

2012

**Delaware School Health Survey
Youth Tobacco Component
Student Questionnaire**

**DELAWARE YOUTH TOBACCO SURVEY STUDENT ASSENT AND
INSTRUCTIONS**

We at the University of Delaware are conducting a study for the Delaware Division of Public Health and the Federal Centers for Disease Control and Prevention. We want to find out what students think about, know about, and do about cigarettes and other tobacco products. To learn these things, we are asking 6th to 12th graders in all Delaware public schools these questions. We are doing this to find out what kinds of information and programs students need most and what kinds they don't need. **THIS IS NOT A TEST.** This is research, so there are no right or wrong answers. It is very important that you answer each question truthfully. The best answer you can give us is the one that is true for you.

DO NOT PUT YOUR NAME ON THIS BOOKLET. We want to be sure that everyone's answers are private and anonymous. When you are done, turn your booklet over and raise your hand; I will come around with an envelope for you to put your survey in. Then you can work quietly at your desk on something else until everyone has finished. Your teacher and your classmates will not know your answers. The answers will be important when we combine them with all the other students' answers so we will know what all students in Delaware are thinking and doing about topics we ask about in the questions. We keep your responses private and anonymous because if the study is to be helpful, it is important that you answer each question truthfully.

You don't have to answer any questions you don't want to. Anything you don't want to answer, just leave blank. There is no penalty if you choose not to fill out the survey or any part of it.

Unless the question says otherwise, mark only one answer for each question.

REMEMBER, this isn't a test, so there are no right or wrong answers. We need **TRUE ANSWERS.** Work quickly so you can finish. If you don't find an answer that fits exactly, choose the one that comes closest. If it's something you just don't understand, raise your hand for help. If it's something you don't know, leave it blank and go on to the next question.

***Thank you very much for your help and for being an
important part of this study.***



The first questions ask for some background information about you

1. How old are you?
 - 9 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old
 - 18 years old
 - 19 years old or older

2. What is your sex?
 - Female
 - Male

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

4. Are you Hispanic or Latino?
 - No
 - Yes, I am Mexican, Mexican American, or Chicano
 - Yes, I am Puerto Rican
 - Yes, I am Cuban or Cuban American
 - Yes, I am some other Hispanic or Latino not listed here

5. What race or races do you consider yourself to be? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

6. What is the zip code for your home address?
Please write in the numbers, then fill in the proper circles.

Example:

1	9	9	0	1
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input checked="" type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input checked="" type="radio"/> 1
	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
	<input checked="" type="radio"/> 9	<input checked="" type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

7. During the last 30 days, about how much money did you have **each week** to spend any way you want to?
 - None
 - Less than \$1
 - \$1 to \$5
 - \$6 to \$10
 - \$11 to \$20
 - \$21 to \$50
 - More than \$50

The next six sets of questions ask about your use of certain tobacco products

Cigarettes

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



9. If one of your best friends were to offer you a cigarette, would you smoke it?
- Definitely yes
 - Probably yes
 - Probably not
 - Definitely not
10. How old were you when you **first tried** cigarette smoking, even one or two puffs?
- I have never smoked cigarettes, not even one or two puffs
 - 8 years old or younger
 - 9 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old
 - 18 years old
 - 19 years old or older
11. About how many cigarettes have you smoked in your **entire life**?
- I have never smoked cigarettes, not even one or two puffs
 - 1 or more puffs but never a whole cigarette
 - 1 cigarette
 - 2 to 5 cigarettes
 - 6 to 15 cigarettes (about 1/2 a pack total)
 - 16 to 25 cigarettes (about 1 pack total)
 - 26 to 99 cigarettes (more than 1 pack, but less than 5 packs)
 - 100 or more cigarettes (5 or more packs)
12. During the **past 30 days**, on how many days did you smoke cigarettes?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days

