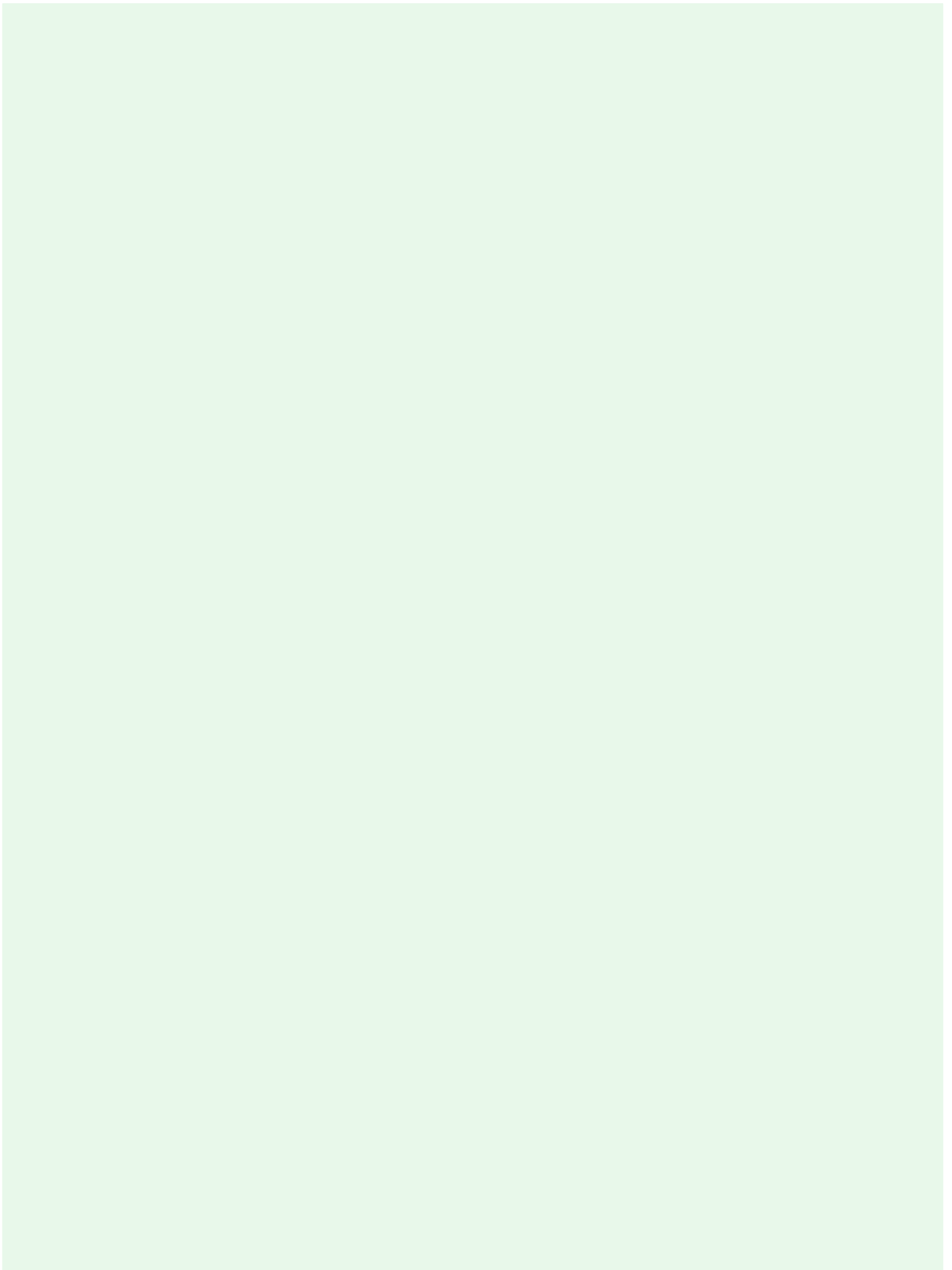


**2006 - 2007**

**Youth Smoking Survey**

00-YS-[SERIAL]-B2-006





# About You

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1. What grade are you in?

