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GUIDELINES FOR THE CONDUCT OF SMOKING HABIT SURVEYS (III):  
SCHOOL TEACHERS

Report of a WHO Meeting held in Padua, Italy  
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Contents

	Page
1. Introduction.....	3
2. Scope and aims of tobacco smoking surveys among teachers.....	4
3. Remarks on methodology and procedures.....	5
4. Information to be recorded.....	8
5. Data processing and presentation.....	11
6. Questionnaire.....	13

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## INTRODUCTION

The World Health Organization is ready to assist investigators and public health authorities in assessing the extent of the smoking problem in countries and in designing and monitoring national programmes for the control and prevention of tobacco use.

One of the approaches to this aim is to propose guidelines for the conduct of tobacco smoking surveys including standardization of definitions, terminology and data presentation, as well as a series of standardized questionnaires. This will hopefully allow intra-national and international comparison of data both time-wise and geographically. Guidelines and questionnaires for surveys for the general adult population of young people and the health professionals have been already published (1,2). Certain applicable parts of those publications are incorporated in the present document as appropriate.

Surveys of the general population can be used for a variety of purposes. When initiating smoking control activities within a country, surveys can be an important means of drawing attention to the smoking and health issue. When repeated at regular intervals they can show trends in smoking by age, sex, socio-economic status and religion, etc. and suggest priorities for smoking control intervention.

Therefore, surveys are useful because they:

- i) provide a basis for planning national action to reduce smoking and related diseases.
- ii) permit the evaluation of intervention impact and identify individual and environmental factors which influence smoking habits.
- iii) permit intra-national and international comparisons of data.

The first of these aims includes the prediction of the likely extent of tobacco related health problems. For long-term planning it is important not only to estimate the prevalence of tobacco use but also the trends.

In order to identify major factors which influence smoking habits in different groups of the population it is necessary to record not only changes in actual smoking behaviour but also changes in people's attitudes. Of particular interest are the expression of wish for help in smoking cessation and the expectation of being able to stop smoking.

## 2. SCOPE AND AIMS OF TOBACCO SMOKING SURVEYS AMONG TEACHERS

A special target group that should also be investigated are the teachers, since they have a special responsibility for non-smoking education or other measures including their own exemplar role for the prevention of smoking among youth.

In many countries, tobacco smoking surveys of teachers have been carried out in the last years. However, these surveys have largely been planned independently of one another and may not have been comparable to similar studies in other countries nor within the same country.

The purpose of the present document is two-fold:

- 1) To encourage the conduct of smoking surveys among teachers and to provide investigators with guidelines for planning such surveys;
- 1i) To propose a degree of standardization in the collection, structuring and presentation data so as to provide some level of comparability of surveys within and between countries.

A complete standardization is, of course, impossible since the purpose for conducting surveys may vary and language differences may require alternative ways of asking questions to obtain the same information. The present document should therefore be considered only as a practical model for collection, processing, and presentation of data on the smoking habits of school teachers.

### 2.1 Definition of teachers for the purpose of this survey

The smoking habit usually starts at a young age and becomes established in late adolescence. Teachers who should be studied are therefore those who deal with youth belonging to this age-group, e.g. primary, secondary, junior and high schools, vocational schools, gymnasium and lycée.

### 2.2 The role of teachers

Teachers play a key role in influencing youth behaviour, including behaviour concerning tobacco use. Such behaviour should be one of not starting to smoke or, if the habit has started already, to quit it. For this reason they have a special responsibility for setting a good example by not smoking themselves. It is of course to be kept in mind that many youth in developing countries drop out of school at a very early age and will therefore be out of reach of school teachers. Surveys among teachers should focus on their special roles and should therefore cover both smoking behaviour, beliefs, attitudes and professional practices. Such surveys may thereby provide information for developing special training programmes for these professional groups and may be an important step in the formulation of an effective national smoking and health policy.

More specifically, smoking habit surveys among teachers are designed to collect data that can be used for different purposes:

- i) To obtain basic information on the behavioural and health issues in this professional key group and assist them to reduce their own smoking habits.
- ii) To focus on their role as educators, opinion leaders and exemplars with regard to discouraging smoking in schools and youth environments.
- iii) To emphasize the role of teachers in influencing and encouraging politicians, planners and other policy makers at national and local levels towards reducing tobacco use in the country.
- iv) To assist health authorities in planning programmes aimed at reducing tobacco use in youth.

