**Survey Questionnaire**

**TO STUDY THE SMOKING BEHAVIOR AMOUNG GAMBANG**

**UNIVERSITY MALAYSIA PAHANG (UMP) STUDENTS**

**Introduction**

Good morning/afternoon/evening

We are conducting a survey to analyze the habit of smoking among students from University Malaysia of Pahang. This survey is a part of a project to be submitted as the course requirement for the UHL 2332 Academic Report Writing. Our targeted respondents are students from various faculties in Gambang. This questionnaire consists of 14 questions. We kindly ask for a little moment of your time and attention from your behalf to participate this survey. Your responses are voluntary and will be kept confidential. Your feedback is important in order for us to collect data and pursue our study further. If you have any queries or concerns, please do not hesitate to contact any one of us. Your sincere cooperation is appreciated. Data collected is confidential and will be used for academic purposes only. Thank you.

Group Members:

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**Section A: Demographic Information**

**Information: Please tick (√) to your answer**

1. Faculty

|  |  |
| --- | --- |
|  | Chemical Engineering & Natural Resources |
|  | Civil Engineering & Natural Resources |
|  | Industrial Science & Technology |

|  |  |
| --- | --- |
|  | Computer System & Software Engineering |
|  | Technology |

2. Age

19 -20 years old

21-22 years old

23-24 years old

25 and above

3. Ethnic

|  |  |
| --- | --- |
|  | Malay |
|  | Chinese |
|  | India |
|  | Others. Specify.......................... |

|  |
| --- |
|  |
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|  |
|  |

4. Gender

Male Female

**Section B : The factors that lead UMP students to smoking.**

**Instructions: For multiple questions, please circle your answer.**

1. How old were you when you started smoking?

A.10-12 years old

B.12-15 years old

C.15-17 years old

D.17-19 years old

E.19 and above

2. Smoking makes me feel like…

A. A grown-up

B. An independent person

C. Part of the “in-crowd”

D. A free man/woman doing his/her own choice

3. Have you ever tried to quit smoking? Yes/No .If yes, how?

A. Cold turkey (resisting temptation)

B. Patch

C. Gum,

D. Other :

4. How much do you smoke per day?

A.1-4 cigarettes per day

B.5-9 cigarettes per day

C.10-13 cigarettes per day

D. More than 14 cigarettes per day

5. How much pack/s per week do you smoke?

A.1-3 Packs per week

B.4-6 packs per week

C.7-9 packs per week

D. More than 10 packs per week

6. What do you like about smoking? (You can choose more than one.)

A. It makes me relax

B. It makes me more awake

C. Gives me more concentration

D. It’s just a habit

E. Other :

7. What activities do you associate most with smoking?

A. First thing in the morning (waking up)

B. After meals

C. Watching TV/ playing computer

D. Socializing

E. Other :

8. Where do you smoke? (You also may choose more than one.)

A. Indoors

B. Outside

C. Driving

D. Work

E. Other:

9. Do any feelings trigger your smoking? (Circle and add your own answer if

neccessary.)

Stress, frustration, boredom, loneliness, anger, sadness, need to concentrate, wanting to be like the others. Other:

10. Does anyone in your household smoke? If yes,who? (example: father, mother, brother, friends, etc)

11. Does anyone nag you about quitting? If yes, who? (example: father, mother, brother, friends, etc)

**Section C : Knowledge of UMP students regarding bad effects of smoking to their**

**health, people around them and the environment.**

12. Do you know about the bad effects of smoking to your own health?

Yes/No .If yes, please write down at least three of common diseases that related to

smoking that you know.

13. Write down at least 3 of ingredients in a cigarette that you know.

14. Does anyone has ever complained when you smoke near them?

Yes/No

15. Do you know about second hand smoke? Yes/No. If yes, please state what do you about second hand smoke.

16. In your opinion, how do you feel when the smoke from your cigarette is inhaled by friends or other people around you, especially when they are non-smokers?

17. Is your roommate a smoker too? Yes/No. If no, how do you avoid him/her from being uncomfortable with the smoke from your cigarette? (You can choose more than one.)

A. I smoke outside of the room.

B. I smoke in the toilet in the house.

C. I don’t care, I still smoke in the room.

D. I go to another friend’s room who is also a smoker.

E. Other:

18. Do you use an ashtray when you are smoking?

Yes/No.

19. If there is no ashtray around, how do you get rid of the ashes and the end filter when you

are done smoking? (You can choose more than one.)

A. Throw it on the ground

B. Throw it over the window

C. Throw it into the drain

D. Store in a self-made ashtray (eg: plastic bottles,plastic containers)

E. Other:

20. Do you believe people can enjoy smoking without endangering people around them and the environment? Yes/No. If yes, how?

**Thank you for your cooperation. Have a nice day.**