

Helping **Young** **Smokers** *Quit*

Identifying Best Practices for Tobacco Cessation

Phase II Youth Participant Baseline Survey

Fall 2004

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HYSQ Phase II

Baseline Participant Survey

Version 2: 10/2004

For each question, please circle the number that best represents your answer, unless there are other directions.

First, we have some questions about your background.

1. What is your birth date? _____month _____day _____year

2. What is your sex?

Female..... 1

Male..... 2

Please answer both questions, #3 and #4.

3. Are you of Hispanic or Latino origin?

No..... 0

Yes..... 1

4. Which of the following categories best describes your racial background?

(PLEASE SELECT 1 OR MORE THAN ONE CATEGORY.)

Would you say...

American Indian or Alaska Native..... 1

Asian..... 2

Black or African American..... 3

Native Hawaiian or Other Pacific Islander..... 4

White..... 5

5. What language is spoken in your home most of the time?

English..... 1

Spanish..... 2

Other: specify_____ 3

The next set of questions asks about your current activities and plans for the future.

6. On average, how many hours per week do you currently work in a paid or unpaid job?

- None..... 0
- 5 or less hours..... 1
- 6 to 10 hours..... 2
- 11 to 15 hours..... 3
- 16 to 20 hours..... 4
- 21 to 25 hours..... 5
- 26 to 30 hours..... 6
- More than 30 hours..... 7

7. During an average week, how much money do you currently get from...

	None	\$1 - 5	\$6 - 10	\$11 - 20	\$21 - 35	\$36 - 50	\$51 - 75	\$76 - 125	\$126+
a. A job or other work...	0	1	2	3	4	5	6	7	8
b. Other sources (allowances, etc.)	0	1	2	3	4	5	6	7	8

8. How likely is it that you will do each of the following things after high school?

(PLEASE CIRCLE ONE ANSWER FOR EACH STATEMENT BELOW.)

	<u>Definitely Won't</u>	<u>Probably Won't</u>	<u>Probably Will</u>	<u>Definitely Will</u>
a. Work full time	1	2	3	4
b. Attend a technical or vocational school	1	2	3	4
c. Serve in the armed forces	1	2	3	4
d. Graduate from a two-year college program	1	2	3	4
e. Graduate from college (four-year program)	1	2	3	4
f. Attend graduate or professional school after college	1	2	3	4

9. During a typical week, on how many evenings do you go out for fun and recreation?

Less than one.....	0
One.....	1
Two.....	2
Three.....	3
Four or five.....	4
Six or seven.....	5

10. How often do you participate in team sports where there is a coach? For example: tennis, swim team, volleyball, football, baseball, basketball, or soccer. Would you say...

- Almost every day..... 1
- One to a few times a week..... 2
- One to a few times a month..... 3
- Never..... 4

11. How often do you participate in other sports without a coach? For example: swimming, dancing, pick-up basketball, or skiing with your friends or family. Would you say...

- Almost every day..... 1
- One to a few times a week..... 2
- One to a few times a month..... 3
- Never..... 4

12. How often do you go to music lessons, choir, dance, or band practice? Would you say...

- Almost every day..... 1
- One to a few times a week..... 2
- One to a few times a month..... 3
- Never..... 4

13. **How often do you participate in school clubs or activities like math or science clubs or the school paper? Would you say...**

- Almost every day..... 1
- One to a few times a week..... 2
- One to a few times a month..... 3
- Never..... 4

14. **How often do you participate in other clubs like the Boy or Girl Scouts, 4-H, or the Boys or Girls Clubs of America? Would you say...**

- Almost every day..... 1
- One to a few times a week..... 2
- One to a few times a month..... 3
- Never..... 4

15. **How often do you attend church, temple, mosque or other religious activities? Would you say...**

- Almost every day..... 1
- One to a few times a week..... 2
- One to a few times a month..... 3
- Never..... 4

16. **How important is religion in your life?**

- Not important..... 1
- A little important..... 2
- Pretty important..... 3
- Very important..... 4

The next set of questions asks about your health and fitness.

