

MATS 1999 Questionnaire

INTROQ001 -- THIS QUESTION WILL ONLY BE ASKED IN THE **STATE** SURVEY

Hello. My name is _____. I am calling on behalf of the Minnesota Department of Health and Blue Cross and Blue Shield of Minnesota. We're doing a study of the health practices of Minnesota residents. Your phone number has been chosen randomly to be included in the study, and we'd like to ask some questions about things people do which may affect their health. All the information obtained in this study will be confidential.

Is this [INSERT PHONE NUMBER] ?

1. CORRECT NUMBER (PROCEED TO NEXT QUESTION)
 2. NO ANSWER
 3. NORMAL BUSY
 4. ANSWERING MACHINE
 5. DO NOT WISH TO DIAL THIS NUMBER (NULL ATTEMPT)
 6. NUMBER IS NOT THE SAME
-

PrivRes -- THIS QUESTION WILL ONLY BE ASKED IN THE **STATE** SURVEY

PrivRes

Is this a private residence?

1. YES, CONTINUE
 2. NO, NON-RESIDENTIAL
-

INTROQ002 -- this question will only be asked in the **BCBSM** survey

Hello, may I please speak to <CONTACT NAME>?

1. YES, THIS IS _____. **SKIP TO INTROQ003**
2. YES, RESPONDENT COMING TO PHONE. **SKIP TO INTROQ003**
3. NO, PARTICIPANT HAS MOVED TO A DIFFERENT NUMBER.

NOTE: IF PARTICIPANT IS UNAVAILABLE USE <CTRL-END> TO SCHEDULE CALLBACK IF APPLICABLE.

NEWNUM1 -- **ONLY GET IF INTROQ002 = 3**
-- This question will only be asked in the **BCBSM** survey

Do you have their new number?

1. YES
 2. NO -- **INTERVIEW AUTOMATICALLY TERMINATES AND RECORD IS ASSIGNED A FINAL DISPOSITION OF RESP. NOT AT THIS NUMBER, NO NEW NUMBER FOR RESP.**
-

NEWNUM2 -- this question will only be asked in the **BCBSM** survey

What is their new number, please?

(_ _ _) _ _ _ - _ _ _ _ ENTER PHONE NUMBER, AREA CODE FIRST.

**AFTER YOU HAVE ENTERED THE NUMBER, YOU MAY HAND DIAL THE NEW NUMBER OR USE
<CNTRL-END> TO SCHEDULE A CALL BACK.**

INTROQ003 -- this question will only be asked in the **BCBSM** survey

Hello. My name is _____. I am calling on behalf of the Minnesota Department of Health and Blue Cross and Blue Shield of Minnesota. We're doing a study of the health practices of Blue Cross and Blue Shield of Minnesota members. Your name has been chosen randomly from Blue Cross enrollment records to be included in the study, and we'd like to ask some questions about things people do which may affect their health. All the information obtained in this study will be confidential.

Is this <INSERT NAME>?

- 1 YES
 - 2 NO **SKIP BACK TO INTROQ002**
-

INTROQ005-- this question will only be asked in the **BCBSM** survey

According to health insurance records you are now insured by Blue Cross Blue Shield of Minnesota or Blue Plus. Is that correct?

1. YES - **SKIPS TO INTROQ007**
2. NO

7. DON'T KNOW / NOT SURE - **SKIPS TO INTROQ007**
9. REFUSED - **SKIPS TO INTROQ007**

INTROQ006-- this question will only be asked in the **BCBSM** survey
-- **ONLY GET THIS QUESTION IF INTROQ005 = 2 (NO)**

Many companies offer health insurance under their own name that is MANAGED by Blue Cross Blue Shield of Minnesota or Blue Plus.

1. CONTINUE SURVEY
 2. RESPONDENT INSISTS THEY ARE NOT INSURED BY BLUE CROSS BLUE SHIELD OF MINNESOTA - **TERMINATE SURVEY**
-

INTROQ007 -- -- this question will only be asked in the **BCBSM** survey

Your participation is very important to assure that the survey results are meaningful. None of your answers will affect your health insurance coverage or its cost.

PRESS ANY KEY TO CONTINUE

Adults - For **STATE** survey only.

Adults

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older ?

ENTER THE NUMBER OF ADULTS

Men - For **STATE** survey only.

Men

How many of these adults are men?

0. None
 1. One
 2. Two
 3. Three
 4. Four
 5. Five
 6. Six
 7. Seven
 8. Eight
 9. Nine
-

Women - For **STATE** survey only.

Women

How many of these adults are women?

0. None
 1. One
 2. Two
 3. Three
 4. Four
 5. Five
 6. Six
 7. Seven
 8. Eight
 9. Nine
-

WrongTot -- **ONLY GET THIS QUESTION IF MEN + WOMEN <> NUMBER OF ADULTS**

WrongTot

I'm sorry, something is not right.

Number of Men -

Number of Women - +

Number of Adults -

1. CORRECT THE NUMBER OF MEN
 2. CORRECT THE NUMBER OF WOMEN
 3. CORRECT THE NUMBER OF ADULTS
-

Selected -- **ONLY GET THIS IF MORE THAN ONE ADULT IN HOUSEHOLD**
-- This question will only be asked in the **State** survey

Selected

The person in your household I need to speak with is
the .

Are you the [INSERT DESCRIPTION OF RESPONDENT] ?

1. YES -- **SKIPS TO YourThe1**
 2. NO - **SKIPS TO GetNewAd**
-

OneAdult -- **ONLY GET THIS QUESTION IF ONLY ONE ADULT IN HOUSEHOLD**
-- This question will only be asked in the **State** survey

OneAdult

Are you the Adult?

1. YES -- **SKIPS TO YourThe1**
 2. NO
-

GetAdult -- **ONLY GET THIS IF OneAdult = 2 (NO)**
-- This question will only be asked in the **State** survey

GetAdult

May I speak with him or her?

1. YES, ADULT COMING TO THE PHONE
 2. NO, PRESS CTRL-END AND SCHEDULE A CALL-BACK
-

Yourthel -- **ONLY IF OneAdult = 1 (YES) OR IF Selected = 1 (YES)**
-- This question will only be asked in the **State** survey

Yourthel

Then you are the person I need to speak with.

The interview will only take a short time, and all the information obtained in this study will be confidential.

1. PERSON INTERESTED, CONTINUE
 2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED
-

GetNewAd -- **ONLY GET THIS IF Selected = 2 (NO)**
-- This question will only be asked in the **State** survey

GetNewAd

May I speak with the _____ ?

