

#### State of New Jersey

#### DEPARTMENT OF HEALTH

DIVISION OF FAMILY HEALTH SERVICES
PO BOX 364
TRENTON, N.J. 08625-0364
www.nj.gov/health

Governor
Kim Guadagno
Lt. Governor

**CHRIS CHRISTIE** 

Mary E. O'Dowd, M.P.H. Commissioner

September 15, 2014

Mr. Mark J. Silverstein Glassboro Public Schools 560 Joseph Bowe Boulevard Glassboro, NJ 08028

Dear Superintendent Silverstein,

The purpose of this letter is to inform you that Glassboro High School in your district has been selected to participate in the administration of the 2014 New Jersey Youth Tobacco Survey (NJYTS) as part of a scientific sample drawn to represent all New Jersey students. We are requesting your support and cooperation in this important project.

The survey will be conducted during the 2014-2015 school year. The survey is based upon the federal Centers for Disease Control and Prevention's Youth Tobacco Survey, and is designed to collect comprehensive data on the attitudes, knowledge, and behaviors of New Jersey middle and high school students (grades 7 – 12) with respect to tobacco, and factors that might make a youth susceptible to tobacco use. A field representative on behalf of Rutgers, The State University of New Jersey School of Public Health will contact your office to schedule the survey and provide any information you may require. The NJYTS questionnaire will be administered during one regular class period in several middle or high school classrooms in your school district by specially trained field staff. The survey administration procedures of NJYTS are designed to protect student privacy and allow for anonymous student participation. Furthermore, no information that would identify participating schools will be published or released to the public.

The research design and sampling methodology does not permit substitutes if a district declines to participate in NJYTS. Therefore, the New Jersey Department of Health and the New Jersey Department of Education strongly encourage selected schools to participate in the survey. The full involvement of selected schools will help guarantee that the survey represents a true sample of New Jersey students and the nature of their involvement with tobacco. Please note that to reduce school survey burden, the NJYTS sample was drawn concurrently with the New Jersey Department of Education's **New Jersey Student Health Survey**, also being conducted during the 2014-2015 school year. As such, schools selected for NJYTS, will not be asked to participate in the New Jersey Student Health Survey.

2014 NJ Youth Tobacco Survey Page: 2

We look forward to your support and cooperation in helping to make the administration of this year's NJYTS a success. We value the commitment of the school staff that assisted with support from the participating schools, we were able to obtain a comprehensive assessment of tobacco use among New Jersey youth. Data from previous NJYTS have been used, in part, to accomplish the following:

- 1) Serve as an index against which results from state and local level interventions can be evaluated;
- 2) Educate the public, the health community and policy makers about tobacco issues among the youth in New Jersey;
- 3) Determine priority health concerns;
- 4) Develop strategic plans for tobacco control; and
- 5) Monitor emerging products including e-cigarettes and hookah.

Previous NJYTS reports are available online at http://www.state.nj.us/health/as/ctcp. If you have any questions about the survey reports or the NJYTS project, you may contact the New Jersey Department of Health at 609-292-4043. Thank you for your assistance with this important initiative.

Sincerely,

Mary E. O'Dowd, MPH

Commissioner



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CHRIS CHRISTIE Governor KIM GUADAGNO Lt. Governor

#### PARENTAL CONSENT FORM

#### Dear Parents/Guardians:

This year your child's school will be participating in a statewide research survey of middle and high school students in New Jersey. The primary purpose of this survey is to learn about youth's tobacco use knowledge, attitudes and behaviors. The New Jersey Department of Health sponsors this survey with support from the New Jersey Department of Education.

In approximately two weeks, your child's class will fill out a questionnaire about their use of and attitudes toward tobacco. Students can skip any question that they do not wish to an won any stop participating in the survey at any point. While good participation helps obtain accurate information, please note that your child's participation in the survey is *voluntary*. No action will be taken against the school, you, or your child, if your child does not take part. Students not participating in the survey will be provided with an alternative activity by their school.

The survey has been designed to protect your child's privacy. Students will not put their names on the survey, so no one will know how a particular student answers the questions. No one from the school will be allowed to look at the completed survey. Completed surveys are placed in sealed envelopes.

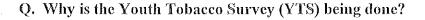
The survey will take approximately 30 minutes for your child to complete. There are no other foreseeable risks to completing the survey. While your child may not personally benefit from completing the survey, the information we learn from this survey will be used to develop and evaluate programs to decrease tobacco use among New Jersey youth.