17. What is your current height and weight?

Height: _____ Feet _____ Inches

Weight: _____ Pounds

18. Which of the following are you trying to do about your weight?

- | | |
|---|---|
| Lose weight..... | 1 |
| Maintain my weight or stay the same..... | 2 |
| Gain weight..... | 3 |
| I am not trying to do anything about my weight..... | 4 |

19. How often do you exercise or participate in an active physical sport, such as jogging or bicycling?

- | | |
|-----------------------------|---|
| Never or almost never..... | 1 |
| Less than once a month..... | 2 |
| Once a month..... | 3 |
| More than once a month..... | 4 |



19a. If more than once a month, how many times per month?
_____times per month

20. When you exercise or participate in an active sport, how long do you usually keep at it each time?

- Up to 15 minutes..... 1
- 16 to 30 minutes..... 2
- 31 to 45 minutes..... 3
- More than 45 minutes..... 4

21. During the past 30 days, on how many days did you have at least one drink of alcohol? A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.

_____ (number of days)

22. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours? Would you say...

- 0 days..... 0
- 1 day..... 1
- 2 days..... 2
- 3 to 5 days..... 3
- 6 to 9 days..... 4
- 10 to 19 days..... 5
- 20 to 29 days..... 6
- All 30 days..... 7

23. During the last 12 months, how often have you gotten into trouble because of drinking alcohol?

- 0 times..... 0
- 1 to 2 times..... 1
- 3 to 4 times..... 2
- 5 to 10 times..... 3
- More than 10 times..... 4

The next set of questions asks about your participation in school.

24. Are you currently enrolled in school?

- Yes, High School or Vocational School..... 1
- Yes, College or University..... 2
- No, it is now vacation, but when school starts again I will be enrolled..... 3
- No, I am not enrolled in school..... 4

25. What is the highest grade or year of school you have completed?

- No formal schooling..... 1
- 8th grade or less..... 2
- 9th grade..... 3
- 10th grade..... 4
- 11th grade..... 5
- 12th grade..... 6
- General Education Development (GED) Certificate..... 7
- Some college or technical school, but no degree..... 8

26. During the past 30 days, how many days did you miss school for any reason, with or without permission?

- 0 days..... 0
- 1 day..... 1
- 2 to 5 days..... 2
- 6 to 10 days..... 3
- 11 or more days..... 4
- I was not enrolled in school in the past 30 days
or school started less than 30 days ago..... 5

27. During the most recent school term, how well did you do in school?

- Much better than average..... 1
- Better than average..... 2
- Average..... 3
- Below average..... 4
- I was not enrolled in school during last term..... 5

28. What grades do you normally get?

- Mostly A's..... 1
- Mix of A's and B's..... 2
- Mostly B's..... 3
- Mix of B's and C's..... 4
- Mostly C's..... 5
- Mix of C's and D's..... 6
- Mostly D's..... 7
- Mix of D's and F's..... 8
- Mostly F's..... 9

29. Have you ever been suspended or expelled from school?

- No..... 0
- Yes..... 1

These next questions ask about cigarette use.

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

- No..... 0
- Yes..... 1

31. How old were you when you smoked a whole cigarette for the first time?

- I have never smoked a whole cigarette..... 0
- 8 years old or younger..... 1
- 9 2
- 10..... 3
- 11 4
- 12 5
- 13 6
- 14 7
- 15 8
- 16 9
- 17 years old or older..... 10

32. About how many cigarettes have you smoked in your entire life?

None.....	0
1 or more puffs but never a whole cigarette.....	1
1 cigarette.....	2
2 to 5 cigarettes.....	3
6 to 15 cigarettes (about $\frac{1}{2}$ a pack total).....	4
16 to 25 cigarettes (about 1 pack total).....	5
26 to 99 cigarettes (more than 1 pack, but less than 5 packs).....	6
100 or more cigarettes (5 or more packs).....	7

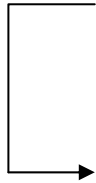
33. Now think back 12 months ago. At this time last year, about how much were you smoking?

I have never smoked cigarettes.....	0
I have smoked in my life, but I wasn't smoking at this time last year.....	1
I smoked on some days at this time last year.....	2
I smoked on most days at this time last year.....	3
I smoked every day at this time last year.....	4

34. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?

