

Above the Influence Survey

Before you start this confidential survey, the University of Rochester staff will explain what it's about, how your privacy is protected and why your true opinions and experiences are so important.

Click on the link to download the information sheet we reviewed with you.

[Attachment: "StudentInfoSheetSurveys200408_ALL.pdf"]

If you agree to participate in this study and fill out the survey, please click Submit to start.

We appreciate your help and value your opinion!

Student Information

Age: 13 or younger
 14
 15
 16 or older

Are you Hispanic/Latino? Yes
 No

Race: White
 Black or African American
 Native American or Alaska Native
 Pacific Islander
 Asian
 Other
(you can select more than one)

How do you describe your gender? Male
 Female
 Trans
 Nonbinary
 Please list my gender as described below (fill in box will show up below)
 Prefer not to answer

Please describe your gender: _____

The following questions are about vaping.

To "vape" is to use electronic cigarette or vaping products, such as e-cigarettes, vape pens, personal vaporizers and mods, e-cigars, e-pipes, e-hookahs, and hookah pens. Some can be bought as one-time, disposable products, while others can be bought as re-usable kits that are rechargeable.

Some common brands include Vuse, Blu, Logic, MarkTen, JUUL, NJOY, eGo, Puffbar, and iTaste.

In your LIFETIME have you ever vaped?

- Yes
 No

How old were you when you first vaped?

- < 10 years old
 10
 11
 12
 13
 14
 15
 16

On how many DAYS (if any) during the LAST 30 DAYS have you vaped?

- 0 days
 1 or 2 days
 3 to 5 days
 6 to 9 days
 10 to 19 days
 20 to 29 days
 30 days

On a typical day...

How many separate times do you vape each day?

- 1-5
 6-10
 11-15
 16-20
 20+

When do you first vape each day?

- within 30 minutes of waking up
 more than 30 minutes after waking up

On how many DAYS (if any) during the LAST 30 DAYS have you vaped...

	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	30 days
alone at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
with family members at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
with friends at your home or someone else's?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
alone inside school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
with friends inside school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
alone somewhere other than home or school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
with friends somewhere other than home or school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have your vaping behaviors changed due to COVID-19? Yes No

Please explain how your vaping has changed. _____

What type of vaping product do you use most often? a disposable device a device that uses replaceable prefilled cartridges a device with a tank that you refill with liquids a mod system something else (specify) don't know

Specify other vaping product: _____

Is the device you use... owned by you owned by a parent/adult in your home owned by and older sibling/cousin owned by a friend

On how many DAYS (if any) during the LAST 30 DAYS did you vape with nicotine? 0 days 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days 30 days

What was your typical dose of nicotine? 0 mg 1-7mg/0.1-0.7% 8-16mg/0.8-1.6% 17mg or more/1.7% or higher don't know

Do you consider yourself addicted to e-cigarettes (vaping)? Not at all Yes -- somewhat addicted Yes -- very addicted Don't know

In general, how strong have the urges to vape been in the last 24 hours?

- I have not felt the urge to vape in the last 24 hours
 Slight
 Moderate
 Strong
 Very strong
 Extremely strong

In the past 12 months, have you stopped using all electronic vaping products for one day or longer because you were trying to quit for good?

- Yes
 No
 Don't know

On how many DAYS (if any) during the LAST 30 DAYS did you vape with just flavoring?

- 0 days
 1 or 2 days
 3 to 5 days
 6 to 9 days
 10 to 19 days
 20 to 29 days
 30 days

During the LAST 30 DAYS, which flavors have you vaped?

- tobacco-flavored
 menthol or mint
 clove or spice
 fruit
 chocolate
 an alcoholic drink (such as wine, cognac, margarita or other cocktails)
 a non-alcoholic drink (such as coffee, soda, energy drinks or other beverage)
 candy, desserts, or other sweets
 some other flavor (specify)
 don't know
(check all that apply)

Please specify the other flavor(s) vaped:

The following questions are about CIGARETTE smoking.

In your LIFETIME have you ever smoked cigarettes?

- Yes
 No

How old were you when you first smoked a cigarette?

- < 10 years old
 10
 11
 12
 13
 14
 15
 16

On how many DAYS (if any) during the LAST 30 DAYS have you smoked a cigarette?

