

Institut  
de la statistique

Québec



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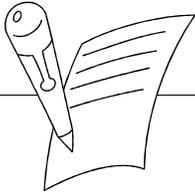
Interview language:



Everyday,  
now and then  
or never?

Québec Survey  
of Tobacco Use  
in High School  
Students *2002*

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# Instructions

Thousands of high school students across Québec are participating in this important survey on smoking.

There are NO RIGHT OR WRONG ANSWERS. This IS NOT an exam.

DO NOT WRITE YOUR NAME ON THIS QUESTIONNAIRE.  
That way, no one in your school will know what answers you gave.

- ◆ Read each question carefully.
  
- ◆ Give only one answer to each question, unless indicated otherwise.
  
- ◆ **To answer:**
  - circle the number corresponding to your response;..... e.g.: ①

or

  - put a check mark (✓) in the appropriate space(s);..... e.g.: ✓

or

  - fill in the blank with your response..... e.g.: I was 13 years old
  
- ◆ Carefully follow the arrows when necessary. For some arrows, you will need to specify a response, while for others you will have to skip question(s).
  
- ◆ For all tables, answer each question without forgetting to refer to the proposed answers.

**Are you ready? Let's begin...**



Please indicate the current time: \_\_\_\_ (Hour/s) : \_\_\_\_ (Minute/s)

Example: 2 : 00

## General Information

1. What grade are you in?

- Secondary I..... 1  
Secondary II ..... 2  
Secondary III..... 3  
Secondary IV ..... 4  
Secondary V ..... 5

2. How old are you?

- 11 years old or under..... 01  
12 years old..... 02  
13 years old..... 03  
14 years old..... 04  
15 years old..... 05  
16 years old..... 06  
17 years old..... 07  
18 years old or older ..... 08

3. Are you...

- a boy?..... 1  
a girl?..... 2

4. What language do you speak MOST OFTEN at home?

► **Circle one only**

- French..... 1  
English ..... 2  
Other ..... 3

 Please, specify \_\_\_\_\_

5. IN THE LAST 30 DAYS, have you smoked cigars, cigarillos, or little cigars, even just a few puffs?

No, I didn't smoked cigars in the last 30 days ..... 1

Yes, every day .....2

Yes, almost every day .....3

Yes, a few times (a few days) .....4

Yes, one or two days.....5

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## Smoking cigarettes and you

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

Yes..... 1

No.....2

7. Have you ever smoked A WHOLE cigarette?

Yes..... 1

No.....2 → **Go to question 19**

8. How old were you when you smoked your first WHOLE cigarette?

I was \_\_\_\_\_ years old

I don't know ..... 98

9. Have you smoked 100 or more cigarettes IN YOUR LIFE? (100 cigarettes = 4 packs of 25).

Yes..... 1

No.....2

I don't know .....8

**The next two questions are about cigarette  
smoking in THE LAST 30 DAYS**

10. DURING THE LAST 30 DAYS, did you smoke cigarettes, even just a few puffs?

- No, I didn't smoke in the last 30 days.....0 → **Go to question 19**
- Yes, every day ..... 1
- Yes, almost every day ..... 2
- Yes, a few times (a few days) ..... 3

11. ON THE DAYS YOU SMOKED, how many cigarettes did you usually smoke?

- Less than one cigarette a day (a few puffs a day) ..... 1
- 1 to 2 cigarettes a day ..... 2
- 3 to 5 cigarettes a day ..... 3
- 6 to 10 cigarettes a day ..... 4
- 11 to 20 cigarettes a day ..... 5
- More than 20 cigarettes a day ..... 6

12. How addicted to smoking cigarettes do you think you are?

- Not addicted at all ..... 1
- A little addicted ..... 2
- Quite addicted ..... 3
- Very addicted ..... 4

13. How soon after you wake up do you usually smoke your first cigarette?

- Within 5 minutes ..... 1
- 6 to 30 minutes ..... 2
- 31 to 60 minutes ..... 3
- After 60 minutes ..... 4

14. How often do you smoke cigarettes at the following times?

► Answer each question

	Always	Often	Sometimes	Never
a. Before school	1	2	3	4
b. During the school day (recess, lunchtime)	1	2	3	4
c. After school	1	2	3	4
d. On weekday evenings	1	2	3	4
e. On weekends	1	2	3	4

