

Background

To help determine the perceptions of staff, key stakeholders, and students regarding your district's tobacco policies, ask them to complete the following survey. Although you do not need to survey everyone, the more input you receive, the more informed your decisions about the policy will be.

Instructions

The survey can be copied and distributed individually, posted online, or shared at an in-service meeting. Have each participant check the box or fill in the blanks.

Once completed, compile and review the results to determine how to garner support, and suggestions to create or strengthen your district's tobacco policies.



Key Stakeholder Survey

Assessing the Perception/Opinion of Policy Support & Enforcement

We would like your opinion about the use of tobacco or vaping products, and the school district's tobacco-related policies. This will help inform any potential revisions to the existing tobacco-related policies.

1. Please answer each question below:

	Yes	No	Neutral
Do you believe that adults are important role models for youth?	☐	☐	☐
Do you believe that secondhand smoke and aerosol from an electronic smoking device or vape is harmful to nonsmokers?	☐	☐	☐
Are you concerned that our youth are exposed to secondhand smoke and aerosol from an electronic smoking device or vape?	☐	☐	☐
Would you support a comprehensive 100% tobacco and vape-free school policy covering students, teachers, and visitors including at all on and off-campus events?	☐	☐	☐
Should the school district's current tobacco-related policies be more strongly enforced?	☐	☐	☐
	Yes	No	Unsure
Are you aware of which person or group is responsible for enforcing the school district's tobacco policy?	☐	☐	☐
Do you know the policy for students who violate the school district's tobacco policy?	☐	☐	☐
Do you know the policy for staff who violate the school district's tobacco policy?	☐	☐	☐
Do you know the policy for visitors who violate the school district's tobacco policy?	☐	☐	☐
Does the school provide any education to prevent youth use of tobacco or vaping products?	☐	☐	☐
Does the school provide any access and/or referral to tobacco and vaping cessation programs for staff?	☐	☐	☐
Does the school provide any access and/or referral to tobacco and vaping cessation programs for students?	☐	☐	☐

2. Do you have a health condition that makes it difficult to be around cigarette smoke or aerosol from an electronic smoking device? Yes ☐ No ☐

3. Additional comments:

Thank you for completing this survey!

Reference: North Carolina Department of Health and Human Services. (2018). N.C. tobacco-free schools. Retrieved September 12, 2018 from <https://nctobaccofreeschools.dph.ncdhhs.gov/>