1. YES, SELECTED RESPONDENT COMING TO THE PHONE
 2. NO, GO TO NEXT SCREEN, PRESS CTRL-END AND SCHEDULE A CALL-BACK
*** DO NOT USE CTRL-END ON THIS SCREEN ***
 3. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED
-

NewAdult - **ONLY GET IF GetNewAd = 1 OR 2 (SELECTED RESPONDENT ON PHONE)**
-- This question will only be asked in the **State** survey.

NewAdult

Hello. My name is _____. I am calling on behalf of the Minnesota Department of Health and Blue Cross and Blue Shield of Minnesota. We're doing a study of the health practices of Minnesota residents. Your phone number has been chosen randomly to be included in the study, and we'd like to ask some questions about things people do which may affect their health. All the information obtained in this study will be confidential.

1. PERSON INTERESTED, CONTINUE
 2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED
-

STATE - This question will only be asked in the **BCBSM** survey.

STATE. In what state do you live?

1. MINNESOTA
2. WISCONSIN
3. IOWA
4. SOUTH DAKOTA
5. NORTH DAKOTA
6. OTHER -- **TERMINATE**
7. DON'T KNOW / REFUSED

S9Q035 -- **ALL RESPONDENTS**

S9Q035. In what county do you live?

ENTER COUNTY NAME:

7. DON'T KNOW / NOT SURE
9. REFUSED

S9Q005 - **ALL RESPONDENTS**

S9Q005. What is your age, please?

(MINIMUM AGE 18)

ENTER AGE

7. DON'T KNOW / NOT SURE
9. REFUSED

S1Q005

S1Q005. Would you say that in general your health is...
Excellent, Very good, Good, Fair, or Poor?

1. Excellent
 2. Very good
 3. Good
 4. Fair
 5. Poor
 7. DON'T KNOW / NOT SURE
 9. REFUSED
-

S1Q010

S1Q010. How many servings of fruits and vegetables do you usually eat each day?

1. One
 2. Two
 3. Three
 4. Four
 5. Five
 6. Six or more
 7. DON'T KNOW / NOT SURE
 8. NONE
 9. REFUSED
-

S1Q015 - **ONLY GET THIS IF S1Q010 < 5 OR IF S1Q010 = 8**

S1Q015. Do you intend to start eating 5 or more servings of fruits and vegetables a day in the next six months?

1. YES
 2. NO
 7. DON'T KNOW / NOT SURE
 9. REFUSED
-

S1Q020 -- **ONLY GET IF S1Q015 = 1**

S1Q020. Do you intend to start in the next 30 days?

1. YES
 2. NO
 7. DON'T KNOW / NOT SURE
 9. REFUSED
-

S1Q025 -- ONLY GET IF S1Q010 = 5 OR 6

S1Q025. Have you been eating 5 or more servings of fruits and vegetables a day for more than 6 months?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

Note: For example, one serving would be one half a cup of juice or an apple.

S1Q030

S1Q030. Moderate exercise includes activities for example: brisk walking, jogging, swimming, aerobic dancing, biking, or rowing. How many days per week on average do you do moderate exercise for a total of at least 30 minutes per day?

ENTER DAYS PER WEEK

77. DON'T KNOW / NOT SURE
 88. NONE / ZERO
 99. REFUSED
-

S1Q035 -- ONLY GET IF S1Q030 < 5 or S1Q030 = 88

S1Q035. Do you intend to start doing moderate exercise for at least 30 minutes per day on 5 days a week in the next six months?

1. YES
 2. NO
 7. DON'T KNOW / NOT SURE
 9. REFUSED
-

S1Q040 -- ONLY GET IF S1Q035 = 1

S1Q040. Do you intend to start in the next 30 days?

1. YES
 2. NO
 7. DON'T KNOW / NOT SURE
 9. REFUSED
-

S1Q045 -- ONLY GET IF S1Q030 = 5 OR MORE TIMES PER WEEK

S1Q045. Have you been doing moderate exercise for at least 30 minutes per day on 5 days a week for more than 6 months?

1. YES
 2. NO
 7. DON'T KNOW / NOT SURE
 9. REFUSED
-

S1Q050

S1Q050. Are you taking any prescription or non-prescription medication on a regular basis?

1. YES
 2. NO - **SKIPS TO S1Q065**
 7. DON'T KNOW / NOT SURE - **SKIPS TO S1Q065**
 9. REFUSED - **SKIPS TO S1Q065**
-

S1Q055 -- ONLY GET IF S1Q050 = 1

S1Q055. During the last three months, have you ever forgotten to take your medication?

1. YES
 2. NO
 7. DON'T KNOW / NOT SURE
 9. REFUSED
-

S1Q065

S1Q065. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

ENTER NUMBER OF DAYS UP TO 30

- 77. DON'T KNOW / NOT SURE
 - 88. NONE
 - 99. REFUSED
-

S1Q070

S1Q070. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

ENTER NUMBER OF DAYS UP TO 30

- 77. DON'T KNOW / NOT SURE
 - 88. NONE
 - 99. REFUSED
-

S1Q075—**ONLY GET IF S1Q065 > 0 OR S1Q070 > 0.**

S1Q075. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

ENTER NUMBER OF DAYS UP TO 30

- 77. DON'T KNOW / NOT SURE
 - 88. NONE
 - 99. REFUSED
-

S1Q080

S1Q080. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

ENTER NUMBER OF DAYS UP TO 30

- 77. DON'T KNOW / NOT SURE
 - 88. NONE
 - 99. REFUSED
-

S1Q085

S1Q085. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

ENTER NUMBER OF DAYS UP TO 30

- 77. DON'T KNOW / NOT SURE
 - 88. NONE
 - 99. REFUSED
-

S1Q100

S1Q100. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

- 1. YES
- 2. NO - **SKIPS TO S2Q001**
- 7. DON'T KNOW / NOT SURE- **SKIPS TO S2Q001**
- 9. REFUSED- **SKIPS TO S2Q001**

S1Q105 -- ONLY GET IF S1Q100 = 1 (DRANK ALCOHOL IN PAST 30 DAYS)

S1Q105. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?

101-107 = DAYS PER WEEK
201-231 = DAYS PER MONTH

ENTER DAYS PER WEEK OR PER MONTH

777. DON'T KNOW / NOT SURE - **SKIPS TO S1Q115**
999. REFUSED - **SKIPS TO S1Q115**

S1Q110 -- ONLY GET IF S1Q105 <> 777 OR 999

S1Q110. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?

