

**2009-2010  
TOBACCO USE PREVENTION EDUCATION EVALUATION  
TEACHER SURVEY**

*WestEd has been contracted by the California Department of Public Health/Tobacco Control Program to evaluate tobacco use prevention education (TUPE) activities in a random sample of California middle and high schools. Your school and class were randomly-selected to participate in this evaluation.*

*This is a survey about tobacco use prevention education at your school. Your responses will make a valuable contribution to our understanding of school-based tobacco use prevention efforts across California. The survey should take no more than 20 minutes to complete. We hope that you will take the time to complete it. You have the right to refuse to answer any question, although we hope you answer all of them.*

*Please do not write your name on the survey. Your responses will be treated as confidential data. All of your responses will be kept in strict confidence. For reporting purposes, survey results will be combined with those from other teachers across the State.*

*Please place your completed survey in the transmittal envelope with the student answer sheets. We thank you in anticipation of your thoughtful responses.*

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**1. What grade level(s) do you teach? (Mark all that apply)**

- |                  |                    |
|------------------|--------------------|
| 1. ___ K-3rd     | 6. ___ 8th grade   |
| 2. ___ 4th grade | 7. ___ 9th grade   |
| 3. ___ 5th grade | 8. ___ 10th grade  |
| 4. ___ 6th grade | 9. ___ 11th grade  |
| 5. ___ 7th grade | 10. ___ 12th grade |

**2. Which subject(s) do you teach? (Mark all that apply)**

- |                |                           |
|----------------|---------------------------|
| 1. ___ English | 5. ___ Social Science     |
| 2. ___ Math    | 6. ___ Health             |
| 3. ___ Science | 7. ___ Physical Education |
| 4. ___ History | 8. ___ Other (specify:)   |
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**3. For how long have you been a teacher at this school?**

Number of years: \_\_\_\_\_ years                      Number of months: \_\_\_\_\_ months

**4. Are you currently one of the teachers at your school responsible for teaching a science-based tobacco use prevention curriculum?**

1. \_\_\_ Yes
2. \_\_\_ No
3. \_\_\_ I don't know / I am not sure

5. Does your school currently have a TUPE-funded competitive grant from the Safe and Healthy Kids Program Office, California Department of Education?

1.  Yes

2.  No

3.  I don't know / I am not sure

4.  Not currently, but we had one during the past school year (2008-2009)

6. In relation to other education topics, what priority does tobacco use prevention education hold at your school?

1.  The highest priority

2.  A high priority

3.  A moderate priority

4.  A low priority

5.  The lowest priority

6.  I don't know / I am not sure

7. Does your school-site administrator expect you to teach tobacco use prevention lessons as part of your curriculum?

1.  Yes

2.  No

3.  I don't know / I am not sure

8. Does your school district administration expect you to teach tobacco use prevention lessons as part of your curriculum?

1.  Yes

2.  No

3.  I don't know / I am not sure

9. During the last school year (2008-2009), did you teach any tobacco use prevention lessons?

1.  Yes

2.  No

3.  I don't remember

10. During the last school year (2008-2009), on average how many hours did you spend teaching tobacco use prevention lessons to a classroom of students?

Total number of HOURS: \_\_\_\_\_ (Note: If you are not sure, please give us your best estimate. If you did NOT teach tobacco use prevention lessons last year, write "0".)

11. During the current school year (2009-2010), have you taught any tobacco use prevention lessons?

1. \_\_\_ Yes
2. \_\_\_ No
3. \_\_\_ I don't remember

12. During the current school year (2009-2010), how many classroom HOURS have you spent teaching tobacco use prevention lessons to a classroom of students?

Total number of HOURS: \_\_\_\_\_ (Note: If not sure, please give us your best estimate. If you did NOT teach tobacco use prevention lessons this year, write "0".)

13. During the last school year (2008-2009), did you teach any information about tobacco use that you infused into your subject areas (for example, discussing how many people use tobacco or the cost of using tobacco as part of a math lesson)?

