**Form Approved**

**OMB No.: 0920-0621**

**Expiration Date: 01/31/2015**

**National Youth**

**Tobacco Survey (NYTS)**

**2013 Questionnaire**

**This survey is about tobacco. We would like to know about you and things you do that may affect your health. Your answers will be used for programs for young people like yourself.**

**DO NOT write your name on this survey. The answers you give will be kept private.**

**NO one will know what you write. Answer the questions based on what you really do and know.**

**Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. Try to answer all the questions. If you do not want to answer a question, just leave it blank. There are no wrong answers.**

**The questions that ask about your background will only be used to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.**

**Please read every question. Try to answer all the questions. Fill in the circles in the booklet completely. When you are finished, follow the instructions of the person giving you the survey.**

**Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC Reports Clearance Officer, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0621).**

***Thank You Very Much For Your Help.***

|  |
| --- |
| *The first five questions ask for some background information about you*   1. How old are you?    1. 9 years old    2. 10 years old    3. 11 years old    4. 12 years old    5. 13 years old    6. 14 years old    7. 15 years old    8. 16 years old    9. 17 years old    10. 18 years old    11. 19 years old or older |
| 1. What is your sex?    1. Male    2. Female |
| 1. What grade are you in?    1. 6th    2. 7th    3. 8th    4. 9th    5. 10th    6. 11th    7. 12th    8. Ungraded or other grade |
| 1. Are you Hispanic, Latino/a, or Spanish origin (One or more categories may be selected)? 2. No, not of Hispanic, Latino, Latina,, or Spanish origin 3. Yes, Mexican, Mexican American, Chicano or Chicana 4. Yes, Puerto Rican 5. Yes, Cuban 6. Yes, Another Hispanic, Latino/a or Spanish origin |
| 1. What race or races do you consider yourself to be? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)    1. American Indian or Alaska Native    2. Asian    3. Black or African American    4. Native Hawaiian or Other Pacific Islander    5. White |
| *This section ask about if you’ll try tobacco that is smoked or put in your mouth*   1. At any time during the next 12 months do you think you will use any form of tobacco?    1. Definitely yes    2. Probably yes    3. Probably not    4. Definitely not |
| 1. Do you think that you will try any form of tobacco soon?    1. Definitely yes    2. Probably yes    3. Probably not    4. Definitely not |
| 1. If one of your best friends were to offer you any form of tobacco, would you use it?    1. Definitely yes    2. Probably yes    3. Probably not    4. Definitely not |
| *The next six sections ask about your use of different kinds of tobacco products*  *The next 14 questions are about cigarettes.*   1. Have you **ever tried** cigarette smoking, even one or two puffs?    1. Yes    2. No |
| 1. Do you think you will smoke a cigarette in the next year?    1. Definitely yes    2. Probably yes    3. Probably not    4. Definitely not |
| 1. Do you think that you will try a cigarette soon?    1. Definitely yes    2. Probably yes    3. Probably not    4. Definitely not |
| 1. If one of your best friends were to offer you a cigarette, would you smoke it?    1. Definitely yes    2. Probably yes    3. Probably not    4. Definitely not |
| 1. How old were you when you **first tried** cigarette smoking, even one or two puffs?    1. I have never smoked cigarettes, not even one or two puffs    2. 8 years old or younger    3. 9 years old    4. 10 years old    5. 11 years old    6. 12 years old    7. 13 years old    8. 14 years old    9. 15 years old    10. 16 years old    11. 17 years old    12. 18 years old    13. 19 years old or older |
| 1. About how many cigarettes have you smoked in your **entire life**?    1. I have never smoked cigarettes, not even one or two puffs    2. 1 or more puffs but never a whole cigarette    3. 1 cigarette    4. 2 to 5 cigarettes    5. 6 to 15 cigarettes (about 1/2 a pack total)    6. 16 to 25 cigarettes (about 1 pack total)    7. 26 to 99 cigarettes (more than 1 pack, but less than 5 packs)    8. 100 or more cigarettes (5 or more packs) |
| 1. During the **past 30 days**, on how many days did you smoke cigarettes?    1. 0 days    2. 1 or 2 days    3. 3 to 5 days    4. 6 to 9 days    5. 10 to 19 days    6. 20 to 29 days    7. All 30 days |
