Appendix
ANNEXURE- I
QUESTIONNAIRE FOR SCHOOL STUDENTS

The answers that School Children give about their Tobacco consumption are important for the success of this study. Since the information you give is very personal we shall keep it very confidential and your identity will not be disclosed to anyone. Your answers will be kept absolutely confidential.

Please provide honest answers to facilitate qualitative research.

The questions are mainly about use of Tobacco and its products like cigarettes, cigars, pipe Tobacco, chewing Tobacco, gutkka, snuff, etc.

1. Age………
2. Class……
3. School Name……

Family Background

4. Sex: a. Male ( ) b. Female ( )
   4.1) Status of parents:
   a. Single b. Both parents
   4.2) Living status:
   a.) With both parents
   b). With mother only
   c). With father only
   d). With relatives
   e). Any other…………………

4.3) No. of siblings:
   a). Sister ( )
   b). Brother ( )
4.4) Monthly Family income:
   a). 5000-10,000 (   )
   b). 10,000-15,000/- (   )
   c). More than 15,000/- (   )

4.5) Does anyone in your family use Tobacco or any other Drug?
   a). Yes (   )
   b). No (   )
   c). Don’t Know (   )

If yes, specify, which drug?.............................

4.6) Specify your relationship with addict:
   a). Father (   )
   b). Mother (   )
   c). Uncle (   )
   d). Sister (   )
   e). Brother (   )
   f). Any other (   )

specify............

About Tobacco consumption

5. Have you ever used Tobacco in any form? 1. Yes (   ) 2. No (   )

5.1) If yes, who introduced you to Tobacco?
   a). Friends (   )
   b). Family member (   )
   c). Any other (   )

specify............

5.2) Specify in what form you use Tobacco?
   a). Cigarettes (   )
   b). Chewing Tobacco/gutkka (   )
c) Snuff ( )

d) Cigars pipe ( )

e) Any other ( )

specify ………

5.3) If No, have you ever used any other drug in your life? Specify………………

5.4) Who pays for your expenses on Tobacco/Drugs?

a) Father ( )

b) Mother ( )

c) Both ( )

d) Friends ( )

e) Any other ( )

specify ………

5.5) Why did you start tobacco consumption, please give reasons?

a) Peer pressure ( )

b) Family tension ( )

c) Exam pressure ( )

d) Love problem ( )

e) Curiosity ( )

f) Just for fun ( )

g) Any other ( )

6. How old were you the first time you used Tobacco?

a) 5-10 years ( )

b) 10-15 years ( )

c) Above 15 years ( )

7. Are you a regular user of tobacco?

a. Yes b. No
8. If you take Tobacco regularly, please give reasons?
   a). Peer pressure ( )
   b). Family tension ( )
   c). Exam pressure ( )
   d) Any other …………………………………………………………………

9. How many Packet/ Cigarette/Pan/Pipe do you consume in per day/ Week/ month ?
   a). One ( )
   b). 2-3 ( )
   c.) 4-6 ( )
   d) 7-10 ( )
   e.) More than 10 ( )

9. Do you ever feel bad or guilty about your Tobacco use?
   a) Yes ( )
   b). No ( )

10. Do your friends ever complain about your involvement with Tobacco?
   a) Yes ( )
   b) No ( )

11. Does your teacher ever complain about your involvement with Tobacco?
   a) Yes ( )
   b) No ( )

12. Does anybody know about this habit of yours?
   a). No-one ( )
   b). Friends ( )
   c). Parents ( )
   d). Neighbors ( )
   e). Any other ( )
   Specify…………..
13. If yes, what has been their reaction?