1. \_\_\_ Yes
2. \_\_\_ No
3. \_\_\_ I don't remember

14. During the last school year (2008-2009), did you teach any tobacco use prevention lessons from a PUBLISHED curriculum? (Note: By "published" curriculum, we mean those published by commercial companies, community organizations, your school district, etc.)

1. \_\_\_ I did not teach any tobacco use prevention lessons
2. \_\_\_ I taught prevention lessons from a published curriculum or curricula
3. \_\_\_ I taught prevention lessons, but did NOT use a published curriculum
4. \_\_\_ I don't remember

15. From which of the following published curricula did you draw the tobacco use prevention lessons that you taught? **(Mark all that apply)**

1. \_\_\_ Across Ages
2. \_\_\_ All Stars<sup>TM</sup>
3. \_\_\_ East Texas Experiential Learning Center
4. \_\_\_ Keep a Clear Mind
5. \_\_\_ Botvin's LifeSkills<sup>TM</sup> Training
6. \_\_\_ Minnesota Smoking Prevention Program
7. \_\_\_ Positive Action
8. \_\_\_ Project ALERT
9. \_\_\_ Project SUCCESS
10. \_\_\_ Project Toward No Drug Abuse (TND)
11. \_\_\_ Project Toward No Tobacco Use (TNT)
12. \_\_\_ Too Good for Drugs
13. \_\_\_ Family Matters
14. \_\_\_ Nurse-Family Partnership
15. \_\_\_ Project STAR
16. \_\_\_ Strengthening Families Program
17. \_\_\_ Here's Looking at You, 2000
18. \_\_\_ Quest Skills for Adolescence
19. \_\_\_ Quest Skills for Growing
20. \_\_\_ TAP or TEG (readiness to quit and cessation)
21. \_\_\_ Curricula developed by the American Cancer Society  
(Specify title(s)): \_\_\_\_\_
22. \_\_\_ Curricula developed by the American Lung Association  
(Specify title(s)): \_\_\_\_\_
23. \_\_\_ Curricula developed by the American Heart Association  
(Specify title(s)): \_\_\_\_\_
24. \_\_\_ Curricula developed by your school district  
(Specify title(s)): \_\_\_\_\_
25. \_\_\_ Curricula developed by your county office of education  
(Specify title(s)): \_\_\_\_\_
26. \_\_\_ Tobacco Infusion Curriculum developed by the Sacramento County Office of Education (called "Tobacco Free!")
27. \_\_\_ Other (Specify title(s)): \_\_\_\_\_
  - i. \_\_\_\_\_
  - ii. \_\_\_\_\_
28. \_\_\_ None of these

**16.** During the last school year (2008-2009), which of the following topics did you cover in your tobacco use prevention lessons? (**Mark all that apply**)

1. \_\_\_ I did not teach tobacco use prevention lessons
  2. \_\_\_ Effects of tobacco on health
  3. \_\_\_ How many young people smoke
  4. \_\_\_ Reasons why young people smoke
  5. \_\_\_ Social consequences of using tobacco
  6. \_\_\_ Second-hand smoke
  7. \_\_\_ Social influences that promote tobacco use
  8. \_\_\_ Behavioral skills for resisting tobacco offers
  9. \_\_\_ General personal and social skills (e.g., problem-solving, assertiveness, communication, and goal-setting)
  10. \_\_\_ Tobacco cessation
  11. \_\_\_ Tobacco advertising and marketing
  12. \_\_\_ Cigar use
  13. \_\_\_ Other (specify:)
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**17.** During the last school year (2008-2009), how interested were your students in the tobacco use prevention lessons that you taught?

