

Florida Youth Tobacco Survey (FYTS) 2020 Questionnaire

This survey is about you and what you do that may affect your health. The information you give us will be used to develop better education programs for people like you.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Remember, this is not a test. 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. If you are not comfortable answering a question, just leave it blank.

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 who you are. No names will ever be reported.

Make sure to read every question. Fill in the circles on the survey booklet completely. When you are finished, follow the instructions of the person giving you the survey.

Thank You Very Much For Your Help.

DIRECTIONS

- Make dark marks.
- Fill in a response like this: A B C D
- To change your answer, erase completely.



Incorrect Marks



INFORMATION ABOUT YOU

1. What is your age?

- | | |
|-----------------------------|-----------------------------|
| <input type="radio"/> a. 9 | <input type="radio"/> h. 16 |
| <input type="radio"/> b. 10 | <input type="radio"/> i. 17 |
| <input type="radio"/> c. 11 | <input type="radio"/> j. 18 |
| <input type="radio"/> d. 12 | <input type="radio"/> k. 19 |
| <input type="radio"/> e. 13 | <input type="radio"/> l. 20 |
| <input type="radio"/> f. 14 | <input type="radio"/> m. 21 |
| <input type="radio"/> g. 15 | |

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. 12th

4. How do you best describe yourself? (SELECT ONLY ONE RESPONSE)

- a. American Indian or Alaska Native
 b. Asian
 c. Black or African American
 d. Native Hawaiian or Other Pacific Islander
 e. White
 f. Other

5. Are you Hispanic or Latino?

- a. Yes b. No

6. In what type of house or building do you live?

- a. A stand-alone single-family home
 b. A trailer or mobile home
 c. An attached home like a townhouse or duplex
 d. A multi-story building like a condominium or apartment
 e. Other

7. During the past 12 months, how would you describe your grades in school?

- | | |
|-------------------------------------|---|
| <input type="radio"/> a. Mostly A's | <input type="radio"/> e. Mostly F's |
| <input type="radio"/> b. Mostly B's | <input type="radio"/> f. None of these grades |
| <input type="radio"/> c. Mostly C's | <input type="radio"/> g. Not sure |
| <input type="radio"/> d. Mostly D's | |

8. Are you an active member of S.W.A.T. (Students Working against Tobacco)?

- a. Yes
 b. No
 c. There is not a S.W.A.T. group in my school or community
 d. Not sure

Cigarettes

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

- a. Yes b. No

10. What age were you when you smoked a cigarette for the first time?

- a. I have never smoked a cigarette
 b. 8 or younger
 c. 9
 d. 10
 e. 11
 f. 12
 g. 13
 h. 14
 i. 15
 j. 16
 k. 17 or older

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

- a. None
 b. 1 to 2 puffs, but not a whole cigarette
 c. One cigarette
 d. 2 to 20 cigarettes
 e. 21 to 99 cigarettes
 f. 100 or more cigarettes

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

- a. Yes b. No

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

- a. 0 days
 b. 1 or 2 days
 c. 3 to 5 days
 d. 6 to 9 days
 e. 10 to 19 days
 f. 20 to 29 days
 g. All 30 days

14. During the **past 30 days**, on the days you smoked, how many cigarettes did you smoke per day?

- a. 0 cigarettes per day
 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

15. Are the cigarettes you usually smoke menthol cigarettes?

- a. I do not smoke cigarettes
 b. Yes
 c. No

16. During the **past 30 days**, how did you usually get your cigarettes? (CHOOSE ONLY ONE ANSWER)

- a. I did not smoke during the past 30 days
 b. I bought them in a store such as a convenience store, supermarket, or gas station
 c. I gave someone else money to buy them for me
 d. I borrowed (or bummed) them from someone else
 e. I stole them from a store
 f. I stole them from someone I know
 g. I got them from my parents
 h. A person 18 years old or older gave them to me
 i. I bought them from another person (not in a store)
 j. I bought them on the internet
 k. I got them some other way

