

STEP Program Questionnaire

Thank you for filling out this questionnaire! This is to help us understand more about what kids think about smoking. There are no right or wrong answers! Please answer every question, and be as honest as you can. If you have any questions, ask your counselor.

1. First two letters of your first name:

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2. First two letters of your last name:

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3. How old are you?

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4. What month were you born in?
 JAN FEB MAR APR MAY JUN JUL
 AUG SEP OCT NOV DEC

5. What day were you born on?

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6. Are you a:
 Boy Girl

Please choose the best answer for each of the following questions:

7. Smoking is risky because it hurts your body.
 True False I Don't Know

8. Cigarettes have chemicals in them.
 True False I Don't Know

9. If you're in the same room as someone who is smoking, their smoke can hurt you.
 True False I Don't Know

10. Advertisements in magazines and other places make kids want to smoke.
 True False I Don't Know

11. If you play a sport, smoking won't affect how you play.
 True False I Don't Know

12. It's easy to quit smoking whenever you want.
 True False I Don't Know

13. My parents or someone in my family would care if I smoked.
 True False I Don't Know

14. I would smoke a cigarette if my friends wanted me to.
 True False I Don't Know

15. Smoking is expensive, it costs a lot of money.
 True False I Don't Know

16. Have you talked to anyone outside of this program about something you learned about smoking?
 Yes No

17. If **YES**, who did you talk to? (Choose all answers that apply)
 Parents Grandparents Other Adult(s) Brothers/Sisters Friends

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18. Did you enjoy the STEP Program?

- Very much 😊 A little bit 😊 I'm not sure 😊 Not too much 😊 Not at all 😊

19. Did you feel comfortable participating in the activities?

- Very much 😊 A little bit 😊 I'm not sure 😊 Not too much 😊 Not at all 😊

20. How much do you think you learned from the STEP Program?

- Very much 😊 A little bit 😊 I'm not sure 😊 Not too much 😊 Not at all 😊

***Ages 8-9 STOP HERE. You are done! Please give this survey to your counselor.
Thank you very much for filling out this survey!***

Ages 10-14, please continue below with Question #21

21. Smoking affects your lungs but it doesn't affect other parts of your body, like your skin and teeth.

- True False

22. Do you think people risk harming themselves if they smoke a pack or more of cigarettes a day?

- Yes No

23. If I smoked, my parents would think it was:

- OK Wrong Very Wrong I Don't Know

You are done! Thank you very much for filling out this survey!