1. \_\_\_ I did not teach tobacco use prevention lessons
2. \_\_\_ The students were very interested
3. \_\_\_ The students were moderately interested
4. \_\_\_ The students were not too interested
5. \_\_\_ The students were not at all interested

**18.** In the tobacco use prevention lessons you taught last year (2008-2009), how much did you use the following instructional strategies? (**Please circle a response for each**)

Strategy	Extent That You Used Instructional Strategy				
	I did not teach tobacco lessons	Not at all	Not too much	Somewhat	A great deal
a. Classroom discussion	1	2	3	4	5
b. Small group activities	1	2	3	4	5
c. Lecture	1	2	3	4	5
d. Student worksheets	1	2	3	4	5
e. Role-playing	1	2	3	4	5

19. To what extent have you tried to get students' parents involved in tobacco use prevention education? **(Please circle a response for each)**

Type of Involvement	Extent That You Tried to Get Parents Involved					
	Not at all	Very small extent	Small extent	Modest extent	Great extent	Very great extent
a. Included parents in homework assignments	0	1	2	3	4	5
b. Held meeting with parents of student smokers	0	1	2	3	4	5
c. Distribute parent/student handbook that included description of tobacco-free school policy	0	1	2	3	4	5
d. Distributed newsletters or educational materials to parents	0	1	2	3	4	5
e. Provided information on smoking cessation to parents	0	1	2	3	4	5
f. Had tobacco education displays or discussions at open houses for parents/meetings/health fairs	0	1	2	3	4	5
g. Invited parents to be guest speakers on tobacco issues	0	1	2	3	4	5
h. Involved parents in school related activities (e.g., as judges of poster/essay contests)	0	1	2	3	4	5
i. Other (describe)_____	0	1	2	3	4	5

20. Which of the following have been BARRIERS to your teaching tobacco use prevention lessons? **(Mark all that apply)**

1. \_\_\_ Tobacco use prevention is not part of my curriculum
2. \_\_\_ Tobacco use prevention education is not mandated in my school of district
3. \_\_\_ Tobacco use prevention is not part of student outcomes that are assessed
4. \_\_\_ Lack of adequate instructional materials (or curricula)
5. \_\_\_ Lack of time
6. \_\_\_ Lack of substitute coverage and/or funding to pay for substitutes
7. \_\_\_ Our school district has not made tobacco use prevention a high priority
8. \_\_\_ Our school administrator has not made tobacco use prevention a high priority
9. \_\_\_ I have not received adequate tobacco use prevention training
10. \_\_\_ Other (describe)\_\_\_\_\_
11. \_\_\_ None of these

- 21.** To what extent do you think the following risk factors influence students to use tobacco?  
(Please circle a response for each)

Risk Factor	Extent That Risk Factor Influences Students Who Use Tobacco					
	Not at all	Very small extent	Small extent	Modest extent	Great extent	Very great extent
a. Friends' use	0	1	2	3	4	5
b. Family members' use	0	1	2	3	4	5
c. Family income	0	1	2	3	4	5
d. Availability	0	1	2	3	4	5
e. Use of other drugs	0	1	2	3	4	5
f. Ethnic / cultural background	0	1	2	3	4	5
g. Academic performance	0	1	2	3	4	5
h. Media messages	0	1	2	3	4	5
i. Insufficient tobacco use prevention education	0	1	2	3	4	5
j. Other (describe)_____	0	1	2	3	4	5

- 22.** In your school, WHO makes the decisions about which topics will be covered and which materials will be used in tobacco use prevention lessons? (Mark all that apply)

1. \_\_\_ Teachers make all the decisions
2. \_\_\_ Teachers make some of the decisions
3. \_\_\_ Administrators (school-site and / or district) make all of the decisions
4. \_\_\_ Administrators (school-site and / or district) make some of the decisions
5. \_\_\_ I don't now / I am not sure

- 23.** Were you involved in making the decision about which tobacco use prevention materials are used at your school?

1. \_\_\_ Yes
2. \_\_\_ No

24. During the past five years, have you participated in professional development that addressed any of the following topics? (Mark all that apply)

CHECK IF YES	TOPIC	NUMBER OF HOURS
	Developmental assets	
	Youth Development	
	Science-based prevention & intervention programs	
	Readiness to Quit programs	
	Cessation programs	
	Other: _____	

25. During the past five years, how much tobacco use prevention training have you received?

1. \_\_\_ None
2. \_\_\_ More than one full-day of in-service training
3. \_\_\_ One full-day of in-service training
4. \_\_\_ Less than a full-day of in-service training
5. \_\_\_ I don't remember

26. During the past five years, were you trained to deliver a SPECIFIC published tobacco use prevention curriculum?

1. \_\_\_ Yes
2. \_\_\_ No
3. \_\_\_ I don't remember

27. Overall, to what extent do you feel you are prepared to teach tobacco use prevention lessons?

1. \_\_\_ Does not apply
2. \_\_\_ A great deal
3. \_\_\_ Somewhat
4. \_\_\_ Not too much
5. \_\_\_ Not at all

28. To what extent have your school DISTRICT administrators supported you in your teaching of tobacco use prevention lessons?