14. Have you lost friends or someone you loved most because of your use of Tobacco?
   a) Yes (   )
   b) No (   )
   If yes, whom………………

15. Have you been in trouble at school because of your use of Tobacco?
   a) Yes (   )
   b) No (   )

16. Have you neglected by your family because of your use of Tobacco?
   a) Yes (   )
   b) No (   )

17. Have you ever been engaged in illegal activities?
   a) Yes (   )
   b) No (   )

18. Have you tried to use any other drug?
   a) Yes (   )
   b) No (   )
   18.1) If yes, specify the name of the drug………..
   18.2) Which drug you have started first?………………………………

19. Did you ever get into fight under the influence of Tobacco/Drugs?
   a) Yes (   )
   b) No (   )
20. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking Tobacco/Drugs?
   a) Yes (   )
   b) No (   )

21. Have you had any problems as a result of use of Tobacco/Drugs?
   a) Yes (   )
   b) No (   )
   If yes, specify
   a) Memory loss (   )
   b) Bleeding (   )
   c) Fever (   )
   d) Loss of appetite (   )
   e) Short temper (   )
   f) Any other (   )

22. Have you ever been engaged sexually with anyone after using Tobacco/Drug?
   a) Yes (   )
   b) No (   )

23. Have noticed any changes in your behavior as a result of use of Tobacco/Drugs?
   a) Yes (   )
   b) No (   )
   23.1) If yes, in which way:
   a) Short temper (   )
   b) Habit of theft (   )
   c) Lying (   )
   d) Poor friends/ family relationship (   )
   e) Poor Marks (   )
   f) Any other (   )
24 Did you seek any help for your problem(s)?
   a) Yes (  )
   b) No (  )
If yes, whose help did you seek specify…………..
25 Have you ever taken any treatment/counseling related to drug abuse?
   a) Yes (  )
   b) No (  )

Non-tobacco user
26 If one of your friend offered you a cigarette or any product of Tobacco, would you use it?
   a) Definitely Yes (  )
   b) Probably Yes (  )
   c) Probably Not (  )
   d) Definitely Not (  )
27 Do any of your friends use Tobacco?
   27.1) If yes how many?
       a) 1-5 (  )
       b) 5-10 (  )
       c) 10-15 (  )
       d) More than 15 (  )
28 In what form do they use Tobacco?
   a) Cigarette (  )
   b) Gutkka (  )
   c) Paan (  )
   d) Any other (  )
29 Have you been tempted to use tobacco seeing them?
   a) Yes (    )
   b) No (    )
   If yes, Give reasons………………………..

30 Have you ever tried to stop them?
   a) Yes (    )
   b) No (    )

31 Have you ever take any other Drug?
   a) Yes (    )
   b) No (    )
   Specify………………………..

**Awareness on Tobacco (for both)**

32 Do you know the consequence of Tobacco use?
   a) Yes (    )
   b) No (    )

33 Do you think it has bad effect on health?
   a) Yes (    )
   b) No (    )
   If yes, specify: a) Physical (    ), b) Mental (    ), c) Both Physical & Mental (    )

34 Are you aware that use of Tobacco leads to:
   a) Cancer (    )
   b) Fever (    )
   c) Cough (    )
   d) Any other (    )
   specify……….
35  Are Tobacco related diseases leading to maximum numbers of people dying in India?
   a)  Yes  (  )
   b)  No    (  )

36  According to you, what is the best way to deal with this problem?

37  Does your school have any programme to deal with this problem?
   a)  Yes  (  )
   b)  No    (  )

38  According to you who can best deal this problem?
   a). Parents   (  )
   b). Friends   (  )
   c). Teacher   (  )
   d). Any other  (  )

39  Do you consider drug abuse as a problem?
   a)  Yes  (  )
   b)  No    (  )
ANNEXURE- II
QUESTIONNAIRE FOR SCHOOL TEACHER

Sex: Age:

Educational Qualification:

1. Do you consume any drug?
   a) Yes (      )
   b) No (      )

2. Do you think that consumption of tobacco is increasing among children?
   a) Yes (      )
   b) No (      )

3. Do you agree that your school students also can use tobacco?
   a) Yes (      )
   b) No (      )

4. According to you why do students take any drug?

5. If you caught or came to know any addicted, how will you deal with this problem?

6. According to you who is the responsible for drug addiction among children?
   a) Parents (      )
   b) School (      )
   c) Community (      )
   d) Any other………..