Please see the Survey Fact Sheet for more information about the survey. If you have any questions concerning this survey, you may contact Mary Hawman of Rutgers School of Public Health at (732) 235-9728, or the New Jersey Department of Health at (609) 292-4043. If you have any questions about the rights of research participants, please contact the IRB Director at (732) 235-9806.

Please complete both copies of the attached permission form and return one form to the school within 3 days. This form must be returned whether or not you allow your child to participate.

Yes, mychild may partic	pate in this survey.	
	I to participate in this survey.	
Rarent's Signature  Child's Name (printed)	Date	

## NEW JERSEY YOUTH TOBACCO SURVEY PARENT/GUARDIAN FACT SHEET



A. The YTS collects data on attitudes, knowledge, and behaviors of middle and high school students with respect to tobacco and other influences that might make a youth susceptible to tobacco use in the future. These data are necessary to guide program development and to evaluate their effectiveness.

#### Q. Are sensitive questions asked?

A. No. All questions on the survey relate to student's attitude, behaviors, and knowledge about tobacco use, intent to use, exposure to tobacco use, and exposure to tobacco marketing/advertising.

#### Q. How was my child picked to be in the survey?

A. Students from approximately 100 schools statewide were picked to take part in the survey. A few classes will be selected at random to take part in each school.

#### Q. Will students' names be used or linked to the surveys?

A. No. The survey has been designed to protect your child's privacy. The survey is given by trained field staff. Teachers are not involved directly. Students do not put their name on the survey. When students finish the survey, they place the survey in a large box, which is then sealed shut.

#### Q. What will happen if my child does not participate?

A. Participation is voluntary. No action will be taken against the school, you, or your child, if your child does not take part. Students not participating in the survey will be provided with an alternative activity by their school.

#### Q. How long does it take to fill out the questionnaire? Is there some sort of physical test?

A. One class period is needed to fill out the survey, which has about 80 questions. No physical test or exam is involved.

#### Q. Where can additional information be obtained?

A. For additional information about the YTS, please contact Mary Hrywna, of Rutgers School of Public Health at (732) 235-9728, or the New Jersey Department of Health at (609) 292-4043. If you have any questions about the rights of research participants, please contact the IRB Director at (732) 235-9806. The Rutgers School of Public Health conducts this survey for the New Jersey Department of Health.

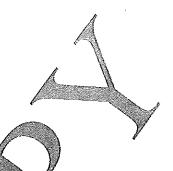


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#### PARENTAL NOTIFICATION FORM

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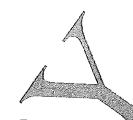
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If you do not wish for your child to child's school.	participate in this survey, please sign and return this form to
	school only if you do not want your child to participate.  participate in this survey.
Parent's Signature	Date
Child's Name (please print)	

## NEW JERSEY YOUTH TOBACCO SURVEY PARENT/GUARDIAN FACT SHEET



#### Q. Why is the Youth Tobacco Survey (YTS) being done?

A. The YTS collects data on attitudes, knowledge, and behaviors of middle and high school students with respect to tobacco and other influences that might make a youth susceptible to tobacco use in the future. These data are necessary to guide program development and to evaluate their effectiveness.

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#### SCHOOL FACT SHEET NEW JERSEY YOUTH TOBACCO SURVEY

#### Why is the Youth Tobacco Survey (YTS) being done?

The YTS collects data on attitudes, knowledge, and behaviors of middle and high school students with respectito to bacco and other influences that might make a youth susceptible to tobacco use in the future. These data are necessary to guide program development and to evaluate their effectiveness.

#### Where was YTS developed? What states have used it?

In 1998, the YTS was developed through a coordinated effort among several states and the Centers to Disease Control and Prevention (CDC). The YTS has been administered every two years in New Jersey since Fall 1999. Wost states conduct the YTS.

How many New Jersey schools and students are being asked to participate? What is the sample size? How many students are involved from each school?

As many as 50 middle schools and 50 high schools in New Jersey are selected to participate in XVS. The probability of a school being selected is based on enrollment in grades 7 through 12. Approximately 4 classes, in grades 7 and 8 (middle school) or in grades 9-12 (high school) will be selected randomly to participate in each school.

#### When is the survey conducted? When are results available?

Data collection will occur during October through December of the current school year. Scheduling will accommodate your school calendar. All participating schools will receive accopy of statewide report, available the following spring.

#### How is YTS coordinated at each school?

A staff member at the school serves as spokesperson with a representative of Rutgers School of Public Health, perhaps an assistant principal, other administrator, or teacher designated by the principal. This spokesperson provides a list of class periods (for sample selection), provides notification to teachers of selected classes, participates in the parental notification/written parental permission process, and help appromote the YTS in the school. Field staff provide all materials and come to the school to administer the survey to selected classes.

