



Tackling socio-economic inequalities in smoking: learning from natural experiments by time trend analyses and cross-national comparisons

Student questionnaire

Before you start, please read this.

This questionnaire is part of an international study on smoking among European students, which is receiving financial support from the European Commission. The study is called SILNE.

Most of the questions are about smoking, but there also questions about your friends and school life, family, exercise and health. This questionnaire will help to better understand smoking among young people. It will be answered by around 8000 students like you, in five different countries.

This is a confidential questionnaire; all the information will be kept confidential and no names will be used. You should put your completed questionnaire into the enclosed envelope and seal it yourself. Your [TEACHER /SURVEY LEADER] will collect the envelopes after you have filled in the questionnaire.

Your school has been randomly selected to take part in this study. In [COUNTRY] the survey is carried out by [ORGANISATION]. Taking part is voluntary. It is important that you answer as thoughtfully and frankly as possible. The results will not be published by school or by individual classes. Remember: your answers will be treated as strictly confidential.

Please mark your answer to each question by making an "X" in the box. If you have a question, please raise your hand and your [TEACHER /SURVEY LEADER] will assist you.

Thank you in advance for taking part!

Please begin ...

SILNE

Student questionnaire

Country

City

School number

Grade

Class number

A In the box below, write the code that appears opposite your name.

--	--	--	--

Your classmates and your best friends

B Which of your classmates do you prefer to work with or ask for advice, for example on homework or on an assignment in the grade X and X+1 ?

Could you identify the names of the classmates in question on the list (maximum 5) and write their codes in the box below.

Code	First and Last name (only for Finland)	Did he/she become close since last September?
------	---	--

(Please write down the first name only)

If your answer is yes, tick the box.

--	--	--	--

.....

--

--	--	--	--

.....

--

--	--	--	--

.....

--

--	--	--	--

.....

--

--	--	--	--

.....

--

C Who are your best friends in the grade X and X+1?

Could you identify the name of your best and closest friends on the list (maximum 5) and write their codes below. Boys may include girls who are friends or girlfriends; Girls may include boys who are friends or boyfriends.

Code	First and Last name (only for Finland)	Have you met him/her after school to hang out or go somewhere in the last month, including the weekend?	Have you talked with him/her on the telephone, chatted on Facebook, Google Talk, Skype, etc. or sent him/her a text or e-mail in the last seven days?	Did he/she become close since last September?
------	---	---	---	---

(Please write down the
first name only)

If your answer is yes, tick the
box.

If your answer is yes, tick the
box.

If your answer is yes, tick the
box.

--	--	--	--

.....

--

--

--

--	--	--	--

.....

--

--

--

--	--	--	--

.....

--

--

--

--	--	--	--

.....

--

--

--

--	--	--	--

.....

--

--

--

About you

The next few questions ask for some background information about you.

1 How old are you today?

☐ 12 years
☐ 13 years☐ 14 years
☐ 15 years☐ 16 years
☐ 17 years☐ 18 years
☐ 19 years or older

2 Are you ...

☐ Female?
☐ Male?

3 In which country were you born?

☐ In this country

go to question 5

Another country:

go to question 4

4 If you were born in another country, in what year did you move to this country?

Year

Health and lifestyle

The next few questions are about your health and things you do.

5 Would you say your health is...?

☐ Excellent
☐ Good
☐ Fair
☐ Poor

6 Do you have a long-term illness, disability, or medical condition (like diabetes, arthritis, an allergy, or cerebral palsy) that has been diagnosed by a doctor?

☐ Yes
☐ No

7 In the last 7 days, how did you usually get to or from school?

Mark all that apply

☐ Walk, bike, skateboard
☐ School bus
☐ Car
☐ Public transport

8 On average, how many hours of hard physical activity do you do on each days of week?

This includes physical activity during physical education class, lunch, evening, and spare time. Hard physical activities are jogging, cycling, team sports, fast dancing and any other physical activities that increase your heart rate and make you breathe hard or sweat.

