Questionnaire

1. **How old are you?**
2. **What is your gender? Female/Male**
   - F
   - M

3. Are you a smoker? Yes/No

- **Yes** (for at least 6 months) = smoker)
- **No** (≤100 cigarettes = non smoker)
- **Former smoker**

4. If you answered YES at question 2:

- Daily Smoker
- Occasional Smoker

5. How many cigarettes do you smoke daily?

- Less than 5
- 6 – 9
- 10 – 19
- Over 20

6.When did you try your first cigarette ?

- I had never smoke
- Before 8 years
- 8/10 years
- 10/12 years
- 12/14 years
- 15 years old or later

7.What is the way you purchased your cigarettes/ tobacco products?

- I bought them from the store, supermarket
- I asked someone older to buy my cigarettes
- I got / asked from a friend / acquaintance
- I took them from parents or older siblings without knowing them

8. Does your parents know that you are smoking ?

- Yes
- No

9. Are they agree with smoking ?

- Yes
- No

10. Who is smoking in your foster family ?

- Foster mother
- Foster father

11. What is your main reason for smoking ?

- Smoking gives me more energy
- The pleasure of smoking
- People around me are smoking / The desire to join the group
- Smoking helps me relax
- I do not know
- Out of habbit
- Because I feel the need to smoke / I am addicted
- Entertainment / Fun
- Curiosity
- Smoking gives me courage / trust
- Other .....

12. What prompted you to start smoking ?

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13. Do you think smoking helps teens feel more attractive ?

- If yes,why?
- If no,why?

14. Have you tried to quit smoking?

- Yes
- No

15. Do you think smoking cessation would have effects ...?

- Negative
- Positive
- I do not know

16. Do you think smoking is bad for your health?

- Yes
- No

17.What are the health risks associated with smoking?

- Different forms of neoplasia
- respiratory diseases
- heart diseases
- There are no risks

18. What sources tell you about the harmfulness of tobacco??

- family
- school
- media (radio, TV, newspapers)

19. Who would be the best able to convince you to stop smoking?

- doctor
- family member
- teachers
- friends
- a religious leader
- a government official

20. Will the recent legislative measures reduce smoking?

- YES
- NO
- I do not know

21.Are you exposed at passive smoking ?

- In the family
- At school
- entourage
- not at all

22. Do you think smoking affects the health of others (who do not smoke)?

- yes
- no

23. What types of cigarettes do you ussualy smoke?

- Cigarettes
- Hand rolled cigarettes
- Cigars
- Electronic cigarette

Regarding e-cigarette, please answer the following questions:

1. **How did you first find out about the electronic cigarette?**
   - Internet
   - friends
   - direct distributors
   - parents
   - others

2. **Have you used the electronic cigarette even if you are not smoker?**
   - yes
   - no
   - others

3. **If no,do you want to try it ?**
   - Yes
   - No

4. Do you think e-cigarette is dangerous for your health?

- yes
- no
- I do not know

5. What caused you to use it?

- curiosity
- entourage
- Others

6. How long have you been using it?

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7. Where do you use it?

- At home
- At school
- At the party
- others

8. How did you buy it?

- Internet
- Entourage
- others