



Special Surveys Division

2002 Youth Smoking Survey

Confidential when completed

Collected under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.

Version française disponible

Province <input type="text"/>	School board <input type="text"/>	School <input type="text"/>	Grade <input type="text"/>	Student No. <input type="text"/>	Final status <input type="text"/>
				Language of interview English... 1 <input checked="" type="radio"/>	

INTRODUCTION

To all Students:

Thousands of students across Canada, just like you, have been selected to take part in this survey. Most of the questions are about smoking with a few questions about alcohol and drugs as well.

This important survey will help Health Canada to prepare information related to smoking, alcohol and drugs.

There are **NO RIGHT** or **WRONG ANSWERS**. This is **NOT** a test. **DO NOT WRITE YOUR NAME ON THE QUESTIONNAIRE.**

All your answers will be kept confidential by Statistics Canada. No one, not even your parents or teachers, will ever know what you answered. So please, be honest and accurate when you answer the questions.

While your participation is voluntary, your help today is very important to us.

Thank You!



ABOUT YOU

1. How old are you?

I am years old

2. Are you a...

- 1 girl?
2 boy?

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

(Mark one only)

- 3 English
4 French
5 English and French
6 Other (*specify*)
-

4. Are you an Aboriginal person, that is, North American Indian, Métis or Inuit (Eskimo)?

(Mark all that apply)

- 1 No
2 Yes, North American Indian (*e.g. Cree, Micmac*)
3 Yes, Métis
4 Yes, Inuit (*Eskimo*)

Statistics Canada will keep your answers **PRIVATE**.
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ABOUT YOU

5. In the last 12 months, how often have you...

	Never	Less than once a week	1 to 3 times a week	4 or more times a week
a. played sports or done physical activities WITHOUT a coach or an instructor (e.g., biking, skateboarding, etc.)?	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04
b. played sports WITH a coach or instructor, other than in gym class (swimming lessons, baseball, hockey, etc.)?	<input type="radio"/> 05	<input type="radio"/> 06	<input type="radio"/> 07	<input type="radio"/> 08
c. taken part in dance, gymnastics, karate or other groups or lessons, other than in gym class?	<input type="radio"/> 09	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12
d. taken part in art, drama or music groups, clubs or lessons outside of class?	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16
e. taken part in clubs or groups such as Guides or Scouts, 4-H club, community, church or other religious groups?	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20
f. done a hobby or craft (drawing, model building, etc.)?	<input type="radio"/> 21	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24
g. played computer or video games?	<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28
h. done odd jobs (a paper route, babysitting, etc.)?	<input type="radio"/> 29	<input type="radio"/> 30	<input type="radio"/> 31	<input type="radio"/> 32

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ABOUT YOU

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

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

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

- 1 Every day
- 2 A few times a week
- 3 Once a week
- 4 A few times a month
- 5 Less than once a month
- 6 Almost never

8. How much would you like to weigh right now?

(Mark one only)

- 1 Less than I weigh now
- 2 Same as I weigh now
- 3 More than I weigh now
- 4 I don't know

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ABOUT YOU

9. Choose the answer that best describes how you feel.

	False	Mostly false	Sometimes false	Sometimes true	Mostly true	True
a. In general, I like the way I am.	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05	<input type="radio"/> 06
b. Overall, I have a lot to be proud of.	<input type="radio"/> 07	<input type="radio"/> 08	<input type="radio"/> 09	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12
c. A lot of things about me are good.	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16	<input type="radio"/> 17	<input type="radio"/> 18
d. When I do something, I do it well.	<input type="radio"/> 19	<input type="radio"/> 20	<input type="radio"/> 21	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24
e. I like the way I look.	<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28	<input type="radio"/> 29	<input type="radio"/> 30

YOUR EXPERIENCE WITH SMOKING

10. Have you ever tried...

	Yes	No
a. <input type="radio"/> smoking cigars or pipe tobacco?	1 <input type="radio"/>	2 <input type="radio"/>
b. <input type="radio"/> using chewing tobacco?	3 <input type="radio"/>	4 <input type="radio"/>
c. <input type="radio"/> using snuff? (<i>tobacco powder that people sniff</i>)	5 <input type="radio"/>	6 <input type="radio"/>
d. <input type="radio"/> smoking bidis? (<i>tobacco-like product from India</i>)	7 <input type="radio"/>	8 <input type="radio"/>

11a. Have you ever tried cigarette smoking, even just a few puffs?