#### How are data collected? By whom?

Data are collected by Rutgers's specially trained field staff through the administration of a paper-and-pencil survey.

#### How long does it take to fill out the questionnaire? Is there some sort of physical test?

One class period is needed for administration. It takes approximately 10 minutes for the field staff to distribute survey materials and read directions to the students. It then takes approximately 35 minutes for students to record their responses. The questionnaire contains approximately 80 multiple-choice questions. No physical test or exam is involved.

#### What role do teachers play?

Teachers are not involved directly in survey administration, but are asked to assist with attendance.

#### Are sensitive questions asked?

No. All questions on the survey relate to student's attitude, behaviors, and knowledge about tobacco use, intent to use, exposure ionobacco use, and exposure to tobacco marketing/advertising.

#### student participation anonymous? How is student privacy protected?

Survey administration procedures are designed to protect student privacy and allow for <u>anonymous</u> participation. Students submit a completed scannable questionnaire booklets containing no personal identifiers, in a sealed envelope that is then placed in a large box or envelope. Students not participating in the survey should be provided with an alternative activity by their school. Published reports do not include names of participating counties, cities, school districts, schools, or students.

#### Do students answer questions truthfully?

Research indicates data of this nature may be gathered as reliably from adolescents as from adults. Internal reliability checks help identify the small percentage of students who falsify their answers. To obtain truthful answers, students must perceive the survey as important and know procedures have been developed to protect their privacy and allow for anonymous participation.

#### Is this survey voluntary? What if school districts, schools, or students do not choose to participate?

Participation in the YTS is voluntary. However, to develop an accurate statewide estimate of infracco use among adolescents, participation rates must be high. Selected schools and students cannot be replaced. The goal is to achieve 90 to 95 percent participation by selected schools and students.

#### What type of parental permission does the district and/or school need for students to participate?

A waiver of written documented consent has been granted for the NJYTS by New ersey Department of Health and Senior Services' Institutional Review Board. There are one of two forms of parental permission from which a school and/or district can choose: "parental notification" or "written parental consent" (see below). Both methods are permissible for the NJYTS; your school and/or district makes the decision regarding which method to huplement. Your school or district may already have a policy in place regarding school based surveys. Rutgers School of Public Health program staff will be happy to discuss with you any concerns that you may have when trying to make your decision. Both methods will inform parents about the purpose of the survey, how their child was selected, and how the survey is administered via a mailing sent to parents approximately two weeks prior to survey administration.

#### What is "parental notification"?

If your district chooses parental notification procedures under the waiver of written consent, parents will receive a fact sheet explaining the YTS and a letter including contact information if they have additional questions. If a parent does <u>not</u> want their child to participate in the survey, he/she must sign the form indicating refusal and return it to the school. Under current State and federal law, the school/district is not required to obtain a written parental consent form for each student who participates in a school survey that is voluntary and does not contain questions about sensitive information.

State law only requires that a school/district receives prior written informed consent from a student's parent or legal guardian if a required survey would reveal sensitive information such as illegal behavior, sexual behavior, etc. The NJYTS does <u>not</u> contain questions concerning any of these areas. It should be noted that in New Jersey, possession of tobacco by youth is *not* illegal.

#### What is "written parental consent"

If your school/district chooses to administer written parental consent procedures, parents will receive a fact sheet explaining the YTS and a letter including contact information if they have additional questions. Under these procedures, parents will also receive two eqpies of a parental consent form — one copy to sign and retain for their records as well as one copy to sign and return with the child to school. Under these procedures, parents <u>must</u> sign the consent form and return it to the school in order for their child to participate in the survey. Obtaining written parental consent can result in low response rates and much effort is required to follow-up with non-responding parents.

#### Where can additional information be obtained?

To obtain additional information about the logistics of the YTS, please contact Mary Hrywna, of Rutgers School of Public Health at (73%) 235-9728, or the New Jersey Department of Health at (609) 292-4043. If you have any questions about the rights of survey participants, please contact the IRB Director at (732) 235-9806. The Rutgers School of Public Health conducts this survey for the New Jersey Department of Health.

# New Jersey Youth Tobacco Survey (YTS) 2014 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 coluntary. 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.

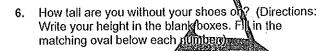
The questions that ask about your background will only be used to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

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.

Thank You Very Much For Your Help.