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|--------------------------------|-------------------------------------|
| <input type="radio"/> Grade 4  | <b>Quebec Students only</b>         |
| <input type="radio"/> Grade 5  | <input type="radio"/> Grade 4       |
| <input type="radio"/> Grade 6  | <input type="radio"/> Grade 5       |
| <input type="radio"/> Grade 7  | <input type="radio"/> Grade 6       |
| <input type="radio"/> Grade 8  | <input type="radio"/> Secondary I   |
| <input type="radio"/> Grade 9  | <input type="radio"/> Secondary II  |
| <input type="radio"/> Grade 10 | <input type="radio"/> Secondary III |
| <input type="radio"/> Grade 11 | <input type="radio"/> Secondary IV  |
| <input type="radio"/> Grade 12 | <input type="radio"/> Secondary V   |

2. How old are you?

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|--|---|
| <input type="radio"/> 8 years or younger | <input type="radio"/> 14 years          |
| <input type="radio"/> 9 years            | <input type="radio"/> 15 years          |
| <input type="radio"/> 10 years           | <input type="radio"/> 16 years          |
| <input type="radio"/> 11 years           | <input type="radio"/> 17 years          |
| <input type="radio"/> 12 years           | <input type="radio"/> 18 years or older |
| <input type="radio"/> 13 years           |   |

3. Are you a ...

- Girl?  
 Boy?

4. Are you an aboriginal person?

- Yes, First Nations  
 Yes, Métis  
 Yes, Inuit  
 No, I am not an aboriginal person

5. What language do you speak most often at home?

- English  
 French  
 Other

6. How many years have you lived in Canada?

- Born in Canada  
 1 to 2 years  
 3 to 5 years  
 6 to 10 years  
 11 or more years

7. On average, how many hours a day do you watch TV or videos?

- I do not watch TV or videos  
 Less than one hour a day  
 1 to 2 hours a day  
 3 to 4 hours a day  
 5 to 6 hours a day  
 7 or more hours a day

8. How often do you read for fun (not for school)?

- Every day  
 A few times per week  
 Once per week  
 A few times a month  
 Less than once a month  
 Almost never

9. Including graduated licenses, do you currently have a valid driver's license?

- Yes  
 No  
 No, but I had one in the past 12 months  
 I do not know

10. About how much money do you usually get each week to spend on yourself or to save?  
*(Remember to include all money from allowances and jobs like babysitting, delivering papers...)*

- Zero  
 \$1 to \$5  
 \$6 to \$10  
 \$11 to \$20  
 \$21 to \$40  
 \$41 to \$100  
 More than \$100  
 I do not know how much money I get each week

11. Please indicate the first 3 digits of the postal code of where you live.

*Example: Your postal code is A1B 2C3. You fill in:*

A	1	B
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--	--	--

- I do not know

## FOR OFFICE USE ONLY

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
0	1	2	3	4	5	6	7	8	9	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z

For the next 3 questions, choose the answer that describes how you feel about the statement.

12. In general, I like the way I am.

- True
- Mostly true
- Sometimes true / sometimes false
- Mostly false
- False

13. When I do something, I do it well.

- True
- Mostly true
- Sometimes true / sometimes false
- Mostly false
- False

14. I like the way I look.

- True
- Mostly true
- Sometimes true / sometimes false
- Mostly false
- False

### Your Experience with Smoking

15. Are you a smoker?

- Yes
- No

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

- Yes
- No

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

- I have never done this
- I do not know
- 8 years or younger
- 9 years
- 10 years
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years or older

18. Do you think in the future you might try smoking cigarettes?

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

19. If one of your best friends was to offer you a cigarette would you smoke it?

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

20. At any time during the next year do you think you will smoke a cigarette?

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

21. Have you ever smoked a whole cigarette?

- Yes
- No

22. How old were you when you smoked your first whole cigarette?

- I have never smoked a whole cigarette
- I do not know
- 8 years or younger
- 9 years
- 10 years
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years or older

23. Have you ever smoked 100 or more whole cigarettes in your life?

- Yes
- No

24. Have you ever smoked every day for at least 7 days in a row?

- Yes
- No

25. How old were you when you first smoked every day for at least 7 days in a row?

- I have never done this
- I do not know
- 8 years or younger
- 9 years
- 10 years
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years or older

26. In the last 12 months, how often did you smoke?

- I have never smoked
- I have smoked, but not in the last 12 months
- I have tried one cigarette in the last 12 months
- I have had more than one cigarette in the last 12 months



[ SERIAL ]

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27. On how many of the last 30 days did you smoke one or more cigarettes?

- None
- 1 day
- 2 to 3 days
- 4 to 5 days
- 6 to 10 days
- 11 to 20 days
- 21 to 29 days
- 30 days (*every day*)

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28. Thinking back over the last 30 days, on the days that you smoked, how many cigarettes did you usually smoke each day?