| 1. During the past 30 days, **on the days you smoked**, about how many cigarettes did you smoke per day?    1. I did not smoke cigarettes during the past 30 days    2. Less than 1 cigarette per day    3. 1 cigarette per day    4. 2 to 5 cigarettes per day    5. 6 to 10 cigarettes per day    6. 11 to 20 cigarettes per day    7. More than 20 cigarettes per day |
| 1. When was the last time you smoked a cigarette, even one or two puffs? (**PLEASE CHOOSE THE FIRST ANSWER THAT FITS**)    1. I have never smoked cigarettes, not even one or two puffs    2. Earlier today    3. Not today but sometime during the past 7 days    4. Not during the past 7 days but sometime during the past 30 days    5. Not during the past 30 days but sometime during the past 6 months    6. Not during the past 6 months but sometime during the past year    7. 1 to 4 years ago    8. 5 or more years ago |
| 1. During the past 30 days, what brand of cigarettes did you usually smoke? (**CHOOSE ONLY ONE ANSWER**)    1. I did not smoke cigarettes during the past 30 days    2. I did not smoke a usual brand    3. American Spirit    4. Camel    5. GPC, Basic, or Doral    6. Kool    7. Lucky Strike    8. Marlboro    9. Newport    10. Parliament    11. Virginia Slims    12. Some other brand not listed here    13. Not sure |
| 1. Menthol cigarettes are cigarettes that taste like mint. During the past 30 days, were the cigarettes that you usually smoked menthol?    1. I did not smoke cigarettes during the past 30 days    2. Yes    3. No    4. Not sure |
| 1. During the past 30 days, how did you get your own cigarettes? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)    1. I did not get cigarettes during the past 30 days    2. I bought a pack of cigarettes myself    3. I had someone else buy a pack of cigarettes for me    4. I asked someone to give me a cigarette    5. Someone offered me a cigarette    6. I bought cigarettes from another person    7. I took cigarettes from a store or another person    8. I got cigarettes some other way |
| 1. During the **past 30 days**, where did you **buy** your own cigarettes? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)    1. I did not buy cigarettes during the past 30 days    2. A gas station or convenience store    3. A grocery store    4. A drugstore    5. A vending machine    6. Over the Internet    7. Through the mail    8. Some other place not listed here |
| 1. During the **past 30 days**, did anyone **refuse** to sell you cigarettes because of your age?    1. I did not try to buy cigarettes during the past 30 days    2. Yes    3. No |
| *The next five questions are about smoking cigars.*   1. Have you **ever tried** smoking cigars, cigarillos, or little cigars, such as Black and Milds, Swisher Sweets, Dutch Masters, White Owl, or Phillies Blunts, even one or two puffs?    1. Yes    2. No |
| 1. How old were you when you **first tried** smoking a cigar, cigarillo, or little cigar, even one or two puffs?    1. I have never smoked cigars, cigarillos, or little cigars, not even one or two puffs    2. 8 years old or younger    3. 9 years old    4. 10 years old    5. 11 years old    6. 12 years old    7. 13 years old    8. 14 years old    9. 15 years old    10. 16 years old    11. 17 years old    12. 18 years old    13. 19 years old or older |
| 1. During the **past 30 days**, on how many days did you smoke cigars, cigarillos, or little cigars?    1. 0 days    2. 1 or 2 days    3. 3 to 5 days    4. 6 to 9 days    5. 10 to 19 days    6. 20 to 29 days    7. All 30 days |
| 1. 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**)    1. I did not get cigars, cigarillos, or little cigars during the past 30 days    2. I bought them myself    3. I had someone else buy them for me    4. I asked someone to give me one    5. Someone offered it to me    6. I bought them from another person    7. I took them from a store or another person    8. I got them some other way |
| 1. 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**)    1. I did not buy cigars, cigarillos, or little cigars during the past 30 days    2. A gas station or convenience store    3. A grocery store    4. A drugstore    5. A vending machine    6. Over the Internet    7. Through the mail    8. Some other place not listed here |
| *The next five questions are about using smokeless tobacco. Please do not think about using snus when you answer these questions.*   1. 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?    1. Yes    2. No |
| 1. How old were you when you **used** chewing tobaccos, snuff, or dip for the first time?    1. I have never used chewing tobacco, snuff, or dip    2. 8 years old or younger    3. 9 years old    4. 10 years old    5. 11 years old    6. 12 years old    7. 13 years old    8. 14 years old    9. 15 years old    10. 16 years old    11. 17 years old    12. 18 years old    13. 19 years old or older |
| 1. During the **past 30 days**, on how many days did you use chewing tobacco, snuff, or dip?    1. 0 days    2. 1 or 2 days    3. 3 to 5 days    4. 6 to 9 days    5. 10 to 19 days    6. 20 to 29 days    7. All 30 days |
| 1. 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**)    1. I did not get chewing tobacco, snuff, or dip during the past 30 days    2. I bought it myself    3. I had someone else buy it for me    4. I asked someone to give me some    5. Someone offered it to me    6. I bought it from another person    7. I took it from a store or another person    8. I got it some other way |
| 1. 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**)    1. I did not buy chewing tobacco, snuff, or dip during the past 30 days    2. A gas station or convenience store    3. A grocery store    4. A drugstore    5. A vending machine    6. Over the Internet    7. Through the mail    8. Some other place not listed here |
| *The next two questions are about smoking tobacco in a pipe. Please do not think about smoking tobacco in a waterpipe or hookah when you answer these questions*   1. Have you **ever tried** smoking tobacco in a pipe, even one or two puffs?    1. Yes    2. No |
| 1. During the **past 30 days**, on how many days did you smoke tobacco in a pipe?    1. 0 days    2. 1 or 2 days    3. 3 to 5 days    4. 6 to 9 days    5. 10 to 19 days    6. 20 to 29 days    7. All 30 days |
| *The next three questions are about other forms of tobacco.*   1. Which of the following tobacco products have you **ever heard** of? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)    1. Roll-your-own cigarettes    2. Flavored cigarettes, such as Camel Crush    3. Bidis (small brown cigarettes wrapped in a leaf)    4. Clove cigars (kreteks)    5. Flavored little cigars (such as mint, clove, spice, alcohol (wine, cognac), candy, fruit, chocolate, or other sweets)    6. Smoking tobacco from a hookah or a waterpipe    7. Snus, such as Camel or Marlboro Snus    8. Dissolvable tobacco products, such as Ariva, Stonewall, Camel orbs, Camel sticks, or Camel strips    9. Electronic Cigarettes or E-cigarettes, such as Ruyan or NJOY    10. Some other new tobacco products not listed here    11. I have never heard of any of the products listed above or any new tobacco product |
| 1. Which of the following tobacco products have you **ever tried**, even just one time? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)    1. Roll-your-own cigarettes    2. Flavored cigarettes, such as Camel Crush    3. Bidis (small brown cigarettes wrapped in a leaf)    4. Clove cigars (kreteks)    5. Flavored little cigars (such as mint, clove, spice, alcohol (wine, cognac), candy, fruit, chocolate, or other sweets)    6. Smoking tobacco from a hookah or a waterpipe    7. Snus, such as Camel or Marlboro Snus    8. Dissolvable tobacco products, such as Ariva, Stonewall, Camel orbs, Camel sticks, or Camel strips    9. Electronic Cigarettes or E-cigarettes, such as Ruyan or NJOY    10. Some other new tobacco products not listed here    11. I have never tried any of the products listed above or any new tobacco product |
| 1. 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**)    1. Roll-your-own cigarettes    2. Flavored cigarettes, such as Camel Crush    3. Bidis (small brown cigarettes wrapped in a leaf)    4. Clove cigars (kreteks)    5. Flavored little cigars (such as mint, clove, spice, alcohol (wine, cognac), candy, fruit, chocolate, or other sweets)    6. Smoking tobacco from a hookah or a waterpipe    7. Snus, such as Camel or Marlboro Snus    8. Dissolvable tobacco products, such as Ariva, Stonewall, Camel orbs, Camel sticks, or Camel strips    9. Electronic Cigarettes or E-cigarettes, such as Ruyan or NJOY    10. Some other new tobacco products not listed here    11. I have not used any of the products listed above or any new tobacco product in the past 30 days |
| *The next eleven questions ask about different issues related to tobacco.*   1. How easy would it be for you to get tobacco products if you wanted some?    1. Very easy    2. Somewhat easy    3. Not easy at all |
| 1. Do you believe that tobacco companies try to get young people under 18 to use tobacco products?    1. Yes    2. No |
| 1. When you are using the Internet, how often do you see ads or promotions for cigarettes or other tobacco products?    1. I do not use the Internet    2. Never    3. Rarely    4. Sometimes    5. Most of the time    6. Always |
| 1. When you read newspapers or magazines, how often do you see ads or promotions for cigarettes or other tobacco products?    1. I do not read newspapers or magazines    2. Never    3. Rarely    4. Sometimes    5. Most of the time    6. Always |
| 1. During the past 30 days, did you receive coupons from a tobacco company through… (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)    1. The mail    2. E-mail    3. The Internet    4. Social Networks (such as Facebook and Twitter)    5. A text message    6. On a cigarette pack or other tobacco product    7. I did not receive coupons from a tobacco company |
| 1. When you go to a convenience store, supermarket, or gas station, how often do you see ads or promotions for cigarettes or other tobacco products?    1. I never go to a convenience store, supermarket, or gas station    2. Never    3. Rarely    4. Sometimes    5. Most of the time    6. Always |
| 1. During the past 30 days, how often did you see any ads or promotions for cigarettes or other tobacco products that were outdoors on a billboard or could be seen from outside a store?    1. I did not see an ad for cigarettes or other tobacco products during the past 30 days    2. Never    3. Rarely    4. Sometimes    5. Most of the time    6. Always |
| 1. When you watch TV or go to the movies, how often do you see actors and actresses using cigarettes or other tobacco products?    1. I do not watch TV or go to the movies    2. Never    3. Rarely    4. Sometimes    5. Most of the time    6. Always |
| 1. What is the name of your favorite cigarette brand? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)    1. American Spirit    2. Camel    3. GPC, Basic, or Doral    4. Kool    5. Marlboro    6. Newport    7. Some other brand not listed here    8. I don’t have a favorite cigarette brand    9. Not sure |
| 1. Have you seen or heard advertisements against tobacco with any of the following? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**)    1. A man who lost his legs from amputations (removal of body parts)    2. A woman who lost her fingers and toes from amputations (removal of body parts)    3. A man with a scar on his chest from a heart attack    4. A woman putting on a wig and putting in her teeth while getting dressed    5. A son bathing and caring for his mother on her bed because she had a stroke    6. A mom giving her son an inhaler because he has breathing problems from being around adults who smoke cigarettes    7. A man in the shower covering the hole in his neck    8. A child scratching because of chicken pox    9. Don’t know/Not sure    10. I haven’t seen or heard any of these advertisements |
| 1. How soon after you wake up do you want to use a tobacco product?    1. I do not use tobacco    2. Within 5 minutes    3. From 6 to 30 minutes    4. From more than 30 minutes to 1 hour    5. After more than 1 hour but less than 24 hours    6. I rarely want to use tobacco |
| *Some cigarette or other tobacco companies make items like sports gear, T-shirts, hats, jackets,sunglassess or other items that people can buy or receive for free.*     1. During the **past 12 months**, did you buy or receive anything such as a t-shirt, hat, sunglasses, that has a tobacco brand name, logo, or picture on it?    1. Yes    2. No |
| 1. How likely is it that you would ever use or wear something--such as a t-shirt, hat, or sunglasses --that has a tobacco brand name, logo, or picture on it?    1. Very likely    2. Somewhat likely    3. Somewhat unlikely    4. Very unlikely |
| *The next two questions are about visits to a doctor, dentist, nurse, or other health professional.*   1. Think about each time that you visited a doctor, dentist, or nurse in the past 12 months. During any of these visits were you asked if you used tobacco that is smoked or put in your mouth?    1. I did not see a doctor, dentist, or nurse during the past 12 months    2. Yes    3. No |
| 1. During the **past 12 months**, did any doctor, dentist, or nurse give you advice not to use tobacco that is smoked or put in your mouth?    1. I did not see a doctor, dentist, or nurse during the past 12 months    2. Yes    3. No |
| *The next six questions are about quitting tobacco products.*   1. Are you seriously thinking about quitting cigarettes? (**PLEASE CHOOSE THE FIRST ANSWER THAT FITS**)    1. I do not smoke cigarettes    2. Yes, within the next 30 days    3. Yes, within the next 6 months    4. Yes, within the next 12 months    5. Yes, but not within the next 12 months    6. No, I am not thinking about quitting cigarettes |
| 1. During the **past 12 months**, how many times have you stopped smoking cigarettes for **one day or longer** because you were trying to quit smoking cigarettes **for good**?    1. I did not smoke cigarettes during the past 12 months    2. I did not try to quit during the past 12 months    3. 1 time    4. 2 times    5. 3 to 5 times    6. 6 to 9 times    7. 10 or more times |
| 1. When you **last tried to quit** for good, how long did you stay off cigarettes? (**PLEASE CHOOSE THE FIRST ANSWER THAT FITS**)    1. I have never smoked cigarettes    2. I have never tried to quit    3. Less than a day    4. 1 to 7 days    5. More than 7 days but less than 30 days    6. More than 30 days but less than 6 months    7. More than 6 months but less than 1 year    8. 1 year or more |
| 1. Are you seriously thinking about quitting the use **of all tobacco products**? (**PLEASE CHOOSE THE FIRST ANSWER THAT FITS**)    1. I do not use tobacco products    2. Yes, within the next 30 days    3. Yes, within the next 6 months    4. Yes, within the year    5. Yes, but not within the year    6. No, I am not thinking about quitting the use of all tobacco products |
| 1. During the **past 12 months**, how many times have you stopped using **all tobacco products** for **one day or longer** because you were trying to quit all tobacco products **for good**?    1. I did not use tobacco products during the past 12 months    2. I did not try to quit all tobacco products during the past 12 months    3. 1 time    4. 2 times    5. 3 to 5 times    6. 6 to 9 times    7. 10 or more times |
| 1. 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**)    1. I did not use tobacco of any kind during the past 12 months    2. I did not try to quit during the past 12 months    3. Attended a program in my school    4. Attended a program in the community    5. Called a telephone help line or telephone quit line    6. Used nicotine gum    7. Used nicotine patch    8. Used any medicine to help quit    9. Visited an Internet quit site    10. Got help from family or friends    11. Used another method, such as hypnosis or acupuncture    12. Tried to quit on my own or quit “cold turkey” |
| *The next five questions ask about you being around other people’s tobacco smoke.*   1. During the **past 7 days**, on how many days did someone smoke tobacco products in your home while you were there?    1. 0 days    2. 1 day    3. 2 days    4. 3 days    5. 4 days    6. 5 days    7. 6 days    8. 7 days |
| 1. During the **past 7 days**, on how many days did you ride in a vehicle were someone was smoking a tobacco product?    1. 0 days    2. 1 day    3. 2 days    4. 3 days    5. 4 days    6. 5 days    7. 6 days    8. 7 days |
| 1. 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?    1. 0 days    2. 1 day    3. 2 days    4. 3 days    5. 4 days    6. 5 days    7. 6 days    8. 7 days |
| 1. 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?    1. I do not have a job    2. I did not work during the past 7 days    3. 0 days    4. 1 day    5. 2 days    6. 3 days    7. 4 days    8. 5 days    9. 6 days    10. 7 days |
| 1. During the **past 7 days**, on how many days did you breathe the smoke from someone who was smoking tobacco products in an indoor or outdoor public place? Examples of indoor public places are school buildings, stores, restaurants, and sports arenas. Examples of outdoor public places are school grounds, parking lots, stadiums and parks.    1. 0 days    2. 1 day    3. 2 days    4. 3 days    5. 4 days    6. 5 days    7. 6 days    8. 7 days |
| *The next five questions ask about smoking and other tobacco use in your home, your family's cars, and by your friends and family.*   1. Inside your home (not counting decks, garages, or porches) is smoking…    1. Always allowed    2. Allowed only at some times or in some places    3. Never allowed |
| 1. In the vehicles that you and family members who live with you own or lease, is smoking…    1. Always allowed    2. Sometimes allowed    3. Never allowed |
| 1. Does anyone who lives with you now…? (**CHECK ALL THAT APPLY**).   A. Smoke cigarettes  B. Use chewing tobacco, snuff, or dip  C. Use snus  D. Smoke cigars, cigarillos, or little cigars  E. Smoke tobacco using a hookah or waterpipe  F. Smoke tobacco out of a pipe other than a hookah or waterpipe  G. Smoke bidis (small brown cigarettes wrapped in a leaf)  H. Smoke clove cigarettes (kreteks)  I. Use any other form of tobacco  J. No one who lives with me now uses any form of tobacco |
| 1. How many of your closest friends use any form of tobacco?    1. None    2. One    3. Two    4. Three    5. Four    6. Five or more    7. Not sure |
| 1. Out of every 10 students **in your grade** at school, how many do you think smoke cigarettes? 2. 0 3. 1 4. 2 5. 3 6. 4 7. 5 8. 6 9. 7 10. 8 11. 9 12. 10 |
| *The next seven questions are about your thoughts about tobacco.*   1. In your opinion, inside your home, smoking tobacco products should…. 2. Always be allowed 3. Be allowed only at some times or in some places 4. Never be allowed |
| 1. In your opinion, in their vehicles, people should … 2. Always allow smoking 3. Sometimes allow smoking 4. Never allow smoking |
| 1. Do you think that breathing smoke from other people's cigarettes or other tobacco products causes… 2. No harm 3. Little harm 4. Some harm 5. A lot of harm |
| 1. Do you believe any of the following are less harmful than smoking cigarettes? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER**) 2. Smoking tobacco from a hookah or waterpipe 3. Smoking tobacco from a pipe other than a waterpipe 4. Smoking Bidis (small brown cigarettes wrapped in a leaf) 5. Smoking Clove cigarettes (kreteks) 6. Smoking flavored cigars, little cigars, and cigarillos (such as mint, clove, spice, alcohol (wine, cognac), candy, fruit, chocolate, or other sweets) 7. Smoking cigars, cigarillos, or little cigars (those that are not flavored) 8. Using electronic cigarettes, such as Ruyan or NJOY 9. Do not know 10. I do not believe that any of the above products are less harmful than cigarettes. |
| 1. Do you believe any of the following are less harmful than smoking cigarettes? (**You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER)** 2. Using chewing tobacco, snuff, or dip 3. Using snus, such as Camel or Marlboro Snus 4. Using dissolvable tobacco products, such as Ariva, Stonewall, Camel orbs, Camel sticks, Marlboro sticks, or Camel strips 5. Using electronic cigarettes, such as Ruyan or NJOY 6. Do not know 7. I do not believe that any of the above products are less harmful than cigarettes |
| 1. Do you think smoking cigarettes makes young people look cool **or** fit in? 2. Definitely yes 3. Probably yes 4. Probably not 5. Definitely not |
| 1. Do you think young people who smoke cigarettes have more friends? 2. Definitely yes 3. Probably yes 4. Probably not 5. Definitely not |
| *The last six questions are about your experiences at home, in your community, and at school.*   1. Would your parents or guardians strongly disapprove if you used tobacco products? 2. I don’t use tobacco products, and my parents would strongly disapprove if I did 3. I don’t use tobacco products, and my parents would not strongly disapprove if I did 4. I use tobacco products, and my parents strongly disapproved when they first found out 5. I use tobacco products, and my parents did not strongly disapprove when they first found out 6. I use tobacco products, but my parents don’t know, and they would strongly disapprove if they knew 7. I use tobacco products, but my parents don’t know, and they would not strongly disapprove if they knew |
| 1. 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? 2. Yes 3. No |
| 1. During **this school year**, were you taught in any of your classes about why you should not use tobacco products? 2. Yes 3. No |
| 1. During the **past 30 days**, to your knowledge, has anyone, including yourself, smoked a tobacco product on school property when he or she was not supposed to? 2. Yes 3. No |
| 1. During the **past 30 days**, to your knowledge, has anyone, including yourself, used some other type of tobacco product (**that is, one that is not smoked**) on school property when he or she was not supposed to? 2. Yes 3. No |
| 1. 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? 2. 0 days 3. 1 day 4. 2 to 5 days 5. 6 to 10 days 6. 11 or more days |