

BEE SERVICES, INC.

CREDIT CARD AGREEMENT

I _____, wish to use my

(Printed Name)

Credit/Debit Card to pay for my Program with BEE SERVICES. By signing this form I am agreeing that **NO REFUNDS OR CHANGE OF DATES** will be allowed. If I do not show up for or miss a class (For Whatever Reason) there will be **NO REFUNDS** issued. A \$2.50 Convenience Fee is being added to **EACH** payment.

Signature

Date

Amount Charged

Program

BEE SERVICES

ZOOM RULES

- 1)Audio is to be on during ENTIRE class.
- 2)Video is to be on during the ENTIRE class.
- 3) ABSOLUTELY NO DRIVING WHILE DOING ANY PROGRAM YOU WILL BE REMOVED FROM CLASS.
- 4)NO chatting with other Students during class.
- 5)If given Book or Paperwork you will bring filled out and back to Office to receive Certificate.No copies will be given.
- 6)Test WILL be done during Final class or in Carrollton office within 2 days between 9AM and 1PM to receive Certificate.
- 7)If not in Waiting Room at start time of class you will not be admitted to class.We let you on 15 minutes Early.You will HAVE to Repay and Restart from day 1.For REPEAT DWI you will need to do a make-up Class.

SIGN _____ DATE _____

BEE SERVICES, INC.

YOUTH TOBACCO AWARENESS PROGRAM REGISTRATION FORM

Name (Last, First, M.I.): _____ Age: _____

Ethnicity: Caucasian African-American Hispanic Asian Other Sex: M F

Address (Number, Street, City, State, ZIP): _____

Phone Number: _____ Grade Classification: FR SO JR SR

Driver's Licence/State ID #: _____ SS#: _____

Date of Birth: _____ Court: _____ County Of Conviction: _____

CONFIDENTIALITY AND ATTENDANCE AGREEMENT

I Understand That:

- Information about me and my progress in the Youth Tobacco Awareness Program may be used for research purposes (without identifying me). I hereby authorize such use with further understanding that this information will otherwise be held confidential and not released to other individuals or agencies for any reason without my signed consent or by the order of the court. This consent may be revoked at any time, but is necessary for class participation.
- **NO GUM! NO EXCEPTIONS!** If you are caught with gum, you will be asked to leave the class and no refunds will be given.
- **No verbal agreements will be accepted regarding this class.**
- Classes must be taken in correct sequence (Session 1, Session 2, Session 3, Session 4). **Tardiness or absence from any class session will result in my being dropped from the course and loss of my registration fee. I would then need to repay and take the entire course over again from the beginning.**
- I understand that it is **my sole responsibility to notify the court of successful completion of the course by presenting me certificate of completion. If it is lost, there is a \$25 fee for a replacement certificate.**
- You **MAY NOT** possess or use tobacco while present at these sessions.
- You **MAY NOT** smoke or use tobacco during session breaks
- If you or your parents are unsure of class times/dates, please call the office to confirm.
- Disruptive behavior is grounds for dismissal and the referring Judge or JP will be notified.
- All cell phones and electronic devices must be turned off during class time.
- Persons under the age of 16 must be accompanied by a parent or legal guardian at time of registration and have written permission from parent or legal guardian to take the course.

I have read and agree that all statements are true and will comply with all items herein.

Student Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Texas Youth Tobacco Awareness Program Participant Workbook

6th Edition 2019

Produced by Brian Colwell (Texas A&M School of Public Health), Stacey Stevens Manser (University of Texas at Austin), and Dennis Smith (University of Houston) and for the Texas Department of State Health Services for use in the Texas Youth Tobacco Awareness Program, Health & Safety Code 161.253.

Made possible with funding from the Texas Department of State Health Services

Texas Youth Tobacco Awareness Program

The following information will assist us in providing appropriate course completion information to the agency that asked you to attend.

Your Name: _____

Street Address _____

City _____

State _____

Zip Code _____

Phone: (_____) _____

E-mail: _____

Why are you in the program? (Check all that apply)

_____ Voluntary effort to quit using tobacco.

_____ Referred in by a school.

_____ Referred by a court.

How old are you? _____ years old

Are you: (Check one) _____ Female _____ Male

What grade are you in? (circle one)

6th 7th 8th 9th 10th 11th 12th Not in School In College

Which one of these groups BEST describes you? (check all that apply)

- _____ American Indian or Alaska Native
- _____ Asian
- _____ Black or African-American
- _____ Hispanic or Latino
- _____ Native Hawaiian or other Pacific Islander
- _____ White
- _____ Other (please specify) _____

Thank you!

Session 1 Worksheets

Why Do You Smoke or Vape?

From the statements below, please circle the response that best describes the way you feel about smoking. Please respond to all of the statements if you smoke tobacco.

_____ I don't smoke or vape

	Never	Seldom	Sometimes	Often	Always
A. Smoking or vaping helps keep me going.....	0	1	2	3	4
B. I like the feel of a cigarette or vape.	0	1	2	3	4
C. Smoking/vaping helps me relax.	0	1	2	3	4
D. To help me when I'm angry, I smoke or vape.....	0	1	2	3	4
E. It bothers me when I want to smoke or vape and I can't.	0	1	2	3	4
F. When I can't smoke/vape I am irritable or angry.....	0	1	2	3	4
G. I smoke/vape without even knowing it.	0	1	2	3	4
H. I like my friends to see me with a cigarette or vape.	0	1	2	3	4
I. I don't care what others say, I will still smoke or vape.	0	1	2	3	4
J. I smoke or vape because it makes me feel alert.	0	1	2	3	4
K. I like some of the stuff I can do with a cigarette or vape, blowing smoke or vapor.....	0	1	2	3	4
L. Smoking/vaping is enjoyable.	0	1	2	3	4
M. If I feel uncomfortable, I smoke a cigarette or vape.	0	1	2	3	4
N. I cannot concentrate without smoking/vaping..	0	1	2	3	4
O. I know when I want a cigarette or vape.	0	1	2	3	4
P. I am not aware of how much I smoke/vape.	0	1	2	3	4
Q. I smoke/vape with my friends.	0	1	2	3	4
R. I smoke/vape because I want to.	0	1	2	3	4
S. Smoking/vaping gives me a "lift."	0	1	2	3	4

T. I think it's fun to watch the smoke or vapor as I blow it out.	0	1	2	3	4
U. I crave smoking or vaping when I'm relaxed.....	0	1	2	3	4
V. Smoking/vaping helps me when I feel down, worried, or hassled.	0	1	2	3	4
W. If I haven't smoked or vaped in a while, I get a strong urge to do it.	0	1	2	3	4
X. I have trouble sleeping through the night without smoking or vaping first.	0	1	2	3	4
Y. I've found a cigarette or vape device in my mouth and not remembered putting it there. ...	0	1	2	3	4
Z. My friends expect me to smoke/vape.	0	1	2	3	4
AA. I smoke/vape because it makes me feel like I'm different from other people.	0	1	2	3	4

Scoring:

- In the spaces below, enter the number you have circled for your self-assessment. For example, put the number for the circled statement A on the front page over line A on this page. Continue for all letters.
- Add the 3 scores on each line to get your totals. For example, the sum of your scores over lines A, J and S equal your score on "Stimulation." The higher the sum for each total means that this is a stronger influence on your smoking.