No..... 0

Yes..... 1



<p>IF YES...</p> <p>34a. How old were you when you first started smoking cigarettes everyday?</p> <p>_____ years old</p>

35. During the past 30 days, on how many days did you smoke cigarettes?

0 days..... 0

1 or 2 days 1

3 to 5 days..... 2

6 to 9 days..... 3

10 to 19 days..... 4

20 to 29 days..... 5

All 30 days..... 6

36. **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.....	0
Less than 1 cigarette per day.....	1
1 cigarette per day.....	2
2 to 5 cigarettes per day.....	3
6 to 10 cigarettes per day.....	4
11 to 20 cigarettes per day.....	5
More than 20 cigarettes per day.....	6

37. **When was the last time you smoked a cigarette, even one or two puffs?**

I have never smoked even one or two puffs.....	0
Earlier today.....	1
Not today but sometime during the past 7 days.....	2
Not during the past 7 days but sometime during the past 30 days.....	3
Not during the past 30 days but past 6 months.....	4
Not during the past 6 months but sometime during the past year.....	5
1 to 4 years ago.....	6
5 or more years ago.....	7

38. Please think about your smoking during THE PAST WEEK.

Using the form below, please write in how many cigarettes you smoked on each day.

START
HERE
↓

During the past week, how many cigarettes did you smoke each day?	6 days ago	5 days ago	4 days ago	3 days ago	2 days ago	1 day ago	Today
<p>**WRITE IN THE NUMBER OF CIGARETTES SMOKED EACH DAY.</p> <p>IF YOU DID NOT SMOKE ON A DAY, ENTER '0'.</p> <p>IF YOU SMOKED, BUT LESS THAN 1 CIGARETTE, ENTER '1'.</p>							

39. On days that you smoke, how soon after you wake up do you smoke your first cigarette?

- Within the first 15 minutes..... 1
- Between 15 and 30 minutes..... 2
- More than 30 minutes after waking but before noon..... 3
- In the afternoon..... 4
- In the evening..... 5

40. Do you see yourself as...

- A nonsmoker..... 1
- Someone who smokes once in a while..... 2
- A regular smoker..... 3
- An ex-smoker..... 4

41. How often do you smoke in each of the following places?

(PLEASE CIRCLE ONE ANSWER FOR EACH PLACE BELOW.)

	<u>Often</u>	<u>Sometimes</u>	<u>Never</u>
a. At home	1	2	3
b. At my friend's house	1	2	3
c. Walking to or from school	1	2	3
d. At school but off school property	1	2	3
e. At school but on school property	1	2	3
f. At concerts/dances/clubs	1	2	3
g. In restaurants/coffee shops	1	2	3
h. At parties	1	2	3
i. Other: _____	1	2	3

42. How often do you smoke at the following times?

(PLEASE CIRCLE ONE ANSWER FOR EACH TIME BELOW.)

	<u>Often</u>	<u>Sometimes</u>	<u>Never</u>
a. Before school	1	2	3
b. During the school day	1	2	3
c. After school	1	2	3
d. In the evening	1	2	3
e. On weekends	1	2	3
f. Other: _____	1	2	3

43. How often do you smoke with the following people?

(PLEASE CIRCLE ONE ANSWER FOR EACH PERSON BELOW.)

	<u>Often</u>	<u>Sometimes</u>	<u>Never</u>
a. By myself	1	2	3
b. With my parents	1	2	3
c. With other family members	1	2	3
d. With friends	1	2	3
e. Other: _____	1	2	3

44. During the past 30 days, on how many days did you smoke cigarettes on school property?

0 days.....	0
1 to 2 days.....	1
3 to 5 days.....	2
6 to 9 days.....	3
10 to 19 days.....	4
20 to 29 days.....	5
All 30 days.....	6

45. During the past 30 days, where did you buy the last pack of cigarettes you bought?

- I did not buy a pack of cigarettes during the past 30 days..... 0
- A gas station..... 1
- A convenience store..... 2
- A grocery store..... 3
- A drugstore..... 4
- A vending machine..... 5
- I bought them over the Internet..... 6
- Other..... 7



If you have bought cigarettes in the past 30 days...

45a. During the past 30 days, what price did you usually pay per pack or carton of cigarettes?

\$ _____ per pack OR \$ _____ per carton

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

- I did not try to buy cigarettes in a store during the past 30 days..... 0
- Yes, I was asked to show proof of age..... 1
- No, I was not asked to show proof of age..... 2

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

- I did not try to buy cigarettes in a store during the past 30 days..... 0
- Yes, someone refused to sell me cigarettes because of my age..... 1
- No, no one refused to sell me cigarettes because of my age..... 2

These next questions ask about use of other tobacco products during the past 30 days.