1 Yes

2 No



11b. Have you ever seriously thought about trying smoking?

3 Yes

4 No

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YOUR EXPERIENCE WITH SMOKING

12. Do you think you might try smoking within the next month?

- 1 I already smoke
- 2 Yes
- 3 No
- 4 I don't know

13. Do you think it would be difficult or easy for you to get cigarettes if you wanted to try smoking?

- 1 I already smoke
- 2 Difficult
- 3 Easy
- 4 I don't know

14. Have you ever smoked a whole cigarette?

- 5 Yes
- 6 No

15. How old were you when you smoked your first whole cigarette?
(Mark one only)

95 I have never smoked a whole cigarette

OR

I was years old

16. Have you smoked 100 or more cigarettes in your life?

- 1 Yes
- 2 No
- 3 I don't know

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YOUR EXPERIENCE WITH SMOKING

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

- 4 Yes
5 No
6 I don't know

18. How old were you when you first did this (smoked every day for at least 7 days in a row)? (Mark one only)

95 I have never done this

OR

I was years old

OR

97 I don't know

19. On how many of the last 30 days did you smoke one or more cigarettes? (Mark one only)

- 1 None
2 1 - 5 days
3 6 - 10 days
4 11 - 20 days
5 21 - 29 days
6 30 days (everyday)

20. On those days that you smoked, how many cigarettes did you usually smoke? (Mark one only)

- 1 I didn't smoke in the last 30 days
2 5 or less cigarettes
3 6 - 10 cigarettes
4 11 - 15 cigarettes
5 16 - 20 cigarettes
6 21 - 25 cigarettes
7 More than 25 cigarettes

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YOUR EXPERIENCE WITH SMOKING

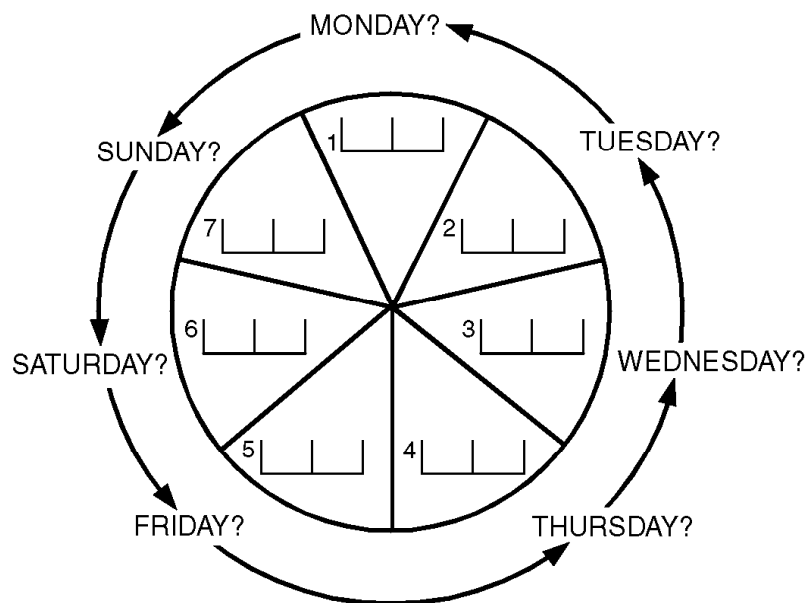
21. Thinking back over the last 7 days, starting with yesterday, how many cigarettes did you smoke on each day?