ENTER NUMBER OF DRINKS

77. DON'T KNOW / NOT SURE
99. REFUSED

S1Q110v - ONLY GET IF S1Q110 IS A HIGH RESPONSE (>11 DRINKS/DAY)

INTERVIEWER YOU INDICATED DRINKS PER DAY

IS THIS CORRECT?

- 2. NO, RE-ASK QUESTION - **SKIPS TO S1Q110**
- 1. YES, CORRECT AS IS

S1Q115 -- ONLY GET IF S1Q100 = 1 (DRANK ALCOHOL IN PAST 30 DAYS)

S1Q115. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

ENTER NUMBER OF TIMES

77. DON'T KNOW / NOT SURE
88. NONE
99. REFUSED

S1Q115v - ONLY GET IF S1Q115 IS A HIGH RESPONSE (>15 TIMES)

INTERVIEWER YOU INDICATED OCCASIONS WHEN THE RESPONDENT
HAD 5 OR MORE DRINKS.

IS THIS CORRECT?

2. NO, RE-ASK QUESTION - **SKIP TO S1Q115**
1. YES, CORRECT AS IS

Smoking Prevalence and Cessation Items

S2Q001 - **THIS QUESTION WILL ONLY BE ASKED IN THE STATE SURVEY**

S2Q001. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

1. YES
2. NO - **SKIPS TO S2Q003**
7. DON'T KNOW / NOT SURE - **SKIPS TO S2Q015**
9. REFUSED - **SKIPS TO S2Q015**

- **THIS QUESTION WILL ONLY BE ASKED IN THE STATE SURVEY**

S2Q002 - **ONLY GET IF S2Q001 = 1 (HAS INSURANCE)**

S2Q002. What type of health care coverage do you use to pay for most of your medical care? Is it coverage through: Your employer; Someone else's employer; A plan that you or someone else buys on your own; Medicare; Medicaid; Medical Assistance; or Minnesota Care. The military, CHAMPUS, TriCare or the VA [or CHAMP-VA]; The Indian Health Service [or IHS], or Some other source?

ENTER THE COVERAGE CODE

01. Your employer
02. Someone else's employer
03. A plan that you or someone else buys on your own
04. Medicare
05. Medicaid, Medical Assistance, or Minnesota Care
06. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]
07. The Indian Health Service [or IHS]
08. Some other source
88. NONE - **SKIP TO S2Q015**
77. DON'T KNOW / NOT SURE
99. REFUSED

**** ALL RESPONDENTS SKIP TO S2Q005 ****

- THIS QUESTION WILL ONLY BE ASKED IN THE STATE SURVEY

S2Q003 - ONLY GET IF S2Q001 = 2 (NO HEALTH INSURANCE)

S2Q003. There are some types of coverage you may not have considered. Please tell me if you have any of the following. Coverage through: Your employer; Someone else's employer; A plan that you or someone else buys on your own; Medicare; Medicaid; Medical Assistance; or Minnesota Care. The military, CHAMPUS, TriCare or the VA [or CHAMP-VA]; The Indian Health Service [or IHS], or Some other source?

INTERVIEWER: IF MORE THAN ONE, ASK 'Which type do you use to pay for most of your medical care?'

ENTER THE COVERAGE CODE

- | | |
|--|---|
| 01. Your employer | 06. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA] |
| 02. Someone else's employer | 07. The Indian Health Service [or IHS] |
| 03. A plan that you or someone else buys on your own | 08. Some other source |
| 04. Medicare | 88. NONE - SKIP TO S2Q015 |
| 05. Medicaid, Medical Assistance or Minnesota Care | 77. DON'T KNOW / NOT SURE - SKIP TO S2Q015 |
| | 99. REFUSED - SKIP TO S2Q015 |

S2Q005 - ONLY GET THIS QUESTION IF INSURED OR BCBSM SURVEY

S2Q005. Over the last 12 months, how would you rate your health plan on how well it supports its members' efforts to improve their health? Would you say ...

1. Excellent
 2. Very good
 3. Good
 4. Fair, or
 5. Poor

 6. DOES NOT OFFER ASSISTANCE
 7. DON'T KNOW / NOT SURE
 9. REFUSED
-

S2Q010

S2Q010. Over the last 12 months, how would you rate your health plan on how well it offers assistance to those who want to quit smoking? Would you say ...

1. Excellent
 2. Very good
 3. Good
 4. Fair, or
 5. Poor
 6. DOES NOT OFFER ASSISTANCE ON QUITTING SMOKING
 7. DON'T KNOW / NOT SURE
 9. REFUSED
-

S2Q015

S2Q015. Have you smoked at least 100 cigarettes in your entire life?

NOTE: 5 PACKS = 100 CIGARETTES

1. YES
 2. NO - **SKIPS TO S2Q198**

 7. DON'T KNOW / NOT SURE - **SKIPS TO S2Q198**
 9. REFUSED - **SKIPS TO S2Q198**
-

S2Q020 -- **ONLY GET IF S2Q015 = 1**

S2Q020. Do you now smoke cigarettes everyday, some days, or not at all?

1. Everyday
2. Some days
3. Not at all - **SKIP TO S2Q035**

7. DON'T KNOW / NOT SURE - **SKIPS TO S3Q005**
9. REFUSED - **SKIP TO S3Q005**

S2Q025 -- ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)

S2Q025. On how many days of the past 30 days did you smoke cigarettes?

ENTER NUMBER OF DAYS

- 77. DON'T KNOW / NOT SURE
- 88. NONE - **SKIP TO S2Q035**
- 99. REFUSED

S2Q030 -- ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)

S2Q030. Think about the last 30 days. On the days that you did smoke, what was the average number of cigarettes you smoked per day?

1 pack = 20 cigarettes

ENTER NUMBER

- 76. 76 OR MORE
- 87. LESS THAN ONE CIGARETTE PER DAY
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

S2Q035 -- ONLY GET IF S2Q015 = 1

S2Q035. How old were you when you first tried cigarettes?

ENTER AGE

- 76. 76 OR OLDER
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Note: YOUR BEST GUESS IS FINE

S2Q040 -- **ONLY GET IF S2Q020 = 2 OR 3 (SMOKE CIGARETTES SOME DAYS OR NOT AT ALL)**

S2Q040. Was there ever a time in your life when you smoked cigarettes everyday for at least 30 days?