15. How often do you smoke cigarettes in the following places?

► Answer each question

	Always	Often	Sometimes	Never
a. At home	1	2	3	4
b. Going to or coming back from school	1	2	3	4
c. In the schoolyard	1	2	3	4
d. At friends' place	1	2	3	4
e. At parties	1	2	3	4
f. At concerts, dances, or bars	1	2	3	4

16. How often do you smoke cigarettes with the following people?

► Answer each question

	Very often	Often	Sometimes	Never
a. With friends	1	2	3	4
b. With your parents	1	2	3	4
c. With other family members	1	2	3	4
d. Alone	1	2	3	4

17. Do you think smoking cigarettes is very risky for your personal health, quite risky, not too risky or not risky at all?

- Very risky ..... 1
- Quite risky..... 2
- Not too risky..... 3
- Not risky at all..... 4

18. Which of the following reasons explain why you smoke cigarettes?

► **Check all that apply**

- I don't smoke.....
- a. I'm addicted to cigarettes .....
- b. To relieve stress and relax.....
- c. I like the look smoking gives me .....
- d. To do like my friends.....
- e. I like the taste .....
- f. I smoke at special events (e.g. concerts, parties) .....
- g. For something to do.....
- h. Other.....

 Please, specify \_\_\_\_\_

**Go to question 20**

19. Which of the following reasons explain why you don't smoke cigarettes?

► **Check all that apply**

- a. I think it can be harmful to my health .....
- b. I think it can be addictive .....
- c. I know that my parents would disapprove.....
- d. It will affect my performance in sports .....
- e. I have other things I enjoy to do.....
- f. I don't like the taste .....
- g. I don't want to bother other people with my cigarette smoke .....
- h. Other.....

 Please, specify \_\_\_\_\_

20. How often are you exposed to second-hand cigarette smoke...  
 ▶ If you smoke, do not include the smoke from your own cigarettes. Refer only to smoke from others

	Every day	Almost every day	About once a week	About once a month	Less than once a month	Never
a. in your home?	1	2	3	4	5	6
b. in the schoolyard?	1	2	3	4	5	6

21. When you are in a car with your parents, how often are you exposed to their cigarette smoke?  
 ▶ If you smoke, do not include the smoke from your own cigarettes. Refer only to smoke from others

- Always or almost always..... 1  
 More than half the time..... 2  
 About half the time..... 3  
 Less than half the time ..... 4  
 Never ..... 5  
 I'm never in a car with my parents ..... 8

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## Access to cigarettes

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22. How do you USUALLY get your cigarettes?  
 ▶ Check (✓) one or more indicating the way(s) you get them the MOST OFTEN

- I don't smoke .....
- a. I buy them myself in a store (convenience store – *depanneur*, gas station, etc.) .....
- b. I buy them myself from a friend or someone else at school .....
- c. I buy them myself from a friend or someone else, but not at school .....
- d. I have someone buy them for me .....
- e. My father or mother gives them to me .....
- f. My brother or sister gives them to me .....
- g. A friend gives them to me .....
- h. Other.....

 Please, specify \_\_\_\_\_

23. IN THE LAST FOUR WEEKS, how often did you buy or try to buy cigarettes in a store (convenience store – *depanneur*, gas station, etc.)?

I didn't buy or try to buy cigarettes in a store in the last four weeks ..... 1 → **Go to question 26**

Less than once a week..... 2

About once a week ..... 3

2 to 5 times a week..... 4

Every day or almost every day..... 5

24. IN THE LAST FOUR WEEKS, when you went to buy cigarettes in a store...

► Answer each question

	Never	Less than half the time	About half the time	More than half the time	Always or almost always
a. how often were you asked for your age?	1	2	3	4	5
b. how often did the clerk refuse to sell you cigarettes because of your age?	1	2	3	4	5

25. Do you often go to the same store(s) to buy cigarettes?

Yes..... 1

No..... 2

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## What is your opinion?

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26. In your opinion, what percentage of young people your age smoke cigarettes?