## The first questions ask for some background information about you

- 1. How old are you?
  - A. 9 years old
  - B. 10 years old
  - C. 11 years old
  - D. 12 years old
  - E. 13 years old
  - F. 14 years old
  - G. 15 years old H. 16 years old
  - I. 17 years old
  - J. 18 years old
  - K. 19 years old or older
- 2. What is your sex?
  - A. Female
  - B. Male
- 3. What grade are you in?
  - A. 6th
  - B. 7th
  - C. 8th
  - D. 9th
  - E. 10th
  - F. 11th
  - G. 12thH. Ungraded or other grade
- 4. Are you Hispanic or Latino?
  - A. No
  - B. Yes, I am Mexican, Mexican American, or Chicano
  - C. Yes, I am Puerto Rican
  - D. Yes, I am Cuban or Cuban American
  - E. Yes, I am some other Hispanic or eatino not listed here
- 5. What race or races do you consider yourself to be?
  (You can CHOOSE ONE ANSWER OF MORE
  THAN ONE ANSWER)
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Native Hawaiian or Other Pacific Islander
  - = \\//si



#### Example:

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How much do you weigh without your shoes on?
 (Directions: Write your weight in the blank boxes. Fill in the matching oval below each number.)

#### Example:

Weight					
Pounds.					
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<b>3</b>	(3)	(3)			
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		(3)			
	6	<b>(6)</b>			
	1	$\bigcirc$			
	(3)	(3)			
	9	(9)			

#### The next six sets of questions ask about your use of certain tobacco products

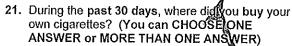
#### Cigarettes

- Have you ever tried cigarette smoking, even one or two puffs?
  - A. Yes
  - В. No
- Do you think you will smoke a cigarette in the next year?
  - Definitely yes Α.
  - Probably yes B.
  - Probably not C.
  - Definitely not
- 10. Do you think that you will try a cigarette soon?
  - A. I have already tried smoking cigarettes
  - B. Yes
  - C. No
- 11. Do you think you will be smoking cigarettes 5 years from now?
  - A. I definitely will
  - B. I probably will
  - C. I probably will not
  - D. I definitely will not
- 12. If one of your best friends were to offer cigarette, would you smoke it?
  - A. Definitely yes
  - Probably yes B.
  - C. Probably not
  - Definitely not D.
- 13. How old were you when you first tried cidarette A. I have never smoked cigarettes, not even
  - one or two puffs
  - 8 years old or younger
  - 9 years old C.
  - D. 10 years old
  - 11 years old E.
  - F. vears old
  - 3 years old G.
  - H. 4 years old
  - years old ١.
  - ears old J,
  - cas old
  - year war
  - ears old or older

- 14. About how many cigarettes have you smoked in your entire life?
  - I have never smoked cigarettes, not even A. one or two puffs
  - 1 or more puffs but never a whole cigarette
  - 1 cigarette C.
  - D. 2 to 5 cigarettes
  - E.
  - F.
  - 6 to 15 cigarettes (about 1/2 a pack total)
    16 to 25 cigarettes (about 1 pack total)
    26 to 99 cigarettes (nore than 1 pack, but less than 5 packs)
    100 or more sigarettes (5 or more packs) G.
- 15. Duringlihe past 30 days on how many days did you smoke gigarettes?
  - 0 days
  - for 2 days В. S.
  - 3 to 9 days

  - 10 to 19 days 20 to 29 days E. F.
  - All 3∄ days
- 16. Duranthe 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
  - Less than 1 cigarette per day
  - 1 cigarette per day C.
  - 2 to 5 cigarettes per day
  - 6 to 10 cigarettes per day E.
  - F. 11 to 20 cigarettes per day
  - More than 20 cigarettes per day
- 17. When was the last time you smoked a cigarette, even one or two puffs? (PLEASE CHOOSE THE FIRST ANSWER THAT FITS)
  - A. I have never smoked cigarettes, not even one or two puffs
  - Earlier today
  - Not today but sometime during the past 7
  - Not during the past 7 days but sometime during the past 30 days
  - Not during the past 30 days but sometime during the past 6 months
  - Not during the past 6 months but sometime during the past year
  - 1 to 4 years ago
  - H. 5 or more years ago