1. YES
2. NO - **SKIP TO S2Q072**
7. DON'T KNOW / NOT SURE - **SKIP TO S2Q072**
9. REFUSED - **SKIP TO S2Q072**

S2Q045 -- **ONLY GET IF S2Q020 = 1 (EVERYDAY SMOKER) OR S2Q040 = 1**

S2Q045. How old were you when you began smoking cigarettes every day?

ENTER AGE

76. 76 OR OLDER
77. DON'T KNOW / NOT SURE
99. REFUSED

Note: YOUR BEST GUESS IS FINE

S2Q050 -- **ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)**

S2Q050. How soon after you wake up do you smoke your first cigarette?
Would you say . . .

1. Within 5 minutes
2. 6 to 30 minutes
3. 31 to 60 minutes
4. After 60 minutes
7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q022 -- ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)

S2Q022. Do you intend to stop smoking within the next 6 months?

1. YES
2. NO -- SKIPS TO S2Q052

7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q24 - ONLY GET THIS QUESTION IF S2Q022 = 1

S2Q024. Do you intend to stop within the next 30 days?

1. YES
2. NO

7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q052 -- ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)

S2Q052. In the past 12 months, have you switched from one type, for example low tar, or brand of cigarette to another type or brand of cigarette for any reason?

1. YES
2. NO -- SKIPS TO S2Q071

7. DON'T KNOW / NOT SURE -- SKIPS TO S2Q071
9. REFUSED -- SKIPS TO S2Q071

S2Q055 -- ONLY GET IF S2Q052 = 1 (MADE A SWITCH IN PAST 12 MONTHS)

S2Q055. Was one of your reasons to save money?

1. YES
 2. NO

 7. DON'T KNOW / NOT SURE
 9. REFUSED
-

S2Q060 -- ONLY GET IF S2Q052 = 1 (MADE A SWITCH IN PAST 12 MONTHS)

S2Q060. Was one of your reasons to reduce your tar and nicotine intake?

1. YES
2. NO

7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q071 -- ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)

S2Q071. Please tell me how much you agree or disagree with the following statement. I am confident that I would be able to quit smoking permanently if I decide to do so?
Would you say you . . .

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q072 - ALL RESPONDENTS

S2Q072. In the last 12 months, have you visited any of the following health care providers about your own health? Please say "yes" or "no" after I read each.

S2Q072A. Medical doctor
S2Q072B. Dentist
S2Q072C. Pharmacist
S2Q072D. Nurse or nurse practitioner
S2Q072E. Any other health care provider

1. YES
2. NO

7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q073 -- ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS). ITEMS A-
E ONLY GET ASKED IF S2Q072 A - E = 1

S2Q073. In the past 12 months, did any of the following health care providers you saw talk with you about your smoking or offer assistance to help you quit smoking? Please say "yes" or "no" after I read each.

S2Q073A. Medical doctor
S2Q073B. Dentist
S2Q073C. Pharmacist
S2Q073D. Nurse or nurse practitioner
S2Q073E. Any other health care provider

1. YES
2. NO - **SKIP TO S2Q095**
7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q074 -- ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)
ITEMS A - E ONLY GET ASKED IF S2Q073 A - E = 1 (YES)

S2Q074. In the last 12 months, did any of the following health care providers you saw encourage you to set a date to quit smoking? Please say "yes" or "no" after I read each.

S2Q074A. Medical doctor
S2Q074B. Dentist
S2Q074C. Pharmacist
S2Q074D. Nurse or nurse practitioner
S2Q074E. Any other health care provider

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q085 - **ONLY GET IF S2Q073 A - E = 1**

S2Q085. In the last 12 months, did any of the following health care providers you saw recommend any product or prescription for a medication to help you quit smoking? Please say "yes" or "no" after I read each.

S2Q085A. Medical doctor
S2Q085B. Dentist
S2Q085C. Pharmacist
S2Q085D. Nurse or nurse practitioner
S2Q085E. Any other health care provider

1. YES
2. NO

7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q087 - **ONLY GET IF S2Q073 A - E = 1**

S2Q087. In the last 12 months, did any of the following health care providers you saw suggest that you seek help from others to quit smoking, for example through a quit smoking class or group, or from a quit smoking telephone helpline? Please say "yes" or "no" after I read each.

S2Q085A. Medical doctor
S2Q085B. Dentist
S2Q085C. Pharmacist
S2Q085D. Nurse or nurse practitioner
S2Q085E. Any other health care provider

1. YES
 2. NO

 7. DON'T KNOW / NOT SURE
 9. REFUSED
-

S2Q090 -- ITEMS A - E ONLY GET ASKED IF S2Q073 A - E = 1 (YES). QUESTION REPEATED FOR EACH TYPE OF PROFESSIONAL IDENTIFIED FOR THE FIRST THREE, THEN ONLY THE LIST ITEM THEREAFTER.

S2Q090. Overall, how satisfied or dissatisfied are you with the help you received about quitting smoking from any <INSERT ITEM> with whom you discussed your smoking? Would you say you are...

- S2Q090A. Medical doctor
- S2Q090B. Dentist
- S2Q090C. Pharmacist
- S2Q090D. Nurse or nurse practitioner
- S2Q090E. Any other health care provider

- 1. Very satisfied
- 2. Somewhat satisfied
- 3. Neither satisfied nor dissatisfied
- 4. Somewhat dissatisfied, or
- 5. Very dissatisfied?

- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

S2Q095 -- ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS). ITEMS A - E ONLY GET ASKED IF S2Q073 A - E = 2 (NO). ITEM REPEATED FOR EACH TYPE OF PROFESSIONAL IDENTIFIED FOR THE FIRST THREE, THEN ONLY THE LIST ITEM THEREAFTER.

S2Q095. How satisfied or dissatisfied are you that **no** <INSERT ITEM> you saw during the last year discussed your smoking with you or offered any assistance to help you quit smoking? Would you say you are...

- S2Q095A. Medical doctor
- S2Q095B. Dentist
- S2Q095C. Pharmacist
- S2Q095D. Nurse or nurse practitioner
- S2Q095E. Any other health care provider

- 1. Very satisfied
 - 2. Somewhat satisfied
 - 3. Neither satisfied nor dissatisfied
 - 4. Somewhat dissatisfied, or
 - 5. Very dissatisfied?

 - 7. DON'T KNOW / NOT SURE
 - 9. REFUSED
-

S2Q100 -- ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)

S2Q100. At any time during the past 12 months did you deliberately reduce the number of cigarettes you smoked?