### 3. REMARKS ON METHODOLOGY AND PROCEDURES

During the planning of a survey of smoking among teachers, experienced statisticians and/or social scientists should be involved at an early stage to ensure soundness of methodology and design.

#### 3.1 Sampling

The sampling procedure and the sample size of a study depends on its purpose. If a representative sample of teachers, or some special group of teachers in a country or area, is to be obtained, several ways of doing this are possible. The best procedure is to use complete lists of teachers in the country or area under study and to select a probability sample following a standard sampling procedure.

If no possibility exists of using such lists, other solutions should be worked out, e.g. making a random sample of schools and including all, or a random sample of, teachers from these schools or groups of schools.

When the purpose of the survey is to estimate accurately the proportion of smokers within a profession in a whole country the principles for selecting representative samples should be followed as closely as possible and a large sample is needed. If the purpose is to study other special problems, personal interviews with a smaller sample of teachers are an acceptable design.

For studies measuring the effectiveness of intervention, longitudinal studies in which data from the same individuals are collected at least twice is essential. These studies can be very valuable for other purposes as well but tend to be more difficult and expensive to carry out.

### 3.2 Confidentiality

In general, replies should be anonymous, that is, no name is recorded and clearly seen to be so. If anonymity cannot be provided because of the need to follow-up then confidentiality should be provided by the use of code numbers with a confidential key. Anonymous and confidential replies are likely to yield more reliable estimates of smoking prevalence.

The investigator should make sure that every questionnaire or interview on smoking habits start with some introductory remark regarding confidentiality, anonymity and sponsoring agency. These remarks should be adjusted to local circumstances and should appear both in the introductory letter and in the questionnaire.

### 3.3 Self administered questionnaires or interviews

In most surveys among teachers distribution of questionnaires to be filled out by the subjects is recommended as being simpler to administer. However, the problem of lack of interest and partial response is a real one. Telephone interviews overcome this problem to some extent and are often used successfully.

In order to obtain a good response rate the questionnaire should be somewhat restricted in length and should contain as few open-ended questions as possible. When a study is carried out for several different reasons and these may conflict as far as design is concerned, the possibility of breaking it down into two or more different sub-studies should be considered.

Use of interviewers may more easily secure a high response rate. However, interviewers need to be trained in how to establish a rapport with people and instructed on how to ask the questions. This is important in order to prevent "interviewer bias" in terms of unintentional influence by the interviewer on the respondent, and to minimize variation between different interviewers.

### 3.4 Pre-testing

The questionnaire needs to be pre-tested for understanding by the target group. THE QUESTIONS HAVE TO BE ADAPTED TO CULTURAL SETTING AND MAY NEED TO BE PRE-TESTED a number of times with slight variation in order to ensure comprehensibility and accuracy. However, it is important that the basic aim of the question is not changed in this process.

### 3.5 Response rate and estimation

Keeping in mind that the survey is to be carried out within a specific group - in this case school teachers - the response rate should be at least 75%.

In order to increase response rate multiple attempts should be made. It would be advisable to send out two or more reminder letters depending on local conditions. It may also be recommended to contact local professional associations or other appropriate bodies to reach non-respondents. The relevance of smoking and other characteristics of early respondents, late respondents and non-respondents should be compared to estimate possible bias.

For this reason, special effort should be made to study random sample of non-respondents. If there are significant differences in results obtained from the early and late respondents, relevant variables should be estimated for non-respondents and taken into account in the final calculation of the results.

### 3.6 Finalization of questionnaires - selection of items

The attached questionnaire is quite extensive and often it is not practical for all users to use all items. IT SHOULD NOT BE USED AS SUCH, BUT SHOULD BE ADAPTED TO THE SPECIFIC PURPOSE OF THE STUDY AND TO THE LOCAL CHARACTERISTICS. For instance, it would be counterproductive to ask questions on tobacco chewing or goza smoking in societies where these habits are obviously unknown and only cigarettes are smoked. The attached questionnaire should rather be regarded as a "menu" FROM WHICH TO SELECT ITEMS which will eventually constitute the final questionnaire as appropriate to the specific study and local circumstances. local study. Especially IF THE QUESTIONNAIRE IS A SELF-ADMINISTERED ONE, THE NUMBER OF ITEMS SHOULD NOT BE TOO LARGE otherwise a negative influence on response rate might ensue. In certain cases some of the personal data may be available from registry sources and it may be thus unnecessary to include them as questionnaire items.