- None
- A few puffs to one whole cigarette
- 2 to 3 cigarettes
- 4 to 5 cigarettes
- 6 to 10 cigarettes
- 11 to 20 cigarettes
- 21 to 29 cigarettes
- 30 or more cigarettes

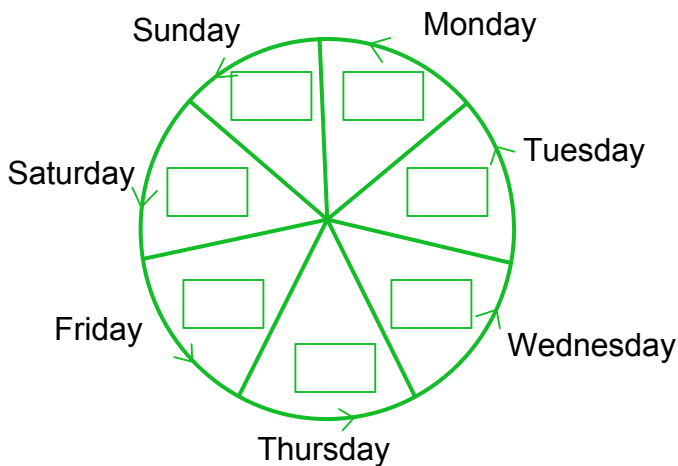
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29. Think back over the last 7 days.

Find yesterday on the wheel and fill in the number of whole cigarettes you smoked.

Then follow the wheel backwards and fill in the number of whole cigarettes you smoked on each of the last 7 days.

If you have not smoked, mark one of the circles below.

- I have never smoked
- I did not smoke over the last 7 days



For office use only

Sun	Mon	Tue	Wed	Thur	Fri	Sat
0 0	0 0	0 0	0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1	1 1	1 1	1 1
2 2	2 2	2 2	2 2	2 2	2 2	2 2
3 3	3 3	3 3	3 3	3 3	3 3	3 3
4 4	4 4	4 4	4 4	4 4	4 4	4 4
5 5	5 5	5 5	5 5	5 5	5 5	5 5
6 6	6 6	6 6	6 6	6 6	6 6	6 6
7 7	7 7	7 7	7 7	7 7	7 7	7 7
8 8	8 8	8 8	8 8	8 8	8 8	8 8
9 9	9 9	9 9	9 9	9 9	9 9	9 9

30. When you smoke, how often do you share a cigarette with others?

- I do not smoke
- Never
- Sometimes
- Usually
- Always

31. What brand of cigarettes do you usually smoke?

- I do not smoke
- I do not have a regular brand
- DuMaurier King Size
- DuMaurier Regular Size
- DuMaurier Light King Size
- DuMaurier Light Regular Size
- DuMaurier Extra Light King Size
- DuMaurier Ultra Light King Size
- Export "A" Regular Size
- Export "A" Medium Regular Size
- Export "A" Light Regular Size
- No. 7 King Size
- No. 7 Light King Size
- No. 7 Light Regular Size
- No. 7 Regular Size
- Peter Jackson King Size
- Peter Jackson Regular Size
- Players Light Regular Size
- Players Light King Size
- Players Regular Size
- Cigarettes from First Nations/Native Brands
- Other

32. Why do you smoke the brand of cigarettes that you do? (*Mark all that apply*)

- I do not smoke
- I do not have a usual brand
- My friends smoke the same brand
- My parents smoke the same brand
- I like the packaging
- This brand costs less than other brands
- I like the image of this brand
- I like the taste
- They are the only ones that I can get
- They have less tar
- For the nicotine buzz
- Other

33. Where do you usually get your cigarettes?

- I do not smoke
- I buy them myself at a store
- I buy them from a friend or someone else
- I ask someone to buy them for me
- My brother or sister gives them to me
- My mother or father gives them to me
- A friend or someone else gives them to me
- I take them from my mother, father or siblings
- Other

34. In the last 30 days, have you ever been asked your age when buying cigarettes in a store?

- Yes  I have never bought or tried to buy cigarettes in a store in the last 30 days  
 No

35. In the last 30 days, have you ever been asked for ID when buying cigarettes in a store?

- Yes  I have never bought or tried to buy cigarettes in a store in the last 30 days  
 No

36. In the last 30 days, has anyone in a store refused to sell you cigarettes?

- Yes  I have never bought or tried to buy cigarettes in a store in the last 30 days  
 No

37. In the last 30 days, have you ever asked a stranger to buy you cigarettes?

- Yes  
 No

38. In a typical week, how often do you visit retail stores (e.g. convenience stores, supermarkets, grocery stores, gas stations) near your school?