1. YES
 2. NO - **SKIP TO S2Q110**

 7. DON'T KNOW / NOT SURE - **SKIP TO S2Q110**
 9. REFUSED - **SKIP TO S2Q110**
-

S2Q105 -- ONLY GET IF S2Q100 = 1

S2Q105. Think about the last time you reduced the number of cigarettes you smoked. I am going to read a list of reasons some people have for reducing the number of cigarettes smoked. For each, please tell me if it is a reason why you reduced the number of cigarettes you smoked.

- S2Q105A. Information about health hazards
- S2Q105B. Health problems you experienced related to smoking
- S2Q105C. Cost of tobacco
- S2Q105D. Test of will power
- S2Q105E. To be an example to my children
- S2Q105F. Illness of a friend or relative related to smoking
- S2Q105G. Physical fitness
- S2Q105H. Advice of a doctor
- S2Q105I. Encouragement of a friend or relative
- S2Q105J. Restrictions on smoking at my workplace
- S2Q105K. Restrictions on smoking in my home
- S2Q105L. Smell, taste or looks
- S2Q105M. Working toward quitting smoking

1. YES
 2. NO

 7. DON'T KNOW / NOT SURE
 9. REFUSED
-

S2Q107 - ONLY GET IF RESPONDENT GAVE MORE THAN ONE REASON FOR REDUCING USE

S2Q107. Of the reasons you gave for reducing the number of cigarettes smoked, which one was the single most important reason you have for reducing the number of cigarettes smoked? Was it...

READ LIST ONLY IF NECESSARY

<SHOW LIST OF ITEMS FROM S2Q105 TO WHICH RESPONDENT ANSWERED YES>

S2Q110 -- ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)

S2Q110. How many times during the past 12 months have you deliberately stopped smoking cigarettes for one day or longer because you were trying to quit smoking?

ENTER NUMBER OF TIMES (1 through 9)

- 10. 10 OR MORE TIMES
- 77. DON'T KNOW / NOT SURE - **SKIP TO S2Q170**
- 88. NONE / ZERO - **SKIP TO S2Q170**
- 99. REFUSED - **SKIP TO S2Q170**

Note: Your best guess is fine.

S2Q115 -- ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)
AND S1Q110 > 0 (AT LEAST ONE QUIT ATTEMPT)

S2Q115. Think about the last time you stopped smoking cigarettes. I am going to read a list of reasons some people have for stopping smoking. For each, please tell me if it is a reason why you most recently stopped smoking.

- S2Q115A. Information about health hazards
- S2Q115B. Health problems you experienced related to smoking
- S2Q115C. Cost of tobacco
- S2Q115D. Test of will power
- S2Q115E. To be an example to my children
- S2Q115F. Illness of a friend or relative related to smoking
- S2Q115G. Physical fitness
- S2Q115H. Advice of a doctor
- S2Q115I. Encouragement of a friend or relative
- S2Q115J. Restrictions on smoking at my workplace
- S2Q115K. Restrictions on smoking in my home
- S2Q115L. Smell, taste or looks
- S2Q115M. Working toward quitting smoking

- 1. YES
- 2. NO

- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

S2Q117 - **ONLY GET IF RESPONDENT GAVE MORE THAN ONE REASON FOR STOPPING SMOKING**

S2Q117. Of the reasons you gave for stopping smoking, which one was the single most important reason you have for stopping smoking? Was it...

READ LIST ONLY IF NECESSARY

<SHOW LIST OF ITEMS FROM S2Q115 TO WHICH RESPONDENT ANSWERED YES>

S2Q120 -- **ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS) AND S2Q0110 <> 0**

S2Q120. In the last 12 months, what was the longest time you did not smoke cigarettes?

101-199 NUMBER OF DAYS
201-252 NUMBER OF WEEKS

301-312 NUMBER OF MONTHS

ENTER NUMBER

777. DON'T KNOW / NOT SURE

999. REFUSED

S2Q130 -- **ONLY GET IF S2Q020 = 3 (FORMER SMOKERS)**

S2Q130. About how long has it been since you quit smoking cigarettes?

101-199 NUMBER OF DAYS
201-299 NUMBER OF WEEKS

301-399 NUMBER OF MONTHS
401-499 NUMBER OF YEARS

ENTER NUMBER

777. DON'T KNOW / NOT SURE

999. REFUSED

Note: Your best guess is fine.

S2Q135 -- **ONLY GET IF S2Q020 = 3 (FORMER SMOKERS)**

S2Q135. Please tell me how much you agree or disagree with the following statement. I am confident that I have quit smoking cigarettes for good? Would you say you . . .

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q140 -- **GET IF S2Q020 = 3 (FORMER SMOKERS)**

S2Q140. I am going to read a list of reasons some people have for quitting smoking. For each, please tell me if it was a reason why you quit smoking.

- | | |
|----------|--|
| S2Q140A. | Information about health hazards |
| S2Q140B. | Health problems you experienced related to smoking |
| S2Q140C. | Cost of tobacco |
| S2Q140D. | Test of will power |
| S2Q140E. | To be an example to my children |
| S2Q140F. | Illness of a friend or relative related to smoking |
| S2Q140G. | Physical fitness |
| S2Q140H. | Advice of a doctor |
| S2Q140I. | Encouragement of a friend or relative |
| S2Q140J. | Restrictions on smoking at my workplace |
| S2Q140K. | Restrictions on smoking in my home |
| S2Q140L. | Smell, taste or looks |

1. YES
2. NO

7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q145 -- **GET IF S2Q020 = 3 (FORMER SMOKERS)**

S2Q145. Of the reasons you gave for quitting smoking, which one was the single most important reason you have for quitting smoking? Was it...

READ LIST ONLY IF NECESSARY

<SHOW LIST OF ITEMS FROM S2Q140 TO WHICH RESPONDENT ANSWERED YES>

S2Q150 -- **GET IF S2Q020 = 3 (FORMER SMOKERS) AND S2Q110 > 0
(OCCASIONAL AND EVERYDAY SMOKERS WITH AT LEAST ONE QUIT ATTEMPT)**

S2Q150. My next question is about things that assist a person trying to quit smoking such as nicotine patch, self-help materials, quit smoking classes, or Zyban.

[When you quit smoking]—**Former Smokers Only**
[The last time you tried to quit] did you use something to help you quit smoking?