The items indicated with an asterisk represent a minimum pool of items that must be asked in order to define the data categories recommended in section 4 below. Other items should be carefully chosen based on the purpose of the survey.

Special attention should be given to the questionnaire layout, and it would be useful to pre-code the variables and answers. This will facilitate data processing.

Any modification of the questionnaire should preferably be done by deleting or adding, rather than by changing items. It will of course be possible to add specific items which are not covered in the present "menu" but are of special interest in a particular survey. It should, however, be kept in mind that there will be little chance for comparison with the results of other surveys with regard to any such items that are added or deleted.

#### 4. INFORMATION TO BE RECORDED

There are 4 types of variables to be recorded:

socio-demographic variables  
individual tobacco use  
attitudes and beliefs  
smoking and health education at school and related matters.

##### 4.1 Socio-demographic data

- a) Minimum obligatory information:
  - age (exact years, not age group)
  - sex
  - type of teaching situation
- b) Additional information

This is to be collected where the sample size is large enough to permit breakdown into additional variables and where the extra cost of gathering and analysing such additional information is justified by the purpose of the survey or by indications of importance. Such additional information could be:

- place of residence (e.g. urban/rural)
- socio-economic status (which may be defined differently in different countries but might include education level, occupation and family income)
- marital status
- ethnic group
- religion

##### 4.2 Individual tobacco use

Information should be collected on frequency of smoking and types of tobacco products used within the surveyed population.

###### 4.2.1 Smoking habits (categories of adult smokers)

With respect to individual smoking habits, a large number of categories could be used. It is proposed that the following categories be used. It should be noted that these terms are sometimes loosely used and given varying and imprecise definitions. However, it is strongly recommended that, for standardization sake, the definitions given here be used in future studies.

Daily smokers: Anyone who, at the time of the survey, smokes some kind of tobacco product every day.

Occasional smokers: Anyone who smokes, but less than once a day.

Non-smokers: Anyone who, at the time of the survey, does not smoke at all.

Sub-groups of daily smokers which may need to be identified as:

- daily cigarette smokers (this includes manufactured and hand-rolled cigarettes)
- other daily smokers

In some instances it would be desirable to make an even more detailed breakdown of the daily smokers, such as:

- daily smokers of cigarettes only,
- daily smokers of other tobacco products only,
- daily smokers of both cigarettes and other smoking materials.

The category of non-smokers can also be subdivided, into:

- a) ex-smokers who have smoked daily for at least 6 months, but who did not smoke at the time of the survey, and
- b) other non-smokers which include both those who have never smoked and those who have smoked too little (in terms of frequency and duration) to be regarded as ex-smokers.

In summary, the smoking habits could be schematized as follows:

**SMOKERS:**

daily: cigarette  
          other (pipes, cigars, etc)  
          mixed

occasional

**NON-SMOKERS:**

former

other (never or very little)

In some developing countries it might be important to identify specific groups such as bidi smokers, hookah smokers in the Indian subcontinent or goza smokers in Egypt, smoking of narghile in north African countries, etc. In addition it might be necessary in some countries to take into account the use of snuff and tobacco chewing, either alone or in combination with some other smoking practices. Basic questions are shown in the questionnaire but these might be supplemented in more comprehensive surveys.

#### 4.2.2 Tobacco consumption level

The basic information on individual tobacco consumption levels would be recorded by asking smokers how many cigarettes, cigars, or pipefuls they usually smoke per day. Cigarette smokers might, in addition, be asked about the brand they usually smoke, and whether or not it is filter-tipped and low-tar.

Questions regarding age when starting smoking tend to be unreliable, especially in older people. Answers to such questions should be interpreted with caution.

#### 4.3 Attitudes and beliefs

Measures of smoking behaviour alone are not sufficient to map out the smoking problem because:

- a) they leave out certain important baseline data, for example, whether people believe that smoking is harmful to their health, whether they believe that stopping smoking would be of any benefit to their health, and whether they support public action to control smoking.
- b) they do not measure changes in attitudes which precede changes in smoking behaviour.

