

SMART Moves: Nicotine Module Reflection 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.

This survey first asks you to tell us how you felt at the **BEGINNING OF** the SMART Moves: Nicotine Module and then it asks you how you are feeling **RIGHT NOW** at the end of the SMART Moves: Nicotine Module. This is called reflection.

[Unique Identifier]

[Club Site]

[Date]

How You Felt at START of Program				Please mark an X for how you felt at the START and how you feel TODAY.				How You Feel TODAY			
Very Easy	Easy	Difficult	Very Difficult	Very Easy	Easy	Difficult	Very Difficult	Very Easy	Easy	Difficult	Very Difficult
				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.							
				Thinking about what might happen before making a decision whether to use nicotine products.							
				Applying new knowledge to make decisions about whether to use nicotine products.							
				Taking the time to List, Compare and Choose my options and consequences when making decisions about whether to use nicotine products.							
				Understanding how advertising can influence my decision to smoke or vape.							
				Knowing which places online or in person provide truthful information about smoking or vaping.							
				Being able to get information on your own about smoking or vaping, to check to see if the information is true.							

[Unique Identifier] _____ [Club Site] _____ [Date]

The following questions are about tobacco use.

How Many Days for the Past 30 Days BEFORE Starting the Program						How Many Days for the Past 30 Days AFTER Starting the Program					
0 Days	1-2 Days	3-5 Days	6-9 Days	10-19 Days	20-29 Days	0 Days	1-2 Days	3-5 Days	6-9 Days	10-19 Days	20-29 Days
Please mark an X for how many days you did the following the past 30 days BEFORE starting the program and for the past 30 days AFTER you started the program.											
Select your response to the following questions.											
Did you use an electronic vapor product (Includes electronic cigarettes, cigars, hookahs and vape pens)?											
Did you smoke cigarettes?											
Did you smoke cigars, cigarillos or little cigars?											
Did you use chewing tobacco, snuff or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Bandits or Copenhagen?											