1. YES
2. NO - **SKIPS TO S2Q170**

7. DON'T KNOW / NOT SURE - **SKIPS TO S2Q170**
9. REFUSED - **SKIPS TO S2Q170**

S2Q155 -- **GET IF S2Q150 = 1 Randomize list except for "something else"**

S2Q155. Which of the following medications, products, and programs did you use, please say yes or no after I read each.

- S2Q155A. Nicotine patch, gum, nasal spray, or inhaler
- S2Q155B. Zyban, or other non-nicotine prescription medicine
- S2Q155C. A quit smoking class or group
- S2Q155D. Books, pamphlets, video, or audio tapes
- S2Q155E. A quit smoking telephone help line
- S2Q155F. Something else

1. YES
2. NO

7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q160 -- S2Q020 = 3 (ONLY FORMER SMOKERS) AND SQ155A-F = 1 (OCCASIONAL AND
FORMER SMOKERS WHO USE SOMETHING TO HELP THEM WITH AT LEAST
ONE QUIT ATTEMPT)

S2Q160. I will read the items you said you used to help you stop smoking.
For each one, please tell me if it was helpful.

<SHOW LIST OF ITEMS FROM S2Q155 TO WHICH RESPONDENT ANSWERED YES>

1. YES
2. NO

7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q165 -- ONLY GET IF AT LEAST ONE OF S2Q155A-F = 1
AND IN THE STATE SURVEY IF RESPONDENT HAS INSURANCE
(ONLY ASKS ITEMS WHICH RESPONDENT ANSWERED YES TO IN S2Q155)

S2Q165. Did your insurance coverage pay for all, some, or none of the cost of
the following items you indicated that you used to help you stop
smoking . . .

<SHOW LIST OF ITEMS FROM S2Q155 TO WHICH RESPONDENT ANSWERED YES>

1. All of the cost
2. Some of the cost
3. None of the cost

7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q170 -- **ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)**

S2Q170. If you were trying to quit smoking and cost were not an issue, would you use any programs, products, or medicine to help you quit?

1. YES
2. NO -- **SKIPS TO S2Q180**

7. DON'T KNOW / NOT SURE
9. REFUSED -- **SKIPS TO S2Q180**

S2Q175 -- **ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)**

S2Q175. If yes, would you use...

- S2Q155A. Nicotine patch, gum, nasal spray, or inhaler
- S2Q155B. Zyban, or other non-nicotine prescription medicine
- S2Q175C. A quit smoking class or group
- S2Q175D. Books, pamphlets, video, or audio tapes
- S2Q175E. A quit smoking telephone help line
- S2Q175F. Something else

1. YES
2. NO

7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q180 -- **ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)**

S2Q180. Think about some reasons that might discourage you from quitting smoking. I am going to read a list of reasons that keep some people from quitting smoking. For each, please tell me if it is a reason that might keep you from quitting smoking.

S2Q180A. The cost of medicines or products to help you quit

S2Q180B. The cost of classes or other programs

S2Q180C. The risk of gaining weight

S2Q180D. The loss of a way to handle stress

S2Q180E. The interference with social or work relationships with other people

S2Q180F. The craving for a smoke or feelings of withdrawal from nicotine

S2Q180G. Some other reason

1. YES

2. NO

6. DON'T WANT TO QUIT SMOKING (**SKIP TO S2Q198**)

7. DON'T KNOW / NOT SURE

9. REFUSED

S2Q185 -- **ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)
AND IF RESPONDENT GAVE MORE THAN ONE REASON IN S2Q180A-G**

S2Q185. Which of those reasons is the MAIN reason that might be keeping you from quitting smoking?

READ LIST ONLY IF NECESSARY

<SHOW LIST OF ITEMS FROM S2Q180 TO WHICH RESPONDENT ANSWERED YES>

S2Q198- **ALL RESPONDENTS GET THIS QUESTION**

S2Q198. Are you either employed for wages or self employed?

- 1. YES
- 2. NO

- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

S2Q199 - **ALL RESPONDENTS GET THIS QUESTION**

S2Q199. Are you currently enrolled and participating in an educational or training course outside of the home or workplace?

- 1. YES
- 2. NO

- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

S2Q200 - **S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)**

S2Q200. Have you reduced your smoking because of restrictions on smoking at <INSERT ITEM> ?

- S2Q200A. Work outside of the home? - **ONLY GET THIS IF S2Q198 = 1 (EMPLOYED)**
- S2Q200B. Home?
- S2Q200C. Public settings for example indoor shopping malls and restaurants?
- S2Q200D. School, training, or educational setting outside of the home. **ONLY GET THIS IF S2Q199 = 1 (YES)**.

- 1. YES
- 2. NO

- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

S2Q205 - **ONLY GET THIS IF S2Q202 = 1 (EMPLOYED)**

S2Q205. Within the past 12 months, has your employer offered any stop smoking program or any other help to employees who want to quit smoking?

- 1. YES
 - 2. NO

 - 7. DON'T KNOW / NOT SURE
 - 9. REFUSED
-

S2Q210 -**ONLY GET THIS IF RESPONDENT IS INSURED AND HAS SMOKED AT LEAST 100 CIGARETTES IN LIFETIME**

S2Q210. Does your health insurance coverage pay for part or all of the cost of products or programs to help you quit smoking, for example the nicotine patch or a quit smoking class?

HEALTH INSURANCE COVERAGE INCLUDES HEALTH INSURANCE OR GOVERNMENT PLANS SUCH AS MEDICARE, MINNESOTA CARE, PMAP, OR MEDICAID.

- 1. YES
 - 2. NO

 - 7. DON'T KNOW / NOT SURE
 - 9. REFUSED
-

OTHER TOBACCO USE ITEMS

S3Q005 - **ALL RESPONDENTS**

S3Q005. Have you <INSERT ITEM> at least 20 times in your life?

READ EACH PRODUCT

- S3Q005A. Smoked tobacco in a pipe
- S3Q005B. Smoked cigars or cigarillos
- S3Q005C. Used chewing tobacco or snuff
- S3Q005D. Used any other tobacco products, not including cigarettes

- 1. YES
 - 2. NO

 - 7. DON'T KNOW / NOT SURE
 - 9. REFUSED
-

S3Q010 - **ONLY GET THIS IF S3Q005A-D = 1 (YES TO ANY PRODUCT)**

S3Q010. On how many of the past 30 days did you <INSERT ITEM>

<SHOW LIST OF ITEMS FROM S3Q005 TO WHICH RESPONDENT ANSWERED YES>

- S3Q010A. Smoke tobacco in a pipe
- S3Q010B. Smoke cigars or cigarillos
- S3Q010C. Use chewing tobacco or snuff
- S3Q010D. Use any other tobacco products, not including cigarettes

ENTER NUMBER OF DAYS

- 77. DON'T KNOW
 - 88. NONE
 - 99. REFUSED
-

S3Q015 - **ONLY GET THIS IF S3Q005A-D = 1 (YES TO ANY PRODUCT) and 0 days to S3Q010**

S3Q015. Did you stop <INSERT ITEM> within the last 6 months or more than 6 months ago?

