



**This survey is about tobacco use. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better tobacco education programs for young people like yourself.**

**The answers you give will be kept private. No one will know your answers. Answer the questions based on what you really do.**

**Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.**

**The questions that ask about your background will only be used to describe the types of students completing this survey. The information will not be used to find out your name. No one will ever be reported.**

**Make sure to read every question. Choose your best answer for that question on the screen. When you are finished, click on the submit button at the end of the survey. The survey should take approximately 35 minutes to complete.**

*Thank you very much for your help.*

## **Section A: Language**

**A1. In what language will you be taking this survey?**



## Section B: Demographics

The first questions ask for some background information about yourself.

### B1. How old are you?

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

### B2. Are you:

- Female ☐
- Male ☐

### B3. What grade are you in?

- 6th ☐
- 7th ☐
- 8th ☐
- 9th ☐
- 10th ☐
- 11th ☐
- 12th ☐

### B4. Are you Hispanic or Latino? (*Fill in only ONE response.*)

- No ☐
- Yes ☐



**B5. 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 ☐

**B6. 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 ☐

**B7. During the current school year, do you qualify for a free or reduced price school lunch?**

Yes ☐

No ☐

Don't know ☐

## Section C: Cigarette Use

The next group of questions asks about cigarette use.

**C1. Have you ever tried cigarette smoking, even one or two puffs?**

Yes ☐

No ☐



**C2. How old were you when you smoked a whole cigarette for the first time?**

I have never smoked a whole cigarette ☐

7 years or younger ☐

8 or 9 years old ☐

10 or 11 years old ☐

12 or 13 years old ☐

14 or 15 years old ☐

16 or 17 years old ☐

18 years old or older ☐

**C3. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?**

Yes ☐

No ☐

**C4. 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

Smoke cigarettes? ☐ ..... ☐ ..... ☐ ..... ☐ ..... ☐

Smoke cigarettes on school property? ☐ ..... ☐ ..... ☐ ..... ☐ ..... ☐

**C5. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?**

I did not smoke cigarettes during the past 30 days ☐

Less than 1 cigarette per day ☐

1 cigarette per day ☐

2 to 5 cigarettes per day ☐

6 to 10 cigarettes per day ☐

11 to 20 cigarettes per day ☐

More than 20 cigarettes per day ☐



**C6. Are the cigarettes you usually smoke menthol cigarettes?**

I do not smoke cigarettes ☐

Yes ☐

No ☐

**C7. Are you planning to quit smoking cigarettes within the next 6 months?**

I do not smoke cigarettes ☐

Yes ☐

No ☐

**C8. Are you planning to quit using electronic cigarettes within the next 6 months? Electronic cigarettes are also called e-cigarettes, e-cigs, vapes, mods, and e-hookahs such as JUUL, Vuse, Elf Bar, or Esco Bar.**

I do not use electronic cigarettes ☐

Yes ☐

No ☐

## Section D: Other Tobacco Use

For the rest of the survey, tobacco products include cigarettes, chewing tobacco, snuff, dip, cigars / little cigars / cigarillos, hookah / water pipes, and electronic cigarettes. The next group of questions asks about tobacco use.

**D1. Have you ever tried using:**

	No, never heard of	Yes	No
Chewing tobacco, snuff, dip, or snus, such as Skoal, Copenhagen, Grizzly, Camel or Marlboro Snus, Redman, or Levi Garrett?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigars/little cigars/cigarillos (filled only with tobacco), such as Swisher Sweets, Black & Mild, or Zig Zag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco in a hookah or water pipe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic cigarettes, also called e-cigarettes, e-cigs, vapes, mods, and e-hookahs such as JUUL, Vuse, Elf Bar, or Esco Bar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco products that are flavored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## D2. 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
Use chewing tobacco, snuff, dip, or snus, such as Skoal, Copenhagen, Grizzly, Camel or Marlboro Snus, Redman, or Levi Garrett?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use cigars/little cigars/cigarillos (filled only with tobacco), such as Swisher Sweets, Black & Mild, or Zig Zag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke tobacco using a hookah or water pipe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use electronic cigarettes, also called e-cigarettes, e-cigs, vapes, mods, and e-hookahs such as JUUL, Vuse, Elf Bar, or Esco Bar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use tobacco products that are flavored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D3. Have you ever used any tobacco product on school property?

Yes ☐

No ☐

## D4. If you have not already tried using any tobacco product, do you think...

	Definitely Yes	Probably Yes	Probably No	Definitely No	I already use tobacco products
You will use any tobacco product at any time during the next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You would use any tobacco product if one of your best friends offered you one?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section E: Access to tobacco

The next group of questions asks you about your access to tobacco.

## E1. What is the youngest age a person can legally buy tobacco products in Texas?

Less than 16 years old ☐

16 years old ☐

17 years old ☐

18 years old ☐

19 years old ☐

20 years old ☐

21 years or older ☐

Not sure ☐



## E2. According to Texas law...

	Yes	No	Not sure
Can you be fined up to \$100 and possibly be required to take a tobacco education course if you are less than 21 and caught in possession of tobacco products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can your driver's license be suspended if you are less than 21 and caught in possession of tobacco products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## E3.