- 18. During the past 30 days, what brand of cigarettes did you usually smoke? (CHOOSE ONLY ONE ANSWER)
  - A. I did not smoke cigarettes during the past 30 days
  - I did not smoke a usual brand
  - C. American Spirit
  - D. Camel
  - GPC, Basic, or Doral E.
  - F. Kool
  - G. Lucky Strike
  - H. Marlboro
  - ١. Newport
  - J. Parliament
  - K. Virginia Slims
  - Some other brand not listed here
- 19. Menthol cigarettes are cigarettes that taste like mint. During the past 30 days, were the cigarettes that you usually smoked menthol?
  - I did not smoke cigarettes during the past 30 days
  - В. Yes
  - C. No
  - D. Not sure
- 20. During the past 30 days, how did you get your own cigarettes? (You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER)
  - A. I did not smoke cigarettes during the page 30 days
  - I bought them myself
  - C. I had someone else buy them for me
  - D. I borrowed or bummed them
  - Someone gave them to me without my asking
  - F. I took them from a store or another person
  - I got them some other way



A. I did not buy cigarettes during the past 30 days

- A gas station
- A convenience store
- A grocery store
- A drugstor E.
- F. A vending machine
- Over the Internet
- Through the mail
- Some other placernot listed here
- 22. During the past 30 days did anyone refuse to sell
  - you cigarettes because divour age?

    A. at did not try to buy cigarettes during the past 30 days

    - No
- In the area where you live, do you know of any places that sell single or loose cigarettes?

#### <u>Cigars</u>

- Have you ever tried smoking cigars, cigarillos, or little cigars, even one or two puffs?
  - A. Yes
  - В. No
- 25. How old were you when you first tried smoking a cigar, cigarillo, or little cigar, even one or two puffs?
  - I have never smoked cigars, cigarillos, or little cigars, not even one or two puffs
  - 8 years old or younger
  - C. 9 years old
  - 10 years old D.
  - 11 years old E.
  - F. 12 years old
  - 13 years old G.
  - 14 years old
  - 15 years old
  - J. 16 years old
  - K. 17 years old
  - 18 years old
  - 19 years old or older

- 26. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?
  - 0 days A.
  - 1 or 2 days В.
  - 3 to 5 days C.
  - 6 to 9 days D.
  - 10 to 19 days Ε.
  - 20 to 29 days F.
  - All 30 days G
- 27. Were the cigars, cigarillos, or little cigars you smoked in the past 30 days flavored?
  - I did not smoke cigars, cigarillos, or little cigars in the past 30 days
  - B. Yes - menthol, mint, or wintergreen flavor
  - C. Yes - fruit flavor
  - Yes alcohol or wine flavor
  - Yes sweet candy-like flavor
  - No regular tobacco flavor
- 28. 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)
  - A. I did not smoke cigars, cigarillos, or little cigars during the past 30 days
  - I bought them myself B.
  - C. I had someone else buy them for me
  - D. I borrowed or bummed them
  - Someone gave them to me without my asking
  - F. I took them from a store or another person
  - G. I got them some other way
- 29. Are cigars (cigars, cigarillos, or little cigars) safer than regular cigarettes?
  - Definitely yes Α.
  - Probably yes B.
  - Probably not C.
  - Definitely not D.
- 30. During the past 30 days, where did you buy your own cigars, cigarillos, or little cigars? (You can CHOOSE ONE ANSWER OF MORE THAN ONE ANSWER)
  - I did not buy cigars, cigarillos or little A. cigate during the past 30 days
  - gas station B.
  - C. convenience sure
  - D. grocery store
  - trugstore E.
  - F. ending machin
  - Over the internet
  - prough the mail
  - other place not listed here

#### Smokeless Tobacco

- 31. Have you ever used chewing tobacco, snuff, or dip, such as Redman, Levi Garrella Beechnun, Skoal, Skoal Bandits, or Copenhagen, even just a small amount?
  - A. Yes
  - B. No
- 32. How old weresyon when you used chewing tobaccos snuff, or all infor the lins time?
  - I have nevertised chewing tobacco, snuff,
  - 8 years old or younger

  - 9 years old (0 years old
  - 11 years old 12 years old
  - 13 years old G.
  - 14 years old
  - 15 years old
  - 16 ears old years old
    - 18 years old
  - 19 years old or older
- During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip?
  - A. 0 days
  - 1 or 2 days B.
  - C. 3 to 5 days
  - 6 to 9 days D.
  - E. 10 to 19 days
  - F. 20 to 29 days
  - All 30 days
- 34. Was the chewing tobacco, snuff, or dip that you used in the past 30 days flavored?
  - I did not use chew, snuff, or dip in the past 30 days
  - Yes mint or wintergreen flavor
  - Yes fruit flavor C.
  - Yes another flavor D.
  - No regular tobacco flavor