17. During the **past 12 months**, did you ever try to quit smoking cigarettes?

- a. I did not smoke cigarettes in the past 12 months
 b. Yes
 c. No

18. How many times, if any, have you tried to quit smoking cigarettes?

- a. I have never smoked cigarettes
 b. None
 c. 1 time
 d. 2 times
 e. 3 to 5 times
 f. 6 to 9 times
 g. 10 or more times

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

- a. I have never smoked cigarettes
 b. I smoke but have never tried to quit
 c. Less than 1 day
 d. 1 to 7 days
 e. More than 7 days but less than 30 days
 f. More than 30 days but less than 6 months
 g. More than 6 months but less than 1 year
 h. More than 1 year

20. How long can you go without smoking before you feel like you need a cigarette?

- a. I do not smoke cigarettes
 b. Less than one hour
 c. 1 to 3 hours
 d. More than 3 hours but less than a whole day
 e. A whole day
 f. Several days
 g. A week or more

21. How soon after you wake up do you usually smoke your first cigarette?

- a. I don't smoke now
 b. Less than 15 minutes
 c. 15 to 30 minutes
 d. More than 30 minutes but less than 60 minutes
 e. 1 to 2 hours
 f. More than 2 hours but less than half a day
 g. More than half a day

22. During the **past 12 months**, did you do any of the following to help you stop smoking? (SELECT ALL YOU HAVE TRIED)

- a. I did not smoke in the past 12 months
 b. Attended a program in my school
 c. Attended a program in my community
 d. Called a help line or a quit line
 e. Used nicotine gum or nicotine patch
 f. Used any medications to help you stop
 g. Used a quit line service on the internet
 h. Used an electronic vapor product to help quit
 i. I have not done anything to quit

23. Are you thinking about quitting smoking?
Would you say . . .

- a. I do not smoke now
- b. Yes, within the next 30 days
- c. Yes, within the next 6 months
- d. Yes, but not within the next 6 months
- e. No, I am not thinking of quitting smoking for good
- f. Not sure

Electronic Vapor Products (Vaping/Juuling):

THE NEXT QUESTIONS REFERENCE BATTERY-POWERED DEVICES THAT PRODUCE VAPOR INSTEAD OF SMOKE AND USUALLY CONTAIN NICOTINE-BASED LIQUID THAT IS INHALED. YOU MAY KNOW THEM AS E-CIGARETTES, VAPES, VAPE PENS, E-CIGARS, E-HOOKAHS, HOOKAH PENS, AND MODS MADE BY COMPANIES SUCH AS JUUL®, VUSE™, MARKTEN®, AND BLU™. YOU MAY KNOW THE USE OF THESE PRODUCTS AS VAPING.

24. Have you ever used an electronic vapor product?

- a. Yes
- b. No

25. Do you think using electronic vapor products is harmful to your health?

- a. Yes
- b. No
- c. Not sure

26. Do you think breathing aerosol from electronic vapor products is harmful to your health?

- a. Yes
- b. No
- c. Not sure

27. Compared to cigarette smoking, using electronic vapor products is...

- a. More harmful
- b. Equally harmful
- c. Less harmful
- d. Not harmful
- e. Not sure

28. What age were you when you used an electronic vapor product for the first time?

- a. I have never used an electronic vapor product
- b. 8 or younger
- c. 9
- d. 10
- e. 11
- f. 12
- g. 13
- h. 14
- i. 15
- j. 16
- k. 17 or older

29. During the past 30 days, on how many days did you use an electronic vapor product?

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

30. What are the reasons you began using an electronic vapor product? (SELECT ALL THAT APPLY)

- a. I have never used an electronic vapor product
- b. Friend or family member used electronic vapor products
- c. I liked the available flavors
- d. Curiosity
- e. To try to quit using other tobacco products, such as cigarettes
- f. Cost less than other tobacco products, such as cigarettes
- g. Easier to get than other tobacco products, such as cigarettes
- h. Famous people on TV, movies or social media used electronic vapor products
- i. Less harmful than other tobacco products, such as cigarettes
- j. Could vape in areas where other tobacco products, such as cigarettes, are not allowed
- k. Some other reason