7. According to you who can best deal with this problem?
   a) Parents (      )
   b) School (      )
   c) Law (      )
   d) Any other………..
8. Does your school have any programme to deal with this problem?
   a) Yes (    )
   b) No (    )

9. According to you, what kind of programme you can start in your school?

10. Do you think that parents and teacher both can do something to stop this problem among children?
    Yes b) No

11. If yes, what…………………………………………………………..

12. Do you know or heard any programme for tobacco control in Delhi?
    a) Yes b) No

13. If yes, specify the name of the programme………………………………………..
ANNEXURE- III

QUESTIONNAIRE FOR PARENTS

Sex:    Age:

Educational Qualification:

1. Do you consume any drug?
   a) Yes     (   )
   b) No      (   )

2. Do you think that consumption of tobacco is increasing among children?
   a) Yes     (   )
   b) No      (   )

3. Do you think that your child can be become addicted?
   a) Yes     (   )
   b) No      (   )

4. According to you why do child take any drug?

5. Do you know the symptoms of drug abuse?
   a) Yes     (   )
   b) No      (   )

   If yes, specify........................................

6. Have you ever talk to your children about drug abuse?
   a) Yes     (   )
   b) No      (   )

7. If you caught or came to know that your child is addicted, how will you deal with this problem?

8. According to you who is the responsible for drug addiction among children?
   a) Parents     (   )
   b) School      (   )
   c) Community   (   )
   d) Any other......
9. According to you who can best deal with this problem?
   a) Parents (   )
   b) School (    )
   c) Law (      )
   d) Any other………..

10. Do you think that parents and teacher both can do something to stop this problem among children?
    a) Yes (    )
    b) No (     )

11. If yes, what…………………………………………………………

12. Do you know or heard any programme for tobacco control in Delhi?
    a) Yes (    )
    b) No (     )

13. If yes, specify the name of the programme…………………..

14. Do support ban on the sales of tobacco product to minor?
    a) Yes (    )
    b) No (     )
ANNEXURE- IV

INTERVIEW SCHEDULE FOR PRINCIPAL AND COUNSELOR

Sex: Age:

Educational Qualification:

1. Do you consume any drug?
   a) Yes ( )
   b) No ( )

2. Do you think that consumption of tobacco is increasing among children?
   a) Yes ( )
   b) No ( )

3. Explain your responsibility at school.

4. Is your school students are taking tobacco?
   a) Yes ( )
   b) No ( )

5. Are you running any anti-tobacco programme in your school?
This page displays a list of 12 Administrative Districts of the Department of Education in Delhi along with their unique District IDs.

District/zone/School Information

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<thead>
<tr>
<th>S. No.</th>
<th>District Name</th>
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**LIST OF GOVERNMENT SCHOOLS**