- 35. 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)
  - A. I did not use chewing tobacco, snuff, or dip during the past 30 days
  - B. I bought it myself
  - C. I had someone else buy it for me
  - I borrowed or bummed it
  - Someone gave it to me without my asking
  - I took it from a store or another person
  - G. I got it some other way
- 36. 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)
  - A. I did not buy chewing tobacco, snuff, or dip during the past 30 days
  - A gas station
  - C. A convenience store
  - D. A grocery store
  - E. A drugstore
  - F. A vending machine
  - G. Over the Internet
  - H. Through the mail
  - Some other place not listed here
- 37. Is smokeless tobacco (chew, snuff, or dip) safer that regular cigarettes?
  - A. Definitely yes
  - В. Probably yes
  - C. Probably not
  - D. Definitely not

#### Tobacco Pipe other than a water fipe or hookar.

- 38. Have you ever tried smeking unbaccent a pipe, even one or two puffs
  - A. Yes
  - В. No
- 39. During the past 30 days on how many days did you smoke to acco in a pipe
  - A. days
  - B. or 2 days
  - C. 5 days
  - D. days
  - 40 to 10 m
  - to 29 days
  - days

#### Bidis (small brown cigarettes wrapped in a leaf) and Kreteks (clove cigarettes)

- 40. Have you ever smoked bidis?
  - Yes A.
  - В. No
- 41. During the past 30 days on how many days did you smoke bidis?
  - Ødays.
  - or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
- During the past 30 days, on how many days did you smoke clove digarettes?
  A. 0 days
  For 2 days

  - 3 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days

#### Other tobacco products

- 43. Which of the following tobacco products have you ever tried, even just one time? (You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER)
  - A. Roll-your-own cigarettes
  - Flavored cigarettes, such as Camel Crush
  - Clove cigars C.
  - D. Flavored little cigars
  - Smoking tobacco from a hookah or a waterpipe
  - F. Snus, such as Camel or Marlboro Snus
  - G. Dissolvable tobacco products, such as Ariva, Stonewall, Camel orbs, Camel sticks, or Camel strips
  - Electronic Cigarettes or E-cigarettes, such as Ruvan or NJOY
  - Some other new tobacco products not I. listed here
  - J. I have never tried any of the products listed above or any new tobacco product
- 44. 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)
  - A. Roll-your-own cigarettes
  - Flavored cigarettes, such as Camel Crus B.
  - C. Clove cigars
  - D. Flavored little cigars
  - Smoking tobacco from a hookah or a waterpipe
  - F. Snus, such as Camel or Marlboro Snus
  - G. Dissolvable tobacco products such as Ariva, Stonewall, Camel orbs Camel sticks, or Camel strips
  - Electronic Cigarettes or E-cigarettes, such as Ruyan or NJOY
  - Some other new tobacco products not listed here
  - I have not used any of the products listed above or any <u>riew (obserce</u>produe)

- 45. Have you ever used a hookah to smoke tobacco or flavored tobacco?
  - A. Yes
  - B. No
- 46. During the past 30 days, on how many daysidid you use a hookah to smoke tobacco or flavored tobacco?
  - 0 days A.
  - 1 or 2 days B.
  - 3 to 5 days C.
  - 6 to 9 days
  - 1010 19 days Ε.
  - 20 to 29 day
  - All 30 days
- 47. Have you ever used snu
  - A.
- 8. During the past 30 days, on how many days did you use snus?
  - A. 0 days
  - 1.0f 2 days
    - ₹ to 5 days
    - 6 to 9 days
  - 10 to 19 days
  - F. 20 to 29 days
  - All 30 days
- Have you ever used dissolvable tobacco?
  - Yes Α.
  - B. No
- 50. During the past 30 days, on how many days did you use dissolvable tobacco?
  - 0 days Α.
  - B. 1 or 2 days
  - 3 to 5 days C.
  - 6 to 9 days D.
  - E. 10 to 19 days
  - F. 20 to 29 days
  - All 30 days
- 51. Have you ever used an e-cigarette?
  - A. Yes
  - B. No
- 52. During the past 30 days, on how many days did you use an e-cigarette?
  - A. 0 days
  - В. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - G. All 30 days

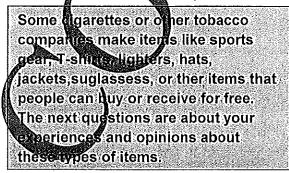
The next question asks if you think tobacco companies are trying to get young people to use tobacco

- 53. Do you believe that tobacco companies try to get young people under 18 to use tobacco products?
  - A. Yes
  - B. No

The next questions ask about advertisements you have seen or heard on the Internet, newspapers, magazines, television, movies, or stores.

