



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. Write the first two letters of your first name in these boxes:.....

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2. Write the first two letters of your last name in these boxes:.....

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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 of the month were you born on?.....

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6. Are you a:
 Boy Girl

7. Do you speak English or another language at home?
 English Another Language Both English and another language

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

8. My parents or someone in my family have talked to me about smoking.
 True False

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

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

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

12. Advertisements in magazines and commercials make kids want to smoke.
 True False I Don't Know

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

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

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

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

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