A _____ +	J _____ +	S _____ =	Stimulation
B _____ +	K _____ +	T _____ =	Handling
C _____ +	L _____ +	U _____ =	Pleasure-Relaxation
D _____ +	M _____ +	V _____ =	Tension Reduction
E _____ +	O _____ +	W _____ =	Craving
G _____ +	P _____ +	Y _____ =	Habit
H _____ +	Q _____ +	Z _____ =	Peer Influence
I _____ +	R _____ +	AA _____ =	Independence
F _____ +	N _____ +	X _____ =	Dependence

Look at the most powerful reason you smoke or vape. Do you think this is accurate?

Why Do You Use Spit Tobacco?

From the statements below, please circle the response that best describes the way you feel about using spit tobacco. Please respond to all of the statements if you use spit tobacco.

_____ I don't use spit tobacco

	Never	Seldom	Sometimes	Often	Always
A. Spit tobacco helps keep me going.	0	1	2	3	4
B. I chew because of my sport or job.	0	1	2	3	4
C. Spit tobacco helps me relax.	0	1	2	3	4
D. To help me when I'm angry, I dip or chew. ...	0	1	2	3	4
E. It bothers me when I want to use spit tobacco and I can't.	0	1	2	3	4
F. I use spit tobacco without even knowing it.	0	1	2	3	4
G. I like my friends to see me using chew.	0	1	2	3	4
H. I don't care what others say, I will still use spit tobacco.	0	1	2	3	4
I. I use spit tobacco because it makes me feel alert.	0	1	2	3	4
J. I like some of the stuff I can do with chew, like putting it into my mouth, carrying the can in my jeans, and spitting into a cup or can.	0	1	2	3	4
K. Using spit tobacco is enjoyable.	0	1	2	3	4
L. If I feel uncomfortable, I use spit tobacco.	0	1	2	3	4
M. I know when I want to use spit tobacco.	0	1	2	3	4
N. I am not aware of how much I use spit tobacco.	0	1	2	3	4
O. I use spit tobacco with my friends.	0	1	2	3	4
P. I use spit tobacco because I want to.	0	1	2	3	4
Q. Spit tobacco gives me a "lift."	0	1	2	3	4
R. I think it's fun to watch the tobacco juice as I spit it out.	0	1	2	3	4
S. I like the feel and taste of spit tobacco in my mouth.	0	1	2	3	4

T. Spit tobacco helps me when I feel down, worried, or hassled.	0	1	2	3	4
U. If I haven't used spit tobacco in a while, I get a strong urge to do so.	0	1	2	3	4
V. I've found chew in my mouth and not remembered putting it there.	0	1	2	3	4
W. My friends expect me to chew.	0	1	2	3	4
X. I use chew because it makes me feel like I'm different from others.	0	1	2	3	4

Scoring:

- In the spaces below, enter the number you have circled for your self-assessment. For example, put the number for the circled statement A on the front page over line A on this page. Continue for all letters.
- Add the 3 scores on each line to get your totals. For example, the sum of your scores over lines A, I and Q equal your score on "Stimulation." The higher the sum for each total means that this is a stronger influence on your use of spit tobacco.

A _____ +	I _____ +	Q _____ =	Stimulation
B _____ +	J _____ +	R _____ =	Handling
C _____ +	K _____ +	S _____ =	Pleasure-Relaxation
D _____ +	L _____ +	T _____ =	Tension Reduction
E _____ +	M _____ +	U _____ =	Craving
F _____ +	N _____ +	V _____ =	Habit
G _____ +	O _____ +	W _____ =	Peer Influence
H _____ +	P _____ +	X _____ =	Independence

Look at the most powerful reason you use spit tobacco. Do you think this is accurate?

Life in 5 Years

What if I keep on using tobacco or vaping? What if I decide to quit? How does the decision affect my future? Think about it as you answer these questions:

Do I want to quit using?
Circle one response and complete the box below it

YES

OR

NO

OR

I do not use

If I quit now, how will that help me?

What are some reasons I don't want to quit?

How does not using tobacco or vaping help me?

Do I plan to be a tobacco or electronic cigarette user in 5 years?
YES NO

Do I plan to be a tobacco electronic cigarette user in 10 years?
YES NO

How will my decision affect my life?

How will my decision affect my life?

Do I ever plan to quit? Yes No I don't use tobacco or vape

If yes, when? _____

SURVEY

Please take some time to think about and answer the following questions:
The following questions ask about your tobacco and e-cig use and thoughts about using:

1. Have you ever smoked a whole cigarette even once?
 Yes No

2. How old were you when you took your first puff of a cigarette?
8 or younger 9 10 11 12 13 14 15 16 17 or older Never smoked

3. In what month of the year did you take your first puff of a cigarette?
Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sep. Oct. Nov. Dec. I don't smoke

4. In what year did you take your first try a cigarette? _____ (year)

5. How old were you when you smoked a whole cigarette for the first time?
8 or younger 9 10 11 12 13 14 15 16 17 or older Never smoked

6. During the past 30 days, on how many days did you smoke cigarettes? _____

7. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day on average?
 cigarettes per day I don't smoke

8. When was the last time you smoked a cigarette, even one or two puffs?
 I have never smoked even one or two puffs
 Earlier today
 Not today, but sometime during the past 7 days
 Not during the past 7 days, but sometime during the past 30 days
 Not during the past 30 days, but sometime during the past 6 months
 Not during the past 6 months, but sometime during the past year
 Over 1 year ago

9. Have you ever used spit tobacco (chew, snuff, etc.) even once?
 Yes No

10. How old were you when you first tried spit tobacco?

8 or younger 9 10 11 12 13 14 15 16 17 or older Never dipped

11. In what month did you first try spit tobacco?

Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sep. Oct. Nov. Dec. Never dipped

12. In what year did you take your first try spit tobacco? _____ (year)

13. During the past 30 days, on the days when you dipped, how many dips did you use per day on average?

_____ dips per day _____ I don't use spit tobacco

14. During the past 30 days, on how many days did you dip? _____

15. When was the last time you took a dip?

- _____ Earlier today
- _____ Not today, but sometime during the past 7 days
- _____ Not during the past 7 days, but sometime during the past 30 days
- _____ Not during the past 30 days, but sometime during the past 6 months
- _____ Not during the past 6 months, but sometime during the past year
- _____ Over 1 year ago
- _____ I don't use spit tobacco

16. During the past 30 days, on how many days did you smoke any of the following: cigars, cigarillos, little cigars, bidis, kreteks, hookah, or a pipe? _____

17. Have you ever used an electronic cigarette (e-cig, vaping, Juul) even once?

_____ Yes _____ No

18. How old were you when you took your first puff of an e-cigarette?

8 or younger 9 10 11 12 13 14 15 16 17 or older Never used

19. In what month of the year did you take your first puff of an e-cigarette?

Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sep. Oct. Nov. Dec. Never used

