|__|__|__|__| |__|__| |__|__| |__|__|__|__|

	INTERVIEW SUPERVISOR	INTERVIEWER	SURVEY NUMBER
YEAR			

___ FACE-TO-FACE
___ TELEPHONE

Hispanic/Latino
Adult Tobacco Survey: All English

Core Questions
(November 21, 2006)(May 30, 2007)

TABLE OF CONTENTS

SECTION 6:   DEMOGRAPHIC ITEMS

SECTION 7:   SUPPLEMENTAL QUESTIONS SELECTED BY _____
                                                               (PLEASE FILL IN NAME)

▲   Question is identical to original State ATS. (State ATS, June 2003)

◆   Question is very similar, but not identical to original State ATS (same wording may appear in different order).

■   Question is similar, but not identical to original State ATS (different wording may appear).

●   Question is new and not in the original State ATS.

Public burden of this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid number from the Office of Management and Budget (OMB). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Information Clearance Officer; 1600 Clifton Road NE, MS E-11, Atlanta, Georgia, 30333; ATTN: PRA (0920-0726).

INTERVIEWER INSTRUCTIONS

INTERVIEWER, PLEASE READ THE FOLLOWING STATEMENT TO THE PARTICIPANT:

"I would like to go over the ground rules for this interview. First, there are no right or wrong answers. I must read the questions exactly as they are written. I must read the responses exactly as they are written. I cannot help you with either the questions or the answers. If you need a question or response to be repeated, please ask and I will be happy to do so. If we are distracted during the interview, we will stop as needed and then continue the interview."

"Do you have any questions before we begin?"

"Are you ready to begin?"

BEGIN INTERVIEW.

SECTION 1: GENERAL HEALTH

▲ 1. Would you say that in general your health is:…

Excellent...□₁

Very good...□₂

Good...□₃

Fair..□₄

Poor...□₅

DON'T KNOW/NOT SURE..............................□₇

REFUSED...□₉

SECTION 2: TOBACCO USE

▲ 2. Have you ever smoked a cigarette, even one or two puffs?

YES...□₁

NO...□₂   *SKIP TO Q22*

DON'T KNOW/NOT SURE..............................□₇   *SKIP TO Q22*

REFUSED...□₉   *SKIP TO Q22*

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

AGE (76 = 76+)...................................□□₀₁₋₇₆

DON'T KNOW/NOT SURE..............................□□₇₇

REFUSED...□□₉₉

■ 4. For this question, we want you to think of all the cigarettes you ever smoked in your whole life, not on a single day. **In your entire life,** have you smoked at least 100 cigarettes, about five packs?

YES...□₁

NO...□₂

DON'T KNOW/NOT SURE..............................□₇

REFUSED...□₉

3

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

EVERY DAY..☐1

SOME DAYS..☐2

NOT AT ALL..☐3   *IF Q4 = 1, SKIP TO Q11; IF Q4 = 2-9, SKIP TO Q17*

DON'T KNOW/NOT SURE..............................☐7

REFUSED...☐9

◆ 6. During the past 30 days, on how many days did you smoke cigarettes?

NONE..☐☐00   *SKIP TO Q11*

NUMBER OF DAYS...☐☐01-30

DON'T KNOW/NOT SURE..............................☐☐77

REFUSED...☐☐99

▲ 7. On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

NUMBER OF CIGARETTES............................☐☐☐001-180

(*NOTE TO INTERVIEWER*: ONE PACK = 20 CIGARETTES. VERIFY 61 OR MORE CIGARETTES.)

LESS THAN ONE CIGARETTE A DAY..........☐☐☐666

DON'T KNOW/NOT SURE..............................☐☐☐777

REFUSED...☐☐☐999

▲ 8. When you smoke, how soon after you wake up do you have your first cigarette? Would you say…?

Within 5 minutes..☐1

6-30 minutes...☐2

31-60 minutes...☐3

After 60 minutes..☐4

DON'T KNOW/NOT SURE..............................☐7

REFUSED...☐9

▲ 9. What brand of cigarettes do you smoke most often? **[MARK ONLY ONE.]**

Benson and Hedges.................................. ☐☐ 01	Merit... ☐☐ 09
Camel.. ☐☐ 02	More.. ☐☐ 10
Carlton... ☐☐ 03	Newport.. ☐☐ 11
Generic... ☐☐ 04	Pall Mall... ☐☐ 12
Kent.. ☐☐ 05	Salem.. ☐☐ 13
Kool.. ☐☐ 06	Virginia Slims... ☐☐ 14
Lucky Strike…... ☐☐ 07	Winston... ☐☐ 15
Marlboro... ☐☐ 08	No usual brand... ☐☐ 16
	Other [SPECIFY]... ☐☐ 17

DON'T KNOW/NOT SURE.. ☐☐ 77

REFUSED.. ☐☐ 99

▲ 10. Do you usually smoke menthol cigarettes?

YES... ☐ 1

NO... ☐ 2

DON'T KNOW/NOT SURE.............................. ☐ 7

REFUSED... ☐ 9

QUIT ATTEMPTS

▲ 11. About how long has it been since you last smoked cigarettes? Would you say it was…?

Never smoked regularly.. ☐☐01	*SKIP TO Q22*
Within the past month (≤ 1 month ago).. ☐☐02	*SKIP TO Q12*
Within the past 3 months (> 1 month but ≤ 3 months ago)............... ☐☐03	*SKIP TO Q13*
Within the past 6 months (> 3 months but ≤ 6 months ago)............. ☐☐04	*SKIP TO Q13*
Within the past year (> 6 months but ≤ 1 year ago)......................... ☐☐05	*SKIP TO Q13*
Within the past 5 years (> 1 year but ≤ 5 years ago)....................... ☐☐06	*SKIP TO Q13*
Within the past 10 years (> 5 years but ≤ 10 years ago)................... ☐☐07	*SKIP TO Q22*
Over 10 years ago... ☐☐08	*SKIP TO Q22*
DON'T KNOW/NOT SURE... ☐☐77	*SKIP TO Q22*
REFUSED.. ☐☐99	*SKIP TO Q22*

(*NOTE TO INTERVIEWER:* IF Q5 = 3 **AND** Q11 = 06-99, SKIP TO Q22.)

▲ 12. 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 Q15*
DON'T KNOW/NOT SURE.............................. ☐7	*SKIP TO Q15*
REFUSED.. ☐9	*SKIP TO Q15*

▲ 13. **[FORMER SMOKERS]:** When you quit smoking,
     [CURRENT SMOKERS]: The last time you tried to quit smoking,

     did you use the nicotine patch, nicotine gum, or any other medication to help you quit?

     YES...☐1

     NO..☐2

     DON'T KNOW/NOT SURE...............................☐7

     REFUSED...☐9

▲ 14. **[FORMER SMOKERS]:** When you last quit smoking,
     [CURRENT SMOKERS]: The last time you tried to quit smoking,

     did you use any other assistance such as classes or counseling?

     YES...☐1

     NO..☐2

     DON'T KNOW/NOT SURE...............................☐7

     REFUSED...☐9

▲ 15. Are you seriously considering stopping smoking within the next 6 months?

     YES...☐1

     NO..☐2   *SKIP TO Q17*

     DON'T KNOW/NOT SURE...............................☐7   *SKIP TO Q17*

     REFUSED...☐9   *SKIP TO Q17*

■ 16. Are you planning to stop smoking within the next 30 days, within the next 2 to 3 months, or within the next 4 to 6 months?

WITHIN THE NEXT 30 DAYS.........................☐₁

WITHIN THE NEXT 2 TO 3 MONTHS............☐₂

WITHIN THE NEXT 4 TO 6 MONTHS............☐₃

DON'T KNOW/NOT SURE..............................☐₇

REFUSED...☐₉

PHYSICIAN AND HEALTH PROFESSIONAL ADVICE

▲ 17. In the past 12 months, have you seen a doctor, nurse, therapist, or counselor to get a check-up or any kind of care for yourself?

