**Tobacco Prevention Campaign: Community Needs Assessment Template**

**Survey Letter Template**

The following is a sample message to send to students and adult caregivers, asking them for their thoughts and feelings about tobacco prevention education and advocacy work. It should be sent to students and adult caregivers, but it will need to be edited slightly to effectively reach both audiences.

**Sample Message to Send to Students and Adult Caregivers Requesting Feedback**

Dear [Insert School Name] Community,

We are excited to share that we have received a grant from National PTA, made possible by Campaign for Tobacco-Free Kids! The funds will be used to create an education program and advocacy campaign around tobacco prevention and e-cigarette use, including prohibiting flavored tobacco products. [Remove this sentence if it is not relevant to your PTA].

Help shape our education and advocacy efforts! We need your input to be successful. Tell us—what do you think are the most important issues for us to address on this topic? Please take a moment to answer our survey questions: [Embed link to the needs assessment survey. See below for the needs assessment template]. Keep in mind that this grant is meant to serve our school community during the [**insert school year date]** school year [Remove this sentence if it is not relevant to your PTA]. With your thoughts and feedback, we know that the meaningful tobacco prevention education and/or advocacy campaign work we will accomplish together over the next few months will create lasting change for our students, families and the community at large.

Thank you for your support as our PTA works to ensure every child reaches their potential. If you’re interested in directly supporting our efforts, we invite you to become a member! Simply [Enter steps to become a member of your PTA]. Remember, you don’t have to volunteer to join PTA—your membership is more than enough. We look forward to hearing from you!

Thank you,

[Insert Name]

PTA Leader

[Insert Contact Info]

**Community Needs Assessment Template**

PTA/PTSA Leaders can use this Community Needs Assessment Template to learn about their school communities tobacco prevention efforts and prevalence of tobacco use to help inform their Tobacco Prevention Campaign.

**Audience:** Students, Parents, Caregivers, and Key Community Stakeholders (community partners/school officials)

**Goal:** Identify current prevention efforts and the prevalence of tobacco use within school communities so that PTA/PTSA’s can develop Tobacco Prevention Campaign programs that meet the needs of the school community and most effectively utilize resources from the Campaign for Tobacco-Free Kids.

**Primary questions that this Community-Based Needs Assessment will address:**

1. How many members of the school community are using tobacco or tobacco products?
2. Who is using tobacco or tobacco products in the school community?
3. What kind of tobacco or tobacco products are being used in the community?
4. What kinds of tobacco prevention programs already exist within the community?
5. What are the current barriers to tobacco cessation in the community?

**Part 1: Basic Demographic Questions**

**Question 1:** Age:

* 25 or less
* 26 – 39
* 40 – 54
* 55 – 64
* 65 or over
* I prefer not to answer

**Question 2:** Sex:

\_\_\_ Male \_\_\_ Other (please specify)

\_\_\_ Female \_\_\_ I prefer not to answer

**Question 3:** What best describes your racial/ethnic background? (Choose all that apply)

* African-American/Black
* Asian
* Hispanic/Latino
* Caucasian/White
* American Indian or Alaska Native
* Native Hawaiian or Pacific Islander
* I prefer not to answer

**Part 2: Community Tobacco Use and Behavior Assessment**

**Question 4:** How often do you currently use tobacco, e-cigarettes or other tobacco-related products?

\_\_\_ every day \_\_\_ some days \_\_\_not at all

**Question 5:** Have you ever observed students within our school community using tobacco,   
e-cigarettes or other tobacco-related products?

\_\_\_ Yes \_\_\_ No \_\_\_ I do not know

**Question 6:** How do you suspect students are accessing tobacco product?

\_\_\_ Purchase from store \_\_\_ Stole from others \_\_\_ Bought from others \_\_\_ I don’t know

\_\_\_ Received from an adult \_\_\_ Peer provided \_\_\_ On the internet \_\_\_ Other (specify)

**Question 7:** Have you ever observed parents or caregivers within our school community using tobacco, e-cigarettes or other tobacco-related products?

\_\_\_ Yes \_\_\_ No \_\_\_ I do not know

**Question 8:** Have you ever observed any of our school officials using tobacco, e-cigarettes or other tobacco-related products?

\_\_\_ Yes \_\_\_ No \_\_\_ I do not know

**Question 9:** What kind of tobacco is being used most frequently in our school community? (Choose one)

\_\_\_ Pipe, hookah/narghile (water pipe) \_\_\_ Chewed tobacco \_\_\_ Snuff

\_\_\_ Cigar/cigarillo \_\_\_ Electronic cigarettes (eCigs) \_\_\_ Vape pipes

\_\_\_ Cigarettes \_\_\_ Other (specify) \_\_\_ I don’t know

**Question 10:** How much do you think people harm themselves when they use tobacco products?

\_\_\_ No harm \_\_\_ Little harm \_\_\_ Some harm \_\_\_ A lot of harm

**Question 11:** How strongly do you agree with the statement “All tobacco products are dangerous”?

\_\_\_ Strongly agree \_\_\_ Agree \_\_\_ Disagree \_\_\_ Strongly disagree

**Question 12:** If you currently use tobacco, do you want to quit?

\_\_\_ Yes \_\_\_ No \_\_\_ I do not use tobacco

**Question 13:** What do you perceive as the most common barrier to tobacco cessation within our school community?

\_\_\_ Stress management \_\_\_ Lack of support \_\_\_ Acceptability of smoking \_\_\_ I don’t know

\_\_\_ Cultural/historical norms \_\_\_ High accessibility of tobacco \_\_\_ Other (specify)

**Question 14:** Based on your opinion, do students within our school district receive adequate education on tobacco prevention?

\_\_\_ Yes \_\_\_ No \_\_\_ I do not know

**Question 15:** Can you name at least one tobacco prevention program within your school community?

\_\_\_ Yes \_\_\_ No \_\_\_ I do not know

**Question 16:** Have you ever helped promote tobacco prevention within your school community?

\_\_\_ Yes \_\_\_ No \_\_\_ I do not know

**Question 17:** Does your school district have a tobacco-free or smoke-free policy?

\_\_\_ Yes \_\_\_ No \_\_\_ I do not know

**Question 18:** What type of tobacco prevention programs would you like to see implemented within your school community?

**Question 19:** In your opinion, what is the best way to provide tobacco prevention education to our community?

\_\_\_ Social media platforms \_\_\_ Monthly “tobacco prevention” newsletter

\_\_\_ In person/virtual education sessions \_\_\_ Tobacco prevention handout

\_\_\_ Activities within the classroom \_\_\_ Other (please specify):

**Question 20:** Would you be interested in joining your school’s PTA/PTSA or becoming involved in programs that help prevent tobacco use?

\_\_\_ Yes \_\_\_ No \_\_\_ I do not know