31. During the past 30 days, how did you usually get your electronic vapor product? (CHOOSE ONLY ONE ANSWER)

- a. I did not use an electronic vapor product during the past 30 days
- b. I bought them in a store such as a convenience store, supermarket, or gas station
- c. I got them from my parents
- d. I bought them from another person
- e. I gave someone else money to buy them for me
- f. I bought them on the Internet
- g. I borrowed (or bummed) them from someone else
- h. I stole them from a store
- i. I stole them from someone I know
- j. A person 18 years old or older gave them to me
- k. I got them some other way

32. Where do you usually use an electronic vapor product? (CHOOSE ONLY ONE ANSWER)

- a. I have never used an electronic vapor product
- b. At your home
- c. At another person's home
- d. At a restaurant, bar, or electronic vapor product shop
- e. At a relative's house
- f. At school
- g. In a car
- h. Outside
- i. Somewhere else

33. Have you ever used an electronic vapor product with any of the following? (SELECT ALL THAT APPLY)

- a. I have never used an electronic vapor product
- b. Nicotine juice, liquid, or pod
- c. Marijuana oil or hash oil
- d. Bath salts or flakka
- e. Spice or K2
- f. Non-nicotine juice, liquid, or pod
- g. I have not used any of these drugs while vaping
- h. Not sure

Cigars

THE NEXT QUESTIONS INCLUDE CIGARS, CIGARILLOS, AND LITTLE CIGARS, SUCH AS SWISHER SWEETS™, BLACK & MILD™, PHILLIES™, GARCIA Y VEGA™, MACANUDOS™, OR KING EDWARD™.

34. Have you ever tried smoking cigars, cigarillos, or little cigars, even one or two puffs?

- a. Yes
- b. No

35. What age were you when you smoked a cigar, cigarillo, or little cigar for the first time?

- a. I have never smoked a cigar, cigarillo, or little cigar
- b. 8 or younger
- c. 9
- d. 10
- e. 11
- f. 12
- g. 13
- h. 14
- i. 15
- j. 16
- k. 17 or older

36. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

37. During the past 30 days, how did you usually get your cigars, cigarillos, or little cigars? (CHOOSE ONLY ONE ANSWER)

- a. I did not smoke a cigar, cigarillo, or little cigar during the past 30 days
- b. I bought them in a store such as a convenience store, supermarket, or gas station
- c. I gave someone else money to buy them for me
- d. I borrowed (or bummed) them from someone else
- e. I stole them from a store
- f. I stole them from someone I know
- g. I got them from my parents
- h. A person 18 years old or older gave them to me
- i. I bought them from another person (not in a store)
- j. I bought them on the internet
- k. I got them some other way

Smokeless Tobacco

THE NEXT QUESTIONS INCLUDE CHEWING TOBACCO, SNUFF, OR DIP, SUCH AS RED MAN®, LEVI GARRETT™, BEECH-NUT™, SKOAL®, SKOAL BANDITS™, OR COPENHAGEN®.

38. Have you ever used chewing tobacco, snuff, or dip?

- a. Yes
- b. No

39. What age were you when you used chewing tobacco, snuff, or dip for the first time?

- a. I have never used smokeless tobacco
- b. 8 or younger
- c. 9
- d. 10
- e. 11
- f. 12
- g. 13
- h. 14
- i. 15
- j. 16
- k. 17 or older

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

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

41. During the past 30 days, how did you usually get your chewing tobacco, snuff, or dip? (CHOOSE ONLY ONE ANSWER)

- a. I did not use chewing tobacco, snuff, or dip during the past 30 days
- b. I bought them in a store such as a convenience store, supermarket, or gas station
- c. I gave someone else money to buy them for me
- d. I borrowed (or bummed) them from someone else
- e. I stole them from a store
- f. I stole them from someone I know
- g. I got them from my parents
- h. A person 18 years old or older gave them to me
- i. I bought them from another person (not in a store)
- j. I bought them on the internet
- k. I got them some other way

Flavored Tobacco/Hookah

THE NEXT QUESTIONS ARE ABOUT THE FOLLOWING SPECIALITY TOBACCO PRODUCTS:
 1. FLAVORED CIGARETTES, CIGARS, AND SMOKELESS TOBACCO MADE TO TASTE LIKE CHOCOLATE, CANDY, FRUIT, AND OTHER FLAVORS;
 2. HOOKAH - A WATERPIPE USED FOR SMOKING TOBACCO.