20. In what year did you take your first try an e-cigarette? _____ (year)

21. During the past 30 days, on how many days did you use an electronic cigarette? _____

22. During the past 30 days, on the days when you vaped, how many vape sessions did you have per day on average?

_____ Sessions per day _____ I don't vape

23. During the past 30 days, when you vaped, how many puffs did you take on average? _____
24. During the past 30 days, when you vaped, did you use juice with nicotine?
 _____ No
 _____ Yes
 _____ I don't know
25. When you vape, what concentration of nicotine do you typically use in your juice?
 _____ 0 mg.
 _____ 3 mg.
 _____ 5 or 6 mg.
 _____ 12 mg.
 _____ 18 mg.
 _____ 24 mg.
 _____ Other [write-in amount _____]
 _____ I don't know.
26. When was the last time you used an electronic cigarette, even one or two puffs?
 _____ I have never vaped even one or two puffs
 _____ Earlier today
 _____ Not today, but sometime during the past 7 days
 _____ Not during the past 7 days, but sometime during the past 30 days
 _____ Not during the past 30 days, but sometime during the past 6 months
 _____ Not during the past 6 months, but sometime during the past year
 _____ Over 1 year ago
27. Do you want to stop using tobacco or e-cigarettes?
 _____ Yes _____ No _____ I don't use tobacco or e-cigarettes
28. Do you see yourself as ...
 _____ A non-tobacco user/non-vaper
 _____ Someone who uses tobacco or electronic cigarettes once in a while
 _____ A tobacco user only
 _____ An e-cigarette user only
 _____ An ex-tobacco or e-cigarette user

29. How many times during the past 12 months have you stopped smoking or vaping for one day or longer because you were trying to quit using?

- I have not used in the past 12 months
- I have not tried to quit
- 1 time
- 2 times
- 3 to 5 times
- 6 to 9 times
- 10 or more times

30. On a scale from 1 to 10, how ready are you to quit your tobacco use or vaping?

1 2 3 4 5 6 7 8 9 10 I don't use
Not ready Unsure Ready

31. Do you think you will be using tobacco one year from now?

- Definitely yes
- Probably yes
- Probably not
- Definitely not
- I don't use tobacco

32. Do you think you will be vaping one year from now?

- Definitely yes
- Probably yes
- Probably not
- Definitely not
- I don't use tobacco

33. Many youth that use tobacco or vape intend to quit in the future. At what age do you intend to quit using? Give this some thought and please write in an age when you think you'll quit, and not "some day."

Age I will quit: _____ -OR- _____ I don't plan to ever quit.
_____ I don't use.

Answer the following questions by filling in the circle under your response.

SA = Strongly Agree; A = Agree; D = Disagree;
SD = Strongly Disagree

	SA	A	D	SD	Do not use
34. Using tobacco or vaping is very enjoyable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Tobacco use or vaping makes me look older.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Tobacco use or vaping helps me make & keep friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Tobacco use or vaping helps me be accepted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Tobacco use or vaping is relaxing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I like to think of myself as a tobacco or e-cig user.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I believe that I can quit using if I try.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. It would be easy to quit using.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. I have the skills necessary to quit using.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. I can quit using any time I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. I can resist peer pressure to use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. Of the people in your home, who is allowed to use tobacco?
 No one Only adults (18 or older) Anyone

46. Of the people in your home, who is allowed to vape?
 No one Only adults (18 or older) Anyone

47. How many people live in your home? _____

48. How many use tobacco or vape? _____

Please circle the number of friends that apply for each question below.

49. 0 1 2 3 4 of my 4 best friends use tobacco or vape.

50. 0 1 2 3 4 of my 4 best friends approve of my tobacco use or vaping.

51. 0 1 2 3 4 of my 4 best friends think I should continue using tobacco or vaping.

52. 0 1 2 3 4 of my 4 best friends would respect me less if I quit using tobacco or vaping.

53. 0 1 2 3 4 of my 4 best friends would like to quit using tobacco or vaping.

54. 0 1 2 3 4 of my 4 best friends don't like my tobacco use or vaping.
55. 0 1 2 3 4 of my 4 best friends would like for me to quit using tobacco or vaping.
56. 0 1 2 3 4 of my 4 best friends would help me try to quit using tobacco or vaping.
57. 0 1 2 3 4 of my 4 best friends wouldn't use tobacco or vape around me if I quit.
58. 0 1 2 3 4 of my 4 best friends tried to quit using tobacco or vaping in the past 6 months.

59. What are the top 3 places you get your tobacco or vape juice? Rank them first, second & third.

- _____ Internet
- _____ Convenience store
- _____ Grocery store
- _____ Other store
- _____ Take from parents
- _____ Parents buy & give to me
- _____ From brother(s) and sister(s)
- _____ From friends
- _____ Other (Where? _____)
- _____ I don't use tobacco or vape

60. How much do YOU think people risk harming themselves (physically or in other ways) if they:

	No Risk	Slight Risk	Moderate Risk	Great Risk
a. smoke one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. use an electronic cigarette every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61. Do YOU disapprove of people your age:

	Don't Disapprove	Disapprove	Strongly Disapprove
a. Smoking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Vaping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

62. How easy would it be for YOU to:

	Very easy	Fairly easy	Fairly difficult	Very difficult
a. get some cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. get an e-cigarette or e-juice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. Would youth in your neighborhood be caught by police if they were:

	Yes Definitely	Probably	Probably not	Definitely not
a. Smoking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Vaping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

64. If kids in your neighborhood were caught by police, would they get a ticket for:

	Yes Definitely	Probably	Probably not	Definitely not
a. Smoking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Vaping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

65. Overall, how satisfied are you with your life right now? (circle your response)

Very satisfied Fairly satisfied Not very satisfied Not at all satisfied

66. Over the past 2 weeks, have you felt down, depressed, or hopeless? Yes No

67. Over the past 2 weeks, have you felt little interest or pleasure in doing things? Yes No

What do You Know about Tobacco & Electronic cigarettes?

Circle what you think is the correct answer.

1. What is the second most widely used drug in the world?
 - a. Caffeine
 - b. Tobacco
 - c. Marijuana
 - d. Heroin

2. The addictive drug in tobacco is _____.
 - a. Fentanyl
 - b. Morphine
 - c. Nicotine
 - d. LSD

3. Nicotine is more addictive than cocaine or heroin.
 - a. True
 - b. False

4. Around _____ people die every year in the U.S. because of tobacco.
 - a. 800
 - b. 15,000
 - c. 200,000
 - d. 480,000

5. _____ is a long-term consequence of tobacco use.
 - a. Cancer
 - b. Stroke
 - c. Reduced fertility
 - d. all of the above

6. E-cigarettes cannot explode.
 - a. True
 - b. False

7. Which of the following statements is TRUE regarding smokeless tobacco?
 - a. It is not harmful to your health.
 - b. It contains at least 28 different cancer causing agents.
 - c. It is easier to quit than cigarettes.
 - d. It is a safe form of tobacco.

8. Which of these activities is the healthiest to do instead of smoking?
- a. Watching TV
 - b. Using spit tobacco
 - c. Exercising
 - d. Shopping
9. While it only lasts for a short time, when you quit using nicotine you may experience _____.
- a. Irritability, impatience, anger, or anxiety.
 - b. Restlessness and/or difficulty sleeping.
 - c. Difficulty concentrating.
 - d. All of the above
10. Most youth who are using tobacco or vaping say they _____.
- a. don't really want to quit.
 - b. wish they had never started.
 - c. see themselves being smokers for the rest of their lives.
 - d. feel healthier because of it.