48. Did you use any of these other tobacco products in the past 30 days?

(PLEASE ANSWER NO OR YES FOR EACH OF THE FOLLOWING PRODUCTS.)

	<u>No</u>	<u>Yes</u>
a. <u>Chewing tobacco, snuff, or dip</u>	0	1
b. <u>Cigars, cigarillos, or little cigars</u>	0	1
c. <u>Pipe tobacco</u>	0	1
d. <u>Bidis</u>	0	1
e. <u>Clove cigarettes</u>	0	1
f. <u>Herbal cigarettes</u>	0	1
g. <u>Ariva, Revel, Exalt</u>	0	1
h. <u>SCoR</u>	0	1
i. <u>OMNI or Advance</u>	0	1
j. <u>Eclipse or Accord</u>	0	1
k. <u>Quest</u>	0	1

49. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip?

0 days.....	0
1 or 2 days.....	1
3 to 5 days.....	2
6 to 9 days.....	3
10 to 19 days.....	4
20 to 29 days.....	5
All 30 days.....	6

50. During the past 30 days, on how many days did you smoke any of the following: cigars, cigarillos, or little cigars?

0 days.....	0
1 or 2 days.....	1
3 to 5 days.....	2
6 to 9 days.....	3
10 to 19 days.....	4
20 to 29 days.....	5
All 30 days.....	6

These next questions ask about your plans to stop or continue smoking.

51. Do you want to stop smoking cigarettes?

- No..... 0
- Yes..... 1

52. Are you seriously considering quitting smoking in the next six months?

- No..... 0
- Yes..... 1

53. Are you planning to quit within the next 30 days?

- No..... 0
- Yes..... 1

54. What best describes your current goal?

- I don't want to quit now..... 1
- I want to stop for awhile, but I will probably start smoking again 2
- I want to quit smoking for good, but have not yet quit..... 3
- I have quit and I want to stay quit..... 4

55. Do you think you will be smoking cigarettes 5 years from now?

- I definitely will..... 1
- I probably will..... 2
- I probably will not..... 3
- I definitely will not..... 4

These next questions ask about your reasons for wanting to quit.

56. Below are reasons people quit smoking. Read each one and decide how true it is for you by using a number from 1 to 5, where 1 means 'extremely true,' 5 means 'not at all true,' and the other numbers mean something in between.

(PLEASE CIRCLE ONE ANSWER FOR EACH REASON BELOW.)

How true is this reason for you?	<u>Extremely</u> <u>True</u>		<u>Sort of</u> <u>True</u>		<u>Not at</u> <u>all true</u>
a. To prove I can quit smoking if I really want to	1	2	3	4	5
b. To feel in control of my life	1	2	3	4	5
c. Because I've known other people who have gotten sick	1	2	3	4	5
d. Because someone is making me quit	1	2	3	4	5
e. Because people I am close to will be mad at me if I don't quit	1	2	3	4	5
f. To save money that I spend on cigarettes	1	2	3	4	5
g. So I won't smell or look bad	1	2	3	4	5
h. Because I have to for team sports	1	2	3	4	5
i. So that I won't get into trouble with my parents	1	2	3	4	5
j. So that I won't get into trouble at school	1	2	3	4	5

57. On a scale from 0 to 10 where 0 is "not at all motivated", 10 is "extremely motivated", and the other numbers mean something in between, how motivated are you to quit smoking, or stay quit?

(PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR ANSWER.)

0	1	2	3	4	5	6	7	8	9	10
<hr/>										
Not at all motivated										Extremely motivated

58. On a scale from 0 to 10, where 0 is "not at all confident" and 10 is "extremely confident", and the other numbers mean something in between, how confident are you right now that you can quit smoking if you decide to, or stay quit?

(PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR ANSWER.)

0	1	2	3	4	5	6	7	8	9	10
<hr/>										
Not at all confident										Extremely confident

These questions ask about whether you have already tried to quit smoking.