Old Seemapuri, Block GH-G(Co-ed)SS

Meet Nagar, Block GH (Co-ed)SS

Harsh Vihar GH (Co-ed)SS

Harsh Vihar GH (Co-ed)SS

Mandoli Extension, Govt. Co-ed Sec.School

**LIST OF PRIVATE SCHOOLS**

<table>
<thead>
<tr>
<th>School Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>A.V.B. Public School</td>
<td>Near Plot No. 43, I.P. Ext. Mandawali, Fazalpur, Patparganj, Delhi-92</td>
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<td>A.V.B. Public School</td>
<td>No.277-278, Block F, Lakshmi Nagar, Delhi-92</td>
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<td>Ahlcon Public School</td>
<td>Phase I, Mayur Vihar, Delhi-91</td>
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<td>Alok Bharati Sec School</td>
<td>Khureji Khas Delhi – 51</td>
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<tr>
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<td>Karawal Nagar Delhi - 94</td>
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<td>Anand Public School</td>
<td>F 220 Pandav Nagar Delhi – 94</td>
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<td>Angels Public School</td>
<td>Sachdev Gali, Viswas Nagar, Shahdara Delhi - 32</td>
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<td>Phase III, Vasundhara Enclave Delhi - 95</td>
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<td>Phase III Gharoli, Mayur Vihar Delhi - 92</td>
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<td>Block E 20/8A, Subhash Mohalla, North Ghonda, Shahdara</td>
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<td>Raj Garh Colony Delhi</td>
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<td>Arun Modern Public Sec School</td>
<td>Block D1 Main Road, Brij Puri Delhi - 94</td>
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<td>Arvachin Bharti Bhawan Sr. Sec. School</td>
<td>C-Block, Vivek Vihar, Delhi -95</td>
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<td>Arwachin Bharati Bhawan Senior Secondary School</td>
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<td>No E 993 Lohia Gali No 4, Kabir Nagar, Shahadra, Delhi – 32</td>
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<td>E 104, 105 Laxmi Nagar, Delhi - 92</td>
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<td>Bal Mandir Public School</td>
<td>Jitar Nagar, Parwana Road, Delhi-51</td>
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<td>Bal Vikas Vidyalaya</td>
<td>4 A Ram Mandir Street, New Govind Pur, Delhi – 51</td>
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<td>Baptist Convent School</td>
<td>Block A 2 Ganesh Nagar Extn., Delhi - 92</td>
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<td>Bhai Lalo Public School</td>
<td>No.12, 192 Geeta Colony Delhi - 32</td>
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<td>Bhai Parmannnd Vidya Mandir</td>
<td>Surya Niketan, Delhi – 92</td>
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<td>SFS Mayur Vihar Phase III, Delhi - 91</td>
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<td>Brij Puri Ext., Near Khureji Parwana Road, Delhi - 92</td>
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<td>Capital Public School</td>
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<td>Crown Public School</td>
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<tr>
<td>DAV Public School Dayanand Vihar</td>
<td>Delhi-92</td>
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ANNEXURE- VII
NORTH EAST DISTRICT

N. East
List of Government School in North East District

Shahdara, Teliwara-G(Co-ed)SS
West Azad Nagar-G(co-ed)SS
Gazipur-SV(Co-ed)
Patparganj, I.P. Extn-G(Co-ed)SS
Geeta Colony, Block 2-G(Co-ed)SS
Old Seelampur-Sarvodaya (Co-ed)SS
Shivpuri-G(Co-ed)SS
Lalita Park-G(Co-ed)SSS

LIST OF PRIVATE SCHOOL IN NORTH EAST DISTRICTS

Nav Jiwan Adarsh Public School D-Block Brijpuri Delhi-110094
Samrat Public School A-44-45 Shanti Nagar Delhi-110094
Ramnath Model School II Pusta (Near circular Road) Sonia Vihar Delhi-110094
Vivek Modern School E-112 Subhash Mohalla North Ghonda Delhi-110053
Nity Public School Sabhapur Delhi-110094
Arwachin Shiksha Sadan Sec.School B-51 Shanti Nagar Karawal Nagar Delhi-110094
Om Bharti Public School Johari Pur Enclave Delhi-110094
Holy Mothers Public School D-5 Shanti Nagar Delhi-110094
Vidydeep Public School 110-114 Lok Vihar Shiv Vihar Karawal Nagar
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<td>H-27 Ganga Vihar Delhi-110094</td>
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<td>Main Road Tukhmeerpur Delhi-110094</td>
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<td>Manav Convent Public School</td>
<td>Phase-6 Shiv Vihar Delhi-110094</td>
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<td>J.m. Model Public School</td>
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<td>Ch. Tekram Mkt Chandu Nagar Delhi-110094</td>
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<td>Happy Time Public School</td>
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<td>Ch. Ramphal Memorial Public School</td>
<td>C-447 Bhajanpura Delhi-110053</td>
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<td>V-537 St No-16-A Vijay Park Delhi-110053</td>
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<td>J.M. Convent School</td>
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<td>Universal Public School</td>
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<td>Himalyan Public School</td>
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<td>Nav yug Happy Public Sec School</td>
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<td>Shishu Bharati Public School</td>
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SAY NO TO TOBACCO
Tobacco is the single greatest cause of preventable death globally. Tobacco use leads most commonly to diseases affecting the heart and lungs, with smoking being a major risk factor for heart attacks, stroke, chronic obstructive pulmonary disease (COPD) (including emphysema and chronic bronchitis), and cancer (particularly lung cancer, cancers of the larynx and mouth, and esophageal cancer). It also causes permanent vascular disease and hypertension. The World Health Organization (WHO) estimates that tobacco causes 12 million deaths in 2020 and 100 million deaths over the course of the 20th century.