- 54. During the past 30 days, about how often have you seen commercials on TV about the dangers of smoking?
  - Α. None
  - 1-3 times in the past 30 days
  - 1-3 times per week
  - Daily or almost daily
  - More than once a day
- 55. During the past 30 days, about how often have you. heard commercials on the radio about the dangers of smoking?
  - A. None
  - 1-3 times in the past 30 days
  - 1-3 times per week
  - Daily or almost daily
  - More than once a day
- 56. In the past 12 months, have you visited, tollowed, liked, or become a fan of a tobacco brand dissites like Facebook, Twitter, grant Tible?
  - Yes A.
  - В. No
- 57. When you are using the Internet, how often do you see ads for tobacco products?
  - Mo not use the internet
  - Never В.
  - C. Rarely
  - D. ametimes
  - wos of the time

- 58. When you go to a convenience store supermarket, or gas station, how often do you see ads or promotions for cigarettes and other topacco products?
  - I never go to a convenience store supermarket, or gas station
  - Never
  - Rarely C.
  - Sometimes
  - Most of the time Always



- 59. During the past 12 months, did you buy or receive anything that has a tobacco company name or picture on it?
  - A. Yes
  - В. No
- 60. Have you ever received mail addressed to you from a tobacco company?
  - A. Yes
  - B. No
- 61. How likely is it that you would ever use or wear something--such as a lighter, T-shirt, hat, or sunglasses --that has a tobacco company name or picture on it?
  - Very likely
  - Somewhat likely
  - Somewhat unlikely
  - Very unlikely

#### The next questions are about questions and advice any doctor. dentist, nurse, or other health professional might have asked.

- 62. During the past 12 months, did any doctor, dentist. or nurse ask you if you use tobacco of any kind?
  - I did not see a doctor, dentist, or nurse during the past 12 months
  - В. Yes
  - No C.
- 63. During the past 12 months, did any doctor, dentist, or nurse advise you not to use tobacco of any kind?
  - A. I did not see a doctor, dentist, or nurse during the past 12 months
  - B. Yes
  - C. No
- 64. Have you ever heard of NJQuitline (866-NJSTOPS). a telephone counseling service to help teens and adults quit smoking?
  - Α. Yes
  - B. No

#### The next questions are about quitting tobacco products

- 65. Do you want to stop smoking cigarettes for good?
  - I do not smoke now
  - B. Yes
  - C. No
- 66. Do you think you would be able to quit snoking cigarettes now if you wanted to?
  - I do not smoke agarelles now
  - Yes
  - C. No
- 67. During the past 12 months, how many times have you stopped meking for one day or longer because you were trying a quit smoking cigarettes for good?
  - did not smoke do ng the past 12 months A.
  - old not try to quit during the past 12 B.

    - 1 (1) times
  - times
  - imes
  - 10 o nore times

- 68. When you last tried to quit for good how long did you stay off cigarettes? (PLEASE CHOOSE THE FIRST ANSWER THAT FITS)
  - A. I have never smoked cigarettes
  - I have never tried to quit
  - C. Less than a day
  - 1 to 7 days D.

  - More than 7 days but less than 30 days More than 30 days but less than 6 months More than 6 months but less than 1 year

  - 1 year or more
- 69. In the past 12 months old you do any of the following to help you quittesing tobacco of any kind for good (You can CHOOSE ONE ANSWER or MORE THAN ONE ANSWER)
  - rdid not use robacco of any kind during the past 12-months
  - I did not try to guit during the past 12 months
  - Attended a program at my school
  - Attended a program in the community
  - Salled a telephone help line or telephone quit line
  - Used nicotine gum
  - Used nicotine patch
  - Used any medicine to help quit
  - I. Visited an Internet quit site
  - Got help from family or friends J.
  - Used another method such as hypnosis or acupuncture
  - Tried to quit on my own or quit "cold turkey"

#### The next questions ask about your exposure to other people's tobacco smoke

- 70. During the past 7 days, on how many days did someone smoke tobacco products in your home while you were there?
  - 0 days A.
  - В. 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days