For example: If you did 30 minutes of hard activity on Monday, you will need to tick the 30 mins , as show below:

	None	30 mins	1 hour	1 hour and half	2 hours	2 hours and half	3 or more hours
Monday		<input checked="" type="checkbox"/>					

	None	30 mins	1 hour	1 hour and half	2 hours	2 hours and half	3 or more hours
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

"A drink of alcohol" means: 1 regular-sized bottle, can, or glass of draught beer; 1 glass of wine; 1 shot of spirits (rum, whisky, etc); or a mixed drink (1 shot of spirits with juice, energy drink, etc.). (Maybe it is needed to adjust this instruction according to country)

9 Thinking back over the last 12 months, how often did you have a drink of alcohol (more than just a sip)?

☐ I did not have a drink of alcohol in the last 12 months
☐ I have only had a sip of alcohol
☐ Less than once a month
☐ Once a month
☐ 2 or 3 times a month
☐ Once a week
☐ Twice or more a week

10 How old were you when you first had a drink of alcohol that was more than a sip?

☐ I have never ever had a drink of alcohol

[go to question 12](#)

☐ 9 years or younger
☐ 10 years

☐ 11 years
☐ 12 years

☐ 13 years
☐ 14 years

☐ 15 years
☐ 16 years

☐ 17 years
☐ 18 years or older

11 In the last 12 months, how often did you have 5 or more alcoholic drinks on one occasion?

- ☐ I did not have 5 or more drinks on one occasion in the last 12 months
☐ Less than once a month
☐ Once a month
☐ 2 or 3 times a month
☐ Once a week
☐ Twice or more a week

12 Thinking back over the last 12 months, how often did you use marijuana or cannabis?

(a joint, pot, weed, hash...)

- ☐ I have never used marijuana
☐ I have used marijuana but not in the last 12 months
☐ Less than once a month
☐ Once a month
☐ 2 or 3 times a month
☐ Once a week
☐ Twice or more a week

Your Experience with Smoking

The next few questions are about smoking (including cigarettes, cigars, and cigarrillos or little cigars).

There is a lot of talk these days about the use of tobacco, but very little accurate information. So we still have a lot to learn about the actual experiences and attitudes of people your age.

13 Have you ever tried cigarette smoking, even just a few puffs?

- ☐ No
☐ Yes

[go to question 28](#)

14 How old were you when you first tried smoking cigarettes, even just a few puffs ?

☐ 9 years or younger
☐ 10 years

☐ 11 years
☐ 12 years

☐ 13 years
☐ 14 years

☐ 15 years
☐ 16 years

☐ 17 years
☐ 18 years or older

15 How many cigarettes have you smoked altogether until now?

- ☐ Only one
☐ About 2 - 50
☐ About 50 - 100
☐ More than 100

16 [How many cigarettes](#) have you smoked during the last 30 days ?

- ☐ None
☐ 1 to 2 cigarettes during the last 30 days
☐ 1 to 2 cigarettes per week
☐ 1 to 5 cigarettes per day
☐ 6 to 10 cigarettes per day (about 1/2 a pack total)
☐ 11 to 20 cigarettes per day (about 1 pack total)
☐ 21 to 30 cigarettes per day
☐ More than 30 cigarettes per day

17 Have you ever tried to quit smoking cigarettes?

☐ I have only smoked a few times

go to question 23

☐ I have never tried to quit

☐ I have tried to quit at least once

☐ I already quit smoking

go to question 28

18 When you are in a place where smoking is forbidden, is it difficult for you not to smoke?

☐ Very difficult

☐ Difficult

☐ Somewhat difficult

☐ Slightly difficult

☐ Not at all difficult

19 Do you smoke more in the morning than during the rest of the day?

☐ Always

☐ Usually

☐ Sometimes

☐ Rarely

☐ Never

20 Do you smoke even when you are really sick (e.g. coughing or vomiting a lot)?

☐ Always

☐ Usually

☐ Sometimes

☐ Rarely

☐ Never

21 How deeply do you inhale the smoke?

☐ Just into the mouth

☐ As far back as the throat

☐ Partly into the chest

☐ Deeply into the chest

22 How soon after waking up in the morning do you smoke your first cigarette?

☐ When you first open your eyes

☐ Within the first 15 minutes after waking up

☐ Between 15 and 30 minutes

☐ Between 30 and 60 minutes

☐ Between 1 and 2 hours

☐ More than 2 hours

23 Where do you usually smoke cigarettes? (Mark all that apply)

☐ At home

☐ On the school premises

☐ Just outside the school

☐ At a workplace

☐ At friends' houses

☐ In a cafe, pub, nightclub, or shopping centre.

