

**SUGGESTED TOBACCO PANEL QUESTIONS**

1. How long have you been smoking?
2. How did you start smoking?
3. Why did you start smoking?
4. How do you get your cigarettes? How do you pay for them?
5. Have you tried to quit smoking? Do you want to quit?
6. Are you aware of programs and products to help you quit?
7. Do you know the effects of using tobacco products?
8. When do you smoke? (First thing in the morning, with coffee, etc)
9. Has nicotine affected your life? Does it ever interfere or control your life?
10. Do your parents know you smoke? Have they ever talked to you about smoking? How do they feel about you smoking?
11. Do your parents smoke?
12. Do your parents give you cigarettes or other tobacco products?
13. Are you aware of the effects of second-hand smoke?
14. Do you know it’s against the law for you to smoke? Do you know the consequences?
15. How old were you when you smoked your first full cigarette?
16. Have you ever given or sold tobacco products to anyone under 18 years old?
17. Do you enjoy smoking?
18. How does smoking make you feel?
19. When caught smoking by your parents, what happened? Were there any consequences?
20. Do you steal cigarettes? From your parents or friends? From a store?
21. Do you have any hobbies, play sports or have any other activities in your life?
22. Is there anyone in your life that has had a tobacco related illness? Are they still alive? Did you watch that process? How does it make you feel?