### During the past 30 days, where did you buy your own tobacco products?

I did not use tobacco products in the past 30 days	<input type="checkbox"/>
I did not buy tobacco products in the past 30 days, but I got them from someone else	<input type="checkbox"/>
A gas station	<input type="checkbox"/>
A convenience store	<input type="checkbox"/>
A grocery store	<input type="checkbox"/>
A drug store	<input type="checkbox"/>
A vending machine	<input type="checkbox"/>
Over the internet	<input type="checkbox"/>
Some other place not listed here	<input type="checkbox"/>

## E4. How easy is it for people your age to obtain tobacco products in your community?

Very easy	<input type="checkbox"/>
Easy	<input type="checkbox"/>
Difficult	<input type="checkbox"/>
Very difficult	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

## E5. When you bought or tried to buy tobacco products in a store during the past 30 days...

	I did not try to buy tobacco products in a store during the past 30 days	Yes	No
Were you ever asked to show proof of age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone ever refuse to sell you tobacco products because of your age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Section F: Parents or guardians

The next few questions ask about your parents or guardians.

**F1. Do your parents or guardians know that you use tobacco products?**

I do not use tobacco products ☐

Yes ☐

No ☐

**F2. Have your parents or guardians ever told you NOT TO use tobacco products?**

Yes ☐

No ☐

**F3. 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 ☐

## Section G: Health effects of tobacco

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

**G1. 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 ☐





## G2. How dangerous do you think it is for a person your age to use:

	Very Dangerous	Somewhat Dangerous	Not Very Dangerous	Not At All Dangerous
Cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chewing tobacco, snuff, dip, or snus, such as Skoal, Copenhagen, Grizzly, Camel or Marlboro Snus, Redman, or Levi Garrett?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigars/little cigars/cigarillos (filled only with tobacco), such as Swisher Sweets, Black & Mild, or Zig Zag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco in a hookah or a water pipe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic cigarettes, also called e-cigarettes, e-cigs, vapes, mods, and e-hookahs such as JUUL, Vuse, Elf Bar, or Esco Bar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco products that are flavored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section H: Health care provider

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

### H1. Have the following people talked 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
Doctor or someone in a doctor's office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentist or someone in a dentist's office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section I: Asthma

Asthma Questions

### I1. Have you ever been told by a doctor, nurse, or other health professional that you have asthma?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not sure	<input type="checkbox"/>



**I2. During the past 12 months, have you had an episode of asthma or an asthma attack?**

- I had asthma once, but no longer have asthma ☐
- I have asthma, but I have not had an episode of asthma or an asthma attack in the past 12 months. ☐
- I have asthma and I had an episode of asthma or an asthma attack during the past 12 months ☐
- Not sure ☐

## Section J: Exposure to Tobacco Use

The next questions ask about your exposure to tobacco use.

**J1. About how many of your closest friends...**

	None	A few	Some	Most	All	Not Sure
Smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use chewing tobacco, snuff, dip, or snus, such as Skoal, Copenhagen, Grizzly, Camel or Marlboro Snus, Redman, or Levi Garrett?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use electronic cigarettes, also called e-cigarettes, e-cigs, vapes, mods, and e-hookahs such as JUUL, Vuse, Elf Bar, or Esco Bar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke cigars/little cigars/cigarillos (filled only with tobacco), such as Swisher Sweets, Black & Mild, or Zig Zag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**J2. 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
Were you in the same room with someone who was smoking cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you ride in a car with someone who was smoking cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**J3. Besides yourself, does anyone who lives in your home smoke cigarettes now?**

Yes ☐

No ☐

## Section K: Exposure to Anti-Smoking Messages

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

**K1. During the past 12 months, have you participated in any school-based activities to discourage people your age from using tobacco products?**

Yes ☐

No ☐



## K2. During this school year...

	Yes	No
Did you practice in any of your classes ways to say "no" to tobacco (for example, in role plays)?	<input type="checkbox"/>	<input type="checkbox"/>
Were you taught in any of your classes that most people your age do not use tobacco products?	<input type="checkbox"/>	<input type="checkbox"/>
Has what you have learned in school helped you feel it is okay to say "no" to friends who offer you tobacco products?	<input type="checkbox"/>	<input type="checkbox"/>

## K3. During the past 12 months, where did you see or hear anti-tobacco advertisements?

	Yes	No
On TV	<input type="checkbox"/>	<input type="checkbox"/>
On social media (Facebook, Instagram, Twitter, Snapchat, YouTube, TikTok)	<input type="checkbox"/>	<input type="checkbox"/>
In a convenience store or gas station	<input type="checkbox"/>	<input type="checkbox"/>
On a music streaming service (Pandora or Spotify) or the radio	<input type="checkbox"/>	<input type="checkbox"/>
Somewhere not listed above	<input type="checkbox"/>	<input type="checkbox"/>

## K4. Have you seen any ads for the Texas quit line (1-877-YES-QUIT)?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I don't know	<input type="checkbox"/>

## Section L: Exposure to Tobacco Advertising and Promotion

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

## L1. When you use social media (like Facebook, Instagram, Twitter, Snapchat, YouTube and TikTok), how often do you see posts that promote tobacco products?

I don't use social media	<input type="checkbox"/>
Always	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Rarely	<input type="checkbox"/>
Never	<input type="checkbox"/>



**L2. When you use social media (like Facebook, Instagram, Twitter, Snapchat, YouTube and TikTok), 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 close your browser window.**