People Around Me

<p>Group: <i>FAMILY</i></p> <p>Who in this group uses tobacco or vapes?</p> <p>Who in this group doesn't use tobacco or vape?</p> <p>When I'm with this group I usually feel...</p>	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">ME!</p> <p style="text-align: center; font-size: 0.8em;">(Describe yourself)</p> <hr/> <p style="text-align: center;">I am:</p> </div>	<p>Group:</p> <p>Who in this group uses tobacco or vapes?</p> <p>Who in this group doesn't use tobacco or vape?</p> <p>When I'm with this group I usually feel...</p>
<p>Group:</p> <p>Who in this group uses tobacco or vapes?</p> <p>Who in this group doesn't use tobacco or vape?</p> <p>When I'm with this group I usually feel...</p>		<p>Group:</p> <p>Who in this group uses tobacco or vapes?</p> <p>Who in this group doesn't use tobacco or vape?</p> <p>When I'm with this group I usually feel...</p>
<p>How many use tobacco or vape? (Circle one)</p> <p style="text-align: center;">None A few Most All</p>		<p>How many don't use tobacco or vape? (Circle one)</p> <p style="text-align: center;">None A few Most All</p>

Am I Addicted to Cigarettes?

This instrument was developed to help people determine if they are dependent on nicotine. Pick your answer for the next 6 questions and then add up the points to find out your total score. Your leader will help you understand what your score means.

1. How soon after you wake up do you smoke your first cigarette?
 - a. Within 5 minutes (3 points)
 - b. More than 5 minutes, but less than 30 minutes (2 points)
 - c. More than 30 minutes, but less than 1 hour (1 point)
 - d. After 1 hour (0 points)
 - e. I do not smoke cigarettes (0 points)

2. Do you find it difficult to not smoke in places where it is forbidden (church, library, school, movies, etc.)?
 - a. Yes (1 point)
 - b. No (0 points)
 - c. I do not smoke cigarettes (0 points)

3. Which cigarette would you hate most to give up?
 - a. The first one in the morning (1 point)
 - b. Any of the others (0 points)
 - c. I do not smoke cigarettes (0 points)

4. How many cigarettes a day do you smoke?
 - a. I do not smoke cigarettes (0 points)
 - b. 10 or less (1/2 pack per day) (0 points)
 - c. 11 to 20 (1/2 to 1 pack per day)(1 point)
 - d. 21 to 30 (1 to 1 1/2 packs per day) (2 points)
 - e. 31 or more (More than 1 1/2 packs per day) (3 points)

5. Do you smoke more often during the first hours after waking up than during the rest of the day?
 - a. Yes (1 point)
 - b. No (0 points)
 - c. I do not smoke cigarettes (0 points)

6. If you are so sick that you have to stay in bed most of the day, do you still smoke?
 - a. Yes (1 point)
 - b. No (0 points)
 - c. I do not smoke cigarettes (0 points)

What was your score? _____

Do you think it is accurate? Why or why not?

Am I Addicted to Electronic Cigarettes?

This instrument was developed to help people determine if they are dependent on electronic cigarettes. Pick your answer for the next 4 questions and then add up the points to find out your total score. Your leader will help you understand what your score means.

1. I find myself reaching for my e-cigarette without thinking about it.
 - a. Never (0)
 - b. Rarely (1)
 - c. Sometimes (2)
 - d. Often (3)
 - e. Almost always (4)

2. I vape more before going into a situation where vaping is not allowed.
 - a. Never (0)
 - b. Rarely (1)
 - c. Sometimes (2)
 - d. Often (3)
 - e. Almost always (4)

3. When I haven't been able to vape for a few hours, the craving gets intolerable.
 - a. Never (0)
 - b. Rarely (1)
 - c. Sometimes (2)
 - d. Often (3)
 - e. Almost always (4)

4. I drop everything to go out and get e-cigarettes or e-juice.
 - a. Never (0)
 - b. Rarely (1)
 - c. Sometimes (2)
 - d. Often (3)
 - e. Almost always (4)

What was your score? _____

Do you think it is accurate? Why or why not?

Agreement for Session 1

Thinking about a Change...

During this session, we've talked about when and who you use tobacco or vape with, why you use, and some ways to reduce your use or quit.

On a scale from 1 to 10, how ready am I to quit or reduce my tobacco use or vaping?

1 2 3 4 5 6 7 8 9 10 I don't use
Not ready Unsure Ready tobacco/vape

Will I try to quit or cut down on my tobacco use or vaping between now and the next session?

Yes No I don't use tobacco/vape

What is my goal between now and the next class?

What steps will I take to reach my goal?

Sometimes rewarding yourself can be helpful in obtaining your goal. Write down a healthy reward that you can obtain if you achieve your goal or parts of your goal:

I think reaching my goal will be: (circle one)

Very Hard Hard Easy Very Easy

Session 2 Worksheets

How did I do?

Checking my agreement

What was my goal at the end of last session?

Did I make it to my goal? Yes Not this time

If I **did**, what helped me to reach my goal?

If I **did not** completely accomplish my goal, what steps did I accomplish toward my goal?

Was there something that made it difficult for me to stick to my goal?

Yes No I don't use

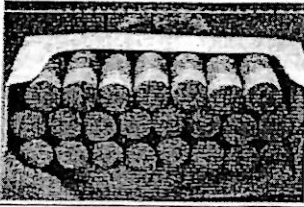
What was it?

If you didn't reach your goal or didn't feel ready to try, that's o.k., there is time to think about trying again today!

How Much Tobacco Companies Make

Just from Me!

If you smoke...



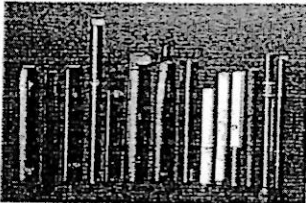
- ...1 cigarette = \$0.30/day or about \$100/year
- ...10 cigarettes = \$3.00/day or about \$1000/year
- ...1 pack of cigarettes = \$6.00/day or about \$2200/year
- ...2 packs of cigarettes = \$12.00/day or about \$4400/year
- ...1 carton = \$60.00 each

If you dip...



- ...1 can = \$3.50/day or about \$1277/year
- ...2 cans = \$7.00/day or about \$2555/year
- ...1 roll = \$18.25 each

If you vape...



- ...1 pod = \$5.00 /day or about \$1800/year
- ...2 pods = \$10.00/day or about \$3650/year

*These costs are based on tobacco prices at a large discount retailer in the spring of 2019. Costs may differ somewhat.

If I vape one pod a day...

On average, that costs me \$5 a day. What else could I buy with this money?

On average, that costs me \$35 a week. What else could I buy with this money?

On average, that costs me \$70 for two weeks. What else could I buy with this money?

If I quit for a month, that would be about an extra \$140. What could I buy with this money?

If I quit for one year, that would be about an extra \$1800! What could I do with this money?

How Else Does Tobacco Cost Me?

Read the following statements and circle if you think it is true or false.