☐ In other public spaces (e.g. parks, street corners)

24 How often do you smoke cigarettes on your own?

☐ Never

☐ Sometimes

☐ Often

☐ Always

25 During the past 30 days (one month), how did you usually get your own cigarettes?

(Mark all that apply)

- ☐ I did not smoke cigarettes during the past 30 days (one month)
- ☐ I bought them in a shop or from a street vendor
- ☐ I bought them from a vending machine
- ☐ My parents or siblings gave them to me
- ☐ Friends gave them to me
- ☐ I got them some other way

26 How do your close friends feel about your smoking?

- ☐ They approve
- ☐ They disapprove but still be your friends
- ☐ They disapprove and stop being your friends
- ☐ They don't care

27 How do you think your parents feel about your smoking or would feel if they found out you smoke cigarettes ?

- ☐ They are or would not upset at all
- ☐ They are or would be a little upset
- ☐ They are or would be pretty upset
- ☐ They are or would be very upset

Go to question
32

Questions 28, 29, 30 and 31 should be answered by people who have never tried cigarette smoking or by people who already quit smoking.

28 Do you think that you will smoke a cigarette soon?

- ☐ Definitely not
- ☐ Probably not
- ☐ Probably yes
- ☐ Definitely yes

29 How difficult do you think it would be for you to get cigarettes if you wanted?

- ☐ Very difficult
- ☐ Fairly difficult
- ☐ Fairly easy
- ☐ Very easy

30 What would your close friends think of you if you started to smoke cigarettes?

- ☐ They would approve
- ☐ They would disapprove but still be your friends
- ☐ They would disapprove and stop being your friends
- ☐ They wouldn't care

31 What would your parents think of you if you started to smoke cigarettes?

- ☐ They would not be upset at all
- ☐ They would be a little upset
- ☐ They would be pretty upset
- ☐ They would be very upset

32 If one of your friends offered you a cigarette would you smoke it?

- ☐ Definitely not
- ☐ Probably not
- ☐ Probably yes
- ☐ Definitely yes

33 Do any of your best and closest friends smoke cigarettes?

- ☐ None of them
- ☐ Some of them
- ☐ Most of them
- ☐ All of them

Your Family

34 In which country was your mother born?

☐ this country
Another country

35 In which country was your father born?

☐ this country
Another country

36 What was the highest level of schooling your father attended? (Options must be adjusted according to country)

☐ Completed primary school or less
☐ Secondary school, not completed
☐ Completed secondary
☐ College or university, not completed
☐ Completed college or university
☐ I don't know

37 What was the highest level of schooling your mother attended? (Options must be adjusted according to country)

☐ Completed primary school or less
☐ Secondary school, not completed
☐ Completed secondary
☐ College or university, not completed
☐ Completed college or university
☐ I don't know

The next few questions are about your parents' work. Work means any work for pay (whether cash payment or payment in goods or services rather than money) or profit during the last two weeks, even for as little as one hour.

38 Was your father working last two weeks?

☐ No
☐ Yes
☐ Don't know or not apply

go to question 40

39 If NOT, please tick the box that best describes the situation:

☐ He was unfit for work.
☐ He was on holidays
☐ He was retired, a student, or on parental leave
☐ He was unemployed less than 1 year
☐ He was unemployed for 1 year or longer
☐ He took care of others or was at home full-time
☐ I don't know

40 Was your mother working last two weeks?

☐ No
☐ Yes
☐ Don't know or not apply

go to question 42

41 If NOT, please tick the box that best describes the situation:

☐ She was unfit for work.
☐ She was on holidays
☐ She was retired, a student, or on parental leave
☐ She was unemployed for less than 1 year
☐ She was unemployed for 1 year or longer
☐ She took care of others or was at home full-time
☐ I don't know

Your family and your house

All families are different (for example, not everyone lives with both their parents, sometimes people live with just one parent, or they have two homes or live with two families) and we would like to know about yours. Please answer the following questions for the home where you live all or most of the time.

42 Which of the following people live in the home where you live all or most of the time?

Mark all that apply

- ☐ Father
- ☐ Stepfather
- ☐ Mother
- ☐ Stepmother
- ☐ Brother(s) / Steptbrother(s)
- ☐ Sister(s) / Stepsister(s)
- ☐ Grandparent(s)
- ☐ Other relative(s)
- ☐ Non-relative(s)
- ☐ I live alone
- ☐ I live in a boarding school

43 What language do you **speak most often at home**?

☐ National language (each country adjust this option)

Another language

The next few questions are about your home (the house/flat/apartment where you spend most time and where your parents live). If you live in more than one home (e.g. one week, you stay at your mother's place and the next week, you stay at your father's or somewhere else), ANSWER ONLY for the place you live in all or most of the time.

