

GYTS School Policy Questionnaire

1. What is your primary position in this school?

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

- a. Administrator/Headmaster
- b. Teacher
- c. School health services personnel (ex. Nurse)
- d. Clerical staff
- e. Other type of school personnel (_____)

2. Does your school have a policy or rule specifically prohibiting the use of tobacco products among students inside school buildings?

- a. Yes
- b. No
- c. I don't know

3. Does your school have a policy or rule specifically prohibiting the use of tobacco products among students outside school buildings on school premises/property?

- a. Yes
- b. No
- c. I don't know

4. Does your school have a policy or rule specifically prohibiting the use of tobacco products among school personnel inside school buildings?

- a. Yes
- b. No
- c. I don't know

5. Does your school have a policy or rule specifically prohibiting the use of tobacco products among school personnel outside school buildings on school premises/property?

- a. Yes
- b. No
- c. I don't know

6. How well does your school enforce any of its policy (or rule) on tobacco product use among students?

- a. There is no policy or rule on tobacco product use among students
- b. Completely
- c. Partially
- d. Not at all

7. How well does your school enforce any of its policy (or rule) on tobacco product use among school personnel?

- a. There is no policy or rule on tobacco product use among school personnel
- b. Completely
- c. Partially
- d. Not at all