

2018

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.

PLEASE DO NOT WRITE IN THIS AREA



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. Do you use or rely upon any of the following: (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)

- A magnifier, large print, text to voice reader or Braille to help you read
- A hearing device, sign language interpreter, or teacher of the deaf
- Wheelchair or other mobility aid
- Classroom Aide or Paraprofessional
- Life Skills Coach
- Mental health counseling or therapy
- Medicine prescribed for you by a doctor
- No - I do not use any of the above

7. The Individualized Education Program (or IEP) and Section 504 Accommodations Plan are formal plans to help students who use accommodations in their school work and school related activities. Do you have an IEP or 504 Plan?

- Yes, I have an IEP
- Yes, I have a 504 Plan
- No, I do not have an IEP nor 504 Plan
- Not sure

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

Example:

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

Your answer:

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

If you do not live in Delaware, or if you are not sure of your zip code, please write the first 6 letters of the city or town where you live:

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9. 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
- \$51 to \$100
- More than \$100

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

Cigarettes

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

- Yes
- No

11. If one of your best friends were to offer you a cigarette, would you smoke it?

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

12. 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

13. 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 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)

14. 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

15. 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

16. 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

17. 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

18. 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



19. 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

20. Where do you smoke cigarettes? (**You can 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

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

- Yes
- No

22. 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

23. During the past 30 days, did you smoke . . .

- Little cigars or cigarillos
- Regular cigars
- Both regular cigars and little cigars or cigarillos
- I did not smoke any cigars or cigarillos

24. 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

25. 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

26. 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
- I bought them from someone (not in a store)
- Some other place not listed here

27. 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

28. Have you **ever used** chewing tobacco, snuff, snus, dip, or dissolvables (**such as** Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, Ariva, Stonewall, or Camel orbs or strips) even just a small amount?
- Yes
 - No

29. How old were you when you **used** chewing tobaccos, snuff, snus, or dip for the first time?
- I have never used chewing tobacco, snuff, snus, 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

30. During the **past 30 days**, on how many days did you use chewing tobacco, snuff, snus, 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

31. During the **past 30 days**, how did you get your own chewing tobacco, snuff, snus, 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

32. During the **past 30 days**, where did you **buy** your own chewing tobacco, snuff, snus, 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
 - I bought them from someone (not in a store)
 - Some other place not listed here



Electronic cigarettes come in many shapes and sizes, and may be called e-hookahs, vapes, mods, vaporizers, juuls, hookah pens, and other names. In the following questions, 'e-cigarettes' refers to any and all of these products.

Pipe Tobacco

33. Have you ever tried vaping or using e-cigarettes?

- Yes
- No

34. How old were you when you first tried vaping or smoking an e-cigarette?

- I have never used an electronic cigarette or e-cigarette
- 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

35. During the **past 30 days**, on how many days did you vape or use an e-cigarette?

- 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

36. Where do you vape, juul, or use e-cigarettes? (You can **CHOOSE ONE ANSWER** or **MORE THAN ONE ANSWER**)

- I do not vape, juul, or use e-cigarettes
- 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)

37. Have you ever tried smoking tobacco from a hookah, or water pipe?

- Yes
- No

38. During the **past 30 days**, on how many days did you smoke hookah or waterpipe?

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

39. Have you **ever tried** smoking tobacco in a regular pipe, even one or two puffs?

- Yes
- No

40. During the **past 30 days**, on how many days did you smoke tobacco in a pipe?

- 0 days
- 1 or 2 days
- 3 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)

41. Have you **ever tried** smoking any of the following, even one or two puffs: Bidis (small brown cigarettes wrapped in a leaf), Kreteks (clove cigarettes), clove cigars, or roll-your-own cigarettes?

- Yes
- No

42. During the **past 30 days**, on how many days did you smoke Bidis, Kreteks, clove cigars or roll-your-own cigarettes?

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

The next set of questions ask for your thoughts about getting tobacco products. Tobacco products include cigarettes, cigars, little cigars or cigarillos, chewing tobacco, snuff, snus, pipe & roll-your-own tobacco, hookah or water pipe, e-cigarettes, vapes, mods, juuls and any new tobacco products not listed here.

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

- Very easy
- Somewhat easy
- Not easy at all

44. Have you ever bought or tried to buy cigarettes, smokeless tobacco, cigars, e-cigarettes or any other form of tobacco in a store?

- Yes
- No

45. During the **past 30 days**, where did you **buy or try to buy a tobacco product?** (You can **CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)

- I did not buy or try to buy tobacco 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
- I bought them from someone (not in a store)
- Some other place not listed here

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

- I did not try to buy tobacco 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

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

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

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

- Yes
- No

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

50. 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

51. 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

52. During the **past 30 days**, did you see ads about an e-cig guinea pig?

- Yes
- No

53. 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

54. During the **past 30 days**, how often did you see an ad for cigarettes or other tobacco products that was outdoors on a billboard or could be seen from outside a store?

