

## MATS 2007 Questionnaire

### SECTION A: INTRO, CONSENT, AND INITIAL DEMOGRAPHIC ITEM

**PROGRAMMER NOTE:**

**IF RDD SAMPLE, START WITH A1, ELSE START WITH A3.**

- A1 Hello, may I speak with {FIRST NAME}?
- My name is {INTERVIEWER NAME} and I am calling on behalf of the Minnesota Department of Health.
- A2. We are conducting general health interviews with Minnesota residents. You have been randomly chosen to be interviewed about attitudes and behaviors related to health and tobacco use. Your responses will represent thousands of other Minnesotans and will be used to help all Minnesotans live healthier lives. Your input is very important for the results to be accurate.
- The interview is completely voluntary. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview generally takes about 15 minutes, depending on your answers. Any information you give will be held confidential to the fullest extent of the law.

[IF NEEDED: THE WESTAT TOLL FREE NUMBER IS 1-888-243-3564]

**PROGRAMMER NOTE:**

**AFTER A2 SKIP TO BOX BEFORE A5.**

**IN A4 ONLY USE THE DISPLAY IF FIRST PLAN FLAG IS SET TO YES.**

- A3 Hello, may I speak with {BC MEMBER FIRST & LAST NAME}?
- My name is {INTERVIEWER NAME} and I am calling on behalf of the Minnesota Department of Health and Blue Cross and Blue Shield of Minnesota.
- A4. We are conducting general health interviews with Minnesota residents who are members of a Blue Cross health plan{, including First Plan}. You have been randomly chosen from all Blue Cross plan members to be interviewed about attitudes and behaviors related to health and tobacco use.
- Your benefits will not be affected whether you choose to participate or not. The interview is completely voluntary. You don't have to answer any question you don't want to, and you can end the interview at any time. Your responses will represent thousands of other Blue Cross members and will be used to help Minnesotans live healthier lives. Your input is very important for the results to be accurate.
- The interview generally takes about 15 minutes, depending on your answers. Any information you give will be held confidential to the fullest extent of the law.

[IF NEEDED: THE WESTAT TOLL FREE NUMBER IS 1-888-243-3564]

**PROGRAMMER NOTE:**

**IN A5, ALLOW RESPONSES OF 18 – 110, -7 AND -8.  
HARD RANGE IS 18-110, SOFT RANGE IS 18-85.**

A5. To begin, I have a few general questions. First, what is your age?  
[IF NEEDED: I need to record your age to make sure I ask you the right set of questions.]

\_\_\_\_\_ YEARS OLD

REF	-7	<b>SKIP TO A6</b>
DK	-8	<b>SKIP TO A6</b>

**PROGRAMMER NOTE:**

**IF A VALID AGE IS ENTERED GO TO A7, ELSE CONTINUE WITH A6 TO COLLECT AGE RANGE.  
IF A5 ≠ MISSING SKIP TO A7, ELSE CONTINUE WITH A6.**

A6. If it's okay, I would like to record the range in which your age falls. Are you...

18 to 24,	1
25 to 29,	2
30 to 34,	3
35 to 44,	4
45 to 54,	5
55 to 64, or	6
65 or older	7
REF	-7
DK	-8

**PROGRAMMER NOTE:**

**IF NO AGE OR AGE RANGE RECORDED IN A5 AND A6, CODE INTERVIEW AS A REFUSAL AND  
GO TO THANK SCREEN.**

**IF A6 = -7 OR -8 CODE CASE 2 (REFUSAL) AND GO TO THANK SCREEN.**

A7 What Minnesota county do you live in?

\_\_\_\_\_ ENTER FIRST LETTER OF COUNTY NAME

R DOES NOT LIVE IN MINNESOTA	1	<b>SKIP TO WRGSTATE</b>
REF	-7	
DK	-8	

**PROGRAMMER NOTE:**

**IF LETTER ENTERED IN A7, GO TO COUNTY LOOKUP TABLE AND DISPLAY ALL COUNTIES BEGINNING WITH THE LETTER ENTERED. ALLOW INTERVIEWER TO ENTER COUNTY ALPHABETICAL SEQUENCE NUMBER BETWEEN 1 – 87, -7 OR -8. DELIVERY FILE WILL MATCH FIPS CODE TO COUNTY SELECTED AND WILL DELIVER COUNTY NAME AND FIPS CODE.**

[What Minnesota county do you live in?]

\_\_\_\_\_ ENTER COUNTY NUMBER

REF	-7
DK	-8

A8 What is your zip code?

\_\_\_\_\_ ENTER ZIP CODE

**SECTION B: GENERAL HEALTH AND ALCOHOL**

B1. Now I have a few questions about your health. In general, would you say that your health is...

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5
REF	-7
DK	-8

**PROGRAMMER NOTE:**

**IN B2, B3 AND B4 ALLOW RESPONSES OF 0-30, -7 AND -8.**

B2. During the past 30 days, how many days did you have any problems as a result of your physical health, illness, or injury?

\_\_\_\_\_ ENTER NUMBER OF DAYS

REF -7

DK -8

B3. During the past 30 days, how many days did you have any problems as a result of your mental health or emotional problems, such as feeling depressed or anxious?

\_\_\_\_\_ ENTER NUMBER OF DAYS

REF -7

DK -8

**PROGRAMMER NOTE:**

**ASK B4 IF THE R REPORTS AT LEAST 1 DAY IN THE PAST 30 WHERE HIS/HER PHYSICAL OR MENTAL HEALTH WAS NOT GOOD.**

**DISPLAY B4 IF EITHER B2 OR B3 > 0, ELSE SKIP TO B5.**

B4. 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 taking care of yourself, work, or recreation?

\_\_\_\_\_ ENTER NUMBER OF DAYS

REF -7

DK -8

B5. Now I have a few questions about drinking alcohol.

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

YES 1

NO 2 SKIP TO D1

REF -7 SKIP TO D1

DK -8 SKIP TO D1

**PROGRAMMER NOTE:**

**IN B6, IF 1 CODED FOR UNIT, ALLOW NUMBER RESPONSES OF 1-30**

**IF 2 CODED FOR UNIT, ALLOW NUMBER RESPONSES OF 1-7**

**IF 3 CODED FOR UNIT, SKIP NUMBER ENTRY FIELD GO IMMEDIATELY TO D1.**

B6. During the past 30 days, how many days did you drink any alcoholic beverages?  
[IF R PROVIDES ANSWER IN DAYS PER WEEK INSTEAD OF DAYS PER MONTH RECORD THE RESPONSE AS DAYS PER WEEK.]

\_\_\_\_\_ ENTER UNIT

\_\_\_\_\_ ENTER NUMBER OF DAYS

DAYS PER MONTH	1	
DAYS PER WEEK	2	
NONE IN THE PAST MONTH	3	SKIP TO D1
REF	-7	SKIP TO D1
DK	-8	SKIP TO D1

**PROGRAMMER NOTE:**

**IN B7 RESPONSES OF 0 TO 75 ARE ALLOWED. RESPONSES OF 16 TO 75 WILL BE VERIFIED FOR ACCURACY. ANY RESPONSE OF 76 OR GREATER WILL NOT BE ALLOWED IN THIS FIELD, BUT WILL BE RECORDED IN A COMMENT FIELD.**

**IN B7, HARD RANGE IS 0 – 75, SOFT RANGE IS 0 – 15.**

B7. 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. During the past 30 days, *on the days when you drank*, about how many drinks did you drink on an average day?

\_\_\_\_\_ ENTER NUMBER OF DRINKS, ON AVERAGE

REF	-7
DK	-8

**PROGRAMMER NOTE:**

**IN B8 RESPONSES OF 0 TO 75 ARE ALLOWED. RESPONSES OF 15 TO 75 WILL BE VERIFIED FOR ACCURACY. ANY RESPONSE OF 76 OR GREATER WILL NOT BE ALLOWED IN THIS FIELD, BUT WILL BE RECORDED IN A COMMENT FIELD FOR THIS QUESTION.**

**IN B8, HARD RANGE IS 0 – 75, SOFT RANGE IS 0 – 14.**

B8. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on a single occasion?

\_\_\_\_\_ ENTER NUMBER OF TIMES HAD 5+ DRINKS

REF	-7
DK	-8

## Section D: Tobacco Use

D1. Have you ever smoked a cigarette, even 1 or 2 puffs?

YES	1	
NO	2	SKIP TO BOX BEFORE D7 (THEN TO D18)
REF	-7	SKIP TO BOX BEFORE D7 (THEN TO D18)
DK	-8	SKIP TO BOX BEFORE D7 (THEN TO D18)

D2. Do you consider yourself a smoker?

YES	1	
NO	2	
REF	-7	
DK	-8	

D3. Have you smoked at least 100 cigarettes in your entire life?