There are a number of topics on which questions might be asked. The choice of areas and detailed questions would depend on the purposes of the survey and how often it is likely to be repeated.

#### 4.4 Smoking and health education at school and related matters

One of the purposes of a survey among teachers is to get a basis for promoting non-smoking behaviour in young people in the school environment. This entails the design of in-service training programmes and provision of teaching aids. It is therefore necessary that good knowledge is attained of the teachers' perception of these matters and of the specific needs that they might have.

5. DATA PROCESSING AND PRESENTATION

The analysis of data involves data processing and data presentation. The points listed below may be helpful to investigators who are carrying out a survey on smoking habits.

a) It is essential that a person with experience in data processing and in the presentation of data, such as a statistician, an epidemiologist or a behavioural scientist, should be involved in both the survey design and in the analysis. If the survey is not well designed at the outset, it may not be possible to overcome such shortcomings at the analysis phase.

b) Data processing and analysis may take considerably more time than anticipated, but a good set of data provides opportunities for a number of additional investigations. Hence, it is important to allow ample time and a sufficient portion of the budget for the analysis phase.

c) The first task in the analysis phase is to carry out the cleaning-up or editing of the data. This implies checking the data for consistency, and checking the responses for completeness and accuracy. Some of this work can be carried out with an appropriate computer programme, but if this is not available good quality results can be obtained also if the responses are checked manually. Any manual or automatic procedure for editing responses should itself be consistent and should be described in the report of the analysis.

d) A second task is to check the frequency distribution of the various variables which have been obtained in the survey. For example, it is advisable to check whether these variables are distributed unimodally, or whether variables fall into fairly well defined subgroups. Also, responses might be graded e.g. on a 1-to-5 scale and it is then useful to check whether these different types of responses occur with similar frequencies.

e) The next stage is to estimate the prevalence and intensity of smoking, according to sex and age groups. Prevalence implies the percentage of individuals who smoke in a certain manner (e.g. daily, occasionally, etc.) and intensity of tobacco consumption provides an estimate of the amount which is smoked, e.g. the number of cigarettes smoked daily. When data are tabulated, results for males and females should be presented separately. Recommended age groups are those adopted by WHO i.e. five-year groups, using the age at last birthday, namely 20-24, 25-29, 30-34, etc., and it is here recommended that the age groups over 65 should also be sub-divided into five-year age groups until the age of 80+. This procedure allows for the collapsing of data; that is, if samples are too small, age groups may be pooled, for example, under the headings of below age 25, 25-44, 45-64 and over 64. In addition, it may be of interest to obtain similar data for individuals who use tobacco products other than cigarettes.

f) Tobacco consumption levels may be reported in various ways, but should include the mean number of cigarettes per day and the distribution of smokers by consumption levels. Following previous proposals (1,2) smokers should be grouped as smoking 1-7, 8-12, 13-17, 18-22, 23-27, 28-32, 33-37, 38-42, 43-47, 48-52, 53-57, 58-62 cigarettes per day, and so on. If the groupings are small, the data may be collapsed in a way which is judged most appropriate. These categories are chosen because reported consumption is usually clustered among values which are multiples of five and ten. It may also be important to investigate the prevalence of very light smokers, e.g. smokers smoking one to two cigarettes per day, since this is a pattern which might prevail in a number of developing countries.

The actual tabulations should show percentages for the different smoking behaviour classes and consumption levels as defined in section 4.2, as well as actual numbers, on which the percentages were calculated.

g) The estimation of errors. It is important that some measure of uncertainty be attached to each prevalence figure. One method of doing this is to calculate a 95% confidence interval, if this is a reasonably simple procedure given the sampling design used. However, it should be noted that such confidence intervals provided an estimate for what is referred to as the sampling error. This sampling error may be relatively small in large surveys involving randomly selected samples, while a much larger error may result from non-response bias; this occurs if non-respondents and respondents do not have similar smoking patterns and a large number of individuals have not responded. Consequently, it may be more appropriate simply to record the sample size on which each prevalence figure is based, and to report the associated percentage of non-response. In cases of moderate non-response, upper and lower limits may be obtained by adding the "non-response" and "unknown" figures to each category, assuming that these individuals were either smokers or non-smokers. For example, if in a sample of 1000 there are 600 smokers, 300 non-smokers, and 100 unknown or non-responders, then the relevant ratios are  $600/(900+100) = 6/10$  or  $(600+100) = 7/10$  for the lower and upper limits of the sample proportion of smokers. In general, one should be aware that a large number of sources of errors may exist. Non-response is perhaps the major source. Another source of error is response variability, if on repeated interviews the answers obtained differ. Repeat interviews on a sub-sample may assist in assessing response variability. The context in which a survey is conducted may also affect results.

