



# Sidekicks Survey

Please take a few minutes to answer the following questions about the Sidekicks training. Your answers are anonymous and your name will not be included on the survey.

Survey is also available online: <https://forms.gle/JvtWnL4NPZ89PVaq9>

School/Organization Trained: \_\_\_\_\_ Date Training Completed: \_\_\_\_\_

Training was completed virtually:  Yes  No

## 1. Why did you decide to take the Sidekicks training?

- It's part of my class
- I wanted to learn about the program
- I want to quit vaping
- I want to quit using commercial tobacco
- I want to help someone quit using commercial tobacco
- Other reason? \_\_\_\_\_

## 2. Do you agree or disagree that the training

	Strongly Disagree				Strongly Agree
	1	2	3	4	5
Was interesting	<input type="checkbox"/>				
Was easy to understand	<input type="checkbox"/>				
Had time to answer any of my questions	<input type="checkbox"/>				
Made it clear what I can do as a Sidekick	<input type="checkbox"/>				
Gave me the skills and info I need to be a Sidekick	<input type="checkbox"/>				

## 3. After the Sidekicks training, I know...

	Strongly Disagree				Strongly Agree
	1	2	3	4	5
Why it is important for someone to quit commercial tobacco/vaping	<input type="checkbox"/>				
When is it a good time to start a conversation or talk with someone who uses commercial tobacco/vape products	<input type="checkbox"/>				
How to start a helpful conversation with someone who uses commercial tobacco/vape products	<input type="checkbox"/>				
How to use active listening skills in a conversation	<input type="checkbox"/>				
The difference between a helpful conversation and a non-helpful one	<input type="checkbox"/>				
How to get back on track if I said something that the person didn't like	<input type="checkbox"/>				
The resources available to me as a Sidekick	<input type="checkbox"/>				
The resources to share with someone who wants to quit commercial tobacco and how to share them	<input type="checkbox"/>				
How to get help if someone shares critical information not related to commercial tobacco use	<input type="checkbox"/>				

**4. Do you agree or disagree that...**

Strongly Disagree                      1                      2                      3                      4                      Strongly Agree  
5

I am confident I can be a Sidekick	<input type="checkbox"/>				
I plan to start a conversation with someone who uses commercial tobacco/vape products	<input type="checkbox"/>				

**5. Overall, how would you rate the Sidekicks training?**

Excellent       Very Good       Good       Fair       Poor

**6. What additional info or extra training would be most helpful to you as a Sidekick?**

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**7. How often do you think Sidekicks should meet with an advisor?**

Daily                       2-3 times a month                       As needed  
 Weekly                       Monthly                       Other \_\_\_\_\_

**8. In general,**

Great Risk                      Moderate Risk                      Slight Risk                      No Risk

How much do you think people risk harming themselves if they smoke one or more packs of cigarettes per day?                       

How much do you think people risk harming themselves if they are exposed to other people's cigarette smoke (secondhand smoke)?                       

Very Wrong                      Wrong                      A Little Bit Wrong                      Not Wrong At All

How wrong do you think it is for someone your age to smoke cigarettes?                       

**9. In general,**

Great Risk                      Moderate Risk                      Slight Risk                      No Risk

How much do you think people risk harming themselves if they use electronic products (e-cigarettes, vapes, etc.) multiple times per day?                       

How much do you think people risk harming themselves if they are exposed to the aerosol/ secondhand fumes that come out of other people's electronic products (e-cigarette, vape, etc.)?                       

Very Wrong                      Wrong                      A Little Bit Wrong                      Not Wrong At All

How wrong do you think it is for someone your age to use e-cigarettes or vapes?

10. If you completed the Sidekicks training virtually (i.e. Zoom, Google Classroom...) what did you like about the virtual training?

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What didn't you like about it OR how could the virtual training be improved?

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11. What grade are you in?

- |                                       |                               |                               |
|---------------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> 7th or lower | <input type="checkbox"/> 8th  | <input type="checkbox"/> 9th  |
| <input type="checkbox"/> 10th         | <input type="checkbox"/> 11th | <input type="checkbox"/> 12th |
| <input type="checkbox"/> Other _____  |                               |                               |

12. Are you...

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Male                          | <input type="checkbox"/> Female            | <input type="checkbox"/> Non-binary/third gender |
| <input type="checkbox"/> Prefer to self-describe _____ | <input type="checkbox"/> Prefer not to say |  |



Use this QR code to access this survey online.