YES	1	
NO	2	SKIP TO BOX BEFORE D6
REF	-7	SKIP TO BOX BEFORE D6
DK	-8	SKIP TO BOX BEFORE D6

D4. Do you now smoke cigarettes every day, some days, or not at all?

EVERY DAY	1	
SOME DAYS	2	SKIP TO BOX BEFORE D6
NOT AT ALL	3	SKIP TO BOX BEFORE D6
REF	-7	SKIP TO BOX BEFORE D7 (THEN TO D18)
DK	-8	SKIP TO BOX BEFORE D7 (THEN TO D18)

**PROGRAMMER NOTE:**

**IN D5, HARD RANGE IS 0 – 75, SOFT RANGE IS 0 – 40.**

D5. On average, about how many cigarettes per day do you smoke?

\_\_\_\_\_ ENTER NUMBER OF CIGARETTES, ON AVERAGE

REF	-7
DK	-8

**PROGRAMMER NOTE:**

**IF THE R REPORTS SMOKING EVERY DAY, SKIP TO BOX BEFORE D7 THEN TO BOX BEFORE D8. IF THEY ARE SOME DAY NOT AT ALL SMOKERS, OR DID NOT REPORT HAVING SMOKED AT LEAST 100 CIGARETTES, CONTINUE WITH D6.**

**IF D4 = 1 SKIP TO BOX BEFORE D7, ELSE CONTINUE WITH D6.**

**IF D4 = 3 USE FIRST DISPLAY IN D6, ELSE USE THE SECOND DISPLAY.**

**IN D6 ALLOW RESPONSES OF 0-30, -7 AND -8.**

D6. {Just to be clear about what you just said, during/During} the past 30 days, on how many days did you smoke cigarettes?

\_\_\_\_\_ ENTER NUMBER OF DAYS

REF -7

DK -8

**PROGRAMMER NOTE:**

**DEFINITIONS OF SMOKING STATUS GROUPS:**

**C1 IS A CURRENT ESTABLISHED, DAILY SMOKER [SMOKED AT LEAST 100 CIGS AND SMOKES EVERY DAY].**

**C2 IS A CURRENT ESTABLISHED, SOME DAYS BUT NOT IN PAST 30 DAYS SMOKER [SMOKED AT LEAST 100 CIGS, SMOKES ON SOME DAYS, BUT NOT IN PAST 30 DAYS INCLUDING REF & DK].**

**C3 IS A CURRENT ESTABLISHED, SOME DAYS WHO HAS SMOKED AT LEAST 1 DAY IN PAST 30 DAYS SMOKER [SMOKED AT LEAST 100 CIGS, SMOKES ON SOME DAYS, AND HAS SMOKED IN PAST 30 DAYS].**

**F1 IS A FORMER ESTABLISHED SMOKER, NOT AT ALL AND NOT IN THE PAST 30 DAYS SMOKER [SMOKED AT LEAST 100 CIGS, DOES NOT SMOKE AT ALL NOW AND HAS NOT SMOKED IN PAST 30 DAYS (INCLUDING REF & DK)].**

**F2 IS A FORMER ESTABLISHED SMOKER, NOT AT ALL, WHO HAS SMOKED IN THE PAST 30 DAYS SMOKER [SMOKED AT LEAST 100 CIGS, DOES NOT SMOKE AT ALL NOW AND HAS SMOKED IN PAST 30 DAYS].**

**X1 IS A CURRENT EXPERIMENTER WHO HAS SMOKED IN THE PAST 30 DAYS [HAS NOT SMOKED AT LEAST 100 CIGS BUT HAS SMOKED IN PAST 30 DAYS].**

**X2 IS A CURRENT EXPERIMENTER WHO HAS NOT SMOKED IN THE PAST 30 DAYS [HAS NOT SMOKED AT LEAST 100 CIGS, HAS NOT SMOKED IN PAST 30 DAYS (INCLUDING REF & DK), BUT HAS SMOKED AT LEAST A PUFF].**

**NS IS A NEVER SMOKER [HAS NOT SMOKED EVEN A PUFF].**

**IF RESPONDENT HAS SMOKED ON AT LEAST ONE DAY IN THE PAST 30 DAYS, CONTINUE WITH D7.**

**CREATE SMOKING STATUS GROUPS HERE:**

**IF D3 = 1 AND D4 = 1 SET TO C1.**

**IF D3 = 1 AND D4 = 2 AND D6 = 0, -7 OR -8 SET TO C2.**

**IF D3 = 1 AND D4 = 2 AND D6 > 0 SET TO C3.**

**IF D3 = 1 AND D4 = 3 AND D6 = 0, -7 OR -8 SET TO F1.**

**IF D3 = 1 AND D4 = 3 AND D6 > 0 SET TO F2.**

**IF D3 = 2, -7 OR -8 AND D6 > 0 SET TO X1.**

**IF D3 = 2, -7 OR -8 AND D6 = 0, -7 OR -8 SET TO X2.**

**IF D1 = 2, -7 OR -8 OR IF D4 = -7 OR -8 SET TO NS.**

**IF NS SKIP TO D18**

**ELSE IF SMOKER TYPE IS C3, F2 OR X1 DISPLAY D7**

**ELSE SKIP TO BOX BEFORE D8.**

**IN D7, HARD RANGE IS 1 – 75, SOFT RANGE IS 0 – 40.**



D7. During the past 30 days, *on the days when you smoked*, about how many cigarettes did you smoke on average?

[IF NEEDED: A pack usually contains 20 cigarettes.]

\_\_\_\_\_ ENTER NUMBER OF CIGARETTES

REF -7

DK -8

**PROGRAMMER NOTE:**

**D8 IS ASKED OF ALL CURRENT SMOKERS, PLUS FORMER SMOKERS AND EXPERIMENTERS AND WHO HAVE SMOKED IN THE PAST 30 DAYS.**

**IF SMOKER TYPE IS C1, C2, C3, F2 OR X1, DISPLAY D8. ELSE SKIP TO BOX BEFORE D9.**

**IN D8, IF C1 USE FIRST DISPLAY, ELSE USE SECOND DISPLAY.**

D8. {How/On the days that you smoke, how} soon after you wake up do you smoke your first cigarette? Would you say...

Within 5 minutes, 1

6-30 minutes, 2

31-60 minutes, or 3

After 60 minutes? 4

REF -7

DK -8

**PROGRAMMER NOTE:**

**DISPLAY D9 FOR ALL SMOKER TYPES EXCEPT NS (NEVER SMOKERS).**

**IN D9 & D10, HARD IS RANGE 0 – 110, SOFT RANGE IS 10 – 50. IN D10. ALSO ALLOW 999.**

D9. How old were you the first time you smoked a cigarette, even one or two puffs?

\_\_\_\_\_ ENTER AGE IN YEARS

REF -7

DK -8

**PROGRAMMER NOTE:**

**CHECK: AGE WHEN RESPONDENT FIRST SMOKED A CIGARETTE CAN NOT BE GREATER THAN HIS/HER CURRENT AGE. IF AGE CHECK FAILS, DISPLAY THE FOLLOWING VERIFICATION SCREEN.**

**“I have your age recorded as {AGE}. Is that correct?” Y/N**

**“And again, how old were you the first time you smoked a cigarette, even one or two puffs?”**

**ASK D10 FOR ALL SMOKER TYPES EXCEPT NON-CURRENT EXPERIMENTERS (X2) AND NEVER SMOKERS (NS) [ALREADY SKIPPED OUT].**

**IF C1, C2, C3, F1, F2, OR X1 DISPLAY D10, ELSE SKIP TO BOX BEFORE D14.**

D10. How old were you when you first started smoking cigarettes regularly?

[IF NEVER SMOKED REGULARLY ENTER 999]

\_\_\_\_\_ ENTER AGE IN YEARS

REF -7

DK -8

**PROGRAMMER NOTE:**

**CHECK: AGE WHEN RESPONDENT FIRST SMOKED A CIGARETTE CAN NOT BE GREATER THAN HIS/HER CURRENT AGE. IF AGE CHECK FAILS, DISPLAY THE FOLLOWING VERIFICATION SCREEN.**

**“I have your age recorded as {AGE}. Is that correct?” Y/N “**

**“And again, how old were you first started smoking cigarettes regularly?”**

**IF RESPONDENT IS A DAILY SMOKER (C1), OR NON-CURRENT EXPERIMENTER (X2) [NEVER SMOKER (NS) ARE ALREADY SKIPPED OUT] DO NOT ASK D11, SKIP TO BOX BEFORE D14.**

**IF C2, C3, F1, F2, OR X1 DISPLAY D11, ELSE CONTINUE TO BOX BEFORE D14.**

D11. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?