59. How many times have you ever stopped smoking for a day or longer because you were trying to quit smoking?

- I have never tried to quit..... 0
- 1 time..... 1
- 2 times..... 2
- 3 to 5 times..... 3
- 6 to 9 times..... 4
- 10 or more times..... 5

60. How many times during the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking?

- I have not smoked in the past 12 months..... 0
- I have not tried to quit..... 1
- 1 time..... 2
- 2 times..... 3
- 3 to 5 times..... 4
- 6 to 9 times..... 5
- 10 or more times..... 6

61. When you last tried to quit, how long did you stay off cigarettes?

- I have never smoked cigarettes..... 0
- I have never tried to quit..... 1
- Less than a day..... 2
- 1 to 2 days..... 3
- 3 to 7 days..... 4
- More than 7 days but less than 30 days..... 5
- 30 days or more but less than 6 months..... 6
- 6 months or more but less than a year..... 7
- 1 year or more..... 8

62. During the past 12 months, did a doctor, dentist, nurse, or other health care professional ask you whether you smoke?

- No..... 0
- Yes..... 1

63. During the past 12 months, did a doctor, dentist, nurse, or other health care professional tell you to stop smoking?

- No..... 0
- Yes..... 1

64. In the past 12 months, did you have to go to a stop smoking class because you were caught smoking?

No, I did not have to go to a stop smoking class 0

Yes, I had to go to a stop smoking class 1

65. Have you ever done any of the following to help you quit smoking?

(PLEASE SELECT 1 OR MORE THAN ONE ANSWER.)

Attended a smoking cessation group..... 1

Used nicotine replacement products, like nicotine gum, patch, inhaler, spray, or lozenge..... 2

Used Zyban or Wellbutrin..... 3

Called a help line or quit line..... 4

Visited an internet quit site..... 5

66. Is each of the following statements often, sometimes, rarely, or never true for you?

(PLEASE CIRCLE ONE ANSWER FOR EACH STATEMENT BELOW.)

	<u>Often True</u>	<u>Sometimes True</u>	<u>Rarely True</u>	<u>Never True</u>
a. After not smoking for a while, I need to smoke to relieve feelings of restlessness and irritability.	1	2	3	4
b. I smoke consistently and regularly throughout the day.	1	2	3	4
c. Compared to when I first started smoking, I need to smoke a lot more now to really get what I want out of it.	1	2	3	4
d. Whenever I go without a smoke for a few hours, I experience cravings.	1	2	3	4
e. Sometimes I don't hang out with my non-smoking friends because I know they'll feel uncomfortable if I smoke.	1	2	3	4
f. I can function better in the morning after I've had a cigarette.	1	2	3	4
g. After not smoking for a while, I need to smoke in order to keep myself from experiencing any discomfort.	1	2	3	4
h. In situations where I need to go outside to smoke (For example, home if your parents don't know you smoke or at school during lunch), it's worth it to be able to smoke a cigarette, even in cold or rainy weather.	1	2	3	4
i. If I'm low on money, I'll spend it on buying cigarettes instead of buying lunch.	1	2	3	4
j. When I'm craving a cigarette it feels like I'm in the grip of some unknown force that I can't control.	1	2	3	4

This next set of questions asks you about the smoking habits and attitudes of the people in your life - your family and your friends.

67. Does anyone who lives with you now smoke cigarettes?

- No..... 0
- Yes..... 1

68. Which of the following **best** describes the smoking status of your mother or female guardian?

- She currently smokes..... 1
- She did smoke regularly, but quit 5 or more years ago..... 2
- She did smoke regularly, but quit less than 5 years ago..... 3
- She never smoked..... 4
- I do not have a mother or female guardian..... 5
- I don't know..... 6

69. How supportive would your mother or female guardian be if you tried to quit smoking?

- Very supportive..... 1
- Somewhat supportive..... 2
- Not supportive at all..... 3
- She doesn't know that I smoke..... 4

70. Which of the following best describes the smoking status of your father or male guardian?

- He currently smokes..... 1
- He did smoke regularly, but quit 5 or more years ago..... 2
- He did smoke regularly, but quit less than 5 years ago..... 3
- He never smoked 4
- I do not have a father or male guardian..... 5
- I don't know..... 6

71. How supportive would your father or male guardian be if you tried to quit smoking?

- Very supportive..... 1
- Somewhat supportive..... 2
- Not supportive at all..... 3
- He doesn't know that I smoke..... 4

72. Are you allowed to smoke inside, where you live?

- No, not at all 0
- Yes, but only in certain rooms..... 1
- Yes, wherever I like 2

73. Are other people allowed to smoke inside, where you live?

- No..... 0
- Yes..... 1

74. During the past 12 months, has either of your parents (or guardians) told you not to smoke cigarettes?

- Neither 0
- Both 1
- Mother (female guardian) only 2
- Father (male guardian) only 3

75. Do any of your close friends currently smoke cigarettes?

- No..... 0
- Yes..... 1



IF YES...