**Common adverse effects of TOBACCO**

- Larynx cancer
- Oral cavity cancer
- Esophagus cancer
- Myocardial infarction
- Systemic atherosclerosis
- Bladder cancer

**Adolescents should know**

Each day, nearly 4,000 kids under the age of 18 try their first cigarette and another product, 1,000 become regular tobacco users. About one third of these kids will die prematurely from a tobacco-related disease. Tobacco use causes serious health problems among children and teens. Regular teen users report problems such as:

- Coughing spasms, shortness of breath, even when not smokers, wheezing, or wheezing, more frequent infections, increased phlegm (mucus), respiratory illnesses, worse cold and flu symptoms, reduced physical fitness, poor lung growth and function, worse overall health, addiction to nicotine, gum disease and tooth loss, chronic lung diseases, like emphysema and bronchitis, which limit exercise and activity, hearing loss, visual problems, such as muscular degeneration, which can lead to blindness, cancer of the mouth, cancer of the oropharynx (throat) and larynx (voice box), cancers of the esophagus (swallowing tube) and stomach, cancers of the pancreas, worsening gums and gum disease, which can worsen to the point that
Annexures

Analyzed practices may have more power over whether their children start using tobacco than they think they do. Let us examine these practices to help find their influence.

- Understand that friends influence the impact of movies, music, and print. Parents can also influence their children through these factors.

- Talk to your children about the risks of tobacco use.

- Children often have trouble seeing the risks of tobacco use. But if you talk about it, you can introduce new risks. Your own words, of course, are far more effective than secondhand smoke.

- Start talking about tobacco usage by your children as of 10 years old and continue through their high school years. Mary had started using tobacco by age 11. And many are addicted by age 14.

- Know if your child’s friends use tobacco. Talk about ways to say “no” to tobacco.

- Help your child think about the risks and consequences of tobacco use. Discuss how tobacco affects their health and lives.

- If you child uses tobacco, help them to quit.

- How much does it affect your health?

- If you know of tobacco use, take action. Help them to stop.

- Talk to your country and your children. Help them to see the risks of tobacco use. If you need help, contact your local health department.

- Encourage your child to stop. Help them to think about why they want to quit.

- Share your experiences. Ask them questions. Help them to see the changes they can make in their life to help their child quit smoking.

- Encourage your child. Help them to think about what they can do to help their child quit smoking.

- Support your child. Help them to think about what they can do to help their child quit smoking.

- Encourage your child to think about the risks of tobacco use.

- Help your child to think about the health risks of tobacco use.

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Annexures

- Prohibit tobacco use at all school facilities and events at all times.
- Encourage and have students and staff quit using tobacco.
- Provide developmentally appropriate education in grades K-12 that addresses the social and psychological issues of tobacco use.
- Integrate tobacco prevention education throughout the curriculum and school day.
- Use age-appropriate resources to teach students about tobacco products and their risks.
- Implement tobacco-free policies.

YOU MAY TAKE YOUR CHILD to:

- Faculty of Medical Sciences,
  6th Floor, Vallabhai Patel Chest Institute Building, University of Delhi,
  D +91-11-27667647, 27662764, 27662208 Delhi-110007.
- Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi 110060, INDIA
  Tel: 25750000 Fax: 25861002

TOBACCO

Developed by: PREETI SONI
Under the guidance & supervision of Prof. Pamela Singla & Prof. S.L. Tandon
Delhi school of social work, University of Delhi
ANNEXURE- VIII

East District Government School

Students filling up questionnaire
North East District Government School

Students filling questionnaire
North District private school: students filling questionnaire

East District private school: students filling up questionnaire