1. If I smoke in my car I'll get less trade-in value for it. True or False
2. Smokers are more productive and earn more than nonsmokers. True or False
3. Tobacco users pay more for health insurance. True or False
4. Tobacco users pay more for homeowners insurance. True or False
5. Tobacco users pay more for life insurance. True or False
6. Some worksites will no longer hire tobacco users. True or False
7. Smoking in my home doesn't affect its resale value. True or False
8. Tobacco use doesn't cost much money in the long run. True or False
9. A pack of cigarettes really costs about \$33 over your lifetime. True or False
10. If I quit smoking, I'll be wealthier in the long run. True or False



Check out the answers

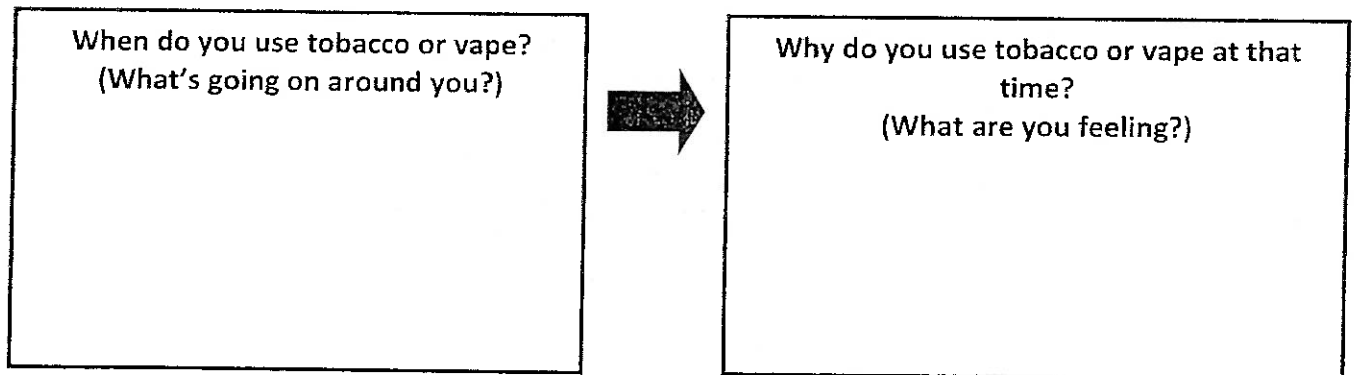
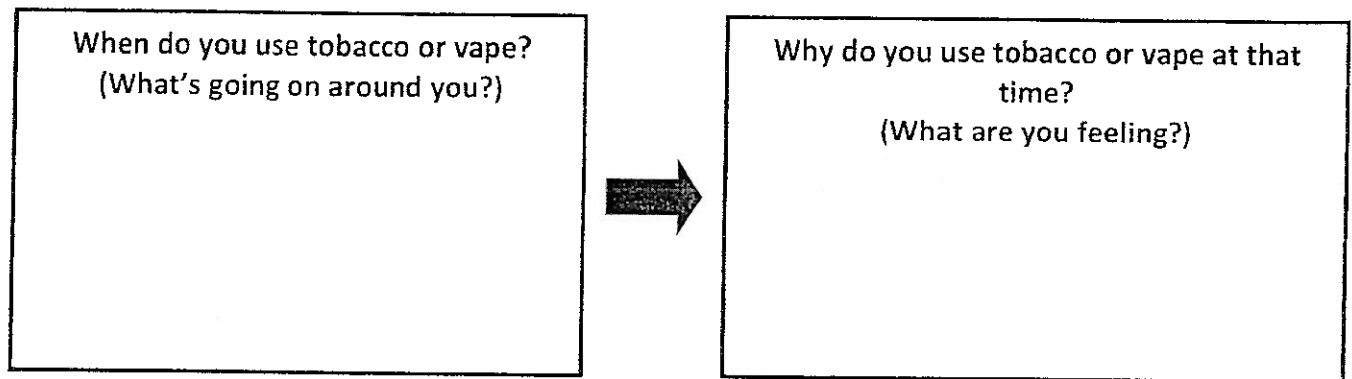
The Answer is Quite a Bit!

1. TRUE. If you smoke in your car you get about 10% less trade-in value for it. Smoke stains the fabric and makes the car smell bad to nonsmokers. On the positive side, though, for only \$1500 you can get much of the stain & smoke smell out.
2. FALSE. Smokers are NOT more productive and DO NOT earn more than nonsmokers. Smokers earn as much as 20% LESS than nonsmokers. They lose productivity because of smoking breaks, more illness, and smokers are perceived by management to be less attractive and less successful, so promotions come less often.
3. TRUE. Even with changes in the health system, tobacco users may pay as much as 50% more for health insurance. Smokers are sick more often, so many insurance companies require them to pay more for the extra insurance they use.
4. TRUE. Tobacco users pay more for homeowners insurance. Over 20,000 homes a year burn due to cigarettes, meaning higher insurance costs – as much as \$2000 a year. Companies give nonsmokers discounts of 5 to 15%.
5. TRUE. Tobacco users may have to pay nearly double for life insurance vs. nonsmokers. A smoker in their 30s or 40s may actually pay as much as four times as much for life insurance.
6. TRUE. Some worksites will no longer hire tobacco users. In 2006 there were over 6000 companies that would not hire smokers, and would fire you if they discovered that you were using. A smoker can cost a company an average of \$6000 each year in medical costs, decreased productivity, and more illnesses.
7. FALSE. Smoking in your home DOES affect its resale value. Many smokers' homes have to be completely re-painted, have the air ducts cleaned, and have new carpet installed to get the smell of smoke out. Furniture also has to be deep cleaned.
8. FALSE. Tobacco use DOES cost an individual much money in the long run. If you consume a pack of cigarettes or one Juul pod per day, quit and put that in the bank, that's about \$150 per month. If you keep that up, with a reasonable interest rate, by the time you're 70 years old, you'll have saved over \$370,000.
9. TRUE. A pack of cigarettes really costs you about \$33. When you include the cost of early death, smoking-related disabilities and other factors, the actual cost of a pack of cigarettes to someone who starts smoking at 24 years of age is \$33.
10. TRUE. If you quit smoking, you'll be wealthier. A study of 8,900 people in the National Longitudinal Survey of Youth from 1985 to 1998 found that a nonsmoker's net worth is 50% more than light smokers and twice that of heavy smokers and that wealth gap grows by 4% each year. It appears that smokers spend as much as others on everything else, and pay for smoking out of potential savings.

When Do I Use?

People, Places, Things

Think about the times that you smoke, vape or chew. Where are you? Who are you with? What are you doing? How are you feeling? These can be positive or negative. Thinking about these questions can help you figure out more about your use. Then you are better prepared to plan when you are trying to quit.



What are some healthy ways you could get the feelings you want besides using tobacco or vaping?

The Time of My Life

A new day, every day

How do you spend your time? Write the number of cigarettes/dips/vape sessions you use during usual weekdays and weekends in the charts below. If you use dip, please write how many. Do not just say "1 can." For example, if you get up at 7 a.m. and smoke one cigarette, take a dip or have a vape session, then you have another one at 11 a.m., write "2" between 6 a.m. - 12 p.m.

Usual Weekday

Early Morning 2 a.m. – 6 a.m.	Morning 6 a.m. – 12 p.m.	Afternoon 12 p.m. – 5 p.m.	Evening 5 p.m. – 10 p.m.	Late Night 10 p.m. – 2 a.m.

Add up how much you use during a usual weekday: _____

When do you tend to use more on a usual weekday?

Morning

Afternoon

Night

I don't use.

Usual Weekend Day

Early Morning 2 a.m. – 6 a.m.	Morning 6 a.m. – 12 p.m.	Afternoon 12 p.m. – 5 p.m.	Evening 5 p.m. – 10 p.m.	Late Night 10 p.m. – 2 a.m.

Add up how much you use during a usual day on the weekend: _____

When do you tend to use more during a usual day on the weekend?