75a. **If yes, did any of them try to quit smoking in the past 6 months?**

- No..... 0
- Yes..... 1



IF YES...

75b. **If any of your close friends tried to quit smoking, are they still off cigarettes?**

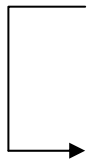
- Yes, all of them who quit in the past 6 months are still off cigarettes..... 1
- Yes, some who quit in the past 6 months are still off cigarettes..... 2
- No, they all went back to smoking 3

76. On average, how supportive would your close friends be if you tried to quit smoking?

- No close friends..... 0
- Very supportive..... 1
- Somewhat supportive..... 2
- Not supportive at all..... 3

77. Do you currently have a girlfriend or boyfriend?

- No..... 0
- Yes..... 1



IF YES...

77a. Does he or she currently smoke cigarettes?

- No..... 0
- Yes..... 1

IF YES...

77b. Did he or she try to quit smoking in the past 6 months?

- No..... 0
- Yes..... 1

77c. How supportive would he or she be if you tried to quit smoking?

- Very supportive..... 1
- Somewhat supportive..... 2
- Not supportive at all..... 3

This next set of questions asks you about smoking patterns and rules at the school that you currently attend.

78. What percentage of students at your school smoke cigarettes?

91-100%.....	1
81-90%.....	2
71-80%.....	3
61-70%.....	4
51-60%.....	5
41-50%.....	6
31-40%.....	7
21-30%.....	8
11-20%.....	9
0-10%.....	10
I am not in school.....	11

79. What restrictions are there on students smoking in your school?

Not allowed anywhere indoors or outdoors.....	1
Allowed outdoors, but not indoors.....	2
Restricted to designated indoor areas.....	3
Restricted to designated outdoor areas.....	4
There are no restrictions at all.....	5
I don't know	6
I am not in school.....	7

80. How many students at this school smoke where they are not allowed to?

- A lot..... 1
- Some..... 2
- A few..... 3
- None..... 4
- I am not in school..... 5

81. Is each of the following statements often, sometimes, rarely, or never true about your school?

(PLEASE CIRCLE ONE ANSWER FOR EACH STATEMENT BELOW.)

	<u>Often</u> <u>True</u>	<u>Sometimes</u> <u>True</u>	<u>Rarely</u> <u>True</u>	<u>Never</u> <u>True</u>	<u>I</u> <u>don't</u> <u>know</u>	<u>I am not</u> <u>currently</u> <u>in school</u>
a. I often see students smoking at my school.	1	2	3	4	5	6
b. My school has a clear set of rules about smoking for students to follow.	1	2	3	4	5	6
c. If students are caught breaking the smoking rules at my school, they get into trouble.	1	2	3	4	5	6
d. I often see teachers smoking at my school.	1	2	3	4	5	6

82. Are you exposed to smoking in any of the following places?

(PLEASE ANSWER NO OR YES FOR EACH PLACE BELOW.)

	<u>No</u>	<u>Yes</u>
a. Home	0	1
b. Work	0	1
c. School	0	1
d. Hanging out with friends	0	1

These next questions ask about your attitudes about smoking.

83. Do you think all public places, for example, malls, restaurants, arcades, should be smoke-free?

- Definitely yes..... 1
- Probably yes..... 2
- Probably not..... 3
- Definitely not..... 4

84. Please circle the number that best describes how much you agree or disagree with each of the following statements about smoking.

(PLEASE CIRCLE ONE ANSWER FOR EACH STATEMENT BELOW.)

	<u>Agree</u>	<u>Agree a Little</u>	<u>Disagree a Little</u>	<u>Disagree</u>
a. Smoking keeps my weight down	1	2	3	4
b. Cigarettes keep me from eating more than I should	1	2	3	4
c. Smoking helps me control my weight	1	2	3	4
d. If I have nothing to do, a smoke can help kill time	1	2	3	4
e. Cigarettes are good for dealing with boredom	1	2	3	4
f. When I'm alone, a cigarette can help me pass the time	1	2	3	4
g. When I'm upset with someone, a cigarette helps me cope	1	2	3	4
h. When I'm angry, a cigarette can calm me down	1	2	3	4
i. Smoking calms me down when I feel nervous	1	2	3	4
j. When I'm feeling down, a cigarette makes me feel good	1	2	3	4

Some tobacco companies offer promotional items, such as key chains, lighters, clothing and bags, that people can receive either with cigarette purchases, in exchange for coupons, or get for free.