42. Have you ever tried, even once:

	Yes	No
Smoking flavored cigarettes?	<input type="radio"/> a.	<input type="radio"/> b.
Smoking flavored cigars?	<input type="radio"/> a.	<input type="radio"/> b.
Smoking hookah?	<input type="radio"/> a.	<input type="radio"/> b.
Using flavored smokeless tobacco?	<input type="radio"/> a.	<input type="radio"/> b.

43. During the past 30 days, have you:

	Yes	No
Smoked flavored cigarettes?	<input type="radio"/> a.	<input type="radio"/> b.
Smoked flavored cigars?	<input type="radio"/> a.	<input type="radio"/> b.
Smoked hookah?	<input type="radio"/> a.	<input type="radio"/> b.
Used flavored smokeless tobacco?	<input type="radio"/> a.	<input type="radio"/> b.

Marijuana

CONSIDER THESE TYPES OF ITEMS WHEN ANSWERING THE QUESTIONS IN THIS SECTION:
 BLUNT: REMOVING TOBACCO FROM A CIGAR AND FILLING IT WITH MARIJUANA
 JOINT: REMOVING TOBACCO FROM A CIGARETTE (OR USING A CIGARETTE WRAPPER) AND FILLING IT WITH MARIJUANA
 SPLIFF: REMOVING SOME TOBACCO FROM A CIGARETTE AND ADDING MARIJUANA.

44. Have you ever smoked part or all of a blunt, joint, or spliff?

- a. I have never smoked a blunt, joint, or spliff
- b. Yes
- c. No

45. During the past 30 days, on how many days did you smoke blunts, joints, or spliffs?

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

THE NEXT QUESTIONS ASK ABOUT TOBACCO EDUCATION.

46. During this school year, were you taught in any of your classes about the dangers of using: (SELECT ALL THAT APPLY)?

- a. Cigarettes/Cigars
- b. Electronic Vapor Products
- c. Hookah
- d. Smokeless Tobacco
- e. None of the above
- f. Not sure

47. In the past 12 months, have any of the following people talked to you about the dangers of: (SELECT ALL THAT APPLY)

	Doctor or someone in a doctor's office	Dentist or someone in a dentist's office	Parent, guardian, or other adult relative
Cigarettes, Cigars, Hookah	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
I haven't been in the past 12 months	<input type="radio"/> a.	<input type="radio"/> b.	

THE NEXT QUESTIONS ASK ABOUT TOBACCO USE ON SCHOOL PROPERTY, INCLUDING FIELDS, BUILDINGS, PARKING LOTS, OR AT SCHOOL EVENTS.

48. Is there a rule at your school that no one is allowed to smoke cigarettes, chew tobacco, snuff or dip or use electronic vapor products on school property?

	Yes	No	Not Sure
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.

49. During the past 12 months, have you seen students using the following products on school property?

	Yes	No	Not Sure
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.

50. During the **past 12 months**, have you seen **teachers, staff, or other adults** using the following products on school property?

	Yes	No	Not Sure
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.

51. During the **past 30 days**, have **you** used the following products on school property?

	Yes	No
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.
Cigars	<input type="radio"/> a.	<input type="radio"/> b.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.

THE NEXT QUESTIONS ASK ABOUT YOUR THOUGHTS ON TOBACCO.

52. Do you think that you will use any of these tobacco products soon?

	Yes	No	Not Sure
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Cigars	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Hookah	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.

53. Do you think you will smoke or use any of these tobacco products at any time during the next year?

	Yes	No	Not Sure
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Cigars	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Hookah	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.