Less than 25% ..... 1

Between 25% and 40% ..... 2

Between 41% and 75% ..... 3

More than 75%..... 4

27. How much do you agree or disagree with the following statements?

► Answer each question

	Totally agree	Mostly agree	Mostly disagree	Totally disagree
a. I will never get addicted to cigarettes	1	2	3	4
b. At my age, smoking is not dangerous because I could always quit later	1	2	3	4

28. Answer the following questions by circling the number indicating your opinion.

► Answer each question

	Definitely yes	Probably yes	Probably no	Definitely no
a. Does smoking cigarettes help people feel more comfortable at parties and in other social situations?	1	2	3	4
b. Do you think smoking cigarette makes young people look cool?	1	2	3	4

29. In your opinion, what is the risk of someone your age becoming addicted if he/she...

► Answer each question

	No risk	Slight risk	Medium risk	High risk
a. smokes cigarettes every day or almost every day?	1	2	3	4
b. smokes cigarettes only once in a while, say at parties or with friends?	1	2	3	4

30. IN THE PAST 12 MONTHS, did you visit any Internet sites on smoking?

Yes..... 1

No..... 2

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## Quitting smoking

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31. Have you tried to stop smoking IN THE LAST 12 MONTHS?

I have never smoked or I haven't really smoked in the last  
12 months .....0 → **Go to question 38**

Yes..... 1

No..... 2 → **Go to question 35**

32. Have you started smoking cigarettes again since the last time you tried to quit?

Yes..... 1

No..... 2

33. How many times have you tried to stop smoking IN THE LAST 12 MONTHS?

\_\_\_\_\_ times

34. The last time you tried to stop, how long did you stay off cigarettes?

Less than 24 hours ..... 1

1 to 2 days..... 2

3 to 7 days..... 3

Between 1 week and 1 month..... 4

Between 1 and 3 months ..... 5

More than 3 months ..... 6

35. Among the following methods, which one(s) would you use if you were trying to quit smoking?

► Check all that apply

- a. Read up on ways of quitting smoking.....○
- b. Participate in an online (Internet) forum on quitting smoking .....○
- c. Make a deal with a friend to quit smoking .....○
- d. Ask for help from a health professional, such as a doctor, dentist,  
psychologist, nurse, etc. ....○
- e. Participate in a contest at school to quit smoking .....○
- f. Participate in group program with other students at school.....○
- g. Telephone a hotline that helps young people to quit smoking.....○
- h. Use a nicotine patch or gum.....○
- i. Quit by myself, without any help.....○
- j. Other.....○



*Please, specify* \_\_\_\_\_

36. How hard do you think it would be for you to quit smoking cigarettes and never start again?

- Not hard at all..... 1
- Not very hard..... 2
- Hard enough..... 3
- Very hard ..... 4
- Almost impossible..... 5

37. Do you intend to stop smoking cigarettes in the next 6 months?

- I don't smoke..... 1
- Yes..... 2
- No..... 3
- I don't know ..... 8

# About you and your family

38. Compared to other people in your class, are your marks in English...

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

39a. IN THE LAST 7 DAYS, did you engage in some physical activity, for at least 20 minutes, that made you perspire or breath faster (e.g. sports, outdoor activities, physical training, etc.)?

- No..... 1
- Yes.....2



39b. If yes, on how many day(s) did you do it IN THE LAST 7 DAYS?

\_\_\_\_\_ day(s)

40. Who do you live with?

► **Circle only one answer**

- With my father and mother ..... 1
- Half the time with my father, the other half with my mother .....2
- With my mother only.....3
- With my mother and her spouse/boyfriend.....4
- With my father only.....5
- With my father and his spouse/girlfriend.....6
- Other ..... 7



*Please, specify* \_\_\_\_\_

41. Does your father smoke cigarettes?

- I have no father ..... 1
- No, he has never smoked .....2
- No, he has stopped smoking.....3
- Yes, he smokes cigarettes.....4
- I don't know .....8

→ **Go to question 43**

42. Does, or would, your father approve of you smoking cigarettes?

- No, and he doesn't (or wouldn't) allow me to smoke ..... 1
- No, but he does (or would) accept..... 2
- Yes, he does (or would) approve..... 3
- I don't know ..... 8

43. Does your mother smoke cigarettes?

- I have no mother ..... 1
- No, she has never smoked ..... 2
- No, she has stopped smoking ..... 3
- Yes, she smokes cigarettes ..... 4
- I don't know ..... 8

→ **Go to question 45**

44. Does, or would, your mother approve of you smoking cigarettes?

- No, and she doesn't (or wouldn't) allow me to smoke..... 1
- No, but she does (or would) accept ..... 2
- Yes, she does (or would) approve ..... 3
- I don't know ..... 8