13. 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
14. When was the last time you smoked a cigarette, even one or two puffs? (**PLEASE CHOOSE THE FIRST ANSWER THAT FITS**)
- I have never smoked cigarettes, not even one or two puffs
 - Earlier today
 - Not today but sometime during the past 7 days
 - Not during the past 7 days but sometime during the past 30 days
 - Not during the past 30 days but sometime during the past 6 months
 - Not during the past 6 months but sometime during the past year
 - 1 to 4 years ago
 - 5 or more years ago
15. Do you think you will be smoking cigarettes **5 years from now**?
- I definitely will
 - I probably will
 - I probably will not
 - I definitely will not
16. Menthol cigarettes are cigarettes that taste like mint. During the past 30 days, were the cigarettes that you usually smoked menthol?
- I did not smoke cigarettes during the past 30 days
 - Yes
 - No
 - Not sure
17. During the past 30 days, how did you get your own cigarettes? (**You can CHOOSE ONE ANSWER OR MORE THAN ONE ANSWER**)
- I did not smoke cigarettes during the past 30 days
 - I bought them myself
 - I had someone else buy them for me
 - I borrowed or bummed them
 - Someone gave them to me without my asking
 - I took them from a store or another person
 - I got them some other way



18. During the **past 30 days**, where did you **buy** your own cigarettes? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)

- I did not buy cigarettes during the past 30 days
- A gas station
- A convenience store
- A grocery store
- A drugstore
- A vending machine
- Over the Internet
- Through the mail
- Some other place not listed here

19. When you bought or tried to buy cigarettes in a store in the **past 30 days**, were you ever asked to show proof of age?

- I did not try to buy cigarettes in a store during the past 30 days
- Yes, I was asked to show proof of age
- No, I was not asked to show proof of age

20. During the **past 30 days**, did anyone **refuse** to sell you cigarettes because of your age?

- I did not try to buy cigarettes during the past 30 days
- Yes
- No

21. In the area where you live, do you know of any places that sell **single** or loose cigarettes?

- Yes
- No

22. Where do you smoke cigarettes? (**CHOOSE ONE ANSWER OR MORE THAN ONE ANSWER**)

- I do not smoke
- At home
- At school or on school property
- At work
- In the car
- At friends' houses
- At sports events, parties, dances, raves, or other social events
- In public places (parks, shopping malls or other hangouts)

Cigars

23. Have you **ever tried** smoking cigars, cigarillos, or little cigars, even one or two puffs?

- Yes
- No

24. How old were you when you **first tried** smoking a cigar, cigarillo, or little cigar, even one or two puffs?

- I have never smoked cigars, cigarillos, or little cigars, not even one or two puffs
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old or older

25. During the **past 30 days**, on how many days did you smoke cigars, cigarillos, or little cigars?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

26. During the **past 30 days**, how did you get your own cigars, cigarillos, or little cigars? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)

- I did not smoke cigars, cigarillos, or little cigars during the past 30 days
- I bought them myself
- I had someone else buy them for me
- I borrowed or bummed them
- Someone gave them to me without my asking
- I took them from a store or another person
- I got them some other way

27. During the **past 30 days**, where did you **buy** your own cigars, cigarillos, or little cigars? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)

- I did not buy cigars, cigarillos, or little cigars during the past 30 days
- A gas station
- A convenience store
- A grocery store
- A drugstore
- A vending machine
- Over the Internet
- Through the mail
- Some other place not listed here



28. In the area where you live, do you know of any places that sell **single** or loose cigarillos or little cigars?
- Yes
 - No

Smokeless Tobacco

29. Have you **ever used** chewing tobacco, snuff, or dip, **such as** Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, even just a small amount?
- Yes
 - No
30. How old were you when you **used** chewing tobaccos, snuff, or dip for the first time?
- I have never used chewing tobacco, snuff, or dip
 - 8 years old or younger
 - 9 years old
 - 10 years old
 - 11 years old
 - 12 years old
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old
 - 18 years old
 - 19 years old or older

31. During the **past 30 days**, on how many days did you use chewing tobacco, snuff, or dip?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days

32. During the **past 30 days**, how did you get your own chewing tobacco, snuff, or dip? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)
- I did not use chewing tobacco, snuff, or dip during the past 30 days
 - I bought it myself
 - I had someone else buy it for me
 - I borrowed or bummed it
 - Someone gave it to me without my asking
 - I took it from a store or another person
 - I got it some other way

33. During the **past 30 days**, where did you **buy** your own chewing tobacco, snuff, or dip? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)
- I did not buy chewing tobacco, snuff, or dip during the past 30 days
 - A gas station
 - A convenience store
 - A grocery store
 - A drugstore
 - A vending machine
 - Over the Internet
 - Through the mail
 - Some other place not listed here

Pipe Tobacco

34. Have you **ever tried** smoking tobacco in a pipe, even one or two puffs?
- Yes
 - No
35. During the **past 30 days**, on how many days did you smoke tobacco in a pipe?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days