54. Do you think you will smoke or use any of these tobacco products **5 years from now**?

	Yes	No	Not Sure
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Cigars	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Hookah	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.

55. If one of your best friends offered you any of these products, would you smoke or use it?

	Yes	No	Not Sure
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Cigars	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Hookah	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.

56. Do you think people can get addicted to:

	Yes	No	Not Sure
Cigarettes?	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Cigars?	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Chewing tobacco, snuff, or dip?	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Hookah?	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Electronic Vapor Products?	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.

57. Do you think it would be easy to quit using:

	Yes	No	Not Sure
Cigarettes?	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Cigars?	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Chewing tobacco, snuff, or dip?	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Hookah?	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Electronic Vapor Products?	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.

58. Do you think smoke from other people's products are harmful to you?

	Yes	No	Not Sure
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Cigars	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Hookah	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.

59. Do you think young people who use the following products have more friends?

	Yes	No	Not Sure
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Cigars	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Hookah	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.

60. Do you think using the following products makes young people look cool or fit in?

	Yes	No	Not Sure
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Cigars	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Hookah	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.

61. Do you think using the following products helps people feel more comfortable at parties or in other social situations?

	Yes	No	Not Sure
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Cigars	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Hookah	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.

62. Do you think using the following products help people relieve stress?

	Yes	No	Not Sure
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Cigars	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Hookah	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.

63. Do you think smoking cigarettes helps people maintain or control body weight?

- a. Yes b. No

64. Do you think your friends view cigarette smoking among adults as acceptable?

- a. Yes b. No c. Not sure

65. Do you think people in your neighborhood or community view cigarette smoking among adults as acceptable?

- a. Yes b. No c. Not sure

THE NEXT QUESTIONS ASK ABOUT EVENTS YOU MAY HAVE ATTENDED OR WHAT YOU HAVE SEEN ON TV.

66. During the past 12 months, have you participated in any community events to discourage people your age from using cigarettes, chewing tobacco, snuff, dip, or cigars?

- a. Yes b. No

67. During the past 12 months, have you participated in any school sponsored events to discourage people your age from using any of the following products?

	Yes	No
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.
Cigars	<input type="radio"/> a.	<input type="radio"/> b.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.
Hookah	<input type="radio"/> a.	<input type="radio"/> b.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.

68. Think about the movie, video, or show you last watched on TV or the internet. Did any characters use the following products?

	Yes	No
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.
Cigars	<input type="radio"/> a.	<input type="radio"/> b.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.
Hookah	<input type="radio"/> a.	<input type="radio"/> b.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.

69. The last time you visited the following places, did you see tobacco advertisements, such as displays or posters?

	Yes	No
Convenience store	<input type="radio"/> a.	<input type="radio"/> b.
Gas station	<input type="radio"/> a.	<input type="radio"/> b.
Pharmacy/Drug store	<input type="radio"/> a.	<input type="radio"/> b.
Grocery store	<input type="radio"/> a.	<input type="radio"/> b.
Big box store, such as Walmart ® or K-Mart ™	<input type="radio"/> a.	<input type="radio"/> b.
Other	<input type="radio"/> a.	<input type="radio"/> b.

70. Have you ever seen any flavored tobacco products (such as chocolate, candy, or fruit flavors) or any advertising for them?

- a. Yes b. No

71. During the past 30 days, have you heard or seen advertising for Electronic Vapor Products in any of the following places?

	Yes	No
Commercials on the radio	<input type="radio"/> a.	<input type="radio"/> b.
Commercials on TV	<input type="radio"/> a.	<input type="radio"/> b.
On the internet	<input type="radio"/> a.	<input type="radio"/> b.
On billboards or outdoor signs	<input type="radio"/> a.	<input type="radio"/> b.
In magazines or newspapers	<input type="radio"/> a.	<input type="radio"/> b.

THE NEXT QUESTIONS ASK ABOUT YOUR EXPOSURE TO TOBACCO.

