



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	<input type="checkbox"/>
12 years old	<input type="checkbox"/>
13 years old	<input type="checkbox"/>
14 years old	<input type="checkbox"/>
15 years old	<input type="checkbox"/>
16 years old	<input type="checkbox"/>
17 years old	<input type="checkbox"/>
18 years old or older	<input type="checkbox"/>

B2. Are you:

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>

B3. What grade are you in?

6th	<input type="checkbox"/>
7th	<input type="checkbox"/>
8th	<input type="checkbox"/>
9th	<input type="checkbox"/>
10th	<input type="checkbox"/>
11th	<input type="checkbox"/>
12th	<input type="checkbox"/>

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

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

**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

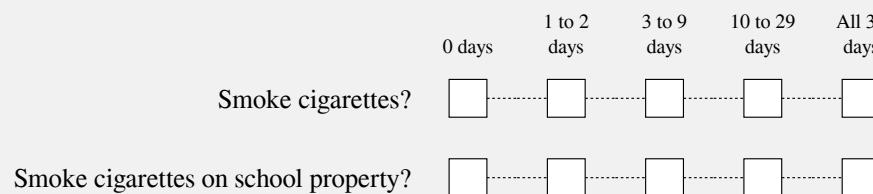
18 years old or older

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...



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	<input type="checkbox"/>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

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

I do not smoke cigarettes	<input type="checkbox"/>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

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	<input type="checkbox"/>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

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"/>				
Use cigars/little cigars/cigarillos (filled only with tobacco), such as Swisher Sweets, Black & Mild, or Zig Zag?	<input type="checkbox"/>				
Smoke tobacco using a hookah or water pipe?	<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"/>				
Use tobacco products that are flavored?	<input type="checkbox"/>				

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

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

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"/>				
You would use any tobacco product if one of your best friends offered you one?	<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	<input type="checkbox"/>
16 years old	<input type="checkbox"/>
17 years old	<input type="checkbox"/>
18 years old	<input type="checkbox"/>
19 years old	<input type="checkbox"/>
20 years old	<input type="checkbox"/>
21 years or older	<input type="checkbox"/>
Not sure	<input type="checkbox"/>


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?

Can your driver's license be suspended if you are less than 21 and caught in possession of tobacco products?

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

 I did not buy tobacco products in the past 30 days, but I got them from someone else

 A gas station

 A convenience store

 A grocery store

 A drug store

 A vending machine

 Over the internet

 Some other place not listed here
E4. How easy is it for people your age to obtain tobacco products in your community?

 Very easy

 Easy

 Difficult

 Very difficult

 Don't know
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?

 Did anyone ever refuse to sell you tobacco products because of your age?



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?

<p>I have not visited a doctor/dentist's office in the past 12 months</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>Yes</p>	<p>No</p>
<p>Doctor or someone in a doctor's office?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Dentist or someone in a dentist's office?</p>	<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?

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



12. 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
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Smoke cigarettes?

Use chewing tobacco, snuff, dip, or snus, such as Skoal, Copenhagen, Grizzly, Camel or Marlboro Snus, Redman, or Levi Garrett?

Use electronic cigarettes, also called e-cigarettes, e-cigs, vapes, mods, and e-hookahs such as JUUL, Vuse, Elf Bar, or Esco Bar?

Smoke cigars/little cigars/cigarillos (filled only with tobacco), such as Swisher Sweets, Black & Mild, or Zig Zag?

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
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Were you in the same room with someone who was smoking cigarettes?

Did you ride in a car with someone who was smoking cigarettes?

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)?

Were you taught in any of your classes that most people your age do not use tobacco products?

Has what you have learned in school helped you feel it is okay to say "no" to friends who offer you tobacco products?

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

 Yes No

On TV

On social media (Facebook, Instagram, Twitter, Snapchat, YouTube, TikTok)

In a convenience store or gas station

On a music streaming service (Pandora or Spotify) or the radio

Somewhere not listed above

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

 Yes

 No

 I don't know
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

Always

Sometimes

Rarely

Never



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	<input type="checkbox"/>
Always	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Rarely	<input type="checkbox"/>
Never	<input type="checkbox"/>

This completes the survey. Thank you for your participation. Please close your browser window.