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#### References:

- (1) Guidelines for the Conduct of Tobacco Smoking Surveys for the General Population, WHO/SMO/83.4
- (2) Guidelines for the Conduct of Tobacco Smoking Surveys among Health Professionals

QUESTIONNAIRE

List of items from which to compose a questionnaire for the assessment of tobacco habits of school teachers and some related variables

THIS QUESTIONNAIRE SHOULD NOT BE INDISCRIMINATELY USED AS SUCH: QUESTIONS SHOULD BE CHOSEN AS A FONCTION OF THE AIM OF THE STUDY AND OF THE SOCIO-CULTURAL CHARACTERISTICS OF THE SOCIETY BEING INVESTIGATED.

BEFORE COMPOSING YOUR QUESTIONNAIRE PLEASE CONSIDER CAREFULLY THE ASPECTS DISCUSSED IN SECTION 3.6 IN THE TEXT OF THE GUIDELINES

\* (The asterisks mean essential questions that should always be recorded)

A. Background descriptive data:

1\* Sex M  F

2\* Age at your last birthday: \_\_\_\_\_ years old.

3. In what kind of place do you teach (tick one)

city  Name of city \_\_\_\_\_  
suburb   
town   
village   
name of suburb, town, or village \_\_\_\_\_

4. Are you likely to see your pupils outside school?

Yes, rather often   
Sometimes   
No, very rarely

5. Highest degree of general education you have reached (tick one)

primary   
secondary   
higher (specify) \_\_\_\_\_

6. In addition to the above did you get specialized professional training?

Yes (specify) \_\_\_\_\_  
No

7. Do you teach full time?

Do you teach part time?  (please specify) \_\_\_\_\_

8\* What kind of school level do you teach?

primary school   
secondary school   
vocational, apprenticeship   
other (specify) \_\_\_\_\_

9\* What subjects do you teach in class?

- Most subjects (primary school teacher) \_\_\_\_\_
- Science and/or mathematics/physics \_\_\_\_\_
- Physical education \_\_\_\_\_
- Technical subject \_\_\_\_\_
- Humanities \_\_\_\_\_
- Art or music \_\_\_\_\_
- Religion \_\_\_\_\_
- Other (specify) \_\_\_\_\_

B. Personal tobacco use habits

10\* Have you ever smoked?

- Yes \_\_\_\_\_
- No \_\_\_\_\_

11\* Have you ever smoked daily at least for 6 months in the past?

- Yes \_\_\_\_\_
- No \_\_\_\_\_

12\* Do you now smoke daily, occasionally, or not at all?

- Daily (at least once per day) \_\_\_\_\_
- Occasionally \_\_\_\_\_
- Not at all \_\_\_\_\_

13\* Please write the approximate number of items you usually smoke per day. If none, write 0.

- manufactured cigarettes \_\_\_\_\_  
(number of)
  - roll-your-own cigarettes \_\_\_\_\_  
(number of)
  - pipefuls of tobacco \_\_\_\_\_  
(number of)
  - cigars/cigarrillos \_\_\_\_\_  
(number of)
  - bidis \_\_\_\_\_ )  
(number of) )
  - narghile/hookha/goza, etc. \_\_\_\_\_ )  
(please specify) (number of) )
- )if applicable

14. Do you chew tobacco? (please tick one)

daily \_\_\_\_\_  
occasionally \_\_\_\_\_  
not at all \_\_\_\_\_

15. Do you use snuff? (please tick one)

daily \_\_\_\_\_  
occasionally \_\_\_\_\_  
not at all \_\_\_\_\_

G. Attitudes and beliefs

16. Have you ever tried to stop smoking? (tick one)

never \_\_\_\_\_  
1-3 times \_\_\_\_\_  
3-5 times \_\_\_\_\_  
6 times and more \_\_\_\_\_

17.\* What was the longest period of time you stayed off cigarettes? Write the number of: days \_\_\_\_\_ months \_\_\_\_\_ years \_\_\_\_\_ (one answer only)

18. What do you think will be your smoking habits five years from now? (tick one)

will most likely smoke daily \_\_\_\_\_  
will probably smoke daily \_\_\_\_\_  
will probably not smoke daily \_\_\_\_\_  
will certainly not smoke daily \_\_\_\_\_

19. How do you personally assess the importance of the following reasons for not smoking yourself and/or for wanting to quit. (tick one or more boxes).