72. During the past 30 days, when you were in the following locations did someone smoke or vape around you? (SELECT ALL THAT APPLY)

	Smoke?	Vape?	Neither
At home	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
At school	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
At work	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
In another public place like a mall	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
At someone else's home	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
In your parent's vehicle	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
In someone else's vehicle	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
At some other place	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.

73. During the past 30 days, when you were around someone who was smoking indoors, who was smoking?

- a. I was not around someone smoking in the past 30 days
- b. One or both of my parents
- c. Another relative
- d. One or more of my friends
- e. Someone I work with
- f. Someone I don't know

74. During the **past 12 months**, have you asked someone not to use the following products around you?

	Yes	No
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.
Cigars	<input type="radio"/> a.	<input type="radio"/> b.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.
Hookah	<input type="radio"/> a.	<input type="radio"/> b.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.

75. During the **past 12 months**, have you asked someone who lives in your home to quit any of the following:

	Yes	No
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.
Cigars	<input type="radio"/> a.	<input type="radio"/> b.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.
Hookah	<input type="radio"/> a.	<input type="radio"/> b.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.

76. Does anyone who lives in your home use any of the following products? (Do not count yourself)

	Yes	No
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.
Cigars	<input type="radio"/> a.	<input type="radio"/> b.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.
Hookah	<input type="radio"/> a.	<input type="radio"/> b.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.

77. Is the use of any of the following allowed in.... (SELECT ALL THAT APPLY)

	Your home?	Any vehicles you or your household drive or ride in as a passenger?	Neither
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Cigars	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Hookah	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.

78. Have your parents ever offered you any of the following tobacco products?

	Yes	No
Cigarettes	<input type="radio"/> a.	<input type="radio"/> b.
Cigars	<input type="radio"/> a.	<input type="radio"/> b.
Chewing tobacco, snuff, or dip	<input type="radio"/> a.	<input type="radio"/> b.
Hookah	<input type="radio"/> a.	<input type="radio"/> b.
Electronic Vapor Products	<input type="radio"/> a.	<input type="radio"/> b.

79. Which statement best describes you?

- a. I do not use tobacco products
- b. I use tobacco products and my parents don't know about it
- c. I use tobacco products and my parents don't like it
- d. I use tobacco products and my parents don't mind

80. During the **past 30 days**, which type of tobacco product did you use most?

- a. I did not use a tobacco product in the past 30 days
- b. Cigarettes
- c. Cigars
- d. Chewing tobacco, snuff, or dip
- e. Hookah
- f. Electronic Vapor Products

THE NEXT QUESTIONS ASK ABOUT TOBACCO PURCHASING LAWS: TOBACCO INCLUDES ELECTRONIC VAPOR PRODUCTS AS WELL AS TRADITIONAL TOBACCO.

81. When you bought or tried to buy tobacco during the **past 30 days**, were you asked to show proof of age?

- a. I did not try to buy tobacco in the past 30 days
- b. Yes
- c. No

82. During the **past 30 days**, did anyone refuse to sell you tobacco due to your age?

- a. I did not try to buy tobacco in the past 30 days
- b. Yes
- c. No

83. When you bought or tried to buy tobacco during the **past 30 days**, did you use or try to use a fake ID?

- a. I did not try to buy tobacco in the past 30 days
- b. Yes
- c. No

84. What is the youngest a person can legally buy tobacco in Florida?

- a. Less than 16 years old
- b. 16 years old
- c. 18 years old
- d. 21 years old
- e. Not sure

85. Does Florida have a law that punishes anyone under age 18 who has tobacco products in their possession?

- a. Yes
- b. No
- c. Not sure

THE LAST QUESTIONS ASK ABOUT YOU

86. Which of these statements best describes the food eaten in your home in the last 12 months:

- a. Enough of the kinds of food we want to eat
- b. Enough, but not always the kinds of food we want to eat
- c. Sometimes not enough to eat
- d. Often not enough to eat
- e. Not sure

87. Thinking about the social networking sites you use; about how often do you visit the following. . .

	Never	Every few months	Every few weeks	1-2 days a week	3-5 days a week	Once a day	Several times a day
Facebook	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.	<input type="radio"/> d.	<input type="radio"/> e.	<input type="radio"/> f.	<input type="radio"/> g.
Instagram	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.	<input type="radio"/> d.	<input type="radio"/> e.	<input type="radio"/> f.	<input type="radio"/> g.
Twitter	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.	<input type="radio"/> d.	<input type="radio"/> e.	<input type="radio"/> f.	<input type="radio"/> g.
Snapchat	<input type="radio"/> a.	<input type="radio"/> b.	<input type="radio"/> c.	<input type="radio"/> d.	<input type="radio"/> e.	<input type="radio"/> f.	<input type="radio"/> g.

88. Has a doctor or nurse ever told you that you have asthma?

- a. Yes b. No c. Not sure

89. Do you still have asthma?

- a. I have never had asthma
 b. Yes
 c. No
 d. Not sure

90. During the past 12 months, did you have an asthma attack?

- a. I have never had asthma
 b. Yes
 c. No
 d. Not sure

91. During the past 12 months, how many times did you go to an emergency room or urgent care center because of your asthma?

- a. I have never had asthma
 b. 0 times
 c. 1 to 3 times
 d. 4 to 9 times
 e. 10 to 12 times
 f. 13 or more times

92. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

- a. 0 days e. 4 days
 b. 1 day f. 5 days
 c. 2 days g. 6 days
 d. 3 days h. 7 days

93. How tall are you without your shoes on? (Write your height in the blank boxes. Fill in the matching circle below each written number.)

Example

Height	Height
5 7	
<input type="radio"/> 0 <input type="radio"/> 0	<input type="radio"/> 0 <input type="radio"/> 0
<input type="radio"/> 1 <input type="radio"/> 1	<input type="radio"/> 1 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 2	<input type="radio"/> 2 <input type="radio"/> 2
<input type="radio"/> 3 <input type="radio"/> 3	<input type="radio"/> 3 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 4	<input type="radio"/> 4 <input type="radio"/> 4
<input checked="" type="radio"/> 5 <input type="radio"/> 5	<input type="radio"/> 5 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 6	<input type="radio"/> 6 <input type="radio"/> 6
<input type="radio"/> 7 <input type="radio"/> 7	<input type="radio"/> 7 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 8	<input type="radio"/> 8 <input type="radio"/> 8
<input type="radio"/> 9 <input type="radio"/> 9	<input type="radio"/> 9 <input type="radio"/> 9
<input type="radio"/> 10 <input type="radio"/> 10	<input type="radio"/> 10 <input type="radio"/> 10
<input type="radio"/> 11 <input type="radio"/> 11	<input type="radio"/> 11 <input type="radio"/> 11

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

Example

Weight	Weight
1 5 2	
<input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0	<input type="radio"/> 0 <input type="radio"/> 0 <input type="radio"/> 0
<input checked="" type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1	<input type="radio"/> 1 <input type="radio"/> 1 <input type="radio"/> 1
<input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2	<input type="radio"/> 2 <input type="radio"/> 2 <input type="radio"/> 2
<input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3	<input type="radio"/> 3 <input type="radio"/> 3 <input type="radio"/> 3
<input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4	<input type="radio"/> 4 <input type="radio"/> 4 <input type="radio"/> 4
<input checked="" type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5	<input type="radio"/> 5 <input type="radio"/> 5 <input type="radio"/> 5
<input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 6	<input type="radio"/> 6 <input type="radio"/> 6 <input type="radio"/> 6
<input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 7	<input type="radio"/> 7 <input type="radio"/> 7 <input type="radio"/> 7
<input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 8	<input type="radio"/> 8 <input type="radio"/> 8 <input type="radio"/> 8
<input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9	<input type="radio"/> 9 <input type="radio"/> 9 <input type="radio"/> 9

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

- a. Lose weight
 b. Gain weight
 c. Stay the same weight
 d. I am not trying to do anything about my weight