YES 1

NO 2 SKIP TO BOX BEFORE D14

REF -7 SKIP TO BOX BEFORE D14

DK -8 SKIP TO BOX BEFORE D14

**PROGRAMMER NOTE:**

**ASK D12 OF ALL FORMER SMOKERS (F1) AND OF ALL FORMER SMOKERS (F2) AND CURRENT EXPERIMENTERS (X1) WHO REPORTED AN AGE WHEN THEY FIRST STARTED SMOKING REGULARLY (D10).**

**IF SMOKER TYPE IS F1, DISPLAY D12. IF SMOKER TYPE IS F2 OR X1 AND D10 ≠ 999, DISPLAY D12. ELSE CONTINUE TO BOX BEFORE D14.**

**IN D12, IF UNIT = 1 ALLOW 1-90; IF UNIT = 2 ALLOW 1-104; IF UNIT = 3 ALLOW 1-48; IF UNIT = 4 ALLOW 1-50.**

D12. About how long has it been since you last smoked cigarettes regularly?

[IF NEEDED: "Regularly" is whatever that means to you.]

[IF NEVER SMOKED REGULARLY ENTER 999]

\_\_\_\_\_ ENTER UNIT

\_\_\_\_\_ ENTER NUMBER

DAYS	1	SKIP TO BOX BEFORE D14
WEEKS	2	SKIP TO BOX BEFORE D14
MONTHS	3	SKIP TO BOX BEFORE D14
YEARS	4	SKIP TO BOX BEFORE D14
NEVER	999	SKIP TO BOX BEFORE D14
REF	-7	
DK	-8	

D13. Would you say the last time you smoked cigarettes regularly was...

[IF NEEDED:"REGULARLY" IS WHATEVER "REGULARLY" MEANS TO THE RESPONDENT]

	YES	NO	REF	DK	
a. 10 or more years ago?	1	2	-7	-8	IF = 1SKIP TO BOX BEFORE D14
b. More than 5 years ago, but less than 10 years ago?	1	2	-7	-8	IF = 1SKIP TO BOX BEFORE D14
c. More than 2 years ago, but less than 5 years ago?	1	2	-7	-8	IF = 1SKIP TO BOX BEFORE D14
d. More than 1 year ago, but less than 2 years ago?	1	2	-7	-8	IF = 1SKIP TO BOX BEFORE D14
e. More than 6 months ago, but less than 1 year ago?	1	2	-7	-8	IF = 1SKIP TO BOX BEFORE D14
f. More than 3 months ago, but less than 6 months ago?	1	2	-7	-8	IF = 1SKIP TO BOX BEFORE D14
g. More than 1 month ago, but less than 3 months ago?	1	2	-7	-8	IF = 1SKIP TO BOX BEFORE D14
h. Less than 1 month ago?	1	2	-7	-8	IF = 1SKIP TO BOX BEFORE D14

**PROGRAMMER NOTE:**

**DISPLAY D14 IF R IS A CURRENT SMOKER, FORMER ESTABLISHED SMOKER WHO HAS SMOKED IN THE LAST 30 DAYS, OR A CURRENT EXPERIMENTER WHO HAS SMOKED IN THE LAST 30 DAYS.**

**IF C1, C2, C3, F2 OR X1 DISPLAY D14. ELSE GO TO BOX BEFORE D16.**

D14. Which of the following best describes how you usually get *most* of the cigarettes that you smoke?

- |                                 |    |                        |
|---------------------------------|----|------------------------|
| I buy them myself or,           | 1  |                        |
| I get them from another smoker. | 2  | SKIP TO BOX BEFORE D16 |
| REF                             | -7 | SKIP TO BOX BEFORE D16 |
| DK                              | -8 | SKIP TO BOX BEFORE D16 |

**PROGRAMMER NOTE:**

**IF F2 USE SECOND DISPLAY, ELSE USE FIRST.**

D15. {Do/Did} you usually buy your cigarettes...

- |                        |    |  |
|------------------------|----|--|
| In Minnesota,          | 1  |  |
| Out of state,          | 2  |  |
| Over the internet,     | 3  |  |
| Through mail order, or | 4  |  |
| An 800 number?         | 5  |  |
| REF                    | -7 |  |
| DK                     | -8 |  |

**PROGRAMMER NOTE:**

**ASK D16 & D17 OF ANYONE WHO HAS SMOKED IN THE PAST 30 DAYS. ALL OTHERS SKIP TO D18.**

**IF C1, C3, F2 OR X1, DISPLAY D16 & D17. ELSE SKIP TO D18.**

D16. In the past 30 days, did you smoke...

- |  |    |  |
|--|----|--|
| Mainly when you were with people,                                | 1  |  |
| Mainly when you were alone, or                                   | 2  |  |
| Did you smoke as often when you were by yourself as with others? | 3  |  |
| REF  | -7 |  |
| DK   | -8 |  |

**PROGRAMMER NOTE:**

**ASK D17 ONLY OF RESPONDENTS WHO HAVE HAD AT LEAST ONE DRINK OF ALCOHOL IN THE PAST 30 DAYS.**

**IF B5 ≠ 1 SKIP TO D18. ELSE ASK D17.**

D17. In the past 30 days, would you say you were...

[IF NEEDED: DRINKING REFERS TO ALCOHOLIC BEVERAGES.

IF R NOW SAYS HE/SHE DOES NOT DRINK, CODE 2]

More likely to smoke while you were drinking,	1
More likely to smoke while you were <i>not</i> drinking, or	2
You were just as likely to smoke while you were drinking as while you were not drinking?	3
REF	-7
DK	-8

D18. Have you smoked tobacco in a pipe at least 20 times in your life?

YES	1	
NO	2	SKIP TO D20
REF	-7	SKIP TO D20
DK	-8	SKIP TO D20

**PROGRAMMER NOTE:**

**IN D19, D21, D23, D26 AND D28, ALLOW RESPONSES OF 0-30, -7 AND -8.**

D19. During the past 30 days, how many days did you smoke tobacco in a pipe?

\_\_\_\_\_ ENTER NUMBER OF DAYS

REF	-7
DK	-8

D20. Have you smoked cigars or cigarillos at least 20 times in your life?

YES	1	
NO	2	SKIP TO D22
REF	-7	SKIP TO D22
DK	-8	SKIP TO D22

D21. During the past 30 days, how many days did you smoke cigars or cigarillos?

\_\_\_\_\_ ENTER NUMBER OF DAYS

REF -7

DK -8

D22. Have you used smokeless tobacco such as chewing tobacco or snuff at least 20 times in your life?

YES 1

NO 2 SKIP TO D25

REF -7 SKIP TO D25

DK -8 SKIP TO D25

D23. During the past 30 days, how many days did you use smokeless tobacco?

\_\_\_\_\_ ENTER NUMBER OF DAYS

REF -7

DK -8

**PROGRAMMER NOTE:**

**IF SMOKER TYPE = F1, X2 OR NS, SKIP TO D25. ELSE CONTINUE WITH D24.**

D24. In the past 30 days, did you use any smokeless tobacco product when you couldn't smoke cigarettes?

YES 1

NO 2

REF -7

DK -8

D25. Have you used any other tobacco products, at least 20 times in your life, for example, bidis (BEE-DEES) or kreteks (KRE-TECKS) or clove cigarettes?

YES 1

NO 2 SKIP TO D27

REF -7 SKIP TO D27

DK -8 SKIP TO D27

D26. During the past 30 days, how many days did you use these other tobacco products?

\_\_\_\_\_ ENTER NUMBER OF DAYS

REF -7

DK -8

D27. Have you ever smoked tobacco using a Hookah water pipe?

YES 1

NO 2 SKIP TO BOX BEFORE E1

REF -7 SKIP TO BOX BEFORE E1

DK -8 SKIP TO BOX BEFORE E1

D28. During the past 30 days, how many days did you use a Hookah to smoke tobacco?

\_\_\_\_\_ ENTER NUMBER OF TIMES

REF -7

DK -8

**PROGRAMMER NOTE:**

**IF D28 = 0 SKIP TO BOX BEFORE E1. ELSE CONTINUE WITH D29.**

D29. When you used a Hookah in the past 30 days, were you typically at...

A private location like your home or a friends home, 1

A bar with a Hookah, or 2

Some other public place? 3

[SPECIFY: \_\_\_\_\_]

REF -7

DK -8

## Section E: Cessation

### Quit Attempts

#### PROGRAMMER NOTE:

**ASK E1 OF ALL CURRENT SMOKERS AND OTHERS WHO LAST SMOKED REGULARLY WITHIN THE PAST YEAR. (ONLY FORMER AND CURRENT EXPERIMENTER SMOKERS ARE ASKED D12 – WHEN THEY LAST SMOKED REGULARLY. IF D12 IS REFUSED OR DON'T KNOW, CHECK D13 FOR SMOKING REGULARLY IN PAST YEAR.)**

**IF SMOKER TYPE IS C1, C2, C3, F2, OR X1 DISPLAY E1.**

**IF SMOKER TYPE IS F1 AND (D12 ≤ 1 YEAR OR (D13e = 1 OR D13f = 1 OR D13g = 1 OR D13h = 1), DISPLAY E1.**

**ELSE GO TO E3.**

E1. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

YES	1	
NO	2	SKIP TO E3
REF	-7	SKIP TO E3
DK	-8	SKIP TO E3

#### PROGRAMMER NOTE:

**IN E2, HARD RANGE IS 1 – 99, SOFT RANGE IS 1 – 9.**

E2. How many times in the past 12 months did you try to quit smoking?  
[IF NEEDED: Your best guess is fine.]