8 I did not smoke over the last 7 days

OR

How many cigarettes did you smoke on...

(Find **yesterday's day** on the wheel and follow the arrows for the past 7 days.)



22a. Do you usually smoke the same brand of cigarettes?

1 I don't smoke

2 Yes

3 No

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YOUR EXPERIENCE WITH SMOKING

22b. What brand do you usually smoke?

(Mark one only)

- 01 I don't smoke
- 02 Belmont
- 03 Craven "A" King Size
- 04 Craven Menthol King Size
- 05 DuMaurier King Size
- 06 DuMaurier Regular Size
- 07 DuMaurier Light King Size
- 08 DuMaurier Light Regular Size
- 09 DuMaurier Extra Light King Size
- 10 DuMaurier Extra Light Regular
- 11 DuMaurier Ultra Light King Size
- 12 DuMaurier Ultra Light Regular Size
- 13 DuMaurier Special King Size
- 14 DuMaurier Special 100
- 15 Export "A" Regular Size
- 16 Export "A" Medium Regular Size
- 17 Export "A" Light Regular Size
- 18 John Player's Special
- 19 Matinee Extra Mild King Size
- 20 Matinee Extra Mild Regular Size
- 21 Matinee Slims King Size
- 22 Number 7
- 23 Player's Light King Size
- 24 Player's Light Regular Size
- 25 Player's Regular Size
- 26 Player's Extra Light King Size
- 27 Player's Extra Light Regular Size
- 28 Player's Light Smooth
- 29 Rothman's King Size
- 30 Rothman's Special Mild King Size
- 31 No regular brand
- 32 Other (specify)
- _____

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YOUR EXPERIENCE WITH SMOKING

23. Why do you smoke the brand of cigarettes that you do?

(Mark all that apply)

- 01 I don't smoke
- 02 I don't have a usual brand
- 03 My friends smoke the same brand
- 04 My parents smoke the same brand
- 05 I like the packaging
- 06 This brand costs less than other brands
- 07 I like the image of the brand
- 08 I like the taste
- 09 Those are the only ones I can get
- 10 They have less tar
- 11 For the nicotine buzz
- 12 Other reason (*specify*) _____

24. During the past 12 months, have you switched cigarette brands?

- 1 I don't smoke
- 2 Yes
- 3 No

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YOUR EXPERIENCE WITH SMOKING

25. Where do you usually get your cigarettes?

(Mark one only)

- 01 I don't smoke
- 02 I buy them from a vending machine
- 03 I buy them at a small grocery/corner store
- 04 I buy them at another kind of store *(excluding vending machine)*
- 05 I buy them from a friend or someone else
- 06 I buy them on the internet
- 07 My brother or sister gives them to me
- 08 My mother or father gives them to me
- 09 A friend or someone else gives them to me
- 10 I take them from my mother/father/sister/brother

26. How do you go about buying cigarettes from a store?

(Mark all that apply)

- 1 I don't smoke
- 2 I do not buy cigarettes from stores
- 3 I try to look older
- 4 I carry fake ID
- 5 I make sure I know the clerk
- 6 I don't do anything special
- 7 When I buy cigarettes from a store, I do something else
(specify) _____

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YOUR EXPERIENCE WITH SMOKING

27. Have you ever been asked your age when buying cigarettes in a store for yourself or for someone else?

- 1 I have never bought cigarettes in a store
- 2 Yes
- 3 No

28. Have you ever been asked for an ID when trying to buy cigarettes?

- 4 I have never bought cigarettes in a store
- 5 Yes
- 6 No

29. Has anyone in a store ever refused to sell you cigarettes?

- 1 I have never bought cigarettes in a store
- 2 Yes
- 3 No

30. Have you ever asked a stranger to buy you cigarettes?

- 4 Yes
- 5 No

31a. Do you sometimes buy single cigarettes?

