

College Name
Tobacco Policy Survey

You are invited to take part in a survey to express your views and behavior related to tobacco and secondhand smoke. Your completion of this survey indicates your willingness to participate. Please do not write any information that can identify you.

Upon completion of the survey, **College Name** students can elect to enter into a drawing for a Target or Amazon.com gift card by entering your email at the end of this survey. Please note, your email will not be associated with your survey response.

An overall summary of survey results will be made available and shared with the campus in **Date** (see: **website address**). If you have any questions about this survey at any time, please contact **email address**. Thank you in advance for your participating in this survey.

Please respond by marking the box of each statement with a ✓ or an X.

Basic Information

1. Status (primary): Student Staff Faculty Administration Visitor
2. Your gender: Female Male _____
3. Your age: Under 18 18-19 20-24 25-29
- 30-39 40-49 50-59 60 and over

Secondhand Smoke

4. "Secondhand smoke" is smoke or aerosol from someone else's cigarette, cigar, pipe, or e-cigarette that you breathe. Reflecting on the current semester or quarter, how often would you say you are exposed to secondhand smoke on campus?
- Multiple times a day
- Every day
- A few times a week
- A few times a month
- Never
5. Would you say secondhand smoke on campus typically bothers you a lot, a little, not at all?
- A lot A little Not at all
6. Do you have an allergy/sensitivity (e.g., asthma, sneezing, watery eyes, etc.) that is triggered by exposure to either indoor and/or outdoor tobacco smoke?
- Yes No
7. Are you aware that **College Name** has a smoke-free policy that prohibits **policy description**?
- Yes No
8. In your opinion, the current smoke-free policy at **College Name** is:
- Very effective Somewhat effective Not effective/ineffective
9. Would you support **College Name** becoming a "100% smoke-free campus?"
- Support Neutral No support
10. Would you support **College Name** becoming a "100% smoke/tobacco-free campus?"
- Support Neutral No support

11. Additional comments (optional):

Tobacco Use

12. During the past 30 days, on how many days did you use:

	0 days	1-2	3-5	6-9	10-19	20-29	All 30 days
Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smokeless Tobacco (e.g., chew)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipes (e.g., hookah)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-cigarettes (e.g., vape pens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have not used tobacco in the last 30 days, please skip to question 18

13. If you smoke or vape, do you smoke on campus? Yes No (if no, skip to question 18)

14. If yes, **where** do you usually smoke/vape on campus? (check all that apply)

- Walkways Parking lots/structures Outside buildings Outside on-campus housing
 Other: _____

15. In the past 12 months, have you stopped using tobacco for 1 day or longer because you were trying to quit?

- Yes No

16. If yes, how many times in the past 12 months did you quit using tobacco?

- 1 2 3 or more

17. If you are interested in quitting tobacco, what methods would you be interested in trying?

- Group counseling One-on-one counseling Phone counseling
 Online Quit kits Nicotine replacement therapies (e.g., the patch, gum, etc) Cold turkey
 Text Message Programs Mobile Phone Apps Other: _____

18. Additional comments (optional):

19. Your time and thoughtful answers are appreciated. If you are a **College Name** student and would like to be entered into a drawing for a Target or Amazon.com gift card, please complete the form attached to this survey. Tear off the form and submit it separate from the survey.

Thank you for taking the time to complete this survey!

College Name students: If you would like help to quit using tobacco, please call **Phone Number** to make a free and confidential appointment at the Student Health Center.

Additional resources for anyone: 1-800-NO-BUTTS or www.nobutts.org