Morning

Afternoon

Night

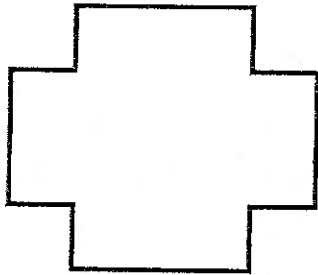
I don't use.

Want to Quit?

Yes I Do ... No, I Don't

People can usually think of reasons they want to quit and reasons they don't. If there weren't some good along with the bad, no one would use tobacco or vape and quitting would be easy. Write your reasons in the thought spots below. These should be what YOU think and not what someone else has told you.

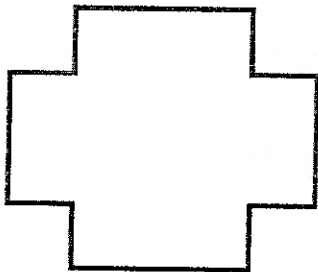
What's good about tobacco/vaping?



What's bad about tobacco/vaping?



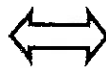
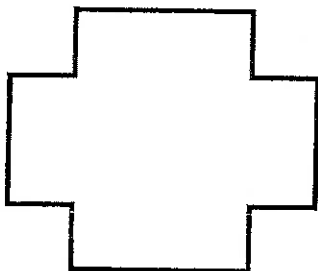
What does it do that you like?



What does it do that you don't like?



What would you miss if you stopped?



What would you not miss if you stopped?



Having mixed feelings about quitting is normal. Quitting means you won't get the positives you've come to expect from using this product, but you won't get the negatives either. Plus, the positives will continue to grow when you quit using.

Taking Control

Another Chance to React

- In the first box, describe a situation where you let your emotions or feelings take control in a negative way. Think about how you were feeling when that happened.
- Below that, think about your response to that situation.
- In the other box, think about how you might react in a better way. Would you have done the same thing way or are there more positive ways to control or express feelings in this situation?

Situation 1:

Situation:
What happened?
How were you feeling while this was happening?

How did you react?

Another Chance to Respond:
Was there a better way to react?
How could you have reacted differently?

Do you have any danger situations where you get angry and it leads to some bad choices?

Being angry is normal. But you have to be able to come up with better solutions than violence, shouting, or something else.

What other things can you do when you are most angry?

Agreement for Session 2

Looking at the Weekend

On a scale from 1 to 10, how ready am I to quit or reduce my use?

1 2 3 4 5 6 7 8 9 10 I don't use
Not ready Unsure Ready tobacco/vape

Will I try to quit or cut down on my use between now and the next session?

Yes No I don't use

What is my goal between now and the next class?

What I have learned in this session or what were things that helped me during the last try? What are some ways I can deal with urges?

I think reaching my goal will be: (circle one)

Very Hard Hard Easy Very Easy

Session 3 Worksheets

How did it go?

Thinking about my try ...

What was my goal at the end of last session?

Did I make it to my goal? (circle one, then answer the question below)

YES

OR

NOT THIS TIME



If **YES**, describe something that happened that made you want to use, but you did not. What helped you not use?

If **NO**, describe what happened that made you want to use, and you did. Why do you think you used?

Is there anyone who can help me not use when I'm trying to quit? Who?

If you didn't reach your goal last time or didn't feel ready to try, that's o.k. You'll learn more today and may be ready to try it again!

Obstacles

What Keeps Me From Quitting?

Most nicotine product users want to quit, but different situations or things around them stand in the way of quitting. Recognizing these and trying to think of what you can do instead of using tobacco is important. The point is to do something to disrupt your typical pattern.

First, list something that seems to be standing in your way. Then, circle how much of a hurdle it is to you. Finally, list things you could do to get past it.

For example: Wanting to use tobacco or vape after eating. How can you get past this? Or smoking/vaping when you're stressed. What else can you do to calm down?

Hurdle 1:

Name something that stands in the way of my quitting?
How big is this hurdle (circle one): High? Medium? Hurdle?
What can I do to handle or get past this?

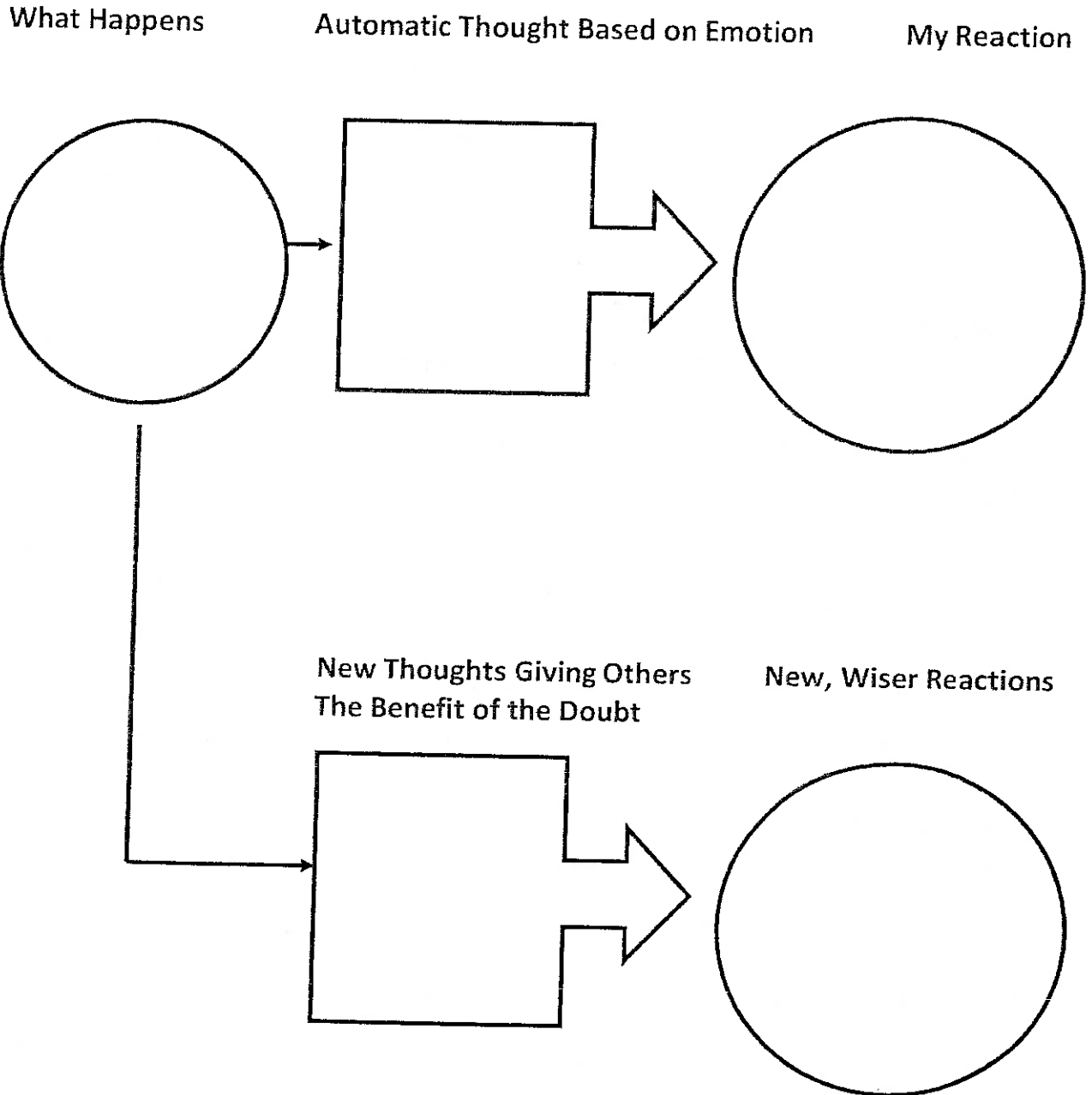
Hurdle 2:

Name something that stands in the way of my quitting?
How big is this hurdle (circle one): High? Medium? Hurdle?
What can I do to handle or get past this?

