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
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?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Did Not Use Tobacco</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go to a special group or class</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>Talk to an adult at your school about how to quit</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>Talk to a peer helper about how to quit</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
</tbody>
</table>

X14. How hard would it be for you to refuse or say “no” to a friend who offered you a cigarette to smoke?
   A) Very hard
   B) Hard
   C) Easy
   D) Very easy
Tobacco Module
SUPPLEMENT 1

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Very Much Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Very Much Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>X19.</td>
<td>Smoking makes kids look grown up.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>X20.</td>
<td>Smoking makes your teeth yellow.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>X21.</td>
<td>Smoking is cool.</td>
<td>A</td>
<td>B</td>
<td>C</td>
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<tr>
<td>X22.</td>
<td>Smoking makes you smell bad.</td>
<td>A</td>
<td>B</td>
<td>C</td>
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<tr>
<td>X23.</td>
<td>Smoking helps you make friends.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>X24.</td>
<td>Smoking is bad for your health.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>X25.</td>
<td>Smoking helps you relax.</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>X26.</td>
<td>Smoking helps control your weight.</td>
<td>A</td>
<td>B</td>
<td>C</td>
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</tbody>
</table>

X27. How do you feel about someone your age smoking one or more packs of cigarettes a day?

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<tr>
<td></td>
<td>A) Neither approve nor disapprove</td>
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<td></td>
<td>B) Somewhat disapprove</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C) Strongly disapprove</td>
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X28. How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?

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<td>C) Strongly disapprove</td>
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</table>
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 a vaping device or e-cigarette to consume any of the following? (Mark All That Apply.)
   A) I’ve never used a vaping device or e-cigarette
   B) Nicotine or tobacco substitute
   C) Marijuana or THC
   D) Amphetamines, cocaine, or heroin
   E) A flavored product without nicotine, alcohol, or other drug
   F) Any other product or substance
   G) I was not sure what was in the vaping device or e-cigarette