1 I don't smoke

2 Yes

31b. Where do you buy them?

(Mark all that apply)

4 At a small grocery/corner store

5 In another kind of store

3 No

6 I buy them from a friend or someone else

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YOUR EXPERIENCE WITH SMOKING

32. Have you ever seriously thought about quitting smoking?

- 1 I have never smoked or have only smoked a few times
- 2 Yes
- 3 No

33. How many times have you tried to quit smoking?

(Mark one only)

94 I have never smoked or have only smoked a few times

OR

95 I have never tried to quit

OR

Number of times I have tried to quit smoking

OR

97 I don't know

34. How old were you when you first tried to quit smoking?

(Mark one only)

94 I have never smoked or have only smoked a few times

OR

95 I have never tried to quit

OR

I was years old

35. Have you tried to quit smoking in the last 6 months?

- 1 In the last 6 months, I have not smoked or have only smoked a few times
- 2 Yes
- 3 No

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YOUR EXPERIENCE WITH SMOKING

36. Since you started smoking, what is the longest time you have ever quit smoking?
(Mark one only)

- 01 I have never smoked or have only smoked a few times
- 02 I have never tried to quit
- 03 1 day or less
- 04 2 - 7 days
- 05 8 - 31 days
- 06 1 - 3 months
- 07 4 - 6 months
- 08 7 - 12 months
- 09 More than 1 year
- 10 I don't know

YOU, YOUR PARENTS AND YOUR FRIENDS

37a. Does your father smoke?

If you don't live with your father, but most of the time you live with someone who is like a father to you, please answer about this person.

1 Yes

2 No 

37b. Did he ever smoke?

5 Yes

6 No

7 I don't know

3 I don't know

4 I don't live with a father or anyone who is like a father

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YOU, YOUR PARENTS AND YOUR FRIENDS

- 38. How does your father feel about your smoking?**
If you don't live with your father, but most of the time you live with someone who is like a father to you, please answer about this person.
(Mark one only)

- 1 I don't smoke
- 2 He approves
- 3 He doesn't care
- 4 He doesn't like it
- 5 He doesn't know that I smoke
- 6 I don't live with a father or anyone who is like a father

- 39a. Does your mother smoke?**
If you don't live with your mother, but most of the time you live with someone who is like a mother to you, please answer about this person.
(Mark one only)

1 Yes

2 No 

39b. Did she ever smoke?

5 Yes

6 No

7 I don't know

3 I don't know

4 I don't live with a mother or anyone who is like a mother

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YOU, YOUR PARENTS AND YOUR FRIENDS

40. How does your mother feel about your smoking?
If you don't live with your mother, but most of the time you live with someone who is like a mother to you, please answer about this person.

(Mark one only)

- 1 I don't smoke
- 2 She approves
- 3 She doesn't care
- 4 She doesn't like it
- 5 She doesn't know that I smoke
- 6 I don't live with a mother or anyone who is like a mother

41. Excluding yourself, how many people smoke **INSIDE** your home every day or almost every day? Do not count those who usually smoke outside.

Write in number (If none, enter 00)

42. Do you ever smoke **INSIDE** your home?

- 1 I don't smoke
- 2 Yes
- 3 No

43. How many close friends do you have (that is, very good friends)?

Write in number (If none, enter 00)

44. How many of your close friends smoke?

Write in number (If none, enter 00)

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YOU, YOUR PARENTS AND YOUR FRIENDS

45. In one year's time, do you think you will be smoking...

- 1 not at all?
- 2 less than now?
- 3 the same as now?
- 4 more than now?
- 5 I don't know