Thought Options

Breaking Cycles

Think of something happens to you and the automatic thought that usually pops into your head. You may react based on your first emotional response, without thinking or knowing what was really meant. These reactions are often negative, defensive, angry, or frustrated. Stopping automatic thoughts improves communication.



Who's on My Team?

Getting Support and Encouragement

If there are people supporting and encouraging you as you try to quit, quitting can be easier. Think about people who would be on your support "team" to encourage your quit. List three of these people and your relationship to them (for example: family, friend, school, etc.), why they are important to you, and what they can do to help you quit.

Me

Team Member #1:
_____ is my _____
Name Relationship to me
This person can help me quit by:

Team Member #2:
_____ is my _____
Name Relationship to me
This person can help me quit by:

Team Member #3:
_____ is my _____
Name Relationship to me
This person can help me quit by:

Now try this

Ask this person to be on your support team.	Let them know they are important to you.	Tell them how they can help you quit.
---	--	---------------------------------------

Agreement for Session 3

Another Try

On a scale from 1 to 10, how ready am I to quit or reduce my use?

1	2	3	4	5	6	7	8	9	10	I don't use tobacco or vape
Not ready			Unsure				Ready			

Will I try to quit or cut down on my use between now and the next session?

Yes No I don't use

What is my goal between now and the next class?

What have I learned in this session and what things helped me on past tries? What are some strategies I can use to reach my goal?

1.

I think reaching my goal will be: (circle one)

Very Hard Hard Easy Very Easy

Session 4 Worksheets

Checking In

What am I Learning?

What was my goal at the end of last session?

Did I make it to my goal? Yes Not this time

If I **did**, what helped me to reach my goal?

If I **did not** completely accomplish my goal, what steps did I accomplish towards my goal?

Was there something that made it difficult for me to stick to my goal?

Yes No I don't use

What was it?

If you have been able to quit each time, congratulations!
If not, keep on trying to use what you've learned in the program.
If you'd like more help after today, ask your program leader.

Slipping Back...

and moving forward

It's common to have some slips when you are trying to quit using any addictive drug. The important thing is to keep trying. Planning ahead for these times can make you likely to slip.

What situations or people might lead me to slip?
Where am I? What am I feeling?



What happens that makes me want to use?



What do I usually do about it?



What is my new plan to prepare not to slip?

Targeting Advertising

... because it targets you!

Big companies use advertising to try to manipulate people with misleading images. For example: smokers and vapers as the center of attention at a party, good-looking members of the opposite sex hanging around smokers or vapers, dippers shown as macho cowboys, people doing fun activities, etc.

What brand of product do I currently use? _____ I do not use.

The reason I started using this brand is because...

Did advertising affect your choice?

Yes

No

I don't use

Why or why not?

What if you were Surgeon General?

What message would you send?

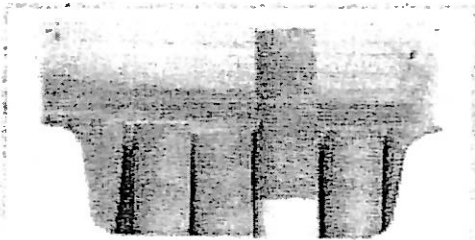
There are 4 rotating Surgeon General's warnings on tobacco/vape products. Do you think people pay attention to them?

Yes

No

Why or why not?

What kind of warning would make you think twice about using tobacco or vape? If you were going to write warnings and want youth your age to pay attention to them, what would they say? Make up your own Surgeon General's warning for cigarettes, e-cigarettes or dip on the label(s):

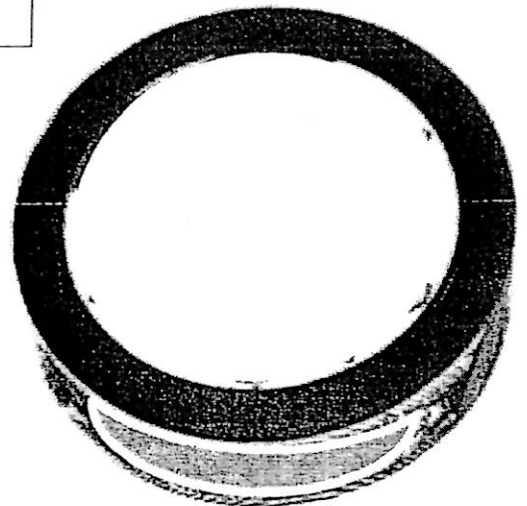


Warning:



Warning:

Warning:



Have a Plan for Success

Staying ahead of myself

Planning ahead to deal with urges to use tobacco or vape can increase your success. Answer the questions in the boxes and you'll already be ahead to succeed.

I'm hanging out at a party and friends offer me tobacco or an e-cigarette.	I plan to . . .	
I'm angry at someone and I really want to use tobacco or vape.	I plan to . . .	
I'm so bored. There's nothing to do!	I plan to . . .	
I need to talk to somebody that can help me to stay away from tobacco or e-cigarettes.	I plan to . . .	

Final Agreement

What I Want for My Life

You've spent two weeks attending this class and we hope that you have learned some things about yourself and some ways to help you quit. Do you feel ready to make a more permanent change in your tobacco use?

On a scale from 1 to 10, how ready am I to quit or reduce my tobacco or e-cigarette use?

1	2	3	4	5	6	7	8	9	10	I don't use tobacco or vape
Not ready			Unsure				Ready			

Am I ready to make a real commitment to quit? Yes Not at this time

Who am I going to ask to help me quit? _____

What new things that I learned can help me quit for good when I want to?

Thank you for your participation in this program!

Participant Survey

An evaluation of this program follows in the next few pages. The information you give is important for program staff to learn how effective you feel the program and the program leader have been. You have answered some of these questions before, but we'd like to see what you think now that the program is over. Neither your name nor any of this information will ever be released and your responses will not affect your passing this class. Responses will be used to improve the program.

Please give complete and truthful answers. Thank you.