45. Do any of your brothers or sisters smoke cigarettes?

- I don't have any brothers or sisters..... 1
- Yes..... 2
- No..... 3
- I don't know ..... 8

46. Are you allowed to smoke cigarettes at home?

- I don't smoke..... 0
- Yes..... 1
- No..... 2
- I don't know ..... 8

47. How many of your friends (boys and girls) smoke cigarettes?

- None..... 1
- A few..... 2
- Most..... 3
- All..... 4

48. Do you have a job (outside of the home) for which you get paid (for example: babysitter, delivering newspaper, working in a store, etc.)?

- Yes..... 1
- No..... 2

49. On average, how much money do you have a week for personal expenses (include money from jobs, allowances or any other source)?

- 0\$ ..... 01
- 1\$ to 10\$ ..... 02
- 11\$ to 20\$ ..... 03
- 21\$ to 30\$ ..... 04
- 31\$ to 40\$ ..... 05
- 41\$ to 50\$ ..... 06
- 51\$ to 100\$ ..... 07
- More than 100\$..... 08

50. Do you think you will be smoking cigarettes five years from now?

- I definitely will..... 1
- I probably will ..... 2
- I probably will not..... 3
- I definitely will not ..... 4

# Your experience with alcohol and drugs

For questions 51 to 55: One (1) drink corresponds to...



1 glass of wine  
(120-150 ml or  
4-5 oz)

=



1 small bottle of  
beer  
(341 ml or 10 oz)

=



1 small shot of  
hard liquor  
(30-40 ml or  
1- 1 ½ oz)

=



1 shooter  
(30-40 ml or  
1- 1 ½ oz)

\*\* Beer with a 0.5% rating is not considered an alcoholic beverage.

51. DURING THE LAST 12 MONTHS, how often did you drink alcohol?

- I didn't drink alcohol ..... 0 → **Go to question 54**
- Just once to try ..... 1
- Less than once a month (occasionally) ..... 2
- About once a month ..... 3
- Weekends OR once or twice a week ..... 4
- 3 times or more a week BUT not every day ..... 5
- Every day ..... 6

52. DURING THE LAST 12 MONTHS, how many times have you had 5 DRINKS OR MORE of alcohol on the SAME OCCASION?

- None ..... 0
- Once ..... 1
- Twice ..... 2
- 3 times ..... 3
- 4 times ..... 4
- 5 times or more ..... 5

53. DURING THE LAST 30 DAYS, did you drink alcohol?

- Yes ..... 1
- No ..... 2

54. Have you ever consumed alcohol on a REGULAR basis, meaning AT LEAST ONCE A WEEK FOR AT LEAST 1 MONTH?

Yes..... 1

No..... 2 → **Go to question 56**

55. How old were you when you first drank alcohol on a REGULAR basis, meaning AT LEAST ONCE A WEEK FOR AT LEAST 1 MONTH?

I was \_\_\_\_\_ years old

56. DURING THE LAST 12 MONTHS, how often did you use each of the following drugs?

► Answer each question

	I didn't	Just once to try	Less than once a month (occasionally)	About once a month	Weekends OR once or twice a week	3 times or more a week BUT not every day	Every day
a. Cannabis (marijuana, hashish)	0	1	2	3	4	5	6
b. Cocaine (coke, snow, crack, free base)	0	1	2	3	4	5	6
c. Glue or Solvant	0	1	2	3	4	5	6
d. Hallucinogens (LSD, PCP, MESS, magic mushrooms, acid, mescaline, Ecstasy, drinkers, etc.)	0	1	2	3	4	5	6
e. Heroin (smack)	0	1	2	3	4	5	6
f. Amphetamines (speed, upper)	0	1	2	3	4	5	6
g. Other drugs or medication <u>without</u> a prescription to get HIGH (Valium, Librium, Dalmane, Halcion, Ativan, Ritalin, etc.)	0	1	2	3	4	5	6