- 0 days
 1 or 2 days
 3 to 5 days
 6 to 9 days
 10 to 19 days
 20 to 29 days
 30 days

Vaping Attitudes

How likely is it you will vape, even 1x or 2x, over next 12 mos.?

- I definitely will not
- I probably will not
- I probably will
- I definitely will

If one of your best friends offers you an electronic vapor product, will you use it?

- I definitely will not
- I probably will not
- I probably will
- I definitely will

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
About what percentage of your FRIENDS vaped even ONCE or TWICE in the last 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About what percentage of KIDS IN YOUR GRADE AT SCHOOL have vaped even ONCE or TWICE in the last 12 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About what percentage of your FRIENDS would approve of vaping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Vaping is...

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
interesting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
exciting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pleasant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
entertaining	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
appealing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In your opinion, how socially acceptable or unacceptable is it for teens to vape/use e-cigarettes in public?

- Very acceptable
- Acceptable
- Neither acceptable nor unacceptable
- Unacceptable
- Very unacceptable
- Don't know

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

	No risk	Slight risk	Moderate risk	Great risk
vape an e-liquid with nicotine occasionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vape an e-liquid with nicotine regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Friends

Please estimate the number of close friends you have at school.

- 0
 1
 2
 3
 4
 5 or more

Please name up to seven (7) of your close friends who are in your grade at school. No one will see the friends you name. If you have fewer than 7 close friends at school, you can name fewer than 7. If you have no close friends at school, you can skip this question.

Type your friend's name until you see it appear.

- Name 1
 Name 2
 Name 3
(type name until you see the correct name and click on it)

Would you like to add another friend?

- Yes
 No

Type your friend's name until you see it appear.

- Name 1
 Name 2
 Name 3
(type name until you see the correct name and click on it)

Would you like to add another friend?

- Yes
 No

Type your friend's name until you see it appear.

- Name 1
 Name 2
 Name 3
(type name until you see the correct name and click on it)

Would you like to add another friend?

- Yes
 No

Type your friend's name until you see it appear.

- Name 1
 Name 2
 Name 3
(type name until you see the correct name and click on it)

Would you like to add another friend?

- Yes
 No

Type your friend's name until you see it appear.

- Name 1
 Name 2
 Name 3
(type name until you see the correct name and click on it)

Would you like to add another friend?

- Yes
 No

Type your friend's name until you see it appear.

- Name 1
 - Name 2
 - Name 3
- (type name until you see the correct name and click on it)

Would you like to add another friend?

- Yes
- No

Type your friend's name until you see it appear.

- Name 1
 - Name 2
 - Name 3
- (type name until you see the correct name and click on it)

For each friend listed below, how many hours a week do you spend with this person outside school with no adults around?

	0 hours	less than an hour	1-2 hours	2-4 hours	5-7 hours	8-10 hours	more than 10 hours
[frnd1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[frnd2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[frnd3]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[frnd4]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[frnd5]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[frnd6]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[frnd7]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each friend listed below, how many hours a week do you spend with each friend when you're not together (texting, Snapchat, Instagram, Facebook, TikTok, Discord, chatting while gaming about non-game topics)?

	0 hours	less than an hour	1-2 hours	2-4 hours	5-7 hours	8-10 hours	more than 10 hours
[frnd1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[frnd2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[frnd3]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[frnd4]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[frnd5]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[frnd6]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[frnd7]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Adults in Your School

Please list the adults in your school who you trust and feel you can talk to about personal things (up to 7). If you have fewer than 7 adults you trust at school, you can choose fewer than 7.

If you don't have any adults at school you trust, you can skip this question. No one will see the adults you name.

Type the adult's name until it appears.

- Name 1
 Name 2
 Name 3
(type name until you see the correct name and click on it)

Would you like to add another name?

- Yes
 No

Type the adult's name until it appears.

- Name 1
 Name 2
 Name 3
(type name until you see the correct name and click on it)

Would you like to add another name?

- Yes
 No

Type the adult's name until it appears.

- Name 1
 Name 2
 Name 3
(type name until you see the correct name and click on it)

Would you like to add another name?

- Yes
 No

Type the adult's name until it appears.

- Name 1
 Name 2
 Name 3
(type name until you see the correct name and click on it)

Would you like to add another name?

- Yes
 No

Type the adult's name until it appears.