1. During the past 30 days, on how many days did you smoke cigarettes? _____

2. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day on average?
_____ cigarettes per day _____ I don't smoke

3. When was the last time you smoked a cigarette, even one or two puffs?
_____ I have never smoked even one or two puffs
_____ Earlier today
_____ Not today, but sometime during the past 7 days
_____ Not during the past 7 days, but sometime during the past 30 days
_____ Not during the past 30 days, but sometime during the past 6 months
_____ Not during the past 6 months, but sometime during the past year
_____ Over 1 year ago

4. During the past 30 days, on the days when you dipped, how many dips did you use per day on average?
_____ dips per day _____ I don't use spit tobacco

5. During the past 30 days, on how many days did you dip? _____

6. When was the last time you took a dip?
_____ Earlier today
_____ Not today, but sometime during the past 7 days
_____ Not during the past 7 days, but sometime during the past 30 days
_____ Not during the past 30 days, but sometime during the past 6 months
_____ Not during the past 6 months, but sometime during the past year
_____ Over 1 year ago
_____ I don't use spit tobacco

7. During the past 30 days, on how many days did you smoke any of the following: cigars, cigarillos, little cigars, bidis, kreteks, hookah, or a pipe? _____

8. During the past 30 days, on how many days did you use an electronic cigarette (e-cig, vaping, Juuling)? _____
9. During the past 30 days, on the days when you vaped, how many vape sessions did you have per day on average?
 _____ Sessions per day _____ I don't vape/Juul
10. During the past 30 days, when you vaped, how many puffs did you take on average? _____
11. During the past 30 days, when you vaped, did you use juice with nicotine?
 _____ No
 _____ Yes
 _____ I don't know
12. When you vape, what concentration of nicotine do you typically use in your juice?
 _____ 0 mg.
 _____ 3 mg.
 _____ 5 or 6 mg.
 _____ 12 mg.
 _____ 18 mg.
 _____ 24 mg.
 _____ Other [write-in amount _____]
 _____ I don't know.
13. When was the last time you used an electronic cigarette (e-cig, vaping, Juuling), even one or two puffs?
 _____ I have never vaped even one or two puffs
 _____ Earlier today
 _____ Not today, but sometime during the past 7 days
 _____ Not during the past 7 days, but sometime during the past 30 days
 _____ Not during the past 30 days, but sometime during the past 6 months
 _____ Not during the past 6 months, but sometime during the past year
 _____ Over 1 year ago
14. Do you want to stop using tobacco or electronic cigarettes?
 _____ Yes _____ No _____ I don't use tobacco, electronic cigarettes, Juul
15. Do you see yourself as...
 _____ A non-tobacco/non-vape user
 _____ Someone who uses tobacco or electronic cigarettes once in a while
 _____ A tobacco user only
 _____ An e-cigarette user only
 _____ An ex-tobacco or e-cigarette user

16. Do you think you will be using tobacco one year from now?

- _____ Definitely yes
- _____ Probably yes
- _____ Probably not
- _____ Definitely not
- _____ I don't use tobacco

17. Do you think you will be vaping one year from now?

- _____ Definitely yes
- _____ Probably yes
- _____ Probably not
- _____ Definitely not
- _____ I don't use tobacco

18. Many youth that use tobacco or vape intend to quit in the future. At what age do you intend to quit using? Give this some thought and please write in an age when you think you'll quit, and not "some day."

Age I will quit: _____ -OR- _____ I don't plan to ever quit.
 _____ I don't use.

Answer the following questions by filling in the circle under your response.

SA = Strongly Agree; A = Agree; D = Disagree; SD = Strongly Disagree		SA	A	D	SD	Do not use
19.	Using tobacco or vaping is very enjoyable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	Tobacco use or vaping makes me look older.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	Tobacco use or vaping helps me make & keep friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	Tobacco use or vaping helps me be accepted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	Tobacco use or vaping is relaxing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	I like to think of myself as a tobacco or e-cig user.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	I believe that I can quit using if I try.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	It would be easy to quit using.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27.	I have the skills necessary to quit using.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	I can quit using any time I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29.	I can resist peer pressure to use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30.	How much do YOU think people risk harming themselves (physically or in other ways) if they:	No Risk	Slight Risk	Moderate Risk	Great Risk
	c. smoke one or more packs of cigarettes a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	d. use an electronic cigarette/Juul every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31.	Do YOU disapprove of people your age:	Don't Disapprove	Disapprove	Strongly Disapprove
	c. Smoking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	d. Vaping/Juuling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now What Do You Know about Tobacco?

Circle what you think is the correct answer.

1. What is the second most widely used drug in the world?
 - a. Caffeine
 - b. Tobacco
 - c. Marijuana
 - d. Heroin

2. The addictive drug in tobacco is _____.
 - a. Fentanyl
 - b. Morphine
 - c. Nicotine
 - d. LSD

3. Nicotine is more addictive than cocaine or heroin.
 - a. True
 - b. False

4. Around _____ people die every year in the U.S. because of tobacco.
 - a. 800
 - b. 15,000
 - c. 200,000
 - d. 480,000

5. _____ is a long term consequence of tobacco use.
 - a. Cancer
 - b. Stroke
 - c. Reduced fertility
 - d. all of the above

6. E-cigarettes cannot explode.
 - a. True
 - b. False

7. Which of the following statements is TRUE regarding smokeless tobacco?
 - a. It is not harmful to your health.
 - b. It contains at least 28 different cancer causing agents.
 - c. It is easier to quit than cigarettes.
 - d. It is a safe form of tobacco.

8. Which of these activities is the healthiest to do instead of smoking?
- a. Watching TV
 - b. Using spit tobacco
 - c. Exercising
 - d. Shopping
9. While it only lasts for a short time, when you quit using nicotine you may experience _____.
- a. Irritability, impatience, anger, or anxiety.
 - b. Restlessness and/or difficulty sleeping.
 - c. Difficulty concentrating.
 - d. All of the above
10. Most youth who are using tobacco or vaping say they _____.
- a. don't really want to quit.
 - b. wish they had never started.
 - c. see themselves being smokers for the rest of their lives.
 - d. feel healthier because of it.

Program Evaluation

Please rate the program on a scale from 1 to 6 on the following statements:

1 = "I strongly disagree with the statement"

6 = "I strongly agree with the statement"

1. The program helped me think of reasons why I should quit using tobacco or vaping.
1 2 3 4 5 6
2. The program helped me identify ways to try to quit I had not thought of before.
1 2 3 4 5 6
3. The program helped me identify people who would support me if I quit using tobacco or vaping.
1 2 3 4 5 6
4. The program helped me identify the reasons why I use tobacco or vape.
1 2 3 4 5 6
5. This program helped me identify alternatives to using tobacco or vaping.
1 2 3 4 5 6
6. This program helped me identify situations that trigger my tobacco use or vaping.
1 2 3 4 5 6
7. This program helped me identify the mood I am usually in when I use tobacco or vape.
1 2 3 4 5 6
8. I am more prepared to quit using tobacco or vaping because of this program.
1 2 3 4 5 6
9. I plan to quit using tobacco or vaping because of my participation in this program.
1 2 3 4 5 6

The next questions ask how you feel about working with the instructor over the last two weeks. Answer by filling in the bubble based on how much you feel the statement is TRUE.

		Seldom	Some- times	Fairly Often	Very Often	Always
1.	The instructor and I agreed upon the goals of this class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	The instructor and I agreed that it is important for me to participate in this class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	The instructor and I respect each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	The leader and I have a good understanding of the kind of changes that would be good for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	I believe the instructor likes me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	I feel that the things I do in this class will help me to accomplish the changes I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	As a result of this program, I am clearer as to how I might be able to change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	I believe the way the leader and I are working on my smoking or vaping issues is correct.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	What I am doing in this class gives me new ways of looking at my tobacco or vape use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	The leader worked with everyone to set goals for the class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	I feel that the instructor appreciates me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	I feel the instructor cares about me even when I do things that he/she does not approve of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

