

MATS 2010 Questionnaire

NOTE: QUESTIONS ARE ASKED IN THE ORDER IN WHICH THEY APPEAR IN THIS DOCUMENT. FOR QUALITY ASSURANCE IN DATA PROCESSING AND ANALYSIS, QUESTIONS THAT APPEARED IN MATS 2007 RETAIN THE SAME QUESTION NUMBER AS IN MATS 2007. IF QUESTIONS WERE DELETED FROM MATS 2007, THERE WILL BE GAPS IN THE NUMBERING SEQUENCE. IF QUESTIONS WERE ADDED FOR 2010, THEIR QUESTION NUMBERS BEGIN WITH THE NEXT NUMBER FOLLOWING THE HIGHEST NUMBER USED IN EACH SECTION IN 2007. FOR THIS REASON, QUESTION NUMBERS WILL NOT ALWAYS FOLLOW EXACT NUMERICAL ORDER.

SECTION A: INTRO, CONSENT, AND INITIAL DEMOGRAPHIC ITEMS

BOX A1

IF CELL PHONE CASE, INSERT STATEMENT IN BRACKETS: IF NEW RESPONDENT. ELSE, GO TO STATEMENT AT A2.

- 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.
- [IF NEW R: If you are currently driving a car or doing any activity that requires your full attention, I need to call you back at a later time.]
- 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]

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BOX A5

**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

DK -8

BOX A6

IF A VALID AGE IS ENTERED IN A5, 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 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

BOX A7 END BOX

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, ASSIGN CASE RESULT CODE = 2 (REFUSAL) AND GO TO THANK SCREEN.

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BOX A7

ALLOW 1, -7, -8, AND ALPHABETIC VALUES IN A7L.

IF A7L = 1, SKIP TO WRGST (RESPONDENT DOES NOT LIVE IN MINNESOTA).

IF LETTER ENTERED IN A7L, GO TO COUNTY LOOKUP TABLE AND DISPLAY ALL COUNTIES BEGINNING WITH THE LETTER ENTERED, ALONG WITH THEIR RESPECTIVE ALPHABETICAL SEQUENCE NUMBER, 1-87.

IF A7L = -7 OR -8, RECORD THE SAME VALUE IN A7.

ALLOW INTERVIEWER TO ENTER COUNTY ALPHABETICAL SEQUENCE NUMBER BETWEEN 1 – 87 IN A7.

DELIVERY FILE WILL MATCH FIPS CODE TO COUNTY SELECTED AND WILL DELIVER COUNTY NAME AND FIPS CODE.

A7 What Minnesota county do you live in?

A7L _____ ENTER FIRST LETTER OF COUNTY NAME

R DOES NOT LIVE IN MINNESOTA 1 **SKIP TO WRGST**

REFUSED -7

DON'T KNOW -8

_____ ENTER COUNTY NUMBER

A8 What is your zip code?

|_|_|_|_|_| ENTER ZIP CODE

J14. INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY

MALE 1

FEMALE 2

REF -7

DK -8

MATS 2010 Questionnaire

SECTION B: GENERAL HEALTH AND ALCOHOL

B1. Now I have a question 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 |

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 |

BOX B6

**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 |

BOX B7

MATS 2010 Questionnaire

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

BOX B8

DISPLAY INSTRUCTION:

**IF J14= 2, DISPLAY "4" IN B8
ELSE DISPLAY "5"**

Note: Display 4 drinks for females and 5 drinks for males, based on the different commonly accepted standards for binge drinking by women and men. In the unlikely event sex is not determined, this will impose the higher (male) threshold for binge drinking.

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 {5/4} or more drinks on a single occasion?

_____ ENTER NUMBER OF TIMES HAD {5+/4+}
DRINKS

REF -7

DK -8

MATS 2010 Questionnaire

Section D: Tobacco Use

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

| | | |
|-----|----|----------------|
| YES | 1 | |
| NO | 2 | SKIP TO BOX D7 |
| REF | -7 | SKIP TO BOX D7 |
| DK | -8 | SKIP TO BOX D7 |

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 D6 |
| REF | -7 | SKIP TO BOX D6 |
| DK | -8 | SKIP TO BOX D6 |

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

| | | |
|------------|----|----------------|
| EVERY DAY | 1 | |
| SOME DAYS | 2 | SKIP TO BOX D6 |
| NOT AT ALL | 3 | SKIP TO BOX D6 |
| REF | -7 | SKIP TO BOX D7 |
| DK | -8 | SKIP TO BOX D7 |

MATS 2010 Questionnaire

BOX D5

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

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

IF NEEDED: A pack usually contains 20 cigarettes.]

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

REF -7

DK -8

BOX D6

IF D4 = 1, SKIP TO BOX D7.

DISPLAY INSTRUCTION:

IF D4 = 3, USE FIRST DISPLAY IN D6, ELSE USE 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

MATS 2010 Questionnaire

BOX D7SMOKING STATUS BOX

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].

CREATE SSTAT (SMOKING STATUS GROUPS) HERE:

IF D3 = 1 AND D4 = 1, SSTAT = C1.

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

IF D3 = 1 AND D4 = 2 AND D6 > 0, SSTAT = C3.

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

IF D3 = 1 AND D4 = 3 AND D6 > 0, SSTAT = F2.

