

2021-2022

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.



SERIAL

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 gender?

- Female
- Male
- Non- binary
- Prefer to self-describe _____

3. Do you consider yourself to be gay, lesbian, bisexual, or queer?

- Yes
- No
- Don't know or not sure

4. What grade are you in?

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- Ungraded or other grade

5. 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

6. 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

7. 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

8. 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

9. Do you know the zip code of your home address?

- Yes
- No
- Not sure

10. If you know your zip code, please write the numbers in the boxes below. Then fill in the circles that match each number.

Example:

Your answer:

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 checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input checked="" 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"/> 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"/> 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"/> 7	<input type="radio"/> 7	<input checked="" 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"/> 9	<input checked="" type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

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 checked="" 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"/> 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"/> 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"/> 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"/> 9	<input checked="" type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

11. 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

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

13. If one of your best friends were to offer you a cigarette, would you smoke it?
- Definitely yes
 - Probably yes
 - Probably not
 - Definitely not

14. 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

15. 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)

16. 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

17. 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

18. 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

19. 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



- 20. 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

- 21. 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

- 22. Have you **ever tried** smoking cigars, cigarillos, or little cigars, even one or two puffs?
- Yes
- No
- 23. 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
- 24. 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

- 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

Smokeless Tobacco

- 26. Have you **ever used** chewing tobacco, snuff, snus, dip, or dissolvables (**such as** Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Ariva, Stonewall, or Camel orbs or strips) even just a small amount?
- Yes
- No
- 27. 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
- 28. 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
- 29. Have you ever tried using nicotine pouches (such as Zyn, Velo, or On)?
- Yes
- No
- 30. During the past 30 days, on how many days did you use nicotine pouches?
- 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)

The next set of questions ask for your thoughts about getting tobacco products.

40. 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

41. 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

Flavored tobacco is any tobacco product scented with mint (menthol), alcohol (wine, cognac), candy or other sweets, fruit, chocolate, vanilla or other spices, or other flavors with names like "Jazz" or "Unicorn" that are not plain tobacco.

Tobacco products include cigarettes, cigars, little cigars or cigarillos, chew, snuff, snus, pipe and roll-your-own tobacco, bidis, kreteks, hookah or water pipe, e-cigarettes, vapes, JUUL and any tobacco products not listed here.

42. During the past 30 days, did you use any tobacco products flavored with menthol or other flavors?

- Yes, I used tobacco with **both menthol and other flavors**
- Yes, I used tobacco with **menthol**
- Yes, I used tobacco with **other flavors**
- No, but I used a tobacco product that did **not** have any **menthol or other flavors** during the past 30 days
- I did not use any tobacco products during the past 30 days
- Not Sure

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**, how did you get your own cigarettes, JUUL pods, little cigars, or other tobacco products? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)

- I did not smoke, vape or chew any tobacco 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

46. 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)
- A vape shop
- A tobacco shop
- Some other place not listed here

47. 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

48. 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

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

50. 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 promotions you may have received, and messages or advertisements you may have seen or heard on the Internet, television, radio, in newspapers, magazines, movies, stores, or at events such as a sports tournament, health fair, or at school. The messages could even be in a school planner, event program, or on a tobacco label.

51. 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
 - Instagram
 - A text message

52. 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
 - Instagram
 - A text message

53. During the **past year**, have you seen any videos showing the "Dirty Truth" about vaping on Tik Tok or Snapchat?
- Yes
 - No
 - Not sure

54. 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

55. How often did you see an ad for cigarettes or other tobacco product that was outdoors on a billboard or could be seen from outside a store?
- I did not see an outdoor ad for cigarettes or other tobacco products during the past 30 days
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - Always

56. 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

57. In the past 12 months, have you seen or heard any messages warning you that **tobacco is harmful**?
- Yes
 - No

58. Are you aware of the website called The Dirty Truth?
- Yes
 - No
 - Not sure

68. 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. This includes vapors from e-cigarettes & Juuls, as well as smoke from cigarettes, cigars, hookahs and other pipes.

69. During the **past 7 days**, on how many days were you **in a room** where someone was smoking a tobacco product?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
70. During the **past 7 days**, where were you exposed **indoors** to other people's tobacco smoke? (**MARK ALL THAT APPLY**)
- I was not exposed to other people's tobacco smoke **indoors** in the past 7 days
 - At home
 - At a friend's home
 - At school
 - At work
 - In another public place such as a store, restaurant, or enclosed sports arena

71. 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

72. 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

82. How many of your **four** closest friends vape, juul, or use e-cigarettes?

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

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

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

84. 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

85. 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.

86. 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

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

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

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

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

89. Do you think people who smoke cigarettes are more likely to get severely ill from COVID-19?

- 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