↳ Indicate the name of the drug or medication \_\_\_\_\_

57. DURING THE LAST 30 DAYS, did you consume any of these above drugs?

Yes..... 1

No..... 2

58. Have you ever used drugs on a REGULAR basis, meaning meaning AT LEAST ONCE A WEEK FOR AT LEAST 1 MONTH?

Yes..... 1

No..... 2 → **Go to question 60**

59. How old were you when you first used drugs on a REGULAR basis, meaning AT LEAST ONCE A WEEK FOR AT LEAST 1 MONTH?

I was \_\_\_\_\_ years old

60. Have you ever used any drug by injection or needles?

Yes..... 1

No..... 2

61. Pertaining to specific hallucinogens, DURING THE LAST 12 MONTHS, did you use...

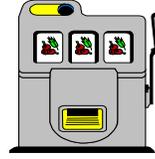
	Yes	No
a. PCP?	1	2
b. LSD (or acid)?	1	2

62. DURING THE LAST 12 MONTHS, have you ever been in any of the following situations?

► Answer each question

	Yes	No
a. My alcohol/drug use has had negative effects on my health	1	2
b. My alcohol/drug use has had negative effects on my relationships with my family	1	2
c. My alcohol/drug use has had negative effects with my friends or in my love life	1	2
d. My alcohol/drug use has had negative effects on my studies	1	2
e. I have spent too much money on or lost too much money because of my alcohol/drug use	1	2
f. I committed a delinquent act (even if I wasn't arrested by the police) while under influence of alcohol/drugs	1	2

# You experience with gambling



63. IN YOUR LIFETIME, have you ever gambled, played games for money (for example: lotteries, scratch tickets, video poker, casino, cards, dices, bingo, betting on sports events, etc.)

Yes..... 1

No..... 2 → **Go to question 66**

64. IN THE LAST 12 MONTHS, have you...

► Answer each question

	No	Just once to try	Less than once a month (occasionally)	About once a month	Weekends OR once or twice a week	3 times or more a week BUT not every day	Every day
a. bought lottery tickets (such as 6/49® or Banco™)?	0	1	2	3	4	5	6
b. played Mise-O-Jeu™?	0	1	2	3	4	5	6
c. bought scratch tickets?	0	1	2	3	4	5	6
d. played Bingo for money?	0	1	2	3	4	5	6
e. gambled online (Internet)?	0	1	2	3	4	5	6
f. played on video lottery terminals (VLT) BUT not in a casino?	0	1	2	3	4	5	6
g. played card games for money?	0	1	2	3	4	5	6
h. bet money on sports events (other than with Mise-O-Jeu™)?	0	1	2	3	4	5	6
i. gambled in a casino?	0	1	2	3	4	5	6
j. bet money on games of skill (such as when you were playing pool, basketball, etc.)?	0	1	2	3	4	5	6
k. bet money on other games than those mentioned above?	0	1	2	3	4	5	6
l. received lottery tickets (such as 6/49® or Banco™) or scratch tickets as gifts?	0	1	2	3	4	5	6

↳ m. If yes, who gave you these tickets?

A relative (mother, father, uncle, etc.)..... 1

A friend..... 2

65. DURING THE PAST 12 MONTHS, how often...

► Answer each question

	Never	Once or twice	Sometimes	Often
a. did you find yourself thinking about gambling activities at odd times of the day and/or planning the next time you will play?	1	2	3	4
b. did you find the need to spend more and more money on gambling activities to get the amount of excitement you want?	1	2	3	4
c. did you become restless, tense, fed-up, or bad-tempered when trying to cut down on or stop gambling?	1	2	3	4
d. did you gamble as a way of escaping problems?	1	2	3	4
e. after spending money on gambling activities, did you play again another day to try and win your money back?	1	2	3	4
f. did you lie to your family and friends to hide how much you gamble?	1	2	3	4
g. did you spent your lunch money or money for bus or train fares on gambling activities?	1	2	3	4
h. have you taken money from someone you live with, without their knowing, to gamble?	1	2	3	4
i. have you stolen money from outside the family, or shoplifted, to gamble?	1	2	3	4
j. have you fallen out with members of your family, or close friends, because of your gambling behaviour?	1	2	3	4
k. have you missed school to participate in gambling activities?	1	2	3	4
l. have you gone to someone for help with a serious money worry caused by participation in gambling activities?	1	2	3	4

66. What time is it now?

\_\_\_\_\_ (hours/s) : \_\_\_\_\_ (minute/s)

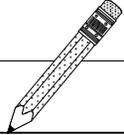
*Thank you for your collaboration!*



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## Comments

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***If you have any comments or suggestions about this questionnaire, please write them in the space provided***