85. How many items do you have that are from a tobacco company?

_____ (# of items)

86. Do you think you would ever use a tobacco industry promotional item, such as a tee shirt?

No.....	0
Yes.....	1

The Survey continues on the next page

These next questions are about your life in general and how you have felt recently.

87. Please think about your feelings in the past month. During the past 30 days, how often have you...

(PLEASE CIRCLE ONE ANSWER FOR EACH STATEMENT BELOW.)

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>
a. Felt that you were unable to control the important things in your life?	1	2	3	4
b. Felt confident about your ability to handle your personal problems?	1	2	3	4
c. Felt that things were going your way?	1	2	3	4
d. Felt difficulties were piling up so high that you could not overcome them?	1	2	3	4

88. Now, please think about your feelings in the past 2 weeks: During the last 2 weeks, have you had any of the following problems?

(PLEASE CIRCLE ONE ANSWER FOR EACH STATEMENT BELOW.)

	YES: <u>Nearly every day in the past 2 weeks</u>	YES: <u>A few days in the past 2 weeks</u>	<u>NO</u>
a. Little interest or pleasure in doing things?	1	2	3
b. Feeling down, depressed, or hopeless?	1	2	3
c. Trouble falling asleep, staying asleep, or sleeping too much?	1	2	3
d. Feeling tired or having little energy?	1	2	3
e. Poor appetite, weight loss, or overeating?	1	2	3
f. Feeling bad about yourself—or that you are a failure, or have let yourself or your family down?	1	2	3
g. Trouble concentrating on things like school work, reading, or watching TV?	1	2	3
h. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety that you were moving around a lot more than usual?	1	2	3

89. In the past 2 weeks, how much have problems with feeling sad, upset, irritated, or depressed made it difficult for you to do your work, take care of things at home, or get along with other people?
- Not difficult at all..... 1
 A little difficult..... 2
 Quite difficult..... 3
 Very difficult..... 4
 Extremely difficult..... 5
90. Have you felt sad, upset, irritated, or depressed on more than half of the days in the past year?
- No..... 0
 Yes..... 1
91. In the past year, have you felt so sad, upset, irritated, or depressed that it has often been hard for you to do your work, take care of things at home, or get along with other people?
- No..... 0
 Yes..... 1
92. In the past year, has there been a time when you didn't feel sad, upset, irritated, or depressed for two months in a row or longer? That is, has there been a time in the past year when you felt happy most of the time for at least two months in a row?
- No..... 0
 Yes..... 1
93. Has a doctor ever told you that you have Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)?
- No..... 0
 Yes..... 1

These last questions ask about your participation in this stop-smoking program. Remember, only the research team will see your responses to these questions - NOT the group leader, your teachers, or your parents.

94. Are you participating in this stop-smoking program because you want to or because you are being forced to participate?

(PLEASE CIRCLE ONLY ONE ANSWER, THE MAIN REASON WHY YOU ARE PARTICIPATING.)

- I am participating because I want to..... 1
- Someone else (such as, boyfriend or girlfriend, parents)
is encouraging me to participate 2
- Someone else (such as, parents) is forcing me to participate..... 3
- I was required to participate by someone else
(for example, a school official, or police) 4

95. How did you hear about the program?

- From a friend..... 1
- My doctor..... 2
- My parents..... 3
- From a teacher..... 4
- A flyer or poster at school..... 5
- An assembly or meeting at school..... 6

96. Do you think you will stick with this stop-smoking program until the end?

- Definitely yes..... 1
- Possibly yes..... 2
- Possibly not..... 3
- Definitely not..... 4

97. Do you think this stop-smoking program will help you to quit smoking?

- Definitely yes..... 1
- Possibly yes..... 2
- Possibly not..... 3
- Definitely not..... 4

This is the end of the Survey.

If you have time, please check your answers to make sure you have answered every question.

When you are done:

- **Put your Survey Booklet back into the envelope.**
- **Remove the paper strip and seal the envelope.**
- **Raise your hand and we will collect the survey from you.**

Thank you very much for taking the time to complete this Survey.