- 71. During the past 7 days, on how many days did you ride in a vehicle where someone was smoking a tobacco product?
  - A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days
- 72. 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?
  - A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days
- 73. 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?
  - A. I do not have a job
  - B. I have a job but did not work in the past days
  - C. 0 days
  - D. 1 day
  - E. 2 days
  - F. 3 days
  - G. 4 days
  - H. 5 days
  - J. 7 days
- 74. During the past 7 days, on how many days did you breathe the smoke from some many days did you tobacco products in an indoe 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 lets, stadiums and parks.
  - A. O days
  - B. day
  - C. 🙎 days
  - D. days
  - E. Hays
  - 6 days
  - H. days

## The next questions ask about smoking rules in your home and vehicle

- 75. Inside your home (not counting decks, garages, or porches) is smoking...
  - A. Always allowed
  - B. Allowed only at some times or in some places
  - places C. Never allowed
- 76. In the vehicles that you and family members who live with you own or lease, is snicking...
  - A Always allowed
  - B Sometimes allowed
  - C. Never allowed

## Next questions ask about use of tobacco products for people who live with you

- 77. Does enyone 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 kreteks (clove cigarettes)
  - I. Use any other form of tobacco
  - J. No one who lives with me now uses any form of tobacco
- 78. How many of your four closest friends smoke cigarettes?
  - A. None
  - B. One
  - C. Two
  - D. Three
  - E. Four
  - F. Not sure
- 79. How many of your four closest friends use chewing tobacco, snuff, or dip?
  - A. None
  - B. One
  - C. Two
  - D. Three
  - E. Four
  - F. Not sure

#### The next questions ask about your thoughts about tobacco

- 80. Do you think smoking cigarettes makes young people look cool or fit in?
  - A. Definitely yes
  - B. Probably yes
  - C. Probably not
  - D. Definitely not
- 81. Do you think young people who smoke cigarettes have more friends?
  - A. Definitely yes
  - B. Probably yes
  - C. Probably not
  - D. Definitely not
- 82. Do you think that smoking cigarettes is a good way to keep your weight down?
  - A. Definitely yes
  - B. Probably yes
  - C. Probably not
  - D. Definitely not
- 83. How strongly do you agree with the statement 'All tobacco products are dangerous'?
  - A. Strongly agree
  - B. Agree
  - C. Disagree
  - D. Strongly disagree
- 84. Do you think the smoke from other people's cigarettes is harmful to you?
  - A. Definitely yes
  - B. Probably yes
  - C. Probably not
  - D. Definitely not

## The questions ask about experiences at school

- 85. During this school year, were you taught in any of your classes about why you should not use to bacco products?
  - A. Yes
  - B. No
- 86. During this school year did you practice ways to say NO to tobacco in any of you relasses (for example, by role-playing).
  - A. Yes
  - B# No
  - CM Not sure
- 87. Does your school have any special groups or classes for students who want to quit using tobacco?
  - A. Yes,
  - B. No
  - C. Not sure
- 88. 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?
  - A. Ÿes
  - B. No
- 99. Have you seen youth or adults smoking or using other tobacco products on school grounds in the past 30 days?
  - A. Yes, indoors (for example, inside the school)
  - B. Yes, outdoors (for example, in the school parking lot or sports fields)
  - C. Yes, indoors and outdoors
  - D. I have not seen anyone smoking on school grounds in the past 30 days

## The following questions ask about your experience with tanning beds/booths.

- 90. How many times in the last 12 months have you used a tanning bed or booth with tanning lamps? (DO NOT count getting a spray-on tan.)
  - A. 0 times
  - B. 1 to 2 times
  - C. 3 to 5 times
  - D. 6 to 9 times
  - E. 10 to 19 times
  - F. 20 to 29 times
  - G. 30 to 39 times
  - H. 40 or more times
- 91. We are interested in when you used tanning beds or booths in the last 12 months (CHOOSE ALL OPTIONS THAT APPLY). If you did not use a tanning bed/booth in the last 12 months, please choose "I did not use a tanning bed/booth in the last 12 months."
  - A. I did not use a tanning bed/booth in the last 12 months
  - I used a tanning bed/booth before a special occasion
  - Used a tanning bed/booth before going on vacation
  - I used a tanning bed/booth when I felt down or in a bad mood to help me feel hetter.
  - E. I used a tanning bed/booth at least one week during the fall or winter
  - F. I used a tanning bed/booth at least once a week during most months of the year
- 92. How hard would it be for you to stop using canting beds/booths?
  - A. I have not used a tanning bed/beoth in the last 12 months
  - B. Not at all hard
  - C. A little hard
  - D. Somewhat hard
  - E. Moderately hard
  - F. Very hard
- 93. In the past 12 months, are you visited, followed, liked, or become a fan of anning salon on sites like Face ook, Twitter, or YujTube?
  - A.
  - В.