- Every day  
 4 to 5 times a week  
 2 to 3 times a week  
 Once a week  
 Less than once a week  
 Never

39. How many of the stores that you visit near your school sell cigarettes?

- All  
 Most  
 Few  
 None  
 I never visit stores near my school

40. In a typical week, how often do you see cigarettes advertised or promoted in stores near your school?

- Often  
 Sometimes  
 Rarely  
 Never  
 I never visit stores near my school

41. In what types of stores have you ever seen cigarettes? (Mark all that apply)

- Convenience, Corner or Variety Store  
 Supermarket, Food or Grocery Store  
 Gas Station  
 Other  
 None  
 I do not know

42. Have you ever tried to quit smoking cigarettes?

- I have never smoked  
 I have only smoked a few times  
 I have never tried to quit  
 I have tried to quit once  
 I have tried to quit 2 or 3 times  
 I have tried to quit 4 or 5 times  
 I have tried to quit 6 or more times

43. Do you think you would be able to quit smoking cigarettes if you wanted to?

- I do not smoke  
 Definitely yes  
 Probably yes  
 Probably not  
 Definitely not

44. Have you ever tried any of the following? (Mark all that apply)

- Smoking pipe tobacco  
 Smoking cigars, cigarillos, or little cigars (*plain or flavoured*)  
 Smoking bidis (*tobacco product from India*)  
 Using chewing tobacco  
 Using nasal snuff (*tobacco powder people sniff*)  
 Using oral snuff (*tobacco powder people hold between their lip and gum or cheek*)  
 Using nicotine patches, nicotine gum, or nicotine lozenges  
 Using a water-pipe, also known as hookah, sheesha, narg-eelay, hubble-bubble, or gouza, to smoke tobacco  
 I have not tried these things

45. In the last 30 days, did you use any of the following? (Mark all that apply)

- Pipe tobacco  
 Cigars, cigarillos, or little cigars (*plain or flavoured*)  
 Bidis (*tobacco product from India*)  
 Chewing tobacco  
 Nasal snuff (*tobacco powder people sniff*)  
 Oral snuff (*tobacco powder people hold between their lip and gum or cheek*)  
 Nicotine patches, nicotine gum, or nicotine lozenges  
 Water-pipe, also known as hookah, sheesha, narg-eelay, hubble-bubble, or gouza, to smoke tobacco  
 I have not used these things in the last 30 days

46. In the last 30 days, where did you buy little cigars / cigarillos (plain or flavoured)? (Mark all that apply)

- I did not buy little cigars / cigarillos  
 I bought little cigars / cigarillos at a store  
 I bought them from my brother or sister  
 I bought them from a friend / someone else  
 I asked someone else to buy them for me

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47. How often do you smoke tobacco in each of the following places?

	Always	Often	Sometimes	Never	I do not smoke
a. At home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Walking to and/or from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. At school but off school property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. At school on school property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. At concerts/dances/clubs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. In restaurants/coffee shops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. At parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. At my friend's house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. In a vehicle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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48. How often do you smoke tobacco at the following times?

	Always	Often	Sometimes	Never	I do not smoke
a. Before school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. During the school day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. After school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. In the evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. On weekends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. How often do you smoke tobacco with the following people?

	Always	Often	Sometimes	Never	I do not smoke
a. By myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. With my parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. With other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. With friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## You, Your Family and Your Friends

50. Do any of your parents, step-parents, or guardians smoke cigarettes?

- Yes
- No
- I do not know

51. Do any of your brothers or sisters smoke cigarettes?

- Yes
- No
- I do not know
- I have no brothers or sisters

52. Do you ever smoke inside your home?

- Yes
- No
- I do not smoke

53. During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?

- 0 days
- 1 or 2 days
- 3 or 4 days
- 5 or 6 days
- All 7 days

54. Your closest friends are the friends you like to spend the most time with. How many of your closest friends smoke cigarettes?