Bidis (small brown cigarettes wrapped in a leaf) and Kreteks (clove cigarettes)

36. Have you **ever tried** smoking any of the following, even one or two puffs:
- I have never smoked bidis (small brown cigarettes wrapped in a leaf) or kreteks (clove cigarettes)
 - Bidis
 - Kreteks
 - I have tried both bidis and kreteks
37. During the **past 30 days**, on how many days did you smoke bidis?
- 0 days
 - 1 or 2 days
 - 3 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days



38. During the **past 30 days**, on how many days did you smoke clove cigarettes?

- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

Other tobacco products

39. Which of the following tobacco products have you ever tried, even just one time? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)

- Roll-your-own cigarettes
- Flavored cigarettes, such as Camel Crush
- Clove cigars
- Flavored little cigars
- Smoking tobacco from a hookah or a waterpipe
- Snus, such as Camel or Marlboro Snus
- Dissolvable tobacco products, such as Ariva, Stonewall, Camel orbs, Camel sticks, or Camel strips
- Electronic Cigarettes or E-cigarettes, such as Ruyan or NJOY
- Some other new tobacco products not listed here
- I have never tried any of the products listed above or any new tobacco product

40. In the **past 30 days**, which of the following products have you used on **at least one day**? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)

- Roll-your-own cigarettes
- Flavored cigarettes, such as Camel Crush
- Clove cigars
- Flavored little cigars
- Smoking tobacco from a hookah or a waterpipe
- Snus, such as Camel or Marlboro Snus
- Dissolvable tobacco products, such as Ariva, Stonewall, Camel orbs, Camel sticks, or Camel strips
- Electronic Cigarettes or E-cigarettes, such as Ruyan or NJOY
- Some other new tobacco products not listed here
- I have not used any of the products listed above or any new tobacco product

The next questions will ask about your thoughts about getting tobacco products and if you think tobacco companies are trying to get young people to use tobacco

41. How easy would it be for you to get tobacco products if you wanted some?

- Very easy
- Somewhat easy
- Not easy at all

42. Do you believe that tobacco companies try to get young people under 18 to use tobacco products?

- Yes
- No

The next questions ask about advertisements you have seen or heard on the Internet, newspapers, magazines, television, movies, or stores.

43. During the past 30 days, have you seen or heard commercials on TV, the Internet, or on the radio about the dangers of cigarette smoking?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

44. When you are using the Internet, how often do you see ads for tobacco products?

- I do not use the Internet
- Never
- Rarely
- Sometimes
- Most of the time
- Always

45. When you read newspapers or magazines, how often do you see ads or promotions for cigarettes and other tobacco products?

- I do not read newspapers or magazines
- Never
- Rarely
- Sometimes
- Most of the time
- Always



46. During the past 30 days, did you receive coupons from a tobacco company through... **(You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER)**
- I did not receive coupons from a tobacco company
 - The mail
 - E-mail
 - The Internet
 - Facebook
 - Myspace
 - A text message
47. During the past 30 days, did you receive ads from a tobacco company through... **(You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER)**
- I did not receive ads from a tobacco company
 - The mail
 - E-mail
 - The Internet
 - Facebook
 - Myspace
 - A text message
48. When you go to a convenience store, supermarket, or gas station, how often do you see ads or promotions for cigarettes and other tobacco products?
- I never go to a convenience store, supermarket, or gas station
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
49. During the past 30 days, how often did you see an ad for cigarettes or smokeless tobacco that was outdoors on a billboard or could be seen from outside a store?
- I did not see an ad for cigarettes or smokeless tobacco during the past 30 days
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
50. During the past 30 days how often did you see an ad on TV or in the movies with teens showing why they don't smoke, like "keeping my game up," "dreams to fulfill," or "saving up for a car."
- I did not watch TV or go to the movies in the past 30 days
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

51. When you watch TV or go to the movies, how often do you see actors and actresses using cigarettes or other tobacco products?
- I do not watch TV or go to the movies
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
52. A warning label tells you if a product is harmful to you and can be either a picture or words. During the past 30 days, how often did you see a warning label on a cigarette pack?
- I did not see a cigarette pack during the past 30 days
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always
53. During the past 30 days, how often did you see a warning label on a smokeless tobacco product?
- I did not see a smokeless tobacco product during the past 30 days
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

Some cigarettes or other tobacco companies make items like sports gear, T-shirts, lighters, hats, jackets, sunglasses, or other items that people can buy or receive for free. The next questions are about your experiences and opinions about these types of items.