1. \_\_\_ I have not taught tobacco use prevention lessons / does not apply
2. \_\_\_ A great deal
3. \_\_\_ Somewhat
4. \_\_\_ Not too much
5. \_\_\_ Not at all



29. To what extent has your SCHOOL-SITE administrator(s) supported you in your teaching of tobacco use prevention lessons?

1. \_\_\_ I have not taught tobacco use prevention lessons / does not apply
2. \_\_\_ A great deal
3. \_\_\_ Somewhat
4. \_\_\_ Not too much
5. \_\_\_ Not at all

30. To what extent have your colleagues or master teacher supported you in your teaching of tobacco use prevention lessons?

1. \_\_\_ I have not taught tobacco use prevention lessons / does not apply
2. \_\_\_ A great deal
3. \_\_\_ Somewhat
4. \_\_\_ Not too much
5. \_\_\_ Not at all

31. Is there someone at your SCHOOL, such as a teacher or school-site administrator, who serves as the coordinator, advocate, or facilitator for tobacco use prevention education?

1. \_\_\_ Yes
2. \_\_\_ No
3. \_\_\_ I don't know / I am not sure

32. How do you get your information about tobacco use prevention education? (**Mark all that apply**)

1. \_\_\_ From our school's designated tobacco use prevention coordinator / advocate / facilitator
2. \_\_\_ From our school district tobacco use prevention coordinator
3. \_\_\_ From our County Office of Education TUPE/Title IV/Health coordinator
4. \_\_\_ Other (please describe:)

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5. \_\_\_ I get little or no information about tobacco use prevention education / does not apply

33. During the last school year (2008-2009), did your school do any of the following? **(Mark all that apply)**

1. \_\_\_ Conduct activities as part of the American Cancer Society's "Teen Kick Ash"
  2. \_\_\_ Celebrate a special day called the "Great American Smokeout"
  3. \_\_\_ Hold an assembly or other event about tobacco use prevention
  4. \_\_\_ Hold a contest (for example, a poster or essay contest) about tobacco
  5. \_\_\_ Sponsor an anti-tobacco club
  6. \_\_\_ Participate in tobacco use prevention activities with the local health department
  7. \_\_\_ Display tobacco-related posters (made by students or others)
  8. \_\_\_ Offer smoking cessation classes or programs
  9. \_\_\_ Celebrate Drug Free Week or Red Ribbon Week
  10. \_\_\_ Other anti-tobacco activity (please describe) \_\_\_\_\_
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11. \_\_\_ None of the above
12. \_\_\_ I don't know / I am not sure.

34. During this school year (2009-2010), what changes have you seen in the amount of resources or materials available for tobacco education, compared to the previous year?

1. \_\_\_ There are MORE resources and materials than last year
2. \_\_\_ There are FEWER resources and materials than last year
3. \_\_\_ I have seen no changes
4. \_\_\_ I don't know / I am not sure / Does not apply

35. Are you teaching a NEW science-based curriculum?

1. \_\_\_ Yes
2. \_\_\_ No
3. \_\_\_ I don't know / I am not sure

36. Does your school have a tobacco-free school policy?

1. \_\_\_ Yes
2. \_\_\_ No
3. \_\_\_ I don't know / I am not sure

37. To whom does your school's tobacco-free policy apply? **(Mark all that apply)**

1. \_\_\_ Students
2. \_\_\_ Teachers and staff
3. \_\_\_ School visitors (i.e., people other than students and staff)
4. \_\_\_ I don't know / I am not sure
5. \_\_\_ Our school does not have a tobacco-free school policy