44 Does your family own a car, van, or truck ?

- ☐ No
- ☐ Yes
- ☐ Yes, two or more

45 Do you have your own bedroom?

- ☐ No
- ☐ Yes

46 How many computers/laptops/ tablets does your family own ?

- ☐ None
- ☐ One
- ☐ Two
- ☐ More than two

47 During the past 12 months, how many times did you travel away on holiday with your family ?

- ☐ Not at all
- ☐ Once
- ☐ Twice
- ☐ More than twice

48 Does your family own the house/flat/apartment where you live?

- ☐ Yes
- ☐ No

49 Imagine that this ladder pictures how COUNTRY society is made up. At the top of the ladder are the people who are the best off - they have the most money, the highest amount of schooling and the jobs that bring the most respect. At the bottom of the ladder are the people who are the people who are the worst off - they have little or no education, no job, or jobs that make little money. Now think about your family. Please tell us where you think your family would be on this ladder.

Fill in the square that best represents where your family would be on this ladder

<input type="checkbox"/>	10	Best off
<input type="checkbox"/>	9	
<input type="checkbox"/>	8	
<input type="checkbox"/>	7	
<input type="checkbox"/>	6	
<input type="checkbox"/>	5	
<input type="checkbox"/>	4	
<input type="checkbox"/>	3	
<input type="checkbox"/>	2	
<input type="checkbox"/>	1	
<input type="checkbox"/>	0	Worst off

50 About how much money do you usually get each week to spend on yourself or to save from pocket money (allowances) and jobs like babysitting, delivering papers, etc.? (Must be adjusted according to country)

<input type="checkbox"/>	Zero
<input type="checkbox"/>	Less than € 5
<input type="checkbox"/>	€ 6 to € 10
<input type="checkbox"/>	€ 11 to € 20
<input type="checkbox"/>	€ 21 to € 50
<input type="checkbox"/>	€ 51 to € 100
<input type="checkbox"/>	More than € 100

Smoking rules in your home

The next few questions are about the rules on smoking in your home (home means where you live all or most of the time).

51 Does any member of your household smoke cigarettes?

(Mark all that apply, tick one box for each line)

	Yes	No	No apply
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother(s) / Steptbrother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister(s) / Stepsister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relative(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-relative(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52 Is smoking permitted in your home?

<input type="checkbox"/>	No one is permitted to smoke in my home
<input type="checkbox"/>	Smoking is permitted only in certain areas in my home
<input type="checkbox"/>	Smoking is permitted freely in my home
<input type="checkbox"/>	I cannot say

Your School and You

The next few questions are about your school and for more information about you.

53 When did you start to study in this school?

<input type="checkbox"/>	Last school year
<input type="checkbox"/>	This school year
<input type="checkbox"/>	Two school years
<input type="checkbox"/>	More than two school years

54 Which of the following best describes your marks during the past year? (Must be adjusted according to country)

<input type="checkbox"/>	Mostly As / above 85%
<input type="checkbox"/>	Mostly As and Bs / 70-84%
<input type="checkbox"/>	Mostly Bs and Cs / 60-69%
<input type="checkbox"/>	Mostly Cs / 50-59%
<input type="checkbox"/>	Mostly lower than C / below 50%

55 Please choose the alternative that best describes your situation

(Tick one box for each line)

	Never	A couple of times a year	Once a month	A couple of times a month	A couple of times a week	Daily
Time flies when I am studying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel strong and vigorous when I am studying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am enthusiastic about my studies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56 Please choose the alternative that best describes your situation

(Tick one box for each line)

	Completely disagree	Disagree	Partly disagree	Partly agree	Agree	Completely agree
I often have feelings of inadequacy in my schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I am losing interest in my schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I brood over matters related to my schoolwork a lot during my free time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57 How strongly do you agree or disagree with each of the following?

(Tick one box for each line)

	Strongly disagree	Disagree	Agree	Strongly agree
I feel close to people at my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I am part of my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy to be at my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel the teachers at my school treat me fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe in my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58 How often do you see students smoking on school premises?

<input type="checkbox"/> Never
<input type="checkbox"/> Sometimes
<input type="checkbox"/> Often
<input type="checkbox"/> Always

59 How often do you see teachers smoking?

<input type="checkbox"/> Never
<input type="checkbox"/> Sometimes
<input type="checkbox"/> Often
<input type="checkbox"/> Always

60 In your opinion, how many people of your age in your school smoke cigarettes?

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61 Is there a rule against tobacco in your school?

