

## Tobacco Module

## SUPPLEMENT 1

**This section contains questions about tobacco use, attitudes, and your experiences with tobacco education at school.**

- X1.** Have you ever smoked cigarettes daily, that is, at least one cigarette every day for **30 days**?
- A) No
  - B) Yes
- X2.** Did you ever smoke to control your weight?
- A) No
  - B) Yes
- X3.** During the past **30 days**, on the days you smoked, how many cigarettes did you smoke per day?
- A) I did not smoke cigarettes during the past 30 days
  - B) Less than 1 cigarette per day
  - C) 1 cigarette per day
  - D) 2 to 5 cigarettes per day
  - E) 6 to 10 cigarettes per day
  - F) 11 to 20 cigarettes per day
  - G) More than 20 cigarettes per day
- X4.** Have you smoked 100 cigarettes in your life?
- A) No
  - B) Yes
- X5.** If you smoked cigarettes during the past **30 days**, how did you usually get them? (*Select Only One Response.*)
- A) I did not smoke cigarettes in the past 30 days.
  - B) I bought them in a store such as a convenience store, supermarket, or gas station.
  - C) I bought them from a vending machine.
  - D) I gave someone else money to buy them for me.
  - E) I borrowed (or bummed) them from someone else.
  - F) I took them from a store or family member.
  - G) A friend gave them to me.
  - H) A person 18 years or older gave them to me.
  - I) Other people gave them to me.
  - J) I got them some other way.
- X6.** During the past **30 days**, on how many days did you smoke any cigars, cigarillos, or little cigars (Swishers™, Black&Mild™, or Prime Times™)?
- A) 0 days
  - B) 1 to 2 days
  - C) 3 to 5 days
  - D) 6 to 9 days
  - E) 10 to 19 days
  - F) 20 to 30 days

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- X7.** If you now smoke cigarettes, would you like to quit smoking?  
 A) I don't smoke cigarettes; does not apply  
 B) No  
 C) Yes
- X8.** If you are currently using tobacco, how likely are you to try to quit?  
 A) I don't use tobacco; does not apply  
 B) Definitely will  
 C) Probably will  
 D) May or may not  
 E) Probably will not  
 F) Definitely will not
- X9.** How many times have you tried to quit smoking cigarettes?  
 A) I don't smoke cigarettes; does not apply  
 B) 0 times  
 C) 1 time  
 D) 2 to 3 times  
 E) 4 or more times
- X10.** How much control do you have over whether you quit using tobacco?  
 A) I don't use tobacco; does not apply  
 B) No control at all  
 C) A little control  
 D) Medium control  
 E) A lot of control  
 F) Total control

*If you used tobacco during the past **12 months**, did you do any of the following things at school to get help to quit using?*

|  | I Did Not Use Tobacco | No | Yes |
|--|-----------------------|----|-----|
| <b>X11.</b> Go to a special group or class   | A                     | B  | C   |
| <b>X12.</b> Talk to an adult at your school about how to quit  | A                     | B  | C   |
| <b>X13.</b> Talk to a peer helper about how to quit  | A                     | B  | C   |
| <b>X14.</b> How hard would it be for you to refuse or say "no" to a friend who offered you a cigarette to smoke?<br>A) Very hard<br>B) Hard<br>C) Easy<br>D) Very easy |                       |    |     |

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During the past **12 months**, did you do any of these things at school?

|  | No | Yes | Not Sure |
|--|----|-----|----------|
| <b>X15.</b> Have lessons about tobacco and its effects on the body                                     | A  | B   | C        |
| <b>X16.</b> Practice different ways to refuse or say “no” to tobacco offers                            | A  | B   | C        |
| <b>X17.</b> How likely do you think it is that you will smoke one or more cigarettes in the next year? |    |     |          |
| <b>A)</b> I am sure it will not happen   |    |     |          |
| <b>B)</b> It probably will not happen  |    |     |          |
| <b>C)</b> There is an even chance (50–50) that it will happen  |    |     |          |
| <b>D)</b> It probably will happen  |    |     |          |
| <b>E)</b> It will happen for sure  |    |     |          |
| <b>X18.</b> About how many adults you know smoke cigarettes?   |    |     |          |
| <b>A)</b> None of them   |    |     |          |
| <b>B)</b> Some   |    |     |          |
| <b>C)</b> Many   |    |     |          |
| <b>D)</b> Most or all  |    |     |          |

Please indicate whether or not you agree with the following statements.

|   | Very Much Agree | Agree | Disagree | Very Much Disagree |
|---|-----------------|-------|----------|--------------------|
| <b>X19.</b> Smoking makes kids look grown up.   | A               | B     | C        | D                  |
| <b>X20.</b> Smoking makes your teeth yellow.  | A               | B     | C        | D                  |
| <b>X21.</b> Smoking is cool.  | A               | B     | C        | D                  |
| <b>X22.</b> Smoking makes you smell bad.  | A               | B     | C        | D                  |
| <b>X23.</b> Smoking helps you make friends.   | A               | B     | C        | D                  |
| <b>X24.</b> Smoking is bad for your health.   | A               | B     | C        | D                  |
| <b>X25.</b> Smoking helps you relax.  | A               | B     | C        | D                  |
| <b>X26.</b> Smoking helps control your weight.  | A               | B     | C        | D                  |
| <b>X27.</b> How do you feel about someone your age smoking one or more packs of cigarettes a day?                   |                 |       |          |                    |
| <b>A)</b> Neither approve nor disapprove  |                 |       |          |                    |
| <b>B)</b> Somewhat disapprove   |                 |       |          |                    |
| <b>C)</b> Strongly disapprove   |                 |       |          |                    |
| <b>X28.</b> How do you think your close friends would feel about you smoking one or more packs of cigarettes a day? |                 |       |          |                    |
| <b>A)</b> Neither approve nor disapprove  |                 |       |          |                    |
| <b>B)</b> Somewhat disapprove   |                 |       |          |                    |
| <b>C)</b> Strongly disapprove   |                 |       |          |                    |

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- X29.** During the past **12 months**, have you talked with at least one of your parents or guardians about the dangers of tobacco use?
- A) No
  - B) Yes
- X30.** During the past **12 months**, how many times did you see someone smoking tobacco in a movie you watched?
- A) 0 times
  - B) 1 time
  - C) 2 times
  - D) 3 times
  - E) 4-6 times
  - F) 7 or more times
- X31.** Think about a group of 100 students (about three classrooms) in your grade. About how many students do you think smoke cigarettes at least **once a month**?
- A) 0
  - B) 10
  - C) 20
  - D) 30
  - E) 40
  - F) 50
  - G) 60
  - H) 70
  - I) 80
  - J) 90
  - K) 100
- X32.** Have you ever used an e-cigarette or vaping device to consume any of the following? (*Mark All That Apply.*)
- A) I've never used an e-cigarette or vaping device.
  - B) Nicotine or tobacco substitute
  - C) Marijuana or THC
  - D) Amphetamines, cocaine, or heroin
  - E) Alcohol
  - F) A flavored product without nicotine, alcohol, or other drug
  - G) Any other product or substance