38. In your opinion, to what extent is your school's tobacco-free school policy being enforced during school hours?

1. \_\_\_ A great deal
2. \_\_\_ Moderately
3. \_\_\_ Not too much
4. \_\_\_ Not at all
5. \_\_\_ I don't know / no opinion
6. \_\_\_ Our school does not have a tobacco-free school policy

39. Who is responsible for enforcing your school's tobacco-free school policy? (**Mark all that apply**)

1. \_\_\_ Administrators
2. \_\_\_ Faculty and Staff
3. \_\_\_ Security Guards
4. \_\_\_ Students
5. \_\_\_ Our school does not have a tobacco-free school policy

40. What happens to students who are caught using tobacco products at your school? (**Mark all that apply**)

1. \_\_\_ They are suspended / expelled
2. \_\_\_ They get a ticket from local police or school police
3. \_\_\_ They are referred to a special class
4. \_\_\_ They can choose to attend a special class in lieu of suspension
5. \_\_\_ They are referred to an adult counselor
6. \_\_\_ They are referred to a peer counselor
7. \_\_\_ They are given some other type of punishment
8. \_\_\_ Their parents are called in for a conference
9. \_\_\_ They are REFERRED to a tobacco cessation clinic or program
10. \_\_\_ They are REQUIRED to go to a special tobacco use prevention education class (i.e., Saturday school)
11. \_\_\_ They are permitted to smoke only in certain locations. If they are caught smoking in these locations, they are left alone.
12. \_\_\_ My school does not have a tobacco-free school policy
13. \_\_\_ Other (describe) \_\_\_\_\_
14. \_\_\_ I don't know / I am not sure

41. Are there signs posted at your school that let staff, students, and visitors know that tobacco use is prohibited?

1. \_\_\_ Yes
2. \_\_\_ No
3. \_\_\_ I don't know / I am not sure

42. How much do you personally support the tobacco-free school policy at your school?

1. \_\_\_ Very much
2. \_\_\_ Somewhat
3. \_\_\_ Not too much
4. \_\_\_ Not at all
5. \_\_\_ Our school does not have a tobacco-free school policy

43. Have you seen any students break the tobacco-free school policy?

1. \_\_\_ Yes
2. \_\_\_ No
3. \_\_\_ I don't remember
4. \_\_\_ Our school does not have a tobacco-free school policy

44. At your school, how many students would you estimate break the tobacco-free school policy?

1. \_\_\_ None
2. \_\_\_ A few
3. \_\_\_ Some
4. \_\_\_ Most
5. \_\_\_ All of them
6. \_\_\_ Our school does not have a tobacco-free school policy
7. \_\_\_ I don't know / I am not sure

45. At your school, how many teachers and other school staff would you estimate break the tobacco-free school policy?

1. \_\_\_ None
2. \_\_\_ A few
3. \_\_\_ Some
4. \_\_\_ Most
5. \_\_\_ All of them
6. \_\_\_ Our school does not have a tobacco-free school policy
7. \_\_\_ I don't know / I am not sure

46. Have you ever received any information from or seen fliers at your school about where school STAFF could go if they wanted help in quitting their tobacco use?

1. \_\_\_ Yes
2. \_\_\_ No
3. \_\_\_ I don't remember

47. Does your school provide referrals to smoking cessation programs for faculty and staff?
1. \_\_\_ Yes, they are referred to an on-site program
  2. \_\_\_ Yes, they are referred to an off-site program
  3. \_\_\_ Yes, they are referred to the 800 NO BUTTS help line
  4. \_\_\_ No
  5. \_\_\_ I don't know
48. During the last school year (2008-2009), did you refer any students to your school's special classes, groups, or programs for tobacco cessation?
1. \_\_\_ Our school does not have any special classes, groups, or programs for student tobacco cessation
  2. \_\_\_ Yes, I referred one student
  3. \_\_\_ Yes, I referred more than one student
  4. \_\_\_ We have classes, but I did not refer any students
  5. \_\_\_ I don't remember
49. Are there resources at your SCHOOL (e.g., counselors or special programs) to which you could refer a student who asked you for help with a personal problem (e.g., a family or drug abuse problem)?
1. \_\_\_ Yes
  2. \_\_\_ No
  3. \_\_\_ I don't know / I am not sure
50. During the last school year (2008-2009), did you invite a GUEST SPEAKER from the community to talk to your students or staff about tobacco use?
1. \_\_\_ Yes, to students only
  2. \_\_\_ Yes, to staff only
  3. \_\_\_ Yes, to staff and students
  4. \_\_\_ No
  5. \_\_\_ I don't remember
51. Does your school have a peer helper, peer educator, or peer counselor program for students?
1. \_\_\_ Yes
  2. \_\_\_ No
  3. \_\_\_ I don't know / I am not sure
52. During the last school year (2008-2009), were any student peer leaders trained to go to any classes at your school to talk about tobacco use?
1. \_\_\_ Yes
  2. \_\_\_ No
  3. \_\_\_ I don't remember