\_\_\_\_\_ ENTER NUMBER OF TIMES

REF	-7
DK	-8

### Methods of Quitting

E3. During the past 12 months, have you heard of any stop-smoking programs, such as a helpline, support group, or website that offered free help to smokers who were trying to quit?

YES	1
NO	2
REF	-7
DK	-8



**PROGRAMMER NOTE:**

**IF RESPONDENT IS A CURRENT SMOKER AND HAS TRIED TO QUIT DURING THE PAST 12 MONTHS OR A FORMER SMOKER WHO QUIT IN THE PAST 10 YEARS, DISPLAY E4a-f. ALL OTHERS SKIP TO BOX BEFORE E11.**

**IF ( (C1, C2 OR C3) AND E1 = 1), DISPLAY E4a-f.  
IF ( (F1 OR F2) AND (D12 ≤ 10 YEARS OR D13a = 1) ), DISPLAY E4a-f.  
ELSE SKIP TO BOX BEFORE E11.**

**IN E4a-f, IF A FORMER SMOKER [F1, F2], USE FIRST DISPLAY. IF A CURRENT SMOKER WHO HAS PREVIOUSLY TRIED TO QUIT [ (C1, C2 OR C3) AND E1 = 1], USE THE SECOND DISPLAY.**

E4. {When you quit smoking/The last time you tried to quit smoking} did you use any of the following products? Did you use...

	YES	NO	REF	DK
a. Nicotine gum?	1	2	-7	-8
b. A nicotine patch?	1	2	-7	-8
c. A nicotine nasal spray?	1	2	-7	-8
d. A nicotine inhaler?	1	2	-7	-8
e. Nicotine lozenges?	1	2	-7	-8
f. A prescription medication like Zyban, Wellbutrin, or Chantix to help you quit smoking?	1	2	-7	-8

**PROGRAMMER NOTE:**

**DISPLAY THE FOLLOW-UP QUESTIONS ABOUT WHO PAID FOR THE PRODUCT ONLY FOR THE PRODUCTS USED. IF NO PRODUCTS WERE USED, SKIP TO THE NEXT SERIES OF QUESTIONS (GO TO BOX BEFORE E11).**

**IF NO PRODUCTS IN E4a-f = 1 SKIP TO BOX BEFORE E11.  
IF E4a = 1 DISPLAY E5, ELSE LOOK AT E4b.  
IF E4b = 1 DISPLAY E6, ELSE LOOK AT E4c.  
IF E4c = 1 DISPLAY E7, ELSE LOOK AT E4d.  
IF E4d = 1 DISPLAY E8, ELSE LOOK AT E4e.  
IF E4e = 1 DISPLAY E9, ELSE LOOK AT E4f.  
IF E4f = 1 DISPLAY E10, ELSE SKIP TO BOX BEFORE E11.**

E5. Who paid for the nicotine gum? Did...  
[IF OTHER FAMILY MEMBER OR THEIR INSURANCE PAID CONSIDER THE SAME AS IF RESPONDENT OR RESPONDENT INSURANCE PAID.]

You pay for it completely,	1
Your insurance pay for it completely,	2
You and your insurance company each pay part of the cost, or	3
Was it free?	4
REF	-7
DK	-8

E6. Who paid for your nicotine patch? Did...  
[IF OTHER FAMILY MEMBER OR THEIR INSURANCE PAID CONSIDER THE SAME AS IF RESPONDENT OR RESPONDENT INSURANCE PAID.]

You pay for it completely,	1
Your insurance pay for it completely,	2
You and your insurance company each pay part of the cost, or	3
Was it free?	4
REF	-7
DK	-8

E7. Who paid for your nicotine nasal spray? Did...  
[IF OTHER FAMILY MEMBER OR THEIR INSURANCE PAID CONSIDER THE SAME AS IF RESPONDENT OR RESPONDENT INSURANCE PAID.]

You pay for it completely,	1
Your insurance pay for it completely,	2
You and your insurance company each pay part of the cost, or	3
Was it free?	4
REF	-7
DK	-8

E8. Who paid for your nicotine inhaler? Did...  
[IF OTHER FAMILY MEMBER OR THEIR INSURANCE PAID CONSIDER THE SAME AS IF RESPONDENT OR RESPONDENT INSURANCE PAID.]

You pay for it completely,	1
Your insurance pay for it completely,	2
You and your insurance company each pay part of the cost, or	3
Was it free?	4
REF	-7
DK	-8

E9. Who paid for your nicotine lozenges? Did...  
[IF OTHER FAMILY MEMBER OR THEIR INSURANCE PAID CONSIDER THE SAME AS IF RESPONDENT OR RESPONDENT INSURANCE PAID.]

You pay for it completely,	1
Your insurance pay for it completely,	2
You and your insurance company each pay part of the cost, or	3
Was it free?	4
REF	-7
DK	-8

E10. Who paid for your prescription medication? Did...  
[IF OTHER FAMILY MEMBER OR THEIR INSURANCE PAID CONSIDER THE SAME AS IF RESPONDENT OR RESPONDENT INSURANCE PAID.]

You pay for it completely,	1
Your insurance pay for it completely,	2
You and your insurance company each pay part of the cost, or	3
Was it free?	4
REF	-7
DK	-8

**PROGRAMMER NOTE:**

**IF RESPONDENT IS A CURRENT SMOKER AND HAS TRIED TO QUIT DURING THE PAST 12 MONTHS, OR IF A FORMER SMOKER WHO HAS QUIT IN THE PAST 10 YEARS, DISPLAY E11, E12, E13, E14, AND E15, ALL OTHERS SKIP TO G1. [DOCUMENTED SPECIFICATION ERROR: SHOULD HAVE BEEN: ALL OTHERS SKIP TO BOX BEFORE E16.]**

**IF ( (C1, C2 OR C3) AND E1 = 1), DISPLAY E11, E12, E13, E14, AND E15.**

**IF ( (F1 OR F2) AND (D12 ≤ 10 YEARS OR D13a = 1) ), DISPLAY E11, E12, E13, E14, AND E15. ELSE SKIP TO G1. [DOCUMENTED SPECIFICATION ERROR: SHOULD HAVE BEEN: ELSE SKIP TO BOX BEFORE E16.]**

**IN E11, E12, E13, E14, AND E15, IF A FORMER SMOKER [F1, F2], USE FIRST DISPLAY. IF A CURRENT SMOKER WHO HAS PREVIOUSLY TRIED TO QUIT [ (C1, C2 OR C3) AND E1 = 1], USE THE SECOND DISPLAY.**

E11. {When you quit smoking for good/The last time you tried to quit smoking} did you use a stop-smoking clinic or class?

YES	1
NO	2
REF	-7
DK	-8

E12. {When you quit smoking for good/The last time you tried to quit smoking} did you use a quit-smoking telephone help line?

YES	1
NO	2
REF	-7
DK	-8

E13. {When you quit smoking for good/The last time you tried to quit smoking} did you use one-on-one counseling from a doctor, nurse or other health professional?

YES	1
NO	2
REF	-7
DK	-8

E14. {When you quit smoking for good/The last time you tried to quit smoking} did you use an on-line or web-based counseling service?

YES	1
NO	2
REF	-7
DK	-8

E15. {When you quit smoking for good/The last time you tried to quit smoking} did you use some other program or service?

YES	1	
NO	2	SKIP TO BOX BEFORE E16
REF	-7	SKIP TO BOX BEFORE E16
DK	-8	SKIP TO BOX BEFORE E16

E15ov. What was it?

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### Stages of Change for Quitting

#### **PROGRAMMER NOTE:**

**ASK E16 IF THE RESPONDENT IS A CURRENT SMOKER OR A FORMER ESTABLISHED SMOKER WHO HAS SMOKED IN THE PAST 30 DAYS. ALL OTHERS SKIP TO G1.**

**IF C1, C2, C3 OR F2 DISPLAY E16. ELSE SKIP TO G1.**

E16. Are you seriously considering stopping smoking within the next six months?

YES	1	
NO	2	SKIP TO E18
REF	-7	SKIP TO E18
DK	-8	SKIP TO E18

E17. Are you planning to stop smoking within the next 30 days?

YES	1	
NO	2	
REF	-7	
DK	-8	

E18. If you decided to give up smoking altogether, how likely do you think you would be to succeed? Would you say...