YOUR OPINIONS AND BELIEFS

46. What do you think about some of the things that have been said about cigarette smoking?

	Yes	No	I don't know
a. Do people have to smoke for many years before it will hurt their health?	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03
b. Is there any danger to your health from an occasional cigarette?	<input type="radio"/> 04	<input type="radio"/> 05	<input type="radio"/> 06
c. Can smoking help people when they are bored?	<input type="radio"/> 07	<input type="radio"/> 08	<input type="radio"/> 09
d. Does smoking help people relax?	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12
e. Does quitting smoking reduce health damage even after many years of smoking?	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15
f. Does smoking help people stay slim?	<input type="radio"/> 16	<input type="radio"/> 17	<input type="radio"/> 18
g. Can people become addicted to tobacco?	<input type="radio"/> 19	<input type="radio"/> 20	<input type="radio"/> 21
h. Can tobacco smoke be harmful to the health of non-smokers?	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24
i. Is it nicer to date people who don't smoke?	<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27
j. Can smokers quit anytime they want?	<input type="radio"/> 28	<input type="radio"/> 29	<input type="radio"/> 30
k. Do you think smoking is cool?	<input type="radio"/> 31	<input type="radio"/> 32	<input type="radio"/> 33

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YOUR OPINIONS AND BELIEFS

52. How much do you agree or disagree with cigarette packages having health warning messages? Do you...
(Mark one only)

- 1 agree a lot?
- 2 agree a little?
- 3 neither agree nor disagree?
- 4 disagree a little?
- 5 disagree a lot?

53. Do you believe the health warnings that you see on cigarette packages?

- 1 Yes
- 2 No
- 3 I don't know
- 4 I have not seen them

SCHOOL AND YOU

54. How are you doing in school compared to other students in your class? Would you say...

- 1 better than average?
- 2 average?
- 3 below average?

55. In your school, what are the rules about smoking?
(Mark one only)

- 4 I don't think there are any rules
- 5 On school property smoking is allowed only in some areas
- 6 Smoking is not allowed anywhere on school property
- 7 I don't know

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SCHOOL AND YOU

56. Do most students who smoke obey that rule?

(Mark one only)

- 1 I don't think there is a rule
- 2 Yes
- 3 No
- 4 I don't know

57. How does that rule affect you?

(Mark one only)

- 1 I don't smoke
- 2 I don't think there is a rule
- 3 Because of that rule, I don't smoke at school
- 4 Because of that rule, I smoke less at school
- 5 It does not make any difference; I smoke at school as much as I want
- 6 It does not make any difference; I wouldn't smoke at school anyway
- 7 Other (specify) _____

58. Have you ever been taught in school about health problems due to smoking?

- 1 Yes
- 2 No
- 3 I don't know

59. About how much money do you usually get each week to spend on yourself or to save? (Include money from allowances and from jobs)

\$

			.0	0
--	--	--	----	---

 (Write in amount or 0 if you get no money)

- 97 I don't know

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YOUR DOCTOR AND YOUR DENTIST

60. Has a doctor ever asked you whether you smoke cigarettes or use smokeless tobacco?

1 Yes

2 No

61. Has a doctor ever talked to you about what smoking or using smokeless tobacco does to your health?

3 Yes

4 No

62. Have you ever asked a doctor for help to quit smoking?

1 I don't smoke

2 Yes

3 No

63. Has a dentist ever asked you whether you smoke cigarettes or use smokeless tobacco?

4 Yes

5 No

64. Has a dentist ever talked to you about what smoking or using smokeless tobacco does to your health?

1 Yes

2 No

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YOUR EXPERIENCE WITH ALCOHOL AND DRUGS

REMINDER: Please remember that all of your responses will be kept confidential.

65a. Have you ever had a drink of alcohol, that is more than just a sip?

- A drink of alcohol is:
- a bottle of beer or wine cooler **OR**
 - a glass of wine **OR**
 - one shot of liquor

1 Yes **⇒**

65b. If yes, what age were you when you first did this?

I was years old

2 No

66a. Have you ever had five drinks or more of alcohol on one occasion?