- None
- 1 friend
- 2 friends
- 3 friends
- 4 friends
- 5 or more friends

## Your School and You

55. How many people in your grade, from your school, do you think smoke cigarettes?

- 91 to 100%
- 81 to 90%
- 71 to 80%
- 61 to 70%
- 51 to 60%
- 41 to 50%
- 31 to 40%
- 21 to 30%
- 11 to 20%
- 0 to 10%



[ SERIAL ]



56. How are you doing in school compared to other students in your class?

- Better than average
- Average
- Below average

57. In the last 4 weeks, how many days of school did you miss because of your health?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 10 days
- 11 or more days

58. In the last 4 weeks, how many classes did you skip when you weren't supposed to?

- 0 classes
- 1 or 2 classes
- 3 to 5 classes
- 6 to 10 classes
- 11 to 20 classes
- More than 20 classes

59. At your school, what are the rules about smoking tobacco?

- I do not think there are any rules
- Smoking is allowed only in some areas on school property
- Smoking is not allowed anywhere on school property
- I do not know

60. Do most students who smoke cigarettes obey the rules about smoking at your school?

- Yes
- No
- I do not know
- I do not think there are any rules

61. How do the rules about smoking tobacco at your school affect you?

- I do not smoke
- I do not think there are any rules
- I do not smoke at school
- I smoke less at school
- It does not make any difference; I smoke at school as much as I want
- It does not make any difference; I would not smoke at school anyway
- Other

62. How many students at this school smoke where they are not allowed to?

- A lot
- Some
- A few
- None

63. You can be fined for smoking on school property.

- True
- False
- I am not sure

64. I often see students smoking near this school.

- True
- Usually true
- Usually false
- False

65. This school has a clear set of rules about smoking for students to follow.

- True
- Usually true
- Usually false
- False
- I do not know

66. If students are caught breaking the smoking rules at this school, they get into trouble.

- True
- Usually true
- Usually false
- False
- I do not know

67. In the last 12 months, how many classes did you have that talked about the effects of smoking?

- No classes
- 1 or 2 classes
- 3 or 4 classes
- 5 or 6 classes
- 7 or more classes
- I do not know

68. In the last 12 months, have you taken part in any other anti-smoking activities or events, either at school or in the community? (Mark all that apply)

- School assembly or class with guest speaker
- School health fair
- Media production (poster, commercial, etc.)
- Community event outside of school
- Quit smoking contest
- Smoking cessation counselling or program
- I have not taken part in any of these activities or events in the last 12 months

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## Alcohol & Marijuana Use

The following questions ask about alcohol & marijuana use. Please remember that we will keep your answers completely confidential. Your teachers and parents will not know how you answer these questions. Please take your time and be honest as you answer.

69. Have you ever had a drink of alcohol, that is more than just a sip? (a beer, wine cooler, glass of wine or shot of liquor)

- Yes
- No

70. How old were you when you first had a drink of alcohol that is more than a sip?

- I have never drank alcohol
- I have only had a sip of alcohol
- I do not know
- 8 years or younger
- 9 years
- 10 years
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years or older

71. In the last 12 months, how often did you drink alcohol?

- I have never drank alcohol
- I have not drank alcohol in the last year
- 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
- 2 or 3 times a week
- 4 to 6 times a week
- Every day
- I do not know

72. Have you ever had 5 drinks or more of alcohol on one occasion?

- Yes
- No

73. How old were you when you first had 5 drinks or more of alcohol on one occasion?

- I have never done this
- I do not know
- 8 years or younger
- 9 years
- 10 years
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years or older

74. In the last 12 months, how often did you have 5 drinks of alcohol or more on one occasion?

- I have never done this
- I did not have 5 or more drinks on one occasion in the last 12 months
- 1 or 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times
- I do not know

75. Why do you think people your age start to drink alcohol? (Mark all that apply)

- Their friends drink (peer pressure)
- Their mother or father drinks
- The popular kids drink
- They think it is relaxing
- To escape from or deal with stress
- Curiosity - just to try it
- Because it is not allowed
- For something to do
- They think it is cool
- To get drunk
- To get high
- I do not know
- Other

76. Have you ever used or tried marijuana or cannabis? (a joint, pot, weed, hash...)

- Yes
- No

77. How old were you when you first used marijuana or cannabis?

- I have never used marijuana
- I do not know
- 8 years or younger
- 9 years
- 10 years
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years
- 17 years
- 18 years or older

78. In the last 12 months, how often did you use marijuana or cannabis?

- I have never used marijuana
- I did not smoke marijuana in the last 12 months
- 1 or 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times
- I do not know



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Your answers to these questions are very important. Thank you for taking the time to complete this questionnaire.

0 1 2 3 4 5 6 7 8 9	<b>For Office Use Only</b>
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[ SERIAL ]