Very likely,	1
Somewhat likely,	2
Somewhat unlikely, or	3
Very unlikely?	4
REF	-7
DK	-8

E19. Next I'm going to read a list of statements about stop-smoking medications. Please tell me if you agree or disagree with each statement.

	AGREE	DISAGREE	REF	DK
a. If you decided you wanted to quit, you would be able to quit without stop-smoking medications.	1	2	-7	-8
b. Stop-smoking medications are too expensive.	1	2	-7	-8
c. You don't know enough about how to use stop-smoking medications properly.	1	2	-7	-8
d. Stop-smoking medications are too hard to get.	1	2	-7	-8
e. Stop-smoking medications might harm your health.	1	2	-7	-8

**SECTION G: Physician and Health Professional Advice**

G1. I am going to read a list of different types of health care providers. Please tell me if you have visited any of them about your own health in the last 12 months. Did you visit...

	YES	NO	REF	DK
a. A Medical doctor?	1	2	-7	-8
b. A Nurse or Nurse Practitioner?	1	2	-7	-8
c. A Pharmacist or pharmacy technician?	1	2	-7	-8
d. A Dentist or dental hygienist?	1	2	-7	-8
e. Any other type of health care provider?	1	2	-7	-8
[SPECIFY]: _____				

**PROGRAMMER NOTE:**

**CYCLE THROUGH THE G2\_ TO G4\_ QUESTIONS FOR EACH PROVIDER SEEN IN THE PAST 12 MONTHS (G1\_ = 1).**

**G2\_ IS ASKED OF EVERYONE WHO SAW THE PROVIDER TYPE.**

**FOR G3\_ THROUGH G4\_c , ASK ONLY IF CURRENT SMOKER, FORMER ESTABLISHED SMOKER WHO HAS SMOKED IN PAST 30 DAYS, OR FORMER ESTABLISH SMOKER WHO HAS SMOKED REGULARLY IN THE PAST YEAR.**

**IF NO PROVIDERS SEEN IN LAST 12 MONTHS, SKIP TO H1.**

**NOTE: THE LETTER IMMEDIATELY FOLLOWING THE NUMBER IN EACH QUESTION NUMBER G2a TO G4dc CORRESPONDS TO THE LETTER/PROVIDER TYPE IN G1a TO G1d.**

**IF ALL G1a-G1d ≠ 1 SKIP TO H1.**

**ELSE IF G1a = 1, DISPLAY G2a.**

**IF (C1, C2, C3 OR F2) OR (IF F1 AND (D12 ≤ 1 YEAR OR (D13e = 1 OR D13f =1 or d13g = 1 OR D13h = 1) ) ), DISPLAY G3a, G4aa, G4ab.**

**IF G4ab = 1 DISPLAY G4abb, ELSE SKIP TO G4ac.**

**ELSE IF G1b = 1, DISPLAY G2b.**

**IF (C1, C2, C3 OR F2) OR (IF F1 AND (D12 ≤ 1 YEAR OR (D13e = 1 OR D13f =1 or d13g = 1 OR D13h = 1) ) ), DISPLAY G3b, G4ba, G4bb.**

**IF G4bb = 1 DISPLAY G4bbb, ELSE SKIP TO G4bc.**

**ELSE IF G1c = 1, DISPLAY G2c.**

**IF (C1, C2, C3 OR F2) OR (IF F1 AND (D12 ≤ 1 YEAR OR (D13e = 1 OR D13f =1 or d13g = 1 OR D13h = 1) ) ), DISPLAY G3c, G4ca, G4cb.**

**IF G4cb = 1 DISPLAY G4cbb, ELSE SKIP TO G4cc.**

**ELSE IF G1d = 1, DISPLAY G2d.**

**IF (C1, C2, C3 OR F2) OR (IF F1 AND (D12 ≤ 1 YEAR OR (D13e = 1 OR D13f =1 or d13g = 1 OR D13h = 1) ) ), DISPLAY G3d, G4da, G4db.**

**IF G4db = 1 DISPLAY G4dbb, ELSE SKIP TO G4dc.**

**ELSE GO TO BOX BEFORE G5.**

G2a\_ In the past 12 months, did any {INSERT PROVIDER TYPE} you saw...  
to  
G4c\_

		YES	NO	REF	DK	
G2a- G2d.	ask if you smoke?	1	2	-7	-8	
G3a- G3d.	advise you not to smoke?	1	2	-7	-8	
G4aa- G4da.	recommend any product or prescription for a medication to help you quit smoking?	1	2	-7	-8	
G4ab- G4db.	Suggest that you seek help to quit smoking using a quit smoking program, such as a helpline, a class or group or an online website or program?	1	2	-7	-8	IF G4b_ = 1 ASK G4bb_. ELSE SKIP TO G4c_
G4abb- G4dbb.	Did this person help you access that quit smoking program?	1	2	-7	-8	
G4ac- G4dc.	Offer you a return visit or phone call to help you quit?	1	2	-7	-8	

**PROGRAMMER NOTE:**

**IF C1, C2, C3 OR F2 CONTINUE WITH G5, ELSE SKIP TO H1.**

G5. If you were trying to quit smoking and cost was not an issue, would you use any programs, products, or medicine to help you quit?

YES	1	
NO	2	SKIP TO H1
REF	-7	SKIP TO H1
DK	-8	SKIP TO H1



**PROGRAMMGER NOTE:**

**IN G6 RANDOMIZE THE ORDER OF PRESENTATION FOR ITEMS a – f, AND ALWAYS DISPLAY g, FOLLOWED BY ov, LAST.**

G6. Would you use...

	YES	NO	REF	DK
a. Nicotine patch, gum, nasal spray, lozenges or inhaler?	1	2	-7	-8
b. A prescription medication such as Zyban, Wellbutrin or Chantix?	1	2	-7	-8
c. A quit-smoking class or group?	1	2	-7	-8
d. Books, pamphlets, CD's, DVD's or tapes?	1	2	-7	-8
e. A quit-smoking telephone help line?	1	2	-7	-8
f. An on-line or web-based counseling service?	1	2	-7	-8
g. Something else [SPECIFY]?	1	2	-7	-8
ov. _____				

**Section H: Environmental Tobacco Smoke**

H1. During the past 30 days, have you seen or heard any ads or commercials encouraging smokers to quit or about the dangers of secondhand smoke?

YES	1	
NO	2	SKIP TO BOX BEFORE H3
REF	-7	SKIP TO BOX BEFORE H3
DK	-8	SKIP TO BOX BEFORE H3

H2. During the past 30 days, would you say you saw or heard these ads or commercials...

About 1 – 5 times,	1
6 – 10 times,	2
11 – 20 times,	3
21 – 30 times, or	4
More than 30 times?	5
REF	-7
DK	-8

**PROGRAMMER NOTE:**

**ASK H3 OF ALL CURRENT SMOKERS, CURRENT EXPERIMENTERS, FORMER ESTABLISHED SMOKERS WHO HAVE SMOKED IN THE PAST 30 DAYS, AND FORMER ESTABLISHED SMOKERS WHO HAVE NOT SMOKED IN THE PAST 30 DAYS, BUT WERE SMOKING REGULARLY WITHIN THE PAST TWO YEARS.**

**IF (C1, C2, C3, F2, X1) OR (IF F1 AND (D12 ≤ 2 YEARS OR (D13d = 1 OR D13e = 1 OR D13f = 1 or d13g = 1 OR D13h = 1) ) ) DISPLAY H3. ELSE GO TO H4.**

H3. In August 2005, a 75 cent cigarette tax increase took effect in Minnesota. What effects, if any, did this price increase have on your smoking? Did it...

	YES	NO	REF	DK
a. Help you think about quitting?	1	2	-7	-8
b. Help you to cut down on cigarettes?	1	2	-7	-8
c. Help you make a quit attempt?	1	2	-7	-8
d. Help you maintain a quit?	1	2	-7	-8

H4. In the past 12 months, have you asked someone to put out a cigarette or not light up when they were about to do so?

[IF NEEDED: THIS QUESTION REFERS TO BOTH THESE SITUATIONS:

- A. THE RESPONDENT TAKES THE INITIATIVE TO ASK SOMEONE NOT TO SMOKE
- B. A SMOKER ASKS "DO YOU MIND IF I SMOKE" AND THE RESPONDENT STATES, "YES, I DO"]

YES	1	
NO	2	SKIP TO BOX BEFORE H7
REF	-7	SKIP TO BOX BEFORE H7
DK	-8	SKIP TO BOX BEFORE H7

H5. On the most recent occasion you asked someone not to smoke, who was that person? Was it a...

Relative,	1
Friend or acquaintance or,	2
Stranger?	3
REF	-7
DK	-8

H6. On that same occasion, what was the *primary* reason you asked that person not to smoke? Was it because...

- |  |    |
|--|----|
| Smoke is annoying to you,  | 1  |
| You were concerned about the health hazards of secondhand smoke, | 2  |
| You were concerned about the health of the smoker,               | 3  |
| You were trying to quit, or                                      | 4  |
| Some other reason  | 91 |
| ov. [SPECIFY: _____ ]  |    |
| REF  | -7 |
| DK   | -8 |

**PROGRAMMER NOTE:**

**ASK H7 OF ALL CURRENT SMOKERS, CURRENT EXPERIMENTERS, FORMER ESTABLISHED SMOKERS WHO HAVE SMOKED IN THE PAST 30 DAYS, AND FORMER ESTABLISHED SMOKERS WHO HAVE SMOKED REGULARLY IN THE PAST 12 MONTHS.**

**IF (C1, C2, C3, F2, X1) OR (IF F1 AND (D12 ≤ 1 YEAR OR (D13e = 1 OR D13f =1 or d13g = 1 OR D13h = 1) ) ) DISPLAY H7, ELSE SKIP TO BOX BEFORE H8.**

**IN H7, HARD RANGE IS 0 – 75, SOFT RANGE IS 0 – 40.**

H7. About how many times in the past 12 months has anyone asked you not to smoke when you were smoking or were about to smoke?

\_\_\_\_\_ ENTER NUMBER OF TIMES

- |     |    |
|-----|----|
| REF | -7 |
| DK  | -8 |

**PROGRAMMER NOTE:**

**IF RDD CASE AND A ONE-ADULT HH, SKIP TO H9.  
ELSE ASK H8 (I.E., A BLUE CROSS CASE OR AN RDD CASE WITH MORE THAN ONE ADULT HH MEMBER).**

**IF C1, C2, C3, F2, X1 OR X2 USE FIRST DISPLAY, ELSE USE SECOND DISPLAY.**

**H8 HARD RANGE IS 0 – 15.**

H8. {Not including yourself, how/How} many of the adults who live in your household smoke cigarettes, cigars or pipes?

\_\_\_\_\_ ENTER NUMBER OF ADULT HH SMOKERS

- |     |    |
|-----|----|
| REF | -7 |
| DK  | -8 |

**PROGRAMMER NOTE:**

**IN H9 ALLOW 0-7, -7 AND -8.**

H9. During the past 7 days, how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

\_\_\_\_\_ ENTER NUMBER OF DAYS

REF -7

DK -8

H10. Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.

Smoking is not allowed anywhere inside your home, 1

Smoking is allowed in some places or at some times or, 2

Smoking is allowed anywhere inside the home? 3

REF -7

DK -8

**Workplace Policy and Exposure**

H11. I am now going to ask you some questions about workplace policies on smoking.

First, are you currently employed for wages, self-employed or something else?

[IF R STATES THEY ARE A STUDENT, ASK: Are you employed for wages at all?]

EMPLOYED FOR WAGES 1

SELF-EMPLOYED 2

SOMETHING ELSE 3 SKIP TO H22

REF -7 SKIP TO H22

DK -8 SKIP TO H22

**PROGRAMMER NOTE:**

**IN H12, HARD RANGE 1 – 100, SOFT RANGE 1-60.**

H12. What is the total number of hours you usually work each week?

\_\_\_\_\_ ENTER NUMBER OF HOURS

REF -7

DK -8

H13. While working at your job, are you indoors most of the time?

[IF NEEDED: By "job" we mean your primary or main job.]

YES	1	
NO	2	SKIP TO QH15
REF	-7	SKIP TO H16
DK	-8	SKIP TO H16

**PROGRAMMER NOTE:**

**IF RESPONDENT WORKS INDOORS MOST OF THE TIME, GO TO THE LIST OF INDOOR WORK SITES (H14), IF HE/SHE DOES NOT WORK INDOORS MOST OF THE TIME, GO TO THE LIST OF OUTDOOR WORK PLACES (H15).**

**IF H13 = 1 CONTINUE WITH H14  
ELSE IF H13 = 2, SKIP TO H15  
ELSE GO TO BOX BEFORE H16.**

H14. What best describes where you work for money? Would you say it is...

A classroom,	1
A hospital,	2
An office,	3
Your home,	4
Other people's homes,	5
A plant or factory,	6
A store or warehouse,	7
A restaurant that does not serve alcohol,	8
A restaurant that serves alcohol,	9
A bar,	10
A vehicle, or	11
Some other setting?	12
[SPECIFY] _____	
REF	-7
DK	-8

H15. What best describes where you work for money? Would you say it is in...

Farming,	1
Construction,	2
Landscaping,	3
A vehicle, or	4
Some other setting?	
[SPECIFY] _____	5
REF	-7
DK	-8

**PROGRAMMER NOTE:**

**IF H11 = 1, DISPLAY H16. ELSE SKIP TO H17.**

H16. Within the past 12 months, has your employer offered any stop-smoking program or any other help to employees who want to quit smoking?

YES	1
NO	2
REF	-7
DK	-8

H17. As far as you know, in the past seven days, has anyone smoked in your work area?

YES	1
NO	2
REF	-7
DK	-8

H18. Which of the following best describes your place of work's official smoking policy for work areas?  
Smoking is...

Not allowed in any work areas,	1
Allowed in some work areas,	2
Allowed in all work areas, or	3
There is no official smoking policy?	4
REF	-7
DK	-8

H19. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunchrooms? Smoking is...

- |                                      |    |
|--------------------------------------|----|
| Not allowed in any common areas,     | 1  |
| Allowed in some common areas,        | 2  |
| Allowed in all common areas or,      | 3  |
| There is no official smoking policy? | 4  |
| WORKPLACE HAS NO INDOOR AREAS        | 5  |
| REF                                  | -7 |
| DK                                   | -8 |

**PROGRAMMER NOTE:**

**ASK H20 ONLY OF THOSE WHO WORK INDOORS MOST OF THE TIME.**

**IF H13 = 1, DISPLAY H20, ELSE SKIP TO BOX BEFORE H21.**

H20. At your work place, is smoking allowed *anywhere on the property outside* the building?

- |                               |    |                        |
|-------------------------------|----|------------------------|
| YES                           | 1  |                        |
| NO                            | 2  | SKIP TO BOX BEFORE H21 |
| R DOES NOT WORK IN A BUILDING | 3  | SKIP TO BOX BEFORE H21 |
| REF                           | -7 | SKIP TO BOX BEFORE H21 |
| DK                            | -8 | SKIP TO BOX BEFORE H21 |

**PROGRAMMER NOTE:**

**IF THE RESPONDENT WORKS INSIDE MOST OF THE TIME USE THE FIRST DISPLAY, ELSE USE THE SECOND DISPLAY.**

**IF H13 = 1 USE THE FIRST DISPLAY, ELSE USE THE SECOND DISPLAY.**

H21. {In your indoor work areas/At those times when you are indoors during work} do you prefer to work where smoking is allowed, not allowed, or does it make no difference?

- |                                |    |
|--------------------------------|----|
| ALLOWED                        | 1  |
| NOT ALLOWED                    | 2  |
| NO DIFFERENCE                  | 3  |
| RESPONDENT NEVER WORKS INDOORS | 4  |
| REF                            | -7 |
| DK                             | -8 |

H22. In the past seven days, have you been in a car with someone who was smoking?

YES	1
NO	2
REF	-7
DK	-8

H23. In Minnesota, in the past 7 days, has anyone smoked near you at any place besides your home, workplace or car?

YES	1	
NO	2	SKIP TO BOX BEFORE H25
REF	-7	SKIP TO BOX BEFORE H25
DK	-8	SKIP TO BOX BEFORE H25

H24. The last time this happened, in Minnesota, where were you? Were you at...

A restaurant that does not serve alcohol,	1
A restaurant that serves alcohol,	2
A bar or tavern,	3
A park or somewhere outdoors,	4
A building entrance,	5
An outdoor shopping mall or strip mall,	6
A community sports event,	7
A gambling venue,	8
Another person's home,	9
Another person's car, or	10
Some other place?	11
REF	-7
DK	-8

**PROGRAMMER NOTE:**

**ASK H25 OF ALL CURRENT ESTABLISHED SMOKERS, FORMER SMOKERS, AND CURRENT EXPERIMENTERS.**

**IF C1, C2, C3, F1, F2, OR X1 DISPLAY H25, ELSE GO TO H26.**

**IF F1 OR F2 USE FIRST DISPLAY IN H25a – h25d, ELSE USE SECOND DISPLAY.**



H25. What effects, if any, {did/do} smoking restrictions at work, home, restaurants, bars, or elsewhere have on your smoking? Would you say smoking restrictions...

	YES	NO	REF	DK
a. {Helped/Help} you think about quitting?	1	2	-7	-8
b. {Helped/Help} you to cut down on cigarettes?	1	2	-7	-8
c. {Helped/Help} you make a quit attempt?	1	2	-7	-8
d. {Helped/Help} you maintain a quit?	1	2	-7	-8

H26. Is there a ban on smoking in restaurants and bars in your area?

