

SMART Moves: Nicotine Module Reflection Survey For Members in Grades 3-5

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				How You Feel TODAY				
Strongly Agree	Agree	Disagree	Strongly Disagree	How much do you disagree or agree with the following?	Strongly Agree	Agree	Disagree	Strongly Disagree
				I can easily explain issues related to nicotine use to adults.				
				I can easily explain issues related to nicotine use to my peers.				
				I have goals that I want to achieve for my future.				
				I think about how decisions that I make about nicotine use can affect my future.				
				I make healthy decisions about nicotine use that help me achieve my goals for my future.				
				It is important for me to avoid nicotine use.				
				I feel confident that I can say no to using nicotine products.				
				I feel certain in my ability to resist using nicotine products.				
Very Easy	Easy	Difficult	Very Difficult	For each of the following statements, please tell us how easy or difficult these behaviors are for you.	Very Easy	Easy	Difficult	Very Difficult
				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.				