54. During the **past 12 months**, did you buy or receive anything that has a tobacco company name or picture on it?
- Yes
 - No
55. Would you **ever use or wear** something that has a tobacco company name or picture on it such as a lighter, t-shirt, hat, or sunglasses?
- Definitely yes
 - Probably yes
 - Probably not
 - Definitely not

The next questions are about questions and advice any doctor, dentist, nurse, or other health professional might have asked.

56. During the **past 12 months**, have you had an episode of asthma or an asthma attack?
- Yes
 - No
57. During the **past 12 months**, did any doctor, dentist, or nurse ask you if you use tobacco of any kind?
- I did not see a doctor, dentist, or nurse during the past 12 months
 - Yes
 - No
58. During the **past 12 months**, did any doctor, dentist, or nurse advise you not to use tobacco of any kind?
- I did not see a doctor, dentist, or nurse during the past 12 months
 - Yes
 - No

The next questions are about quitting tobacco products

59. Do you want to stop smoking cigarettes **for good**?
- I do not smoke
 - Yes
 - No
60. Do you think you would be able to quit smoking cigarettes now if you wanted to?
- I do not smoke
 - Yes
 - No
61. I plan to stop smoking cigarettes **for good** within the next... **(PLEASE CHOOSE THE FIRST ANSWER THAT FITS)**
- I do not smoke
 - 7 days
 - 30 days
 - 6 months
 - 1 year
 - I do not plan to stop smoking cigarettes within the next year

62. During the **past 12 months**, how many times have you stopped smoking for **one day or longer** because you were trying to quit smoking cigarettes for good?
- I have never smoked
 - I did not smoke during the past 12 months
 - I did not try to quit during the past 12 months
 - 1 time
 - 2 times
 - 3 to 5 times
 - 6 to 9 times
 - 10 or more times
63. When you **last tried to quit** for good, how long did you stay off cigarettes? **(PLEASE CHOOSE THE FIRST ANSWER THAT FITS)**
- I have never smoked cigarettes
 - I have never tried to quit
 - Less than a day
 - 1 to 7 days
 - More than 7 days but less than 30 days
 - More than 30 days but less than 6 months
 - More than 6 months but less than 1 year
 - 1 year or more
64. Are you **seriously thinking about quitting** the use of all tobacco?
- I have never used tobacco
 - Yes, within the next 30 days
 - Yes, within the next 6 months
 - Yes, within longer than 6 months
 - I am not thinking about quitting the use of all tobacco
65. In the **past 12 months**, did you do any of the following to help you quit using tobacco of any kind for good? **(You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER)**
- I did not use tobacco of any kind during the past 12 months
 - I did not try to quit during the past 12 months
 - Attended a program at my school
 - Attended a program in the community
 - Called a telephone help line or telephone quit line
 - Used nicotine gum
 - Used nicotine patch
 - Used any medicine to help quit
 - Visited an Internet quit site
 - Got help from family or friends
 - Used another method such as hypnosis or acupuncture
 - Tried to quit on my own or quit "cold turkey"

The next questions ask about your exposure to other people's tobacco smoke



66. During the **past 7 days**, on how many days did someone smoke tobacco products in your home while you were there?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

67. During the **past 7 days**, on how many days did you ride in a vehicle where someone was smoking a tobacco product?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

68. During the **past 7 days**, on how many days did you breathe the smoke from someone who was smoking a tobacco product at your school, including school buildings, school grounds, and school parking lots?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

69. During the **past 7 days**, on how many days did you breathe the smoke from someone who was smoking tobacco products in the place where you work?

- I do not have a job
- I have a job but did not work in the past 7 days
- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

70. During the **past 7 days**, on how many days did you breathe the smoke from someone who was smoking tobacco products in an **indoor** public place? Examples of indoor public places are school buildings, stores, restaurants, and enclosed sports arenas.

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

71. During the **past 7 days**, on how many days did you breathe the smoke from someone who was smoking tobacco products in an **outdoor** public place? Examples of outdoor public places are parks, beaches, parking lots, stadiums and school grounds.