Reasons	Importance		
	very important	moderately important	not important
Experience of health problems	_____	_____	_____
To protect my health	_____	_____	_____
Because a physician told me	_____	_____	_____
To save money	_____	_____	_____
Self-discipline	_____	_____	_____
To comply with the advice and wishes from professional colleagues	_____	_____	_____
To comply with the advice and wish of family and/or friends	_____	_____	_____
Not to cause discomfort in nearby people	_____	_____	_____

19. (contd) Reason:			
To set a good example for:	very important	moderately important	not important
schoolchildren	___	___	___
youth in social environment	___	___	___
adults in school environment	___	___	___
adults in social environment	___	___	___

20\* Do you smoke at school? (please tick one)

I do not smoke at all	___
I do not smoke at school	___
I smoke at school but not in front of pupils	___
I smoke at school even in front of pupils	___

21\* Are you concerned about the harmful health effects your smoking may have on nearby non-smokers? (please tick one)

very concerned	___
moderately concerned	___
not concerned at all	___

D. Smoking and health education and related school matters

22. Do you think that it would be desirable if your pupils were taught at school about:

	Yes	No
smoking and physical fitness	___	___
smoking and heart disease	___	___
smoking and pregnancy	___	___
benefits of stopping smoking	___	___
smoking and peer pressure	___	___
tobacco dependence and withdrawal symptoms	___	___
smoking and economics of the society	___	___
smoking and indoor air pollution	___	___

23. Looking at the same issues as in the previous question, do you feel that you have enough information to answer questions from pupils about these matters?

	Yes	No
smoking and physical fitness	___	___
smoking and heart disease	___	___
smoking and pregnancy	___	___
benefits of stopping smoking	___	___
smoking and peer pressure	___	___
tobacco dependence and withdrawal symptoms	___	___
smoking and economics of the society	___	___
smoking and indoor air pollution	___	___

24. What is your opinion on the following:

	Agree	No opinion	Disagree
Schools should have a responsibility for discouraging smoking among pupils	—	—	—
Non-smoking education should be undertaken by teachers and school health workers	—	—	—
Smoking and health matters should be incorporated into the school curriculum in pertinent subject areas (e.g. physical education, biology, hygiene, etc.)	—	—	—
Non-smoking education done by teachers can be effective in discouraging pupils from smoking	—	—	—
Smoking should be completely forbidden in the school:			
for pupils	—	—	—
for teachers and administrators	—	—	—
for all people who use the school premises	—	—	—
To be effective models for pupils teachers should:			
not smoke at all	—	—	—
not smoke in school	—	—	—
not smoke in presence of pupils at school	—	—	—
Smoking should be allowed only in designated areas in schools:			
for pupils	—	—	—
for teacher/administrators	—	—	—
for visitors	—	—	—
Implementing non-smoking rules at school for pupils is a strong incentive for them to be non-smokers	—	—	—

25. In your opinion, who should play a major role in providing smoking and health education in schools? Please tick as appropriate

	Very Important	Moderately Important	Not Important
teachers	___	___	___
parents	___	___	___
school health workers	___	___	___
family doctors and other health workers	___	___	___
other health and youth organizations	___	___	___
mass media	___	___	___

26. Considering your duties as a teacher, how do you perceive your role in relation to other teachers with regard to education about smoking?

major role            \_\_\_  
supporting role      \_\_\_  
no role at all        \_\_\_

27. If you do not play a major role, who should play it within the school system? Please specify:

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28. If you were going to implement or are already implementing certain aspects of no-smoking education at school, would you need:

	Urgently	Desirable	Unnecessary
special training courses	___	___	___
specific aids and materials	___	___	___
support by specialist experts	___	___	___

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