<SHOW LIST OF ITEMS FROM S3Q010 TO WHICH RESPONDENT ANSWERED YES>

- S3Q015A. Smoking tobacco in a pipe
- S3Q015B. Smoking cigars or cigarillos
- S3Q015C. Using chewing tobacco or snuff
- S3Q020D. Used any other tobacco products, not including cigarettes

- 1. Within the last 6 months or
- 2. More than 6 months ago?
- 3. HAVE NOT STOPPED USING PRODUCT

- 7. DON'T KNOW / NOT SURE
 - 9. REFUSED
-

S3Q020 - **ONLY GET THIS QUESTION IF S2Q015 = 1 (SMOKERS, OCCASIONAL, AND FORMER)**

S3Q020. Are you currently using a nicotine patch, spray, gum, or inhaler?

- 1. YES
 - 2. NO -- **SKIPS TO S4Q005**
 - 7. DON'T KNOW / NOT SURE-- **SKIPS TO S4Q005**
 - 9. REFUSED-- **SKIPS TO S4Q005**
-

S3Q025 - **ONLY GET THIS IF S3Q020 = 1**

S3Q025. How long have you been using it?

101-199 NUMBER OF DAYS
201-299 NUMBER OF WEEKS

301-399 NUMBER OF MONTHS
401-499 NUMBER OF YEARS

ENTER TIME

777. DON'T KNOW / NOT SURE
999. REFUSED

SECONDHAND SMOKE ITEMS

S4Q005 -- **ALL RESPONDENTS**

S4Q005. Is there anyone [other than yourself], living in your household who currently smokes cigarettes, cigars, or tobacco in a pipe? Include occasional smokers.

[text in brackets will only appear if respondent is an every day or some days smoker]

1. YES
 2. NO

 7. DON'T KNOW / NOT SURE
 9. REFUSE
-

S4Q010 -- **ALL RESPONDENTS**

S4Q010. Which of the following statements best describes the rules about smoking inside your home? Do not include decks, garages, or porches.

1. Smoking is not allowed - **SKIPS TO S4Q020**
 2. Smoking is allowed in some places or at some times, or
 3. Smoking is allowed anywhere inside your home?

 7. DON'T KNOW / NOT SURE - **SKIPS TO S4Q020**
 9. REFUSED - **SKIPS TO S4Q020**
-

S4Q015 -- **ONLY GET THIS QUESTION IF S4Q010 = 2 OR 3**

S4Q015. Is smoking allowed by household members only, guests only, or both?

1. Household members only
2. Guests only, or
3. Both?

7. DON'T KNOW / NOT SURE
9. REFUSED

S4Q020 -- **ALL RESPONDENTS**

S4Q020. In general, would you say that the smoke from other peoples' cigarettes is not at all annoying to you, somewhat annoying to you, or very annoying to you?

1. Not at all annoying
2. Somewhat annoying, or
3. Very annoying?

7. DON'T KNOW / NOT SURE
9. REFUSE

S4Q025A -- **ALL RESPONDENTS**

S4Q025A. Do you agree or disagree with the following statement?

Smoke from other people's cigarettes is harmful to adults.
Would you say you . . . ?

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

7. DON'T KNOW / NOT SURE
9. REFUSED

S4Q025B -- **ALL RESPONDENTS**

S4Q025B. Do you agree or disagree with the following statement?

Smoke from other people's cigarettes is harmful to children.
Would you say you . . . ?

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

7. DON'T KNOW / NOT SURE
9. REFUSED

S4Q030 -- **ONLY GET THIS QUESTION IF S2Q198 = 1 (EMPLOYED)**

S4Q030. Does your place of work have an official policy that restricts smoking in any way?

1. YES
2. NO - **SKIPS TO S4Q040**
7. DON'T KNOW / NOT SURE- **SKIPS TO S4Q040**
9. REFUSED - **SKIPS TO S4Q040**

S4Q035 -- **ONLY GET THIS QUESTION IF S4Q030 = 1**

S4Q035. I'm going to read you a list of policies workplaces have about smoking. Please tell me which one is most like the INDOOR smoking policy at your workplace.

1. Smoking is not allowed anywhere in the building,
2. Smoking is only allowed in a limited number of designated smoking areas, or
3. Smoking is allowed anywhere except a limited number of no smoking areas?
4. SOME OTHER POLICY

7. DON'T KNOW / NOT SURE
8. DOES NOT APPLY / DOES NOT WORK IN A BUILDING
9. REFUSED

S4Q040 -- **ONLY GET THIS QUESTION IF S2Q198 = 1 (EMPLOYED)**
(Text in brackets will not appear for those who answered S2Q030 > 1.)

S4Q040. [You have just told me what your company's official smoking policy is. Sometimes what people actually do is different from what the policy states.] Please tell me which of the following statements best describes what usually happens with regard to smoking indoors in your workplace?

1. Smoking does not happen anywhere in the building,
 2. Smoking happens only in a few designated smoking areas, or
 3. Smoking happens everywhere except a few "no smoking" areas.
 4. Something else usually happens

 7. DON'T KNOW / NOT SURE
 8. DOES NOT APPLY / DOES NOT WORK IN A BUILDING
 9. REFUSED
-

INFLUENCES

S5Q005 -- **ALL RESPONDENTS**

S5Q005. My next question is about people close to you, for example, parents, spouses, and friends. Does a spouse or other person close to you smoke or use other forms of tobacco?

1. YES
 2. NO - **SKIP TO S5Q015**
 3. NO ONE CLOSE TO ME - **SKIP TO S5Q015**

 7. DON'T KNOW / NOT SURE - **SKIP TO S5Q015**
 9. REFUSED - **SKIP TO S5Q015**
-

S5Q010 --**ONLY GET IF S5Q005 = 1**

S5Q010. How many of your friends use any tobacco products?
Would you say...?