YES	1
NO	2
REF	-7
DK	-8

**PROGRAMMER NOTE:**

**IF H26 = 1 USE FIRST DISPLAY IN H27, ELSE USE SECOND DISPLAY.**

H27. {Because of this ban/If there were a ban} on smoking in restaurants and bars, {do/would} you go out more, less, or {does/would} it make no difference?

MORE	1
LESS	2
NO DIFFERENCE	3
REF	-7
DK	-8

H28. About how often do you go out to a restaurant or bar? Would you say...

More than once a week,	1
About once a week,	2
About once or twice a month,	3
Less often than once a month, or	4
Never?	5
REF	-7
DK	-8

H29. How important is it to you to have a smoke-free environment inside workplaces, including restaurants and bars? Is it...

Very important,	1
Somewhat important,	2
Not too important, or	3
Not at all important?	4
REF	-7
DK	-8

## Section I: Risk Perception and Social Influences

### Risk Perception

I1. Next I'd like to ask your opinion about some tobacco and health related issues.

Do you believe there is any harm in having an occasional cigarette?

YES	1
NO	2
REF	-7
DK	-8

I2. In your opinion, are any of the following products less harmful, more harmful, or just as harmful as smoking cigarettes?

		LESS	MORE	JUST AS	REF	DK
a.	Smoking tobacco in a hookah pipe?	1	2	3	-7	-8
b.	Smokeless tobacco such as snuff and chewing tobacco?	1	2	3	-7	-8
c.	Light or ultra light cigarettes?	1	2	3	-7	-8
d.	Natural cigarettes like Native Spirit cigarettes?	1	2	3	-7	-8
e.	Roll-your-own cigarettes?	1	2	3	-7	-8

13. Now I am going to ask about smoke from other people's cigarettes.  
Do you think that breathing smoke from other people's cigarettes is...

Very harmful to one's health,	1
Somewhat harmful to one's health,	2
Not very harmful to one's health or,	3
Not at all harmful to one's health?	4
REF	-7
DK	-8

**PROGRAMMER NOTE:**

**RANDOMIZE THE PRESENTATION OF I4a – d.**

14. Would you say that breathing smoke from other people's cigarettes causes...

	YES	NO	REF	DK
a. Lung cancer in adults?	1	2	-7	-8
b. Heart disease in adults?	1	2	-7	-8
c. Respiratory problems in children?	1	2	-7	-8
d. Sudden infant death syndrome or SIDS?	1	2	-7	-8

**Social Influences**

15. In the past 30 days, has anyone offered you a cigarette?

YES	1
NO	2
REF	-7
DK	-8

**PROGRAMMER NOTE:**

**ASK I6 OF ALL CURRENT ESTABLISHED SMOKERS, FORMER ESTABLISHED SMOKERS WHO HAVE SMOKED IN THE PAST 30 DAYS, AND CURRENT EXPERIMENTERS.**

**IF C1, C2, C3, F2, OR X1 DISPLAY I6, ELSE GO TO I7.**

16. Have you given away a cigarette to a friend or acquaintance in the past 30 days?

YES	1
NO	2
REF	-7
DK	-8

17. My next question is about people close to you, for example, your parents, spouse, children, or close friends and relatives. Does someone close to you smoke or use other forms of tobacco?

YES	1	
NO	2	SKIP TO I9
NO ONE CLOSE TO ME	3	SKIP TO I9
REF	-7	SKIP TO I9
DK	-8	SKIP TO I9

18. How many of these people close to you use any tobacco products? Would you say...

A few,	1
Less than half,	2
About half, or	3
Most or all?	4
REF	-7
DK	-8

19. Please tell me whether you agree or disagree with the following statement.  
Smoking helps people feel more comfortable at parties and in other social situations.

YES/AGREE	1
NO/DISAGREE	2
REF	-7
DK	-8

**PROGRAMMER NOTE:**

**ASK I10-I12 OF ALL EXPERIMENTER SMOKERS AND NEVER SMOKERS.**

**IF X1, X2 OR NS DISPLAY I10, ELSE SKIP TO I13.**

**F NEVER SMOKER USE FIRST DISPLAY IN I10, ELSE USE SECOND DISPLAY.**

I10. Do you think you will {try/smoke} a cigarette soon?

YES	1
NO	2
REF	-7
DK	-8

I11. If one of your close friends were to offer you a cigarette, would you smoke it? Would you say...

Definitely yes,	1
Probably yes,	2
Probably not, or	3
Definitely not?	4
REF	-7
DK	-8

I12. At any time during the next year do you think you will smoke a cigarette? Would you say...

Definitely yes,	1
Probably yes,	2
Probably not, or	3
Definitely not?	4
REF	-7
DK	-8

I13. Now I would like to ask you about health insurance. In the past 12 months, did you *at any time* have *any* type of health insurance, including Medical Assistance, General Assistance Medical Care, Medicare, Minnesota CARE and including health insurance through an employer?

YES	1	
NO	2	SKIP TO BOX BEFORE J1
REF	-7	SKIP TO BOX BEFORE J1
DK	-8	SKIP TO BOX BEFORE J1

I14. Were you insured for the entire year or part of the year?

ENTIRE YEAR	1	
PART OF THE YEAR	2	
REF	-7	SKIP TO BOX BEFORE J1
DK	-8	SKIP TO BOX BEFORE J1

I15. *In 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 it is...

- |  |    |
|--|----|
| Excellent,                                       | 1  |
| Very good,                                       | 2  |
| Good,  | 3  |
| Fair, or,  | 4  |
| Poor?  | 5  |
| DOES NOT OFFER ASSISTANCE ON<br>QUITTING SMOKING | 6  |
| REF  | -7 |
| DK   | -8 |

**PROGRAMMER NOTE:**  
**IF RDD SAMPLE CASE, CONTINUE WITH I16, ELSE SKIP TO BOX BEFORE J1.**

I16. Currently, do you have health insurance through Blue Cross and Blue Shield of Minnesota, Blue Plus or First Plan of Minnesota?

- |     |    |
|-----|----|
| YES | 1  |
| NO  | 2  |
| REF | -7 |
| DK  | -8 |

**Section J: Closing Demographic Items**

**PROGRAMMER NOTE:**  
**IN J1a, J1b, and J1c, HARD RANGE IS 0 – 10, SOFT RANGE IS 0 – 7.**

J1. Let me remind you that all your answers are confidential. The last few questions will help us make sure that we have a representative sample of respondents.

How many children living in your household are...

		REF	DK
a. Younger than 5 years old?	_____	-7	-8
b. 5 through 11 years old?	_____	-7	-8
c. 12 through 17 years old?	_____	-7	-8

J2. Are you currently...

Married,	1
A member of an unmarried couple,	2
Divorced,	3
Widowed,	4
Separated, or	5
Never married?	6
REF	-7
DK	-8

J3. Are you Hispanic or Latino?

YES	1
NO	2
REF	-7
DK	-8

J4. Which one or more of the following would you say is your race? Are you...

[READ ALL RESPONSE OPTIONS-SELECT ALL THAT APPLY]

	YES	NO	REF	DK
a. White?	1	2	-7	-8
b. Black or African American?	1	2	-7	-8
c. Asian?	1	2	-7	-8
d. Native Hawaiian or Other Pacific Islander?	1	2	-7	-8
e. American Indian or Alaska Native?	1	2	-7	-8
f. Some other race?	1	2	-7	-8

[SPECIFY] \_\_\_\_\_

**PROGRAMMER NOTE:**

**IF RESPONDENT REPORTS THAT THEIR RACIAL BACKGROUND IS MIXED (MORE THAN ONE RACE) ASK WHICH BEST REPRESENTS HIS/HER RACE, ELSE GO TO BOX BEFORE J6.**

**IF MORE THAN ONE RESPONSE IN J4a-f = 1, DISPLAY J5. ELSE GO TO BOX BEFORE J6.**

**IN J5 DISPLAY ONLY THOSE RACE CATEGORY LABELS CORRESPONDING TO THOSE WHERE J4a THROUGH J4f = 1; ALWAYS DISPLAY OPTION 7.**

J5. Which one of these would you say *best* represents your race? Would you say...

{White},	1
{Black or African American},	2
{Asian},	3
{Native Hawaiian or Other Pacific Islander},	4
{American Indian, Alaska Native}, or	5
[SPECIFY] { _____ }	6
RACIAL BACKGROUND EQUALLY DIVIDED	7
REF	-7
DK	-8

**PROGRAMMER NOTE:**

**J6 & J7 ARE ASKED ONLY OF THOSE RESPONDENTS WHO ARE BLACK OR AFRICAN AMERICAN.**

**IF J4b = 1 DISPLAY J6, ELSE GO TO BOX BEFORE J8.**

J6. Were you born in the United States or somewhere else?