- Name 1
 Name 2
 Name 3
(type name until you see the correct name and click on it)

Would you like to add another name?

- Yes
 No

Type the adult's name until it appears.

- Name 1
 - Name 2
 - Name 3
- (type name until you see the correct name and click on it)

Would you like to add another name?

- Yes
- No

Type the adult's name until it appears.

- Name 1
 - Name 2
 - Name 3
- (type name until you see the correct name and click on it)

Family

These next questions are about your family.

Does anyone in your home vape?

- Yes
 No

Is the person(s) who vapes...

- a parent or other adult
 an older sibling or other young person
(check all that apply)

Does anyone in your home smoke cigarettes or other tobacco products?

- Yes
 No

Is the person(s) who smokes...

- a parent or other adult
 an older sibling or other young person
(check all that apply)

Which statement best describes the rules about using vaping products inside your home?

- Vaping is not allowed anywhere or at any time inside my home
 Vaping is allowed in at least some places or at some times inside my home
 Don't know

Which statement best describes the rules about using vaping products inside your family vehicle?

- Vaping is not allowed anywhere or at any time inside our vehicle
 Vaping is allowed in at least some places or at some times inside our vehicle
 Don't know

Which statement best describes the rules about smoking inside your home?

- Smoking is not allowed anywhere or at any time inside my home
 Smoking is allowed in at least some places or at some times inside my home
 Don't know

Which statement best describes the rules about smoking inside your family vehicle?

- Smoking is not allowed anywhere or at any time inside our vehicle
 Smoking is allowed in at least some places or at some times inside our vehicle
 Don't know

Your Views

Here are a few questions about your personality. Please rate how much you agree or disagree with each statement.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I try to go against rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like it when I can disagree with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am told not to do something I want to do it even more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I become frustrated when I am NOT allowed to make my own decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We would like to know how much you like to do the following things. Please rate how much you disagree or agree with each statement.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I would like to explore strange places.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like to do frightening things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like new and exciting experiences even if I have to break the rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer friends who are exciting and unpredictable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your School

These next questions are about your school and vaping in your school.

Please rate how much you agree or disagree with each statement.

	Disagree a lot	Disagree	Agree	Agree a lot
Teachers treat students of all races with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers care about their students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers listen to students when they have problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students care about each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students treat each other with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students get along with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students are safe in the hallways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students feel safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students know they are safe in this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate how much you agree or disagree with each statement.

	Disagree a lot	Disagree	Agree	Agree a lot
The school vaping rules are fair.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The consequences of breaking vaping rules are fair.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our school is enforcing the vaping policy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school's vaping policy is made clear to students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students know what the rules about vaping are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students are aware of the consequences for breaking the vaping policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We're interested in your experience with prevention messaging in your school.

Students in my school...

...are learning facts about vaping at school

Strongly disagree

Strongly agree

(Place a mark on the scale above)

...are building relationships with people who help them rise above negative pressures like vaping.

Strongly disagree

Strongly agree

(Place a mark on the scale above)

...are talking about what helps them rise above negative pressures like vaping.

Strongly disagree

Strongly agree

(Place a mark on the scale above)

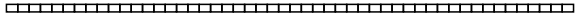
Please answer how much you agree or disagree with the following statements:

It is important to stay above negative influences. Strongly disagree Strongly agree

 (Place a mark on the scale above)

I know how to stay above negative influences. Strongly disagree Strongly agree

 (Place a mark on the scale above)

I can think of someone who will support me if I choose not to vape. Strongly disagree Strongly agree

 (Place a mark on the scale above)

I can think of things that I lose if I start vaping. Strongly disagree Strongly agree

 (Place a mark on the scale above)

I can think of things that I gain if I avoid vaping. Strongly disagree Strongly agree

 (Place a mark on the scale above)

How confident are you that you can resist the pressure to vape in the future all together regardless of the situation?

- 1 - not at all
- 2
- 3
- 4
- 5 - somewhat
- 6
- 7
- 8
- 9
- 10 - very

Clicking 'Submit' below will take you to a final set of questions (about 5 minutes to go).

- Click 'I agree' and then 'Begin questions' to start
- After the first 4 questions, answer concerning your feelings and behaviors in the last 2 weeks
- Once you see 'Take a survey' you are done and can click out