<input type="checkbox"/> There is no rule
<input type="checkbox"/> There is a rule but it isn't enforced
<input type="checkbox"/> There is a rule and it is sometimes enforced
<input type="checkbox"/> There is a rule and it is strictly enforced
<input type="checkbox"/> Don't know

62 Do you think that cigarette smoking is harmful to your health?

<input type="checkbox"/>	Definitely not
<input type="checkbox"/>	Probably not
<input type="checkbox"/>	Probably yes
<input type="checkbox"/>	Definitely yes

63 Do you think the smoke from other people's cigarettes is harmful to your health?

<input type="checkbox"/>	Definitely not
<input type="checkbox"/>	Probably not
<input type="checkbox"/>	Probably yes
<input type="checkbox"/>	Definitely yes

64 When I am an adult:

(Tick one box for each line)

I do not believe this at all	I do not believe this	I believe this	I certainly believe this
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I will have good health
I will have a long life
I will have a healthy diet
I will participate in sports

Thank you for participating in this survey.

SILNE

School questionnaire

Worksheet

Must be adjusted according to country

Country
City
School number
Type of school
ID

School Characteristics

The following questions are about general characteristics of your school.

1 What is the total number of secondary students at your school?

Number of boys

Number of girls

2 About what percentage of secondary students in your school has a first language that is not the native language of the school?

--

3 What is the total number of secondary teachers at your school?

Number of teachers

Number of supervisors teachers

4 How many classes are in your school per grade?

Number

--

How many pupils are in your school per class?

Number

--

5 Which of these facilities in your school area or in the school neighbourhood (up to 2 km) are used by your

(Mark all that apply)

Yes, in the school area

Yes, in the school neighbourhood

No, it isn't used.

Gymnasium, sport hall

Swimming facilities

Football or other pitch / playing field / running track / tennis court

Court space / playground

Green fields/parks/nature reserves

6 How well off is the area in which the school is located?

- ☐ Not at all well off
☐ Not so well off
☐ Average
☐ Quite well off
☐ Very well off

7 How well off are your pupils' families compared to other families in your city?

- ☐ Very much better off
☐ Much better off
☐ Better off
☐ About the same
☐ Less well off
☐ Much less well off
☐ Very much less well off

Country	
City	
School number	
Type of school	
ID	

Physical School Environment

The questions below are about the physical environment of the school, such as its facilities and equipment, building maintenance, and indoor air quality.

1 To what extent do you agree with the following statements about your school?

(Mark all that apply, tick one box for each line)

[illegible]

2 How much of a problem are the following in the neighbourhood where your school is located?

(Mark all that apply, tick one box for each line)

(Mark all that apply, tick one box for each line)

	Major problem	Moderate problem	Minor problem	No problem at all
Garbage, litter, or broken glass in the street or road, on footpaths, or in yards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selling or using drugs or excessive drinking in public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence or vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 Can cigarettes or tobacco products be bought within 100 metres of your school buildings?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

4 How do you estimate the atmosphere/the social climate is at your school?

☐ Very good
☐ Good
☐ Rather good
☐ Rather bad
☐ Bad
☐ Very bad

Smoking

The next few questions are about your school's policy regarding cigarette-smoking by students, staff, and visitors. By staff, we mean school administrators, teachers, school secretaries, food service staff, and other staff. By visitors, we mean other than students and staff, including community members and repair workers. These people might visit school during or outside of school hours.

5 Has the school adopted a policy prohibiting cigarette smoking?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

6 Does that policy specifically prohibit smoking cigarettes at each of the following times for each of the following groups?

[illegible]

7 Does that policy specifically prohibit smoking cigarettes at each of the following locations for each of the following

[illegible]

8 How long have your school policies on tobacco use been in place?

- ☐ 5 or more years
☐ 3 to 4 years
☐ 1 to 2 years
☐ Less than 1 year

9 Is tobacco advertising prohibited...

In the school building?

On school grounds, including on the outside of the school building or on playing fields

On school buses or other vehicles used to transport students?

In school publications?

In relation to the sponsorship of school events?

Yes

No

10 Does your school have a smoking area/zone (e.g. a room or location) for :

Students

Staff

Visitors

Yes

No

11 Have you seen any students break the school's smoking rules since September?

- ☐ No
☐ Yes

12 Does your school have procedures for informing all students...

About rules related to cigarette smoking by students?

