

CIM of Youth Health Tobacco Module: School Setting Questions

1. What grades are taught at your school? (Select all that apply)
 Grade 5 Grade 7 Grade 9 Grade 11
 Grade 6 Grade 8 Grade 10 Grade 12

2. How many students are enrolled at your school? _____ students

3. What is your school's postal code? _____

4. Policies include management practices, decision-making processes, procedures and rules at any level. Does your school have policies that prohibit all forms of tobacco use (for example, cigarette smoking, little cigars, chewing tobacco) in the following locations?
 - a) School grounds during school hours Yes No
 - b) School grounds outside of school hours Yes No
 - c) Off school grounds but within a specified distance of the boundary Yes No
 - d) School buses or other vehicles used to transport students Yes No
 - e) Private vehicles parked on school grounds Yes No
 - f) School events *off* school grounds Yes No

5. Do these policies apply to everyone including students, staff, families and visitors?
 Yes
 No
 Our school does not have policies that prohibit all forms of tobacco use

6. Do these policies apply 24 hours per day, 365 days per year, even if enforcement is not always feasible?
 Yes
 No
 Our school does not have policies that prohibit all forms of tobacco use

7. Does your school have at least one person with responsibility to actively enforce policies prohibiting tobacco use, at least while students are in school?
 Yes
 No
 Our school does not have policies prohibiting tobacco use

8. Do students at your school have opportunities to learn about the following tobacco control issues in subjects other than health or physical education, or through programs or activities outside the curriculum?

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| a) Prevention of tobacco use | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Quitting tobacco use | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Protection from secondhand smoke | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Advocacy or youth empowerment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

9. Effective partnerships are based on effective communication and strong interpersonal relationships, have common goals, value the roles of each member and evolve over time.

Does your school have at least one effective partnership with the following individuals or groups to help students remain or become tobacco free?

- | | Yes | No |
|---|--------------------------|--------------------------|
| a) Families | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Community group(s) or non-governmental organization(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Business(es) | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Government at any level | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Public health or regional / local authorities | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Law enforcement or police | <input type="checkbox"/> | <input type="checkbox"/> |

10. Does your school have the following supports to help students remain or become tobacco free?

- | | Yes | No |
|---|--------------------------|--------------------------|
| Funding, grants or donations | <input type="checkbox"/> | <input type="checkbox"/> |
| Services (e.g. programs, youth advocacy, guest speakers,
teacher training, counseling) | <input type="checkbox"/> | <input type="checkbox"/> |
| Material resources (e.g. handouts, signs, equipment) | <input type="checkbox"/> | <input type="checkbox"/> |