- I did not see an ad for cigarettes or other tobacco products during the past 30 days
- Never
- Rarely
- Sometimes
- Most of the time
- Always

55. 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

56. 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

57. 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 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.

58. During the **past 12 months**, did you buy or receive anything that has a tobacco company name or picture on it?

- Yes
- No

59. 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.

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

- Yes
- No

61. 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



62. 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

63. Do you want to stop smoking cigarettes **for good**?
- I do not smoke
 - Yes
 - No

64. Do you think you would be able to quit smoking cigarettes now if you wanted to?
- I do not smoke
 - Yes
 - No

65. 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 cigarettes
 - 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

66. Are you **seriously thinking about quitting** the use of all tobacco?
- I have never used tobacco
 - I am not currently using any 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

67. 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

68. During the **past 7 days**, on how many days did someone smoke any 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
69. 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

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

- 70. 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

- 71. 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 seven days
 0 days
 1 day
 2 days
 3 days
 4 days
 5 days
 6 days
 7 days

- 72. 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

- 73. 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 school grounds, parking lots, stadiums and parks.
 0 days
 1 day
 2 days
 3 days
 4 days
 5 days
 6 days
 7 days

- 74. Inside your home (not counting decks, garages, or porches, is smoking . . .
 Always allowed
 Allowed only at some times or in some places
 Never allowed

- 75. In the vehicles that you and family members who live with you own or lease, is smoking . . .
 Always allowed
 Allowed only at some times or in some places
 Never allowed

- 76. 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

- 77. 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

- 78. In your opinion, inside your vehicles, smoking should . . .
 Always be allowed
 Be allowed only at some times or in some places
 Never be allowed



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

79. Does anyone who lives with you now ...?
(CHECK ALL THAT APPLY)
- Smoke cigarettes
 - Use chewing tobacco, snuff, dip, or snus
 - Smoke cigars, cigarillos, or little cigars
 - Use e-cigarettes, vape, or juul
 - 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
80. 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
81. How many of your **four** closest friends smoke cigarettes?
- None
 - One
 - Two
 - Three
 - Four
 - Not sure
82. How many of your **four** closest friends smoke cigars, little cigars, or cigarillos?
- None
 - One
 - Two
 - Three
 - Four
 - Not sure
83. How many of your **four** closest friends vape, juul, or use e-cigarettes?
- None
 - One
 - Two
 - Three
 - Four
 - Not sure

84. How many of your **four** closest friends use chewing tobacco, snuff, snus or dip?
- None
 - One
 - Two
 - Three
 - Four
 - Not sure
85. Out of **10 KIDS** your age in Delaware, how many, on average, do you think smoke cigarettes at least once a month?
- None
 - One
 - Two
 - Three
 - Four
 - Five
 - Six
 - Seven
 - Eight
 - Nine
 - Ten
86. Out of **10 ADULTS** in Delaware, how many, on average, do you think smoke cigarettes at least once a month?
- None
 - One
 - Two
 - Three
 - Four
 - Five
 - Six
 - Seven
 - Eight
 - Nine
 - Ten

The next questions ask about your thoughts about tobacco

87. Do you think that breathing vapors from other people's e-cigarettes, mods, or juuls is harmful to you?
- Definitely yes
 - Probably yes
 - Probably not
 - Definitely not

88. Do you think smoking cigarettes makes young people look cool or fit in?

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

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

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

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

- Strongly agree
- Agree
- Disagree
- Strongly disagree

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

91. 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

92. During the **past 12 months**, have you been involved in any organized activities outside of school (such as at a Boys & Girls Club, 4-H Club, or at a Community Center) to keep people your age from using any form of tobacco?

- Yes
- No

93. Have you ever participated in Kick Butts Generation (KGB), Anti-Ash Brigade (AAB), or Teens Against Tobacco Use (TATU)?

- Yes
- No

The last questions ask about your experiences at school

94. During **this school year**, were you taught in any class or assembly about why you should not use tobacco products?

- Yes
- No

95. During the **past 30 days**, how many days did you miss **at least one class period** because you skipped, "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

96. In the **past 12 months**, have you seen or heard any **anti-tobacco messages** at school, including at a sports tournament, health fair, home room announcement, talent show, on a poster, or in a brochure, newsletter, school planner or agenda book?

- Yes
- No

END OF SURVEY

THANK YOU FOR COMPLETING THE DELAWARE YOUTH TOBACCO SURVEY!