IF D3 = 2, -7 OR -8 AND D6 > 0. SSTAT = X1.

IF D3 = 2, -7 OR -8 AND D6 = 0, -7 OR -8, SSTAT = X2.

IF D1 = 2, -7 OR -8 OR IF D4 = -7 OR -8, SSTAT = NS.

DESCRIPTIVE NOTE: CURRENT DAILY SMOKERS (SSTAT = C1), AND CURRENT, FORMER, AND EXPERIMENTAL SMOKERS WHO HAVE NOT SMOKED IN THE PAST 30 DAYS (SSTAT = C2, F1, X2), AND NEVER SMOKERS (SSTAT = NS) SKIP D7, AS FOLLOWS:

IF SSTAT = NS, SKIP TO D32

ELSE IF SSTAT = C1, C2, F1, or X2, SKIP TO BOX D8

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

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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

BOX D8

DESCRIPTIVE NOTE: ASK D8 OF ALL CURRENT SMOKERS (SSTAT = C1, C2, OR C3), FORMER SMOKERS WHO HAVE SMOKED IN THE PAST 30 DAYS (SSTAT = F2), AND EXPERIMENTERS AND WHO HAVE SMOKED IN THE PAST 30 DAYS (SSTAT = X1):

IF SSTAT = F1 OR X2, SKIP TO BOX D9

NOTE: NEVER SMOKERS (SSTAT = NS) SKIPPED TO D32 FROM BOX D7.

DISPLAY INSTRUCTION:

IF SSTAT = C1, USE THE FIRST DISPLAY IN D8, 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

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BOX D9

PROGRAMMER CHECK NOTE: PREVIOUS FLOW AND SKIP PATTERNS BRING ALL SMOKING STATUSES TO D9 EXCEPT NEVER SMOKERS (NS).

D9 AGE CHECK:

AGE WHEN RESPONDENT FIRST SMOKED A CIGARETTE (D9) CAN NOT BE GREATER THAN HIS/HER CURRENT AGE (A5 OR A6).

IF D 9 > A5 OR

IF D9 > [UPPER END OF A6 AGE RANGE CATEGORY],

TRIGGER AGE CHECK FAILURE VERIFICATION SCREEN:

“I have your age recorded as {A5/A6 RANGE LABEL}. Is that correct?” Y/N

“And again, how old were you the first time you smoked a cigarette, even one or two puffs?” [STORE NEW RESPONSE IN D9 AND OLD RESPONSE IN D9OLD. DO NOT IMPOSE AGE CHECK UPON SECOND ENTRY.]

IN D9 HARD IS RANGE 0 – 110, SOFT RANGE IS 10 – 50.

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

BOX D10

DESCRIPTIVE NOTE: ASK D10 OF ALL SMOKING STATUSES EXCEPT EXPERIMENTERS WHO HAVE NOT SMOKED IN THE PAST 30 DAYS (SSTAT = X2) AND NEVER SMOKERS (SSTAT = NS).

IF SSTAT = X2, SKIP TO BOX D15

[PROGRAMMER NOTE: SSTAT = NS ALREADY SKIPPED FROM BOX D7 TO D32.]

D10 AGE CHECK:

AGE WHEN RESPONDENT FIRST STARTED SMOKING CIGARETTES REGULARLY (D10) CAN NOT BE GREATER THAN HIS/HER CURRENT AGE (A5 OR A6).

IF D 10 > A5 OR

IF D10 > [UPPER END OF A6 AGE RANGE CATEGORY],

TRIGGER AGE CHECK FAILURE VERIFICATION SCREEN:

“I have your age recorded as {A5/A6 RANGE LABEL}. Is that correct?” Y/N

“And again, how old were you when you first started smoking cigarettes regularly?” [STORE NEW RESPONSE IN D10 AND OLD RESPONSE IN D10OLD. DO NOT IMPOSE AGE CHECK UPON SECOND ENTRY.]
IN D10 HARD IS RANGE 0 – 110, SOFT RANGE IS 10 – 50. ALSO ALLOW 999.

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- 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

BOX D11

DESCRIPTIVE NOTE: DAILY SMOKERS (SSTAT = C1) AND EXPERIMENTERS WHO HAVE NOT SMOKED IN THE PAST 30 DAYS (SSTAT = X2) SKIP TO BOX D15.

[PROGRAMMER NOTE: NEVER SMOKERS (SSTAT = NS) ARE ALREADY SKIPPED FROM BOX D7 TO D32.]

IF SSTAT = C1 OR X2, SKIP TO BOX D15

- 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 D15

REF -7 SKIP TO BOX D15

DK -8 SKIP TO BOX D15

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BOX D12

DESCRIPTIVE NOTE: ASK D12 TO:

(ALL FORMER SMOKERS WHO HAVE NOT SMOKED IN THE PAST 30 DAYS ([SSTAT = F1]), AND ((FORMER SMOKERS WHO HAVE SMOKED IN THE PAST 30 DAYS [SSTAT = F2] AND CURRENT EXPERIMENTERS WHO HAVE SMOKED IN THE PAST 30 DAYS [SSTAT = X1]) WHO DID NOT EXPLICITLY REPORT THAT THEY NEVER SMOKED REGULARLY [i.e., D10 ≠ 999]).

[PROGRAMMER NOTE: C1, X2, AND NS SKIPPED D12 FROM PREVIOUS BOXES.]

IF (SSTAT = C2 OR C3) OR ((SSTAT = F2 OR X1) AND D10 = 999) SKIP TO BOX D15.

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 D15 |
| WEEKS | 2 | SKIP TO BOX D15 |
| MONTHS | 3 | SKIP TO BOX D15 |
| YEARS | 4 | SKIP TO BOX D15 |
| NEVER | 999 | SKIP TO BOX D15 |
| REF | -7 | |
| DK | -8 | |

MATS 2010 Questionnaire

BOX D13a

ASK D13a ONLY OF THOSE WHO ANSWERED -7 (REFUSED) OR -8 (DON'T KNOW) TO D12.

SKIP OUT OF D13a THROUGH h SEQUENCE WHEN THE FIRST "YES" (1) RESPONSE IS GIVEN. IF D13h IS ASKED AND THERE IS NOT A "YES" RESPONSE TO D13h, CONTINUE TO BOX D15.

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 D13a = 1 SKIP TO BOX D15 |
| b. More than 5 years ago, but less than 10 years ago? | 1 | 2 | -7 | -8 | IF D13b = 1 SKIP TO BOX D15 |
| c. More than 2 years ago, but less than 5 years ago? | 1 | 2 | -7 | -8 | IF D13c = 1 SKIP TO BOX D15 |
| d. More than 1 year ago, but less than 2 years ago? | 1 | 2 | -7 | -8 | IF D13d = 1 SKIP TO BOX D15 |
| e. More than 6 months ago, but less than 1 year ago? | 1 | 2 | -7 | -8 | IF D13e = 1 SKIP TO BOX D15 |
| f. More than 3 months ago, but less than 6 months ago? | 1 | 2 | -7 | -8 | IF D13f = 1 SKIP TO BOX D15 |
| g. More than 1 month ago, but less than 3 months ago? | 1 | 2 | -7 | -8 | IF D13g = 1 SKIP TO BOX D15 |
| h. Less than 1 month ago? | 1 | 2 | -7 | -8 | |

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BOX D15

DESCRIPTIVE NOTE: ASK D15 TO CURRENT SMOKERS (SSTAT = C1, C2, OR C3) , FORMER ESTABLISHED SMOKERS WHO HAVE SMOKED IN THE LAST 30 DAYS (SSTAT = F2), AND CURRENT EXPERIMENTERS WHO HAVE SMOKED IN THE LAST 30 DAYS (SSTAT = X1).

IF SSTAT = F1, X2, OR NS, SKIP TO D32

DISPLAY INSTRUCTION:

IF SSTAT = F2 USE SECOND DISPLAY IN D15, ELSE USE FIRST.

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

| | |
|--------------------------------------|----|
| In Minnesota, | 1 |
| Out of state, | 2 |
| On an American Indian Reservation | 3 |
| Over the internet, | 4 |
| Through mail order, or | 5 |
| An 800 number? | 6 |
| I DON'T USUALLY BUY CIGARETTES | 7 |
| REF | -7 |
| DK | -8 |

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D30. Is your usual cigarette brand menthol or non-menthol?

| | |
|----------------|----|
| MENTHOL | 1 |
| NONMENTHOL | 2 |
| NO USUAL BRAND | 3 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

D31. In the past year have you done any of the following things to try and save money on cigarettes?

| | | YES | NO | REF | DK |
|----|---|-----|----|-----|----|
| a. | Bought a cheaper brand of cigarettes? | 1 | 2 | -7 | -8 |
| b. | Rolled your own cigarettes? | 1 | 2 | -7 | -8 |
| c. | Used another form of tobacco other than cigarettes? | 1 | 2 | -7 | -8 |
| d. | Used coupons, rebates, buy 1 get 1 free, or any other special promotions? | 1 | 2 | -7 | -8 |
| e. | Purchased cartons instead of individual packs? | 1 | 2 | -7 | -8 |
| f. | Found less expensive places to buy cigarettes? | 1 | 2 | -7 | -8 |

BOX D32

DISPLAY INTERVIEWER NOTES FOR ITEMS D32a – d:

a. A HOOKAH IS ALSO KNOWN AS A SHISHA (ARABIC) OR NARGILA (TURKISH). A HOOKAH OR WATER PIPE IS A DEVICE FOR SMOKING THAT USES WATER TO COOL AND MOISTEN THE SMOKE. IT IS OFTEN MADE OF GLASS. IT SOMETIMES HAS SEVERAL MOUTHPIECES, SO THAT PEOPLE CAN SHARE IT.

b. AN ELECTRONIC CIGARETTE IS A NEW PRODUCT THAT LOOKS LIKE A REGULAR CIGARETTE, BUT IS NOT LIGHTED LIKE A CIGARETTE. IT RUNS ON A BATTERY AND HAS A SMOKE-LIKE VAPOR THAT IS PRODUCED ELECTRONICALLY. THE VAPOR CONTAINS NICOTINE, BUT THE E-CIGARETTE DOES NOT CONTAIN OR BURN ANY TOBACCO.

c. SNUS IS A RELATIVELY NEW FORM OF SMOKELESS TOBACCO. IT IS A SPIT-FREE TOBACCO POUCH THAT YOU PUT IN THE FRONT OF YOUR MOUTH, THEN DISCARD AFTER YOU FINISH USING IT. EXAMPLES INCLUDE CAMEL SNUS, TOURNEY SNUS, AND MARLBORO SNUS.

d. DISSOLVABLE TOBACCO PRODUCTS INCLUDE TOBACCO TABLETS, STICKS (TWISTED STICK THE SIZE OF TA TOOTHPICK), AND STRIPS (THIN FILM). YOU PUT THEM IN YOUR MOUTH AND THEY DISSOLVE. EXAMPLES INCLUDE ARRIVA, CAMEL ORBS, CAMEL STICKS, AND CAMEL STRIPS.

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D32. Have you ever used any of the following products?

| | YES | NO | REF | DK | |
|---|-----|----|-----|----|---------------------------------|
| a. A hookah water pipe? | 1 | 2 | -7 | -8 | |
| b. Electronic cigarettes, such as "Smoking Everywhere" or "Njoy"? | 1 | 2 | -7 | -8 | |
| c. Snus (RHYMES WITH MOOSE), such as "Camel Snus" or "Tourney Snus"?? | 1 | 2 | -7 | -8 | |
| d. Any tobacco product that dissolves in the mouth, such as tobacco tablets, sticks, or strips? | 1 | 2 | -7 | -8 | IF D32d = 2, -7, -8 SKIP TO D18 |

D32OS. IF YES TO D32d: What was that tobacco product?

_____ (VERBATIM TEXT)

REFUSED -7
DON'T KNOW -8

BOX D33

DISPLAY D33a, b, c, d IN SEQUENCE FOR EACH D32a, b, c, d = 1.

DISPLAY EACH D33 LEAF QUESTION IMMEDIATELY FOLLOWING A "YES" RESPONSE TO THE CORRESPONDINGLY LETTERED D32 LEAF QUESTION.

FILL QUESTION TEXT IN D33 AS FOLLOWS:

a. a hookah water pipe

b. electronic cigarettes

c. snus

d. D32OS VERBATIM RESPONSE

D33a-d. During the past 30 days, how many days did you use (FILL ITEM D32a-d = 1)?

|_|_| ENTER NUMBER OF DAYS

REF -7

DK -8

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BOX D18

DESCRIPTIVE NOTE: D18, D20, D22 ARE ASKED OF ALL RESPONDENTS.

D18. Now I have a few questions about pipes and cigars. 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 |

BOX D19

IN D19, D21, AND D23, 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 |

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

| | | |
|-----|----|-----------------|
| YES | 1 | |
| NO | 2 | SKIP TO BOX D24 |
| REF | -7 | SKIP TO BOX D24 |
| DK | -8 | SKIP TO BOX D24 |

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

|_|_| ENTER NUMBER OF DAYS

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

BOX D24

DESCRIPTIVE NOTE: ASK D24 TO CURRENT SMOKERS (SSTAT = C1, C2, C3) , FORMER ESTABLISHED SMOKERS WHO HAVE SMOKED IN THE LAST 30 DAYS (SSTAT = F2), AND CURRENT EXPERIMENTERS WHO HAVESMOKED IN THE LAST 30 DAYS (SSTAT = X1).

IF SSTAT = F1, X2, OR NS, SKIP TO BOX E1

D24. In the past 30 days, did you use any smokeless tobacco product when smoking cigarettes was not allowed?

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

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Section E: Cessation

Quit Attempts

BOX E1

DESCRIPTIVE NOTE: ASK E1 TO ALL CURRENT SMOKERS (SSTAT = C1, C2, C3) AND OTHERS WHO SMOKED REGULARLY WITHIN THE PAST YEAR: FORMER SMOKERS WHO SMOKED IN PAST 30 DAYS (SSTAT = F2), CURRENT EXPERIMENTERS WHO SMOKED IN THE PAST 30 DAYS (SSTAT = X1) , AND FORMER SMOKERS WHO HAVE NOT SMOKED IN THE PAST 30 DAYS (SSTAT = F1) BUT SMOKED REGULARLY WITHIN THE PAST YEAR (BASED ON RESPONSES TO D12/D13)

PROGRAMMER NOTE: FOR USE IN BOXES E1, E4, G3, AND H30, FIRST REPROCESS D12 INTO A STANDARD MEASURE EQUIVALENT TO YEARS (D12YR)

**IF D10 = 999 OR IF D12 = 999, D12YR = 99.9 [NEVER SMOKED REGULARLY]
ELSE IF D12 = -7 OR -8, OR SKIPPED [BLANK], D12YR = -9 [NOT ASCERTAINED]
ELSE DERIVE YEAR EQUIVALENT: DIVIDE D12 NUMBER BY 365/52/12/1 FOR D12 UNIT = 1 (DAYS)/2 (WEEKS)/3 (MONTHS)/ 4 (YEARS), RESPECTIVELY. CARRY OUT CALCULATION TO ONE DECIMAL PLACE**

IF (SSTAT = X2 OR NS) OR (SSTAT = F1 AND ((1 < D12YR ≤ 99.9) OR (D13a = 1 OR D13b = 1 OR D13c = 1 OR D13d = 1) [i.e., LAST SMOKED REGULARLY MORE THAN ONE YEAR AGO])) , SKIP TO E3.

NOTE: FOR THE FORMER SMOKERS WHO HAVE NOT SMOKED IN THE PAST 30 DAYS (SSTAT = F1), THIS SKIP WILL EXCLUDE THOSE WHO REPORTED IN D10 OR D12 THAT THEY NEVER SMOKED REGULARLY AND THOSE WHO DID NOT SMOKE REGULARLY WITHIN THE PAST YEAR, BASED ON YEARS REPORTED IN D12 OR RELEVANT QUESTIONS IN D13.

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 |

MATS 2010 Questionnaire

BOX E2

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

MATS 2010 Questionnaire

BOX E4

**DESCRIPTIVE NOTE: ASK E4a-f TO:
CURRENT SMOKERS WHO HAVE TRIED TO QUIT DURING THE PAST 12 MONTHS (SSTAT = (C1, C2 OR C3) AND E1 = 1) AND
FORMER SMOKERS (SSTAT = F1 OR F2) WHO QUIT IN THE PAST 10 YEARS, LOOSELY DEFINED AS THOSE WHO LAST SMOKED REGULARLY WITHIN THE PAST 10 YEARS (D12YR ≤ 10 YEARS OR D13b = 1 OR D13c = 1 OR D13d = 1 OR D13e = 1 OR D13f = 1 OR D13g = 1 OR D13h = 1)).
PROGRAMMER NOTE: FOR THE FOLLOWING INSTRUCTION, USE D12YR CALCULATED IN BOX E1.**

**IF ((SSTAT = C1 OR C2 OR C3) AND E1 ≠ 1)
OR ((SSTAT = F1 OR F2) AND ((10 < D12YR ≤ 99.9) OR D13a = 1)
OR (SSTAT = X1 OR X2 OR NS), SKIP TO BOX E16.**

NOTE: FOR THE FORMER SMOKERS (SSTAT = F1 OR F2), THIS SKIP WILL EXCLUDE THOSE WHO REPORTED IN D10 OR D12 THAT THEY NEVER SMOKED REGULARLY AND THOSE WHO DID NOT SMOKE REGULARLY WITHIN THE PAST 10 YEARS, BASED ON YEARS REPORTED IN D12 OR RELEVANT QUESTIONS IN D13.

DISPLAY INSTRUCTION: IF SSTAT = F1 OR F2 (FORMER SMOKER), USE FIRST DISPLAY IN E4, ELSE 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. Nicotine patches? | 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 |

MATS 2010 Questionnaire

BOX E11

DESCRIPTIVE NOTE: ASK E11 OF CURRENT SMOKERS (SSTAT = C1, C2, C3) WHO HAVE MADE A QUIT ATTEMPT IN THE PAST 12 MONTHS (E1 = 1) AND FORMER SMOKERS (F1, F2) WHO SMOKED WITHIN THE LAST 10 YEARS (D12/D13 ≤ 10 YEARS).

PROGRAMMER CHECK NOTE: PREVIOUS FLOW AND SKIPS BRING ONLY THE ABOVE GROUPS TO THIS BOX. ALL OTHER GROUPS HAVE SKIPPED BASED ON PREVIOUS SKIP INSTRUCTIONS.

DISPLAY INSTRUCTION: IF SSTAT = F1 OR F2 (FORMER SMOKER), USE FIRST DISPLAY IN E11, E12, E13, E14 AND E15, ELSE 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 |

MATS 2010 Questionnaire

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 E16 |
| REF | -7 | SKIP TO BOX E16 |
| DK | -8 | SKIP TO BOX E16 |

E15os. IF E15 = 1: What was it? [SPECIFY] _____

Stages of Change for Quitting

BOX E16

DESCRIPTIVE NOTE: ASK E16 TO CURRENT SMOKERS (SSTAT = C1, C2, C3) AND FORMER SMOKERS WHO HAVE SMOKED IN THE PAST 30 DAYS (SSTAT = F2).

IF SSTAT = F1, X1, X2, OR NS, 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 |

MATS 2010 Questionnaire

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 |

MATS 2010 Questionnaire

SECTION G: Physician and Health Professional Advice

BOX G1

PROGRAMMER CHECK NOTE: ASK G1 OF ALL RESPONDENTS.

G1. I'm going to ask you a few questions about health care providers, such as doctors, nurses, dentists, pharmacists, or any other type of health care professional. In the past 12 months, did you visit any type of health care provider about your own health?

| | | |
|-----|----|----------------|
| YES | 1 | |
| NO | 2 | SKIP TO BOX G5 |
| REF | -7 | SKIP TO BOX G5 |
| DK | -8 | SKIP TO BOX G5 |

BOX G2

DESCRIPTIVE NOTE: ASK G2 TO RESPONDENTS WHO HAVE SEEN A HEALTH CARE PROVIDER IN THE PAST 12 MONTHS (G1 = 1)

G2. During the past 12 months, did any doctor, nurse, dentist, pharmacist, or any other kind of health professional ask if you smoke?

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

MATS 2010 Questionnaire

BOX G3

DESCRIPTIVE NOTE: ASK G3 TO CURRENT SMOKERS (SSTAT = C1, C2, C3), FORMER SMOKERS WHO HAVE SMOKED IN PAST 30 DAYS (SSTAT = F2), AND FORMER SMOKERS WHO HAVE NOT SMOKED REGULARLY IN PAST 30 DAYS (SSTAT = F1) BUT HAVE SMOKED REGULARLY WITHIN THE PAST YEAR (D12YR ≤ 1 YEAR OR (D13e = 1 OR D13f =1 or d13g = 1 OR D13h = 1)).

PROGRAMMER NOTE: FOR THE FOLLOWING INSTRUCTION, USE D12YR CALCULATED IN BOX E1.

IF (SSTAT = X1 OR X2 OR NS) OR (SSTAT = F1 AND (1 < D12YR ≤ 99.9 OR D13a = 1 OR D13b =1 OR D13c = 1 OR D13d = 1)), SKIP TO BOX G5

NOTE: FOR THE FORMER SMOKERS WHO HAVE NOT SMOKED IN PAST 30 DAYS (SSTAT = F1), THIS SKIP WILL EXCLUDE THOSE WHO REPORTED IN D12 THAT THEY NEVER SMOKED REGULARLY AND THOSE WHO DID NOT SMOKE REGULARLY WITHIN THE PAST YEAR, BASED ON YEARS REPORTED IN D12 OR RELEVANT QUESTIONS IN D13.

G3. During the past 12 months, did any doctor, nurse, dentist, pharmacist, or any other kind of health professional advise you to quit smoking?

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

G4a. In the past 12 months, did any of these health professionals you saw ... recommend any product or prescription for a medication to help you quit smoking?

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

G4b. In the past 12 months, did any of these health professionals you saw ... 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?

| | | |
|-----|----|----------------|
| YES | 1 | |
| NO | 2 | SKIP TO BOX G5 |
| REF | -7 | SKIP TO BOX G5 |
| DK | -8 | SKIP TO BOX G5 |

G4bb. In the past 12 months, did any of these health professionals you saw help you access that quit

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smoking program?

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

BOX G5

DESCRIPTIVE NOTE: ASK G5 TO CURRENT SMOKERS (SSTAT = C1, C2, C3) AND FORMER SMOKERS WHO HAVE SMOKED IN THE LAST 30 DAYS (SSTAT = F2)

IF SSTAT = F1 OR X1 OR X2 OR NS, SKIP TO BOX H30

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 BOX H30 |
| REF | -7 | SKIP TO BOX H30 |
| DK | -8 | SKIP TO BOX H30 |

BOX G6a-g

IN G6a-f, RANDOMIZE THE ORDER OF PRESENTATION FOR ITEMS a – f, AND ALWAYS DISPLAY G6g LAST, FOLLOWED BY G6gOS.

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?] | 1 | 2 | -7 | -8 |
| G6gos. | IF G6g = 1: What else would you use? | [SPECIFY] _____ | | | |

Section H: Environmental Tobacco Smoke

BOX H30

MATS 2010 Questionnaire

**DESCRIPTIVE NOTE: ASK H30 TO:
 CURRENT SMOKERS (SSTAT = C1, C2, C3),
 FORMER SMOKERS WHO HAVE SMOKED IN THE PAST 30 DAYS (SSTAT = F2),
 FORMER SMOKERS WHO HAVE NOT SMOKED IN THE PAST 30 DAYS (SSTAT = F1) BUT HAVE
 SMOKED REGULARLY WITHIN THE PAST 2 YEARS (D12YR ≤ 2 YEARS OR D13d = 1 OR D13e = 1
 OR D13f = 1 OR D13g = 1 OR D13h = 1), AND
 CURRENT EXPERIMENTERS WHO HAVE SMOKED IN THE PAST 30 DAYS (SSTAT = X1).**

PROGRAMMER NOTE: FOR THE FOLLOWING INSTRUCTION, USE D12YR CALCULATED IN BOX E1.

IF (SSTAT = NS or X2) OR ((SSTAT = F1) AND (2 < D12YR ≤ 99.9 OR D13a = 1 OR D13b = 1 OR D13c = 1)), SKIP TO BOX H8.

NOTE: FOR THE FORMER SMOKERS WHO HAVE NOT SMOKED IN PAST 30 DAYS (SSTAT = F1), THIS SKIP WILL EXCLUDE THOSE WHO REPORTED IN D12 THAT THEY NEVER SMOKED REGULARLY AND THOSE WHO DID NOT SMOKE REGULARLY WITHIN THE PAST 2 YEARS, BASED ON YEARS REPORTED IN D12 OR RELEVANT QUESTIONS IN D13.

H30. In March of 2009, a 62 cent cigarette tax increase took effect nation-wide. 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 |

MATS 2010 Questionnaire

BOX H8

IF LANDLINE CASE AND A ONE-ADULT HH, SKIP TO H9.

DISPLAY NOTE: IF SSTAT = C1, C2, C3, F2, X1 OR X2 USE FIRST DISPLAY IN H8, 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

BOX H9

IN H9 HARD RANGE 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?

[ANYONE INCLUDES THE RESPONDENT.]