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

The next questions ask about smoking rules in your home and vehicle

72. Inside your home (not counting decks, garages, or porches) is smoking ...

- Always allowed
- Allowed only at some times or in some places
- Never allowed

73. In the vehicles that you and family members who live with you own or lease, is smoking ...

- Always allowed
- Sometimes allowed
- Never allowed

74. Do you think that breathing smoke from other people's cigarettes or other tobacco products is harmful to you?

- Definitely yes
- Probably yes
- Probably not
- Definitely not



75. In your opinion, inside your home, smoking tobacco products should...

- Always be allowed
- Be allowed only at some times or in some places
- Never be allowed

76. In your opinion, in their vehicles, people should...

- Always allow smoking
- Sometimes allow smoking
- Never allow smoking

The next questions ask about use of tobacco products by family and friends

77. Does anyone who lives with you now . . . ? (You can **CHOOSE ONE ANSWER** or **MORE THAN ONE ANSWER**)

- Smoke cigarettes
- Use chewing tobacco, snuff, or dip
- Use snus
- Smoke cigars, cigarillos, or little cigars
- Smoke tobacco using a hookah or waterpipe
- Smoke tobacco out of a pipe other than a hookah or waterpipe
- Smoke bidis (small brown cigarettes wrapped in a leaf)
- Smoke kreteks (clove cigarettes)
- Use any other form of tobacco
- No one who lives with me now uses any form of tobacco

78. Do either of your **parents/guardians** smoke cigarettes, cigars, or use chewing tobacco, snuff dip or any other tobacco product?

- Both my parents/guardians use tobacco
- Yes, my mother/female guardian does
- Yes, my father/male guardian does
- No, neither uses any kind of tobacco

79. How many of your **four** closest friends smoke cigarettes?

- None
- One
- Two
- Three
- Four
- Not sure

80. How many of your **four** closest friends use chewing tobacco, snuff or dip?

- None
- One
- Two
- Three
- Four
- Not sure

The next questions ask about your thoughts about tobacco

81. Out of **100 KIDS** your age in Delaware, how many do you think smoke cigarettes at least once a month?
 Instructions: Write the number in the blank box below and fill in the matching circle below each number.
For example, if your answer is 37 out of 100, you'd write:

0	3	7
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

82. Out of **100 ADULTS** in Delaware, how many do you think smoke cigarettes at least once a month?
 Instructions: Write the number in the blank box below and fill in the matching circle below each number.
For example, if your answer is 37 out of 100, you'd write:

0	3	7
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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83. Do you think smoking cigarettes makes young people look cool or fit in?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

84. Do you think young people who smoke cigarettes have more friends?

- Definitely yes
- Probably yes
- Probably not
- Definitely not

85. How strongly do you agree with the statement 'All tobacco products are dangerous'?

- Strongly agree
- Agree
- Disagree

86. Do you think that breathing smoke from other people's cigarettes or other tobacco products is...?

- Very harmful to one's health
- Somewhat harmful to one's health
- Not very harmful to one's health
- Not harmful at all to one's health

The next questions are about your experiences at home and in your community

87. Have you ever seen or heard about "my7minutes.com" ?

- Yes
- No
- Not Sure

88. Have you ever participated in Kick Butts Generation (KBG), Anti-Ash Brigade (AAB), Teens Against Tobacco Use (TATU), Smoke Screamers or Towards No Tobacco Use (TNT)?

- Yes
- No
- Not Sure

89. Have you ever participated in a program where you learned about media messages and different ways advertisers try to get people to buy their products?

- Yes, at school
- Yes, in a program outside of school
- Both at school and in a program outside of school
- No

90. During the **past 12 months**, have your parents or guardians talked with you, even once, about not using any type of tobacco product?

- Yes
- No

91. During the **past 12 months**, have you been involved in any organized activities to keep people your age from using any form of tobacco product?

- Yes
- No

The last questions ask about your experiences at school

92. During **this school year**, were you taught in any of your classes about why you should not use tobacco products?

- Yes
- No

93. During the **past 30 days**, have you observed anyone, including yourself, use any type of tobacco product on school property, on school buses or other school vehicles, or at any school sponsored event?

- Yes
- No

94. Are you aware of any programs in your school or community to help students under age 18 quit tobacco?

- Yes, in my school
- Yes, in my community
- Yes, on the internet
- No

95. During the **past 30 days**, how many days did you miss **at least one class period** because you skipped or "cut" or just did not want to be there?

- 0 days
- 1 day
- 2 to 5 days
- 6 to 10 days
- 11 or more days

END OF SURVEY - THANK YOU!

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