



This survey will help the Campus Wellness Strategic Steering Committee to understand your opinion about Smoking, Vaping, and Tobacco Use on campus.

We appreciate your input. Your participation is anonymous and voluntary. Any personal identifying information will never be linked to your survey responses. You may choose to skip any questions that you do not wish to answer or stop the survey at any point.

2. How often do you use cigarettes, pipes, vapes, or cigars? (Select one option)

- Regularly
- Sometimes
- Occasionally
- Seldom
- Rarely/Never
- Refused/prefer not to answer

3. How much does the smoke from other people's cigarettes, pipes, vapes, or cigars bother you? (Select one option)

- Extremely
- Very
- Somewhat
- Slightly
- Not at all
- Refused/prefer not to answer

4.

Are you aware of NJIT's current policy regarding smoking on campus as it applies to you (i.e., [Smoking is prohibited in all university buildings, university vehicles. Smoking is prohibited within 25 feet from each entrance or exit of all buildings.](#))?

(Select one option)

- Yes
- No
- Does not apply

**5. Which of the following statements best describes your preference? (Select one option)**

- NJIT should be a smoke-free campus (i.e., no cigarette, vaping, pipe, or cigar usage inside and outside campus buildings).
- NJIT should be a smoke-free campus except for vaping.
- NJIT should be a smoke-free campus with limited designated smoking areas.
- NJIT should not be a smoke-free campus.
- Don't know/prefer not to answer.

**NOTE** : Answer the below question only if answer to( ( Q#2 is **Regularly OR Sometimes OR Occasionally OR Seldom** ) )

**6. Would you participate in a smoking/vaping cessation program? (Select one option)**

- Yes, I would participate
- No, I would not participate
- Don't know/prefer not to answer

7. Please share any suggestions and/or comments

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