_____ 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

MATS 2010 Questionnaire

Workplace Policy and Exposure

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

H11. 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 |

BOX H12

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 |

BOX H13

DESCRIPTIVE NOTE: RESPONDENTS WORKING PRIMARILY INDOORS ARE ASKED H14, THE LIST OF INDOOR WORK SETTINGS. RESPONDENTS WORKING PRIMARILY OUTDOORS ARE ASKED H15, THE LIST OF OUTDOOR WORK SETTINGS.

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 H15 |
| REF | -7 | SKIP TO H17 |
| DK | -8 | SKIP TO H17 |

MATS 2010 Questionnaire

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

- | | | | |
|---|--------|---|-----------------|
| A classroom, | 1 | } | SKIP TO H17 |
| 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 | | |
| REF | -7 | | SKIP TO H17 |
| DK | -8 | | SKIP TO H17 |

H14os. IF H15 = 12: What is that other setting? [SPECIFY] _____ SKIP TO H17

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? | 5 |
| REF | -7 |
| DK | -8 |

H15os. IF H15 = 5: What is that other setting? [SPECIFY] _____

MATS 2010 Questionnaire

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 |

MATS 2010 Questionnaire

BOX H20

DESCRIPTIVE NOTE: ASK H20 TO THOSE WHO WORK PRIMARILY INDOORS (H13 = 1)

IF H13 = 2, -7, -8, SKIP TO H22

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

| | |
|-------------------------------|----|
| YES | 1 |
| NO | 2 |
| R DOES NOT WORK IN A BUILDING | 3 |
| REF | -7 |
| DK | -8 |

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

[SOMEONE MEANS A PERSON OTHER THAN THE RESPONDENT.]

| | |
|-----|----|
| 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 H25 |
| REF | -7 | SKIP TO BOX H25 |
| DK | -8 | SKIP TO BOX H25 |

MATS 2010 Questionnaire

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 |

BOX H25

DESCRIPTIVE NOTE: ASK H25a-d TO ALL CURRENT SMOKERS (SSTAT = C1, C2, C3), FORMER SMOKERS (F1, F2), AND CURRENT EXPERIMENTERS (X1).

IF SSTAT = X2 OR NS, SKIP TO H31.

DISPLAY NOTE: IF SSTAT = 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 |

MATS 2010 Questionnaire

H31. Do you think smoking should be allowed in cars when children are in them?

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

H32. I am going to read a list of outdoor areas. Please tell me whether or not you think smoking should be allowed in each area.

[IF NEEDED CLARIFICATION: WE ARE ASKING IF SMOKING SHOULD BE ALLOWED OR NOT ALLOWED ANYWHERE IN THESE OUTDOOR AREAS, WITHOUT EXCEPTION]

| | SMOKING ALLOWED | SMOKING NOT ALLOWED | REF | DK |
|---|--------------------|---------------------------|-----|----|
| a. Outdoor patios of restaurants, cafes and bars? | 1 | 2 | -7 | -8 |
| b. Outdoor areas near building entrances and exits? | 1 | 2 | -7 | -8 |
| c. Outdoor areas of county fairs or community-sponsored gatherings? | 1 | 2 | -7 | -8 |
| d. Public sidewalks? | 1 | 2 | -7 | -8 |
| e. Public parks, playgrounds, and beaches? | | | | |

H33. The next question is about smoking in casinos in Minnesota.

Do you think smoking should be allowed in Minnesota Casinos...throughout the building, only in special smoking areas, or not all?

| | |
|---------------------------------------|----|
| ALLOWED THROUGHOUT THE BUILDING | 1 |
| ALLOWED ONLY IN SPECIAL SMOKING AREAS | 2 |
| NOT ALLOWED AT ALL | 3 |
| REF | -7 |
| DK | -8 |

MATS 2010 Questionnaire

Section I: Risk Perception and Social Influences

Risk Perception

11. 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 |

BOX 12

DISPLAY INTERVIEWER NOTES FOR ITEMS a, f, and g:

a. A HOOKAH IS ALSO KNOWN AS A SHISHA (ARABIC) OR NARGILA (TURKISH)). A HOOKAH OR WATER PIPE IS A DEVICE FOR SMOKING THAT USES WATER TO COOL AND MOISTEN THE SMOKE. IT IS OFTEN MADE OF GLASS. IT SOMETIMES HAS SEVERAL MOUTHPIECES, SO THAT PEOPLE CAN SHARE IT.

f. AN ELECTRONIC CIGARETTE IS A NEW PRODUCT THAT LOOKS LIKE A REGULAR CIGARETTE, BUT IS NOT LIGHTED LIKE A CIGARETTE. IT RUNS ON A BATTERY AND HAS A SMOKE-LIKE VAPOR THAT IS PRODUCED ELECTRONICALLY. THE VAPOR CONTAINS NICOTINE, BUT THE E-CIGARETTE DOES NOT CONTAIN OR BURN ANY TOBACCO.

g. SNUS IS A RELATIVELY NEW FORM OF SMOKELESS TOBACCO. IT IS A SPIT-FREE TOBACCO POUCH THAT YOU PUT IN THE FRONT OF YOUR MOUTH, THEN DISCARD AFTER YOU FINISH USING IT. EXAMPLES INCLUDE CAMEL SNUS, TOURNEY SNUS, AND MARLBORO SNUS.

12. 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 water pipe? | 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 |
| f. Electronic cigarettes | 1 | 2 | 3 | -7 | -8 |
| g. Snus [RHYMES WITH MOOSE], a new smokeless, moist, pouch tobacco product, such as Camel Snus | 1 | 2 | 3 | -7 | -8 |
| b. Smokeless tobacco such as snuff and chewing tobacco? | 1 | 2 | 3 | -7 | -8 |

13. Now I am going to ask about smoke from other people's cigarettes.

MATS 2010 Questionnaire

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 |

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 I17 |
| REF | -7 | SKIP TO I17 |
| DK | -8 | SKIP TO I17 |

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

| | |
|------------------|----|
| ENTIRE YEAR | 1 |
| PART OF THE YEAR | 2 |
| REF | -7 |
| DK | -8 |

MATS 2010 Questionnaire

- I17. I have a few questions about how things have been going for you. Has a doctor or other healthcare provider ever told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

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

- I18. Has a doctor or other healthcare provider ever told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

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

- I19. We are interested in how people are getting along financially these days. Would you say that you (and your family living there) are better off or worse off financially than you were a year ago?

| | |
|------------|----|
| BETTER OFF | 1 |
| SAME | 2 |
| WORSE OFF | 3 |
| REF | -7 |
| DK | -8 |

MATS 2010 Questionnaire

Section J: Closing Demographic Items

BOX J1

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 |

MATS 2010 Questionnaire

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 |

J4fOS If J4f = 1: What is that other race? [SPECIFY] _____

BOX J5

DESCRIPTIVE NOTE: ASK J5 TO RESPONDENTS WHO REPORT THAT THEIR RACIAL BACKGROUND IS MIXED (MORE THAN ONE RACE), THAT IS, MORE THAN ONE RESPONSE IN J4a-f = 1. J5 ASKS WHICH RACE BEST REPRESENTS HIS/HER RACE.

IF ONLY ONE RESPONSE IN J4a-f = 1, SKIP TO J10.

DISPLAY NOTE: IN J5 DISPLAY ONLY THOSE RACE CATEGORY LABELS CORRESPONDING TO THOSE WHERE J4a THROUGH J4f = 1; ALWAYS DISPLAY OPTION 7. FOR OPTION 6, DISPLAY J4fOS VERBATIM TEXT.

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 |
| J4os {VERBATIM TEXT} | 6 |
| RACIAL BACKGROUND EQUALLY DIVIDED | 7 |
| REF | -7 |
| DK | -8 |

MATS 2010 Questionnaire

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 TH GRADE OR LESS | 1 |
| SOME HIGH SCHOOL BUT NO DIPLOMA | 2 |
| COMPLETED HIGH SCHOOL (DIPLOMA) | 3 |
| EARNED GED | 4 |
| SOME COLLEGE BUT NO DEGREE (INCLUDES TECHNICAL OR TRADE SCHOOL AFTER RECEIVING A HIGH SCHOOL DIPLOMA / GED.) | 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 |

MATS 2010 Questionnaire

BOX J11a

DESCRIPTIVE NOTE: ASK J11a ONLY TO 18- 24 YEAR OLDS.

IF A5 > 24 OR A6 = 2, 3, 4, 5, 6, OR 7, SKIP TO BOX K1.

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?

[REFERS TO ANY CURRENT SCHOOLING, INCLUDING GRADUATE SCHOOL.]

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

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

J11bOS. IF J11b = 7

[SPECIFY OTHER] _____

MATS 2010 Questionnaire

BOX K1

QUESTIONS K1 TO K3 ARE TO BE ASKED ONLY OF LAND LINE RESPONDENTS. ELSE, IF CELL PHONE RESPONDENT, GO TO GOODBYE.

IF RESPONDENT BREAKS OFF IN SECTION K, FINALIZE AS COMPLETED INTERVIEW; THERE WILL BE NO CALL BACK.

K1. Do you have a working cell phone?

| | | |
|------------------|----|---------------|
| Yes | 1 | GO TO K2 |
| No | 2 | GO TO GOODBYE |
| Share cell phone | 3 | GO TO K2 |
| REFUSED | -7 | GO TO GOODBYE |
| DON'T KNOW | -8 | GO TO GOODBYE |

K2. Is that cell phone for personal use or business use?

| | | |
|--------------------------------|----|---------------|
| Personal use only | 1 | GO TO K3 |
| Business use only | 2 | GO TO GOODBYE |
| Both personal and business use | 3 | GO TO K3 |
| REFUSED | -7 | GO TO GOODBYE |
| DON'T KNOW | -8 | GO TO GOODBYE |

K3. Of all the telephone calls that you receive, are...

| | | |
|---|----|---------------|
| All or almost all calls received on cell phone | 1 | GO TO GOODBYE |
| Some received on cell phones and some on regular phones, or | 2 | GO TO GOODBYE |
| Very few or none received on cell phones? | 3 | GO TO GOODBYE |
| REFUSED | -7 | GO TO GOODBYE |
| DON'T KNOW | -8 | GO TO GOODBYE |

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

MATS 2010 Questionnaire

BOX WRGST

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

IF A7 = 1 CODE INELIGIBLE AND GO TO WRGST.

WRGST

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