UNITED STATES	1	SKIP TO BOX BEFORE J8
SOMEWHERE ELSE	2	
REF	-7	SKIP TO BOX BEFORE J8
DK	-8	SKIP TO BOX BEFORE J8

**PROGRAMMER NOTE:**

**IN J7 HARD RANGE IS 1897 – 2007.**

J7. In what year did you first come to live in the United States?

\_\_\_\_\_ YEAR

REF	-7
DK	-8

**PROGRAMMER NOTE:**

**ASK THE SEXUAL ORIENTATION QUESTION ONLY OF RESPONDENTS WHO ARE YOUNGER THAN 65. LETTER OPTIONS A, B, C, OR D ARE OFFERED IN THE QUESTION TEXT TO ALLOW RESPONDENTS TO ANSWER WITHOUT USING THE ACTUAL WORDS, FOR PRIVACY REASONS. THE CODE ENTRIES ARE THE STANDARD NUMERICAL CODES 1, 2, 3, OR 4 AS INDICATED.**

**IF A5 IS < 65 OR A6#7 DISPLAY J8, ELSE SKIP TO J10.**



J8. Do you consider yourself to be A, heterosexual or straight, B, gay or lesbian, C, Bisexual, or D, Transgender?

HETEROSEXUAL OR STRAIGHT,	1	SKIP TO J10
GAY OR LESBIAN	2	SKIP TO J10
BISEXUAL	3	SKIP TO J10
TRANSGENDER	4	
REF	-7	SKIP TO J10
DK	-8	SKIP TO J10

J9. Do you *also* consider yourself to be...

Heterosexual or straight,	1
Gay or Lesbian, or	2
Bisexual?	3
REF	-7
DK	-8

J10. In studies like this, households are sometimes grouped according to income. Please tell me which group best describes an estimate of the total combined income of all persons in this household over the past year. Please include money income from all sources, such as salaries, interest, retirement, or any other source for all household members. Would you say...

[IF NECESSARY PROBE: Include income from all sources such as: earnings; social security and public assistance payments; dividends, interest and rent; unemployment and worker's compensation; government and private employee pensions.]

Less than \$10,000,	1
\$10,001 - \$20,000,	2
\$20,001 - \$25,000,	3
\$25,001 - \$35,000,	4
\$35,001 - \$50,000,	5
\$50,001 - \$75,000, or	6
More than \$75,000?	7
REF	-7
DK	-8

J11. What is the highest level of school you completed?

COMPLETED 8 <sup>TH</sup> GRADE OR LESS	1
SOME HIGH SCHOOL BUT NO DIPLOMA	2
COMPLETED HIGH SCHOOL (DIPLOMA)	3
EARNED GED	4
SOME COLLEGE BUT NO DEGREE	5
COMPLETE A TWO YEAR COLLEGE DEGREE (AA OR AS DEGREE)	6
COMPLETED A FOUR YEAR COLLEGE DEGREE (BA, BS, RN DEGREE)	7
SOME GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE BUT NO DEGREE	8
COMPLETED GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE (MA, MS, PHD, MD, DDS, OR HIGHER)	9
REF	-7
DK	-8

**PROGRAMMER NOTE:**

**IF A5 = 18-24 OR A6 = 1, DISPLAY J11a, ELSE SKIP TO BOX BEFORE J12.**

J11a. Are you currently seeking a degree, certification, or license in a 4 year college, a 2 year college, a technical school, high school, or a GED program?

YES	1	
NO	2	SKIP TO BOX BEFORE J12
REF	-7	SKIP TO BOX BEFORE J12
DK	-8	SKIP TO BOX BEFORE J12

J11b. What type of degree, certification, or license is that?

GRADUATE OR PROFESSIONAL SCHOOL	1
4 YEAR COLLEGE	2
2 YEAR COLLEGE (COMMUNITY COLLEGE)	3
TECHNICAL SCHOOL OR VO-TECH (VOCATIONAL-TECHNICAL SCHOOL)	4
GED PROGRAM	5
HIGH SCHOOL	6
OTHER [SPECIFY: _____]	7
REF	-7
DK	-8

**PROGRAMMER NOTE:**

**IF A5 = 18-24 OR A6 = 1 DISPLAY J12, ELSE SKIP TO BOX BEFORE J14.**

J12. What is the highest level of schooling your father completed?

[IF NEEDED: If you were raised mostly by foster parents, stepparents, or others, answer for them. For example, if you have both a stepfather and a natural father, answer for the one that was the most important in raising you.]

COMPLETED 8 <sup>TH</sup> GRADE OR LESS	1
SOME HIGH SCHOOL BUT NO DIPLOMA	2
COMPLETED HIGH SCHOOL (DIPLOMA)	3
EARNED GED	4
SOME COLLEGE BUT NO DEGREE	5
COMPLETE A TWO YEAR COLLEGE DEGREE (AA OR AS DEGREE)	6
COMPLETED A FOUR YEAR COLLEGE DEGREE (BA, BS, RN DEGREE)	7
SOME GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE BUT NO DEGREE	8
COMPLETED GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE (MA, MS, PHD, MD, DDS, OR HIGHER)	9
WAS NOT RAISED BY A FATHER	10
REF	-7
DK	-8

J13. What is the highest level of schooling your mother completed?

[IF NEEDED: If you were raised mostly by foster parents, stepparents, or others, answer for them. For example, if you have both a stepmother and a natural mother, answer for the one that was the most important in raising you.]

COMPLETED 8 <sup>TH</sup> GRADE OR LESS	1
SOME HIGH SCHOOL BUT NO DIPLOMA	2
COMPLETED HIGH SCHOOL (DIPLOMA)	3
EARNED GED	4
SOME COLLEGE BUT NO DEGREE	5
COMPLETE A TWO YEAR COLLEGE DEGREE (AA OR AS DEGREE)	6
COMPLETED A FOUR YEAR COLLEGE DEGREE (BA, BS, RN DEGREE)	7
SOME GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE BUT NO DEGREE	8
COMPLETED GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE (MA, MS, PHD, MD, DDS, OR HIGHER)	9
WAS NOT RAISED BY A MOTHER	10
REF	-7
DK	-8

J14. INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY

MALE	1
FEMALE	2
REF	-7
DK	-8

**PROGRAMMER NOTE:**

**IF CURRENT SMOKER OR A FORMER SMOKER WHO HAS HAD A QUIT ATTEMPT IN THE PAST 5 YEARS ASK R1, ELSE SKIP TO GOODBYE.**

**IF (C1, C2, C3, OR F1) OR (IF F2 AND (D12 ≤ 5 YEARS OR (D13c = 1 OR D13d = 1 OR D13e = 1 OR D13f = 1 OR D13g = 1 OR D13h = 1) ) ) ASK R1, ELSE SKIP TO GOODBYE.**

R1. The Minnesota Department of Health and ClearWay Minnesota would be interested in doing another short follow-up interview with you again in the future. Would you be willing to be contacted again?

YES	1	
NO	2	SKIP TO GOODBYE
REF	-7	SKIP TO GOODBYE
DK	-8	SKIP TO GOODBYE

R2. To make sure we are able to reach you again, may I please have your name?

FIRST NAME \_\_\_\_\_  
LAST NAME \_\_\_\_\_

R3. And beginning with the area code, what would be the best telephone number to reach you?

PHONE NUMBER ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

R4. Is this your home phone, work phone or cell phone number?

HOME	1	
WORK	2	
CELL	3	
REF	-7	
DK	-8	

R5. Is there also a {home/work/cell} or {home/work/cell} number we can use if we can't get you at your {home/work/cell} number?

YES	1	
NO	2	SKIP TO R8
REF	-7	SKIP TO R8
DK	-8	SKIP TO R8

R6. What is that number?

PHONE NUMBER ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

R7. Is this your {home phone} {or work phone/work phone} {or cell phone} number?

- HOME 1
- WORK 2
- CELL 3
- REF -7
- DK -8

R8. The Department of Health and ClearWay Minnesota might want to mail you some information prior to their next call. May I please get your mailing address?

STREET/PO BOX \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE MN  
 ZIP \_\_\_\_\_  
 REF -7  
 DK -8

GOODBYE That's my last question. Thank you very much for your time and cooperation.  
PRESS ANY KEY TO COMPLETE INTERVIEW

**PROGRAMMER NOTE:**

**IF THE RESPONDENT DOES NOT LIVE IN THE STATE OF MINNESOTA DISPLAY WRGSTATE SCREEN AND CODE THE INTERVIEW INELIGIBLE.**

**IF A7 = 1 CODE INELIGIBLE AND GO TO WRGSTATE.**

WRGSTATE I'm sorry, but we are only interviewing residences that are in the state of Minnesota. Thank you very much for your time.  
PRESS ANY KEY TO TERMINATE