1. None
 2. A few
 3. Less than half
 4. About half, or
 5. Most or all?

 7. DON'T KNOW / NOT SURE
 9. REFUSED
-

S5Q015 -- **ALL RESPONDENTS**

S5Q015. Have you, a family member, or a close friend ever had an illness such as heart disease, lung disease, cancer, or emphysema that might have been brought on by tobacco use or exposure to tobacco smoke?

1. YES
2. NO

7. DON'T KNOW / NOT SURE
9. REFUSED

S5Q020 -- **S2Q020 = 1 OR 2 (EVERY DAY SMOKERS AND OCCASIONAL SMOKERS)**

S5Q020. Please tell me how much you agree or disagree with the following statement: People close to me are upset at my smoking. Would you say you . . . ?

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

7. DON'T KNOW / NOT SURE
9. REFUSED

POLICY

S6Q005 - **ALL RESPONDENTS**

S6Q005. Over the past 12 months, have you been asked by someone under the age of 18 to buy or give them cigarettes, chewing tobacco, or any other tobacco products?

1. YES
2. NO

7. DON'T KNOW / NOT SURE
9. REFUSED

S6Q010 - **ALL RESPONDENTS**

S6Q010. Over the past 12 months, did you ever buy or give someone under the age of 18 cigarettes, chewing tobacco, or any other tobacco products?

1. YES
2. NO

7. DON'T KNOW / NOT SURE
9. REFUSED

S7Q005 - **ALL RESPONDENTS**

S7Q005. When you choose a restaurant, are you more likely to choose a restaurant that is smoke free?

1. YES
2. NO
3. THERE ARE NO SMOKE-FREE RESTAURANTS WHERE I LIVE

7. DON'T KNOW / NOT SURE
9. REFUSED

ATTITUDES AND BELIEFS

S8Q005 - **ALL RESPONDENTS**

S8Q005. Please tell me how much you agree or disagree with each of the following statements?

S8Q005A. Smoking is physically addictive.

S8Q005B. Cigarette companies deliberately advertise and promote cigarettes to encourage youth under 18 to smoke.

Would you say you . . . ?

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

7. DON'T KNOW / NOT SURE
9. REFUSED

S8Q010 - **ALL RESPONDENTS. READ THE COMPLETE QUESTION FOR THE FIRST THREE ITEMS, THEN ONLY THE LIST ITEM THEREAFTER.**

S8Q010. Compared to regular cigarettes, do you think <INSERT ITEM> carry/
carries more risk of causing illness, less risk of causing illness, or
about the same risk of causing illness?

- S8Q010A. Chewing tobacco or snuff?
- S8Q010B. Cigars or cigarillos?
- S8Q010C. Pipe tobacco
- S8Q010C. Cigarettes without additives?
- S8Q010D. Low-tar, low-nicotine cigarettes?
- S8Q010E. Nicotine gum or the nicotine patch?

- 1. More risk
- 2. Less risk, or
- 3. About the same risk

- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

S8Q015 - **ALL RESPONDENTS**

S8Q015. Generally speaking, in your community, how serious of a problem is
youth smoking? Would you say...

- 1. Very serious
- 2. Serious
- 3. Not very serious
- 4. Not at all serious

- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

S8Q020 - **ALL RESPONDENTS**

S8Q020. Who should be primarily responsible for paying for health care for
people with smoking-related diseases? Would you say...

- 1. Tobacco industry
 - 2. Federal or State government
 - 3. Smokers, through cigarette taxes
 - 4. Smokers, through higher health insurance premiums, or
 - 5. Some other group or person?
 - 6. SOME COMBINATION
 - 7. DON'T KNOW / NOT SURE
 - 9. REFUSED
-

DEMOGRAPHICS

S9Q010 - **ALL RESPONDENTS**

Finally, I have just a few questions about yourself.

S9Q010. Are you Hispanic or Latino?

- 1. YES
 - 2. NO
 - 7. DON'T KNOW / NOT SURE
 - 9. REFUSED
-

S9Q015 - **ALL RESPONDENTS**

S9Q015. Which of the following best describes your race? Select one or more.

- 11. White
 - 12. Black or African American
 - 13. Asian
 - 14. Native Hawaiian
 - 15. American Indian or Alaska Native
 - 16. Other Pacific Islander
 - 17. Other

 - 77. DON'T KNOW / NOT SURE
 - 88. NO OTHERS
 - 99. REFUSED
-

S9Q020 -- **ALL RESPONDENTS**

S9Q020. Which of the following best describes your current marital status?

READ LIST

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never been married
6. Or a member of an unmarried couple

9. REFUSED

S9Q025 -- **ALL RESPONDENTS**

S9Q025. How many children live in your household who are...

Less than 6 years old
6 through 12 years old
13 through 17 years old

- | | |
|------------|--------------|
| 1. One | 5. Five |
| 2. Two | 6. Six |
| 3. Three | 7. 7 or more |
| 4. Four | 8. None |
| 9. REFUSED | |

S9Q030 -- **ALL RESPONDENTS**

S9Q030. What is the highest grade or year of school you have completed?

READ ONLY IF NECESSARY

1. NEVER ATTENDED SCHOOL OR ONLY ATTENDED KINDERGARTEN
2. GRADES 1 THROUGH 6 (ELEMENTARY)
3. GRADES 9 THROUGH 11 (SOME HIGH SCHOOL)
4. GRADE 12 OR GED (HIGH SCHOOL GRADUATE)
5. COLLEGE 1 YEAR TO 3 YEARS (SOME COLLEGE OR TECHNICAL SCHOOL)
6. COLLEGE 4 YEARS (COLLEGE GRADUATE)
7. EDUCATION BEYOND COLLEGE GRADUATE

9. REFUSED

S9Q040 -- **Do not include BCBSM Sample (List)**

S9Q040. Do you have more than one telephone number in your household?

1. YES
 2. NO - **SKIPS TO S9Q050**

 9. REFUSED - **SKIPS TO S9Q050**
-

S9Q045 -- **Do not include BCBSM Sample (List)**

S9Q045. How many residential telephone numbers do you have, excluding dedicated FAX, computer, and cellular phone lines?

ENTER NUMBER

8. 8 OR MORE
 9. REFUSED
-

S9Q050 -- **ALL**

S9Q050. This may sound silly, but I am required to ask: Are you a man or a woman?

1. MALE
 2. FEMALE
-

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

INTERVIEWER: HANG UP AND PRESS '1' TO CONTINUE
