah pens, and mods, such as NJOY, blu, Logic, or JUUL?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Smoke cigars/little cigars/cigarillos (filled only with tobacco), such as Swisher Sweets, Black & Mild, or Zig Zag?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. During the past 7 days, on how many days . . .	0 days	1 or 2 days	3 or 4 days	5 or 6 days	7 days	
a. Were you in the same room with someone who was smoking cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b. Did you ride in a car with someone who was smoking cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
32. Besides yourself, does anyone who lives in your home smoke cigarettes now?	<input type="radio"/> Yes		<input type="radio"/> No			

The next questions ask about tobacco education at school and your exposure to anti-smoking messages.

33. During the past 12 months, have you participated in any school-based activities to discourage people your age from using tobacco products? Yes No

34. During this school year . . .

a. Did you practice in any of your classes ways to say “no” to tobacco (for example, in role plays)? Yes No

b. Were you taught in any of your classes that most people your age do not use tobacco products? Yes No

c. Has what you have learned in school helped you feel it is okay to say “no” to friends who offer you tobacco products? Yes No

35. During the past 12 months, where did you see or hear anti-tobacco advertisements?

a. On TV Yes No

b. On social media (Facebook, Instagram, Twitter, Snapchat, YouTube) Yes No

c. In a convenience store or gas station Yes No

d. On a music streaming service (Pandora or Spotify) or the radio Yes No

e. Somewhere not listed above Yes No

36. Have you seen any ads for the Texas quit line (1-877-YES-QUIT)?

Yes No I don't know

The next questions ask about your exposure to tobacco advertising and promotion.

37. When you use social media (like Facebook, Instagram, Twitter, Snapchat and YouTube) how often do you see posts that promote tobacco products?

I don't use social media Always Sometimes Rarely Never

38. When you use social media (like Facebook, Instagram, Twitter, Snapchat and YouTube) how often do you see posts about quitting or preventing tobacco use?

I don't use social media Always Sometimes Rarely Never

This completes the survey. THANK YOU FOR YOUR PARTICIPATION.

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #