**Form Approved**

 **OMB No.: 0920-0621**

**Expiration Date: XX/XX/XXXX**

**National Youth**

**Tobacco Survey (NYTS)**

**2015 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, Latina, or of Spanish origin? (**Select one or more**)
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, Latina, or Spanish origin
 |
| 1. What race or races do you consider yourself to be? (**Select one or more**)
	1. American Indian or Alaska Native
	2. Asian
	3. Black or African American
	4. Native Hawaiian or Other Pacific Islander
	5. White
 |
| *The next five sections of questions ask about your use of particular kinds of tobacco products.**The first eleven questions are about smoking conventional cigarettes (ones that have to be lit and burned).*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
 |
| *The next seven questions are about the use of cigars, cigarillos or little cigars such as Black and Mild, Swisher Sweets, Dutch Masters, White Owl, or Phillies Blunts.*1. Have you ever been curious about smoking a cigar, cigarillo, or little cigar such as Black and Mild, Swisher Sweets, Dutch Masters, White Owl, or Phillies Blunts?
	1. Definitely yes
	2. Probably yes
	3. Probably not
	4. Definitely not
 |
| 1. Have you **ever tried** smoking cigars, cigarillos, or little cigars, such as Black and Mild, Swisher Sweets, Dutch Masters, White Owl, or Phillies Blunts, even one or two puffs?
	1. Yes
	2. No
 |
| 1. Do you think that you will try a cigar, cigarillo or little cigar soon?
2. Definitely yes
3. Probably yes
4. Probably not
5. Definitely not
 |
| 1. If one of your best friends were to offer you a cigar, cigarillo or little cigar, would you smoke it?
2. Definitely yes
3. Probably yes
4. Probably not
5. Definitely not
 |
| 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, **on the days that you smoked**, about how many cigars, cigarillos, or little cigars did you smoke per day?
	1. I did not smoke cigars, cigarillos, or little cigars during the past 30 days
	2. Less than 1 cigar, cigarillo or little cigar per day
	3. 1 per day
	4. 2 to 5 per day
	5. 6 to 10 per day
	6. 11 to 20 per day
	7. More than 20 per day
 |
| *The next three questions are about the use of chewing tobacco, snuff or dip. Do not think about 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 tobacco, 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
 |
| *The next twelve questions are about electronic cigarettes or e-cigarettes. E-cigarettes are electronic devices that usually contain a nicotine-based liquid that is vaporized and inhaled. You may also know them as vape-pens, hookah-pens, electronic hookahs (e-hookahs),electronic cigars (e-cigars), electronic pipes (e-pipes), or e-vaporizers. Some look like cigarettes and others look like pens or small pipes. These are battery-powered devices that produce vapor instead of smoke. Some brands examples are NJOY, Blu, VUSE, MarkTen, Finiti, Starbuzz, and Fantasia.*1. Have you ever been curious about using an electronic cigarette or e-cigarette, even once or twice?
	1. Definitely yes
	2. Probably yes
	3. Probably not
	4. Definitely not
 |
| 1. Have you **ever used** an electronic cigarette or e-cigarette, even once or twice?
	1. Yes
	2. No
 |
| 1. Do you think that you will try an electronic cigarette or e-cigarette soon?
2. Definitely yes
3. Probably yes
4. Probably not
5. Definitely not
 |
| 1. If one of your best friends were to offer you an electronic cigarette or e-cigarette, would you use it?
2. Definitely yes
3. Probably yes
4. Probably not
5. Definitely not
 |
| 1. How old were you when you first tried using an electronic cigarette or e-cigarette, even once or twice?
	1. I have never used electronic cigarettes or e-cigarettes
	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 electronic cigarettes or e-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. In total, on how many days have you used an electronic cigarette or e-cigarette in your entire life?
	1. 0 days
	2. 1 day
	3. 2 to 10 days
	4. 11 to 20 days
	5. 21 to 50 days
	6. 51 to 100 days
	7. Over 100 days
 |
| 1. What brands of electronic cigarettes or e-cigarettes have you **ever** tried? (**CHOOSE ALL THAT APPLY)**
	1. I have never tried electronic cigarettes or e-cigarettes
	2. Blu
	3. NJOY
	4. MarkTen
	5. Logic
	6. VUSE
	7. Finiti
	8. Starbuzz
	9. Fantasia
	10. Some other brand not listed here
	11. I do not know the brand name
 |
| 1. Thinking about all types of electronic cigarettes or e-cigarettes, have you used the disposable kind or rechargeable/refillable tank kind?
	1. I have never tried an electronic cigarette or e-cigarette
	2. Only the disposable kind
	3. Only the rechargeable/refillable tank kind
	4. Both the disposable kind and rechargeable/refillable tank kind
 |
| 1. Which of the following statements best applies to your cigarette or electronic cigarette use?
	1. I have never tried cigarettes or electronic cigarettes
	2. I have only tried cigarettes
	3. I have only tried electronic cigarettes
	4. I tried cigarettes before I ever tried electronic cigarettes
	5. I tried electronic cigarettes before I ever tried cigarettes
 |
| 1. What are the reasons why you have used electronic cigarettes or e-cigarettes? (**CHOOSE ALL THAT APPLY)**
	1. I have never tried an electronic cigarette
	2. Friend or family member used them
	3. To try to quit using tobacco products, such as cigarettes
	4. They cost less than other tobacco products, such as cigarettes
	5. Famous people on TV or in movies use them
	6. They are less harmful than other forms of tobacco, such as cigarettes
	7. They are available in flavors, such as mint, candy, fruit, or chocolate
	8. They can be used in areas where other tobacco products, such as cigarettes, are not allowed
	9. I used them for some other reason
 |
| 1. Have you ever used an electronic cigarette device for any other substance other than for nicotine?
	1. Yes
	2. No
 |
| *The next two questions are about the use of other tobacco products, not described in the previous sections.*1. Which of the following tobacco products have you **ever tried**, even just one time? (**CHOOSE ALL THAT APPLY)**
2. Roll-your-own cigarettes
3. Flavored cigarettes, such as clove, alcohol (wine, cognac), candy, fruit, chocolate, or other sweets (DO NOT include menthol cigarettes)
4. Bidis (small brown cigarettes wrapped in a leaf)
5. Flavored cigars, cigarillos, and little cigars (such as mint, clove, alcohol (wine, cognac), candy, fruit, chocolate, or other sweets)
6. Hookah or a waterpipe used with tobacco
7. Pipe filled with tobacco (not waterpipe)
8. Snus, such as Camel or Marlboro Snus
9. Dissolvable tobacco products, such as Ariva, Stonewall, Camel orbs, Camel sticks, or Camel strips
10. I have never tried any of the products listed above
 |
| 1. In the **past 30 days**, which of the following products have you used on **at least one day**? (**CHOOSE ALL THAT APPLY**)
	1. Roll-your-own cigarettes
	2. Flavored cigarettes, such as clove, alcohol (wine, cognac), candy, fruit, chocolate, or other sweets (DO NOT include menthol cigarettes)
	3. Bidis (small brown cigarettes wrapped in a leaf)
	4. Hookah or a waterpipe used with tobacco
	5. Pipe filled with tobacco (not waterpipe)
	6. Snus, such as Camel or Marlboro Snus
	7. Dissolvable tobacco products, such as Ariva, Stonewall, Camel orbs, Camel sticks, or Camel strips
	8. I did not use any of the products listed above in the past 30 days
 |
| *The next question asks about flavors in tobacco products.*1. Which of the following tobacco products that you used in the past 30 days were flavored to taste like menthol (mint), alcohol (wine, cognac), candy, fruit, chocolate or other sweets? (**CHOOSE ALL THAT APPLY**)
2. Cigars, such as Macanudo, Romeo y Julieta, or Arturo Fuente
3. Cigarillos, such as Black and Mild, Swisher Sweets, Dutch Masters, or Phillies Blunts
4. Little cigars, such as Prime Time little filtered cigars or Winchester little filtered cigars
5. Chewing tobacco, snuff, or dip
6. Electronic cigarettes or e-cigarettes
7. Hookah or a waterpipe used with tobacco
8. Pipe filled with tobacco (not waterpipe)
9. Snus, such as Camel or Marlboro Snus
10. Dissolvable tobacco products, such as Ariva, Stonewall, Camel orbs, Camel sticks, or Camel strips
11. I did not use any of the flavored products listed above in the past 30 days
 |
| *The next question asks about the first tobacco product you ever tried.*1. Which of the following tobacco products did you try first? **(CHOOSE ONLY ONE ANSWER)**
2. Cigarettes
3. Cigars, cigarillos, or little cigars
4. Electronic cigarettes or e-cigarettes
5. Chewing tobacco, snuff, or dip
6. Hookah or a waterpipe used with tobacco
7. Pipe filled with tobacco (not waterpipe)
8. Snus, such as Camel or Marlboro snus
9. Bidis (small brown cigarettes wrapped in a leaf)
10. Dissolvable tobacco products, such as Ariva, Camel orbs, Camel sticks, or Camel strips
11. Not sure about the product I tried first
12. I have never tried any of the products listed above
 |
| *The next four questions are about getting tobacco products.*1. During the **past 30 days**, how did you get your own tobacco products? (**CHOOSE ALL THAT APPLY**)
	1. I did not get any of my own tobacco products 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 some
	5. Someone offered them 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 tobacco products? (**CHOOSE ALL THAT APPLY**)
	1. I did not buy my own tobacco products 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**, where did you get or buy the **electronic cigarettes** that you have used? (**CHOOSE ALL THAT APPLY**)
2. I have never tried an electronic cigarette
3. A gas station or convenience store
4. A grocery store
5. A drugstore
6. A mall or shopping center kiosk/stand
7. Over the Internet
8. A store that sells electronic cigarettes, such as a “vape shop ”
9. Some other place
10. From a family member
11. From a friend
12. Some other person that is not a family member or a friend
 |
| 1. During the **past 30 days**, did anyone **refuse** to sell you any tobacco products because of your age?
	1. I did not try to buy any tobacco products during the past 30 days
	2. Yes
	3. No
 |
| *The next four questions are about issues related to urges or needs to use tobacco products.*1. During the past 30 days, have you had a strong craving or felt like you really needed to use a tobacco product of any kind?
	1. Yes
	2. No
 |
| 1. How soon after you wake up do you want to use a tobacco product?
	1. I do not want to 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
 |
| 1. How true is this statement for you? I feel restless and irritable when I don’t use tobacco for a while.
	1. I do not use tobacco
	2. Not at all true
	3. Sometimes true
	4. Often true
	5. Always true
 |
| 1. How true is this statement for you? When I go without using a tobacco product for a few hours, I experience cravings
	1. I do not use tobacco
	2. Not true at all
	3. Sometimes true
	4. Often true
	5. Always true
 |
| *The next two questions are about quitting conventional cigarettes.*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
 |
| *The next three questions are about quitting all types of tobacco products*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 next 12 months
	5. Yes, but not within the next 12 months
	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 longe**r 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? (**CHECK ALL THAT APPLY**)
2. I did not use tobacco of any kind during the past 12 months
3. I did not try to quit during the past 12 months
4. Attended a program in my school
5. Attended a program in the community
6. Called a telephone help line or telephone quit line
7. Used nicotine gum
8. Used nicotine patch
9. Used any medicine to help quit
10. Visited an Internet quit site
11. Got help from family or friends
12. Used another method, such as hypnosis or acupuncture
13. Tried to quit on my own or quit “cold turkey”
 |
| *The next questions ask about your thoughts on different types of tobacco products.*1. How much do you think people harm themselves when they smoke cigarettes some days but not every day?
	1. No harm
	2. Little harm
	3. Some harm
	4. A lot of harm
 |
| 1. How much do you think people harm themselves when they smoke **cigars, cigarillos or little cigars** some days but not every day?
	1. No harm
	2. Little harm
	3. Some harm
	4. A lot of harm
 |
| 1. How much do you think people harm themselves when they use **chewing tobacco, snuff, dip, or snus**, some days but not every day?
	1. No harm
	2. Little harm
	3. Some harm
	4. A lot of harm
 |
| 1. How much do you think people harm themselves when they use **e-cigarettes** some days but not every day?
	1. No harm
	2. Little harm
	3. Some harm
	4. A lot of harm
 |
| 1. How strongly do you agree with the statement ‘All tobacco products are dangerous’?
	1. Strongly agree
	2. Agree
	3. Disagree
	4. Strongly disagree
 |
| 1. Do you think that breathing smoke from other people’s cigarettes or other tobacco products causes…
	1. No harm
	2. Little harm
	3. Some harm
	4. A lot of harm
 |
| 1. Do you think the minimum age to buy tobacco products should be 21?
	1. Definitely yes
	2. Probably yes
	3. Probably not
	4. Definitely not
 |
| *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?
2. I did not see a doctor, dentist, or nurse during the past 12 months
3. Yes
4. 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?
2. I did not see a doctor, dentist, or nurse during the past 12 months
3. Yes
4. No
 |
| *The next four questions ask about issues related to tobacco advertisement. Do not think of electronic cigarettes.*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 use read newspapers or magazines
	2. Never
	3. Rarely
	4. Sometimes
	5. Most of the time
	6. Always
 |
| 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. 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
 |
| *The next four questions ask about issues related to electronic cigarette advertisement.*1. When you are using the Internet, how often do you see ads or promotions for electronic cigarettes or e-cigarettes?
	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 electronic cigarettes or e-cigarettes?
	1. I do not use read newspapers or magazines
	2. Never
	3. Rarely
	4. Sometimes
	5. Most of the time
	6. Always
 |
| 1. When you go to a convenience store, supermarket, or gas station, how often do you see ads or promotions for electronic cigarettes or e-cigarettes?
	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. When you watch TV, how often do you see ads or promotions for electronic cigarettes or e-cigarettes?
	1. I do not watch TV
	2. Never
	3. Rarely
	4. Sometimes
	5. Most of the time
	6. Always
 |
| *The next four questions ask about you being around other people’s tobacco smoke or vapor from electronic cigarettes or e-cigarettes.*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 30 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 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 how many days did you breathe the vapor from someone who was using an electronic cigarette or e-cigarette 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 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 question asks about your experiences at home.*1. Does anyone who lives with you now…? (**CHECK ALL THAT APPLY**).
	1. Smoke cigarettes
	2. Smoke cigars, cigarillos, or little cigars
	3. Use chewing tobacco, snuff, or dip
	4. Use electronic cigarettes or e-cigarettes
	5. Smoke tobacco out of a hookah or waterpipe
	6. Smoke pipes filled with tobacco (not waterpipes)
	7. Use snus
	8. Use dissolvable tobacco products
	9. Smoke bidis (small brown cigarettes wrapped in a leaf)
	10. No one who lives with me now uses any form of tobacco

  |
| *The last four questions are about your experiences at home and at school.*1. Out of every 10 students in your grade at school, how many do you think use **electronic cigarettes** or **e-cigarettes**?
	1. 0
	2. 1
	3. 2
	4. 3
	5. 4
	6. 5
	7. 6
	8. 7
	9. 8
	10. 9
	11. 10
 |
| 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?
	1. 0 days
	2. 1 day
	3. 2 to 5 days
	4. 6 to10 days
	5. 11 or more days
 |
| 1. Do you speak a language other than English at home?
	1. Yes
	2. No
 |
| 1. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
	1. Yes
	2. No
 |