About what happens if they break the rules?

Yes

No

13 Which of the following methods does your school use to communicate its rules on cigarette smoking to students?

In writing in a student diary

In writing in a school handbook

In writing in a school newsletter

Verbally, in discussions with students (e.g. assemblies, school council)

Posted on school website(s)

On display at school

E-mail

Yes

No

14 Since September, how many students have broken the school's smoking rules?

- ☐ None
☐ A few
☐ Some
☐ Most
☐ All

15 What were the consequences for students who were caught violating your school's smoking rules since September?

(Mark all that apply)

- ☐ Warning issued (written or verbal)
☐ Parents informed
☐ Referred to a school administrator
☐ Referred to a school counsellor
☐ Encouraged, but not required, to participate in an assistance, education, or quit-smoking programme
☐ Required to participate in an assistance, education, or quit-smoking programme
☐ Tobacco confiscated
☐ Assigned additional class work (written/presentation)
☐ Assigned to help around the school
☐ Fine
☐ Detention
☐ Suspension
☐ Expulsion

16 Does your school have procedures for informing the families of all students...

About rules related to cigarette smoking by students?
About what happens if they break the rules?

Yes

No

17 Does your school have procedures for informing staff ...

About rules related to cigarette smoking by staff?
About what happens if they break the rules?

Yes

No

18 Does your school have procedures for informing visitors to the school...

About rules related to cigarette smoking by visitors?
About what happens if they break the rules?

Yes

No

Health Promotion and Prevention at your school

The following questions are about health promotion and prevention initiatives at your school.

19 At your school are teacher hours devoted specifically to discouraging tobacco use?

<input type="checkbox"/> Yes
<input type="checkbox"/> No (Go to 21)

20 For which of these grades does your school provide advice on tobacco use (e.g. educational activities) ? (Must be adjusted according to country)

(Mark all that apply, tick one box for each line)

	Yes, it is mandatory	Yes, it is offered	No	I don't know
Grade 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21 How does your school's tobacco education programme fit into the curriculum? (Must adjusted according to country)

(Mark all that apply)

<input type="checkbox"/> It is taught separately
<input type="checkbox"/> It is part of the school health programme
<input type="checkbox"/> It is taught within the context of other subject areas (e.g. In the context of family studies, biology, or religion/ethics, if applicable)

The following questions are about giving-up-smoking programmes offered at your school

22 Does your school offer programmes to help people quit smoking (e.g. group sessions, self-help materials, individual counselling by a nurse)?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

23 Since September, has your school worked with your regional health authority, local public health unit, or external experts (e.g. psychologists, social workers) on developing or implementing activities designed to discourage tobacco use or help people quit:

	Yes	No
Preventive activities	<input type="checkbox"/>	<input type="checkbox"/>
Giving up	<input type="checkbox"/>	<input type="checkbox"/>

The next question is about procedures your school uses to involve student, families, and other community members in your efforts to discourage tobacco use.

24 During this academic year, have

Students helped to develop, communicate, or implement policies or activities intended to discourage tobacco use?
Students' families helped to develop, communicate, or implement policies or activities intended to discourage tobacco use?
Community members helped to develop, communicate, or implement policies or activities intended to discourage tobacco use?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

25 Over the past five years, how much tobacco use prevention training have you received?

- ☐ None
☐ More than one full day of in-service training
☐ One full-day of in-service training
☐ Less than a full day of in-service training
☐ I don't remember

26 How strongly do you agree or disagree with each of the following?

(Tick one box for each line)

Your school has a coordinator and/or committee to plan, implement, and coordinate health and well-being activities
School time is allocated to a (or a few) staff member(s) to plan, implement, and coordinate health promotion activities
Health and well-being are part of the school's strategic or development plan

Strongly disagree

Disagree

Agree

Strongly agree

☐
☐
☐☐
☐
☐☐
☐
☐☐
☐
☐

About you

The following questions are about yourself.

27 How old are you?

28 What is your gender?

- ☐ Female
☐ Male

29 What is your primary position in this school? (Must be adjusted according to country.)

- ☐ Principal
☐ Vice principal, assistant principal
☐ Supervisor teacher
☐ Health educational teacher
Other _____

30 For how long have you been working in this school?

Years _____

31 Do you smoke cigarettes daily, occasionally or not at all?

- ☐ Daily
☐ Occasionally
☐ Not at all

Thank you for participating in this survey.