

## **SMART Moves: Nicotine Module Follow-Up Survey For Members in Grades 6-8**

Thank you very much for taking this survey today! Your opinion is important to us and we appreciate your time.

This survey is designed to find out about you, your opinions and your experiences. Your answers will help make Boys & Girls Clubs and Youth Centers more interesting and enjoyable for you and others like you, so please answer honestly.

You can answer honestly because your survey won't have your name on it, and nobody seeing the survey will know your name. This means your answers will never be shared with your parents, friends or anyone in your Club. Your answers will be kept confidential and used to better understand Boys & Girls Clubs, Youth Centers and their members.

Instructions:

1. This is not a test. There are no right or wrong answers.
2. If you don't find the answer that fits exactly, use the answer that comes closest.
3. If you need help with a question, raise your hand and quietly ask the staff member helping you today so that you don't disturb others around you.
4. If any question makes you feel uncomfortable, you don't have to answer it. Just skip it and go to the next question.
5. Your participation is voluntary and will not affect your membership in the Club. Remember, there are no right or wrong answers – only your opinion and your experiences.

Thanks again for your time.

[Unique Identifier]

[Club Site]

[Date]

### How much do you agree or disagree with the following?

I can easily explain issues related to nicotine use to adults.	Strongly Disagree	Disagree	Agree	Strongly Agree
I can easily explain issues related to nicotine use to my peers.	Strongly Disagree	Disagree	Agree	Strongly Agree
I have goals that I want to achieve for my future.	Strongly Disagree	Disagree	Agree	Strongly Agree
I think about how decisions that I make about nicotine use can affect my future.	Strongly Disagree	Disagree	Agree	Strongly Agree
I make healthy decisions about nicotine use that help me achieve my goals for my future.	Strongly Disagree	Disagree	Agree	Strongly Agree
It is important for me to avoid nicotine use.	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel confident that I can say no to using nicotine products.	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel certain in my ability to resist using nicotine products.	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel confident that I can say no to vaping.	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel certain in my ability to resist vaping.	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel confident that I can say no when pressured by a peer to use nicotine products.	Strongly Disagree	Disagree	Agree	Strongly Agree

### For each of the following statements, please tell us how easy or difficult these behaviors are for you.

Asking for advice from a trusted adult before making an important decision about nicotine use.	Very Difficult	Difficult	Easy	Very Easy
Thinking about what might happen before making a decision whether to use nicotine products.	Very Difficult	Difficult	Easy	Very Easy
Applying new knowledge to make decisions about whether to use nicotine products.	Very Difficult	Difficult	Easy	Very Easy
Taking the time to List, Compare and Choose my options and consequences when making decisions about whether to use nicotine products.	Very Difficult	Difficult	Easy	Very Easy
Understanding how advertising can influence my decision to smoke or vape.	Very Difficult	Difficult	Easy	Very Easy
Knowing which places online or in person provide truthful information about smoking or vaping.	Very Difficult	Difficult	Easy	Very Easy
Taking the time to List, Compare, Choose my options and consequences when making decisions about my health.	Very Difficult	Difficult	Easy	Very Easy
Asking for advice from a trusted adult before making an important decision.	Very Difficult	Difficult	Easy	Very Easy
Being able to get information about health from the internet when I need it.	Very Difficult	Difficult	Easy	Very Easy
Knowing which places online or in person provide truthful information.	Very Difficult	Difficult	Easy	Very Easy

**Chose a response for each question.**

Have you ever used an electronic vapor product (Includes electronic cigarettes, cigars, hookahs and vape pens)?	Yes			No		
Have you ever tried cigarette smoking, even one or two puffs	Yes			No		
During the past 30 days, on how many days did you use an electronic vapor product?	0 days	1 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 cigarettes?	0 days	1 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 cigars, cigarillos or little cigars?	0 days	1 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 use chewing tobacco, snuff or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Bandits or Copenhagen?	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days