53. During the last school year (2008-2009), did a trained student peer leader come to any of your classes to talk about tobacco use?

1. \_\_\_ Yes
2. \_\_\_ No
3. \_\_\_ I don't remember

54. Have you ever referred students or staff to the 1-800-NOBUTTS tobacco use counseling help line number to help them quit using tobacco? (**Mark all that apply**)

1. \_\_\_ Yes, I advertised this information to students and staff
2. \_\_\_ Yes, I referred students to the help line during the last school year
3. \_\_\_ Yes, I referred students to the help line during the current school year
4. \_\_\_ No, because no one I encountered appeared to need it
5. \_\_\_ No, because I forgot what the number was
6. \_\_\_ No, because I was not aware of the 800-help line

55. How many retailers sell cigarettes within 1000 feet of your school?

1. \_\_\_ 0 retailers
2. \_\_\_ 1 retailer
3. \_\_\_ 2-3 retailers
4. \_\_\_ more than 3 retailers
5. \_\_\_ Don't know

56. In the past 12 months, has a tobacco company offered your school any tobacco education materials?

1. \_\_\_ Yes
2. \_\_\_ No
3. \_\_\_ I'm not sure

57. Is your school using, or planning to use, educational materials provided by a tobacco company in educating students about tobacco?

1. \_\_\_ Yes
2. \_\_\_ No
3. \_\_\_ I'm not sure

**Note: The following questions concern your personal tobacco use history. Please remember that you have the right to refuse to answer any question.**

58. Have you smoked at least 100 cigarettes in your entire life?

1. \_\_\_ Yes
2. \_\_\_ No

59. Do you NOW smoke every day, some days, or not at all?
1. \_\_\_ Every day
  2. \_\_\_ Some days
  3. \_\_\_ Not at all
60. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
1. \_\_\_ I have never smoked cigarettes
  2. \_\_\_ I did not smoke cigarettes during the last 30 days
  3. \_\_\_ Less than 1 cigarette per day
  4. \_\_\_ 1 cigarette per day
  5. \_\_\_ 2 to 5 cigarettes per day
  6. \_\_\_ 6 to 10 cigarettes per day
  7. \_\_\_ 11 to 20 cigarettes per day
  8. \_\_\_ More than 20 cigarettes per day
61. How many times have you tried to QUIT smoking cigarettes?
1. \_\_\_ I have never smoked cigarettes
  2. \_\_\_ I have smoked cigarettes, but never tried to quit
  3. \_\_\_ I tried to quit once
  4. \_\_\_ I have tried to quit 2 or 3 times
  5. \_\_\_ I have tried to quit 4 or more times
  6. \_\_\_ I quit
62. What is your gender?
1. \_\_\_ Male
  2. \_\_\_ Female
63. How much do you personally support the tobacco-free policy for faculty and staff at your school?
1. \_\_\_ Very much
  2. \_\_\_ Somewhat
  3. \_\_\_ Not too much
  4. \_\_\_ Not at all
  5. \_\_\_ Our school does not have a tobacco-free school policy

PLEASE MENTION OTHER COMMENTS THAT YOU MIGHT HAVE ABOUT THE TOBACCO USE PREVENTION PROGRAM BELOW AND ON THE BACK.

**THANK YOU VERY MUCH!**