Questionnaire Form (English)

Please write your faculty and grade: _____

1.Please write your year of birth: _____

2.Please mark the option that best describes your gender:

[ ] Female
[ ] Male
[ ] Prefer not to say

3.Please select the option that best describes your current status of residence.

[ ] With family
[ ] In a dormitory
[ ] With a roommate
[ ] Living alone
[ ] Other, please specify: _____

4. Please select the option that best describes your economic status.

[ ] Very low
[ ] Low
[ ] Moderate
[ ] High
[ ] Very high

5. Which of the following do you use? (You may select more than one option.)

[ ] I have never used any tobacco products in my life.
[ ] I used to use tobacco products and quit with medical support (How long ago? _____)
[ ] I used to use tobacco products and quit on my own (How long ago? _____)
[ ] Cigarette
[ ] Waterpipe(hookah)
[ ] Roll-your-own tobacco
[ ] Electronic cigarette
[ ] Other products, please specify: _____

6.What is your opinion about the smoking ban in indoor areas? Please rate from 1 to 10 (1 = strongly disagree, 10 = strongly agree).

1 2 3 4 5 6 7 8 9 10

Participants who do not currently use tobacco products may end the questionnaire here. Thank you for your participation.

7. How long have you been using tobacco products? Please specify: _____

8. How much tobacco do you use per day? (For example: 10 cigarettes, 20 puffs of e-cigarette, 1 hookah session, etc.) Please specify _____

9. Do you want to quit using tobacco products?

[ ] Yes, I want to quit at some point in my life.
[ ] Yes, I want to quit within the next month.
[ ] No.

10. Have you ever attempted to quit using tobacco products?

[ ] Yes, I have attempted to quit.
How many times have you attempted? Please specify: _____
[ ] No, I have never attempted to quit. **(If you select this option, please proceed to question 12.)**

11. Have you ever received medical counseling support to quit using tobacco products

[ ] Yes, I have received medical counseling support. (Please briefly explain)
_____
_____
[ ] No, I have attempted to quit on my own.

12.Do you have information about the ways in which you can get medical counseling support to quit using tobacco products?

[ ] Yes (Please briefly explain)
_____
_____
[ ] No

13. Have you been advised to quit tobacco product use by a healthcare provider during a medical visit in the last 12 months?

[ ] Yes
[ ] No

14. Please select the option that best corresponds to your experience with electronic cigarette use.

[ ] I have never used electronic cigarettes. **(If you select this option, please proceed to question 17.)**
[ ] Yes, I use them but not regularly.
[ ] Yes, I currently use them regularly. Please write your age at the time you started_____)

15.What are the reasons using electronic cigarettes? (Multiple responses may be selected.)

[ ] Curiosity
[ ] Upon recommendation
[ ] Because they have good flavor and taste
[ ] To quit smoking
[ ] Other, Please write: _____

16. Where did do you get electronic cigarettes? (You may select more than one option.)

[ ] Internet
[ ] Store/Shop
[ ] Through a friend, relative, or acquaintance
[ ]Other, please write: _____

17.Do you have any relatives around you who use electronic cigarettes?

[ ] Yes

[ ] No

18. Please select the statement that you believe is correct regarding electronic cigarettes (e-cigarettes).

	True	False	No opinion
Nicotine can harm brain development in young adults, and this risk continues into the mid-20s.			
E-cigarettes do not cause addiction like other tobacco products.			
Even short-term use of e-cigarettes can cause severe lung damage and respiratory failure, which may be fatal.			
E-cigarettes are effective as a smoking cessation method.			
E-cigarette vapor does not harm others like other tobacco products do.			
E-cigarettes can be used in indoor environments.			
Some e-cigarettes marketed as nicotine-free have been found to contain nicotine.			
E-cigarettes contain ultrafine particles that can be inhaled deep into the lungs.			
Carcinogenic substances found in other tobacco products are not present in e-cigarettes.			
E-cigarettes may contain harmful substances in addition to nicotine			
Some e-cigarette liquids have been found to contain metals such as tin, lead, nickel, chromium, manganese and arsenic.			
E-cigarettes are not considered tobacco products.			
Some e-cigarette batteries have caused fires and explosions resulting in serious injuries.			
E-cigarette liquid can be absorbed through the skin and may cause poisoning.			

19. Please select the option that you find most appropriate.

<table>
<tr><td colspan="4">How soon after waking do you smoke first cigarette?</td></tr>
<tr><td>[ ] Within 5 minutes</td><td>[ ] 5-30 minutes</td><td>[ ] 31-60 minutes</td><td>[ ] After 60 minutes</td></tr>
<tr><td colspan="4">Do you find it difficult not to smoke in places where it is not allowed (For example: school, hospital, cinema, bus, etc)</td></tr>
<tr><td colspan="2">[ ] Yes</td><td colspan="2">[ ] No</td></tr>
<tr><td colspan="4">Which cigarette would you hate to give up most?</td></tr>
<tr><td colspan="2">[ ] Your first cigarette after you wake up</td><td colspan="2">[ ] Any other cigarette during the day</td></tr>
<tr><td colspan="4">How many cigarette per day do you smoke?</td></tr>
<tr><td>[ ] 10 or fewer cigarettes</td><td>[ ] 11 to 20 cigarettes</td><td>[ ] 21 to 30 cigarettes</td><td>[ ] 31 or more cigarettes</td></tr>
<tr><td colspan="4">Do you smoke more during the first hours after you wake up than during the rest of the day?</td></tr>
<tr><td colspan="2">[ ] Yes</td><td colspan="2">[ ] No</td></tr>
<tr><td colspan="4">If you are so sick that you have to stay in bed most of the day, do you still smoke?</td></tr>
<tr><td colspan="2">[ ] Yes</td><td colspan="2">[ ] No</td></tr>
</table>

The questionnaire is complete. Thank you for your participation.