YES...☐₁

NO...☐₂ *SKIP TO Q21*

DON'T KNOW/NOT SURE..............................☐₇ *SKIP TO Q21*

REFUSED...☐₉ *SKIP TO Q21*

▲ 18. During the past 12 months, did any doctor, nurse, therapist, or counselor advise you to not smoke?

YES...☐₁ *SKIP TO Q20a*

NO...☐₂

DON'T KNOW/NOT SURE..............................☐₇ *SKIP TO Q21*

REFUSED...☐₉ *SKIP TO Q21*

▲ 19. During the past 12 months, did any doctor, nurse, therapist, or counselor ask if you smoke?

YES...☐₁

NO...☐₂ *SKIP TO Q21*

DON'T KNOW/NOT SURE..............................☐₇ *SKIP TO Q21*

REFUSED...☐₉ *SKIP TO Q21*

In the past 12 months, when a doctor, nurse, therapist, or counselor advised you to quit smoking, did they also do any of the following?

▲ 20a. Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban?

YES...☐₁

NO...☐₂

DON'T KNOW/NOT SURE...........................☐₇

REFUSED...☐₉

▲ 20b. Suggest that you set a specific date to stop smoking?

YES...☐₁

NO...☐₂

DON'T KNOW/NOT SURE...........................☐₇

REFUSED...☐₉

▲ 20c. Suggest that you use a smoking cessation class, program, quit line, or counseling?

YES...☐₁

NO...☐₂

DON'T KNOW/NOT SURE...........................☐₇

REFUSED...☐₉

▲ 20d. Provide you with booklets, videos, or other materials to help you quit smoking on your own?

YES...☐₁

NO...☐₂

DON'T KNOW/NOT SURE...........................☐₇

REFUSED...☐₉

NONTRADITIONAL METHODS OF QUITTING

● 21. In the past 12 months, have you seen a medicine man (curandero), santero, spiritist (espiritista), herbalist (yerbero), religious leaders (priest, pastor, rabbi, etc.), or other non-health professionals to help you quit smoking?

YES...□1

NO...□2   *SKIP TO Q22*

DON'T KNOW/NOT SURE............................□7   *SKIP TO Q22*

REFUSED...□9   *SKIP TO Q22*

● 21a. Whom did you see? **[MARK ALL THAT APPLY.]**

A medicine man or curandero.......................................□1

A santero..□2

A spiritist or espiritista..□3

A herbalist or yerbero...□4

A religious leader (priest, pastor, rabbi, etc.)................□5

Other [SPECIFY]_____...................□6

DON'T KNOW/NOT SURE.......................................□7

REFUSED...□9

SECTION 4: SECONDHAND SMOKE

● 22. Other than you, how many adults aged 18 years or older live in your household?

0..□0   *SKIP TO Q24*

1..□1

2..□2

3..□3

4..□4

5 OR MORE..□5

DON'T KNOW/NOT SURE............................□7   *SKIP TO Q24*

REFUSED...□9   *SKIP TO Q24*

◆ 23. Not including yourself, how many of the adults, 18 years or older, who live in your household smoke cigarettes, cigars, or pipes?

0...□□ 00   *SKIP TO Q25*

NUMBER OF ADULTS.................................□□ 01-76

DON'T KNOW/NOT SURE...........................□□ 77

REFUSED...□□ 99

■ 24. Not including yourself, during the past 7 days, that is, since **[DATE FILL]**_____, on how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

NUMBER OF DAYS....................................□□ 00-07

DON'T KNOW/NOT SURE...........................□□ 77

REFUSED...□□ 99

■ 25. What rules about smoking **inside** your home exist that apply both to family members and guests? Smoking is…

Not allowed anywhere or at any time inside your home