3 Yes **⇒**

66b. If yes, what age were you when you first did this?

I was years old

4 No

**67a. Have you ever used or tried any of the following drugs:
Marijuana or cannabis (a joint, pot, weed, hash...)?**

1 Yes **⇒**

67b. If yes, what age were you when you first did this?

I was years old

2 No

68a. Amphetamines (speed, ice, meth,...)?

3 Yes **⇒**

68b. If yes, what age were you when you first did this?

I was years old

4 No

69a. MDMA (Ecstasy, E, X,...)?

1 Yes **⇒**

69b. If yes, what age were you when you first did this?

I was years old

2 No

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YOUR EXPERIENCE WITH ALCOHOL AND DRUGS

70a. Hallucinogens (LSD, PCP, acid, magic mushrooms, mesc,...)?

3 Yes **⇒**

70b. If yes, what age were you when you first did this?

I was years old

4 No

71a. Heroin (smack, H, junk, crank,...)?

1 Yes **⇒**

71b. If yes, what age were you when you first did this?

I was years old

2 No

72a. Cocaine (coke, crack, blow, snow...)?

3 Yes **⇒**

72b. If yes, what age were you when you first did this?

I was years old

4 No

73a. Have you ever used steroids (testosterone, growth hormones, Dianabol, juice, roids) to do better at sports or to change the way you look?

1 Yes **⇒**

73b. If yes, what age were you when you first did this?

I was years old

2 No

74a. Have you ever sniffed glue, gasoline or other products (solvents) to get high?

3 Yes **⇒**

74b. If yes, what age were you when you first did this?

I was years old

4 No

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YOUR EXPERIENCE WITH ALCOHOL AND DRUGS

75a. Have you ever used or tried Ritalin to get high and NOT for medical purposes?

1 Yes 

75b. If yes, what age were you when you first did this?

I was years old

2 No

76a. Have you ever used or tried painkillers (Talwin, Oxycontin, etc.) to get high and NOT for medical purposes?

3 Yes 

76b. If yes, what age were you when you first did this?

I was years old

4 No

77a. Have you ever used or tried Ephedrine or Pseudoephedrine (Sudafed, Ephedra, Herbal ecstasy,...) to get high and NOT for medical purposes?


1 Yes 

77b. If yes, what age were you when you first did this?

I was years old

2 No

78a. Have you ever used or tried Graval to get high and NOT for medical purposes?


3 Yes 

78b. If yes, what age were you when you first did this?

I was years old

4 No

79a. Have you ever used a needle for any of the drugs mentioned earlier?
(For example: heroin, cocaine, speed, steroids,...)

1 Yes 

79b. If yes, what age were you when you first did this?

I was years old

2 No

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80. The next questions are about the number of deaths in Canada due to cigarette smoking. Mark if you agree or disagree with these questions.

	Agree	Disagree	I don't know
a. Cigarette smoking causes more deaths each year than alcohol.	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03
b. Cigarette smoking causes more deaths each year than illegal drugs.	<input type="radio"/> 04	<input type="radio"/> 05	<input type="radio"/> 06
c. Cigarette smoking causes more deaths each year than car accidents.	<input type="radio"/> 07	<input type="radio"/> 08	<input type="radio"/> 09
d. Cigarette smoking causes more deaths each year than AIDS.	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12
e. Cigarette smoking causes more deaths each year than suicides.	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15
f. Cigarette smoking causes more deaths each year than murders.	<input type="radio"/> 16	<input type="radio"/> 17	<input type="radio"/> 18

81. Which of the following, do you think, is closest to the number of Canadians that die each year as a result of smoking cigarettes?

- 1 1,000
- 2 5,000
- 3 15,000
- 4 25,000
- 5 45,000
- 6 75,000
- 7 100,000
- 8 More than 100,000

Statistics Canada will keep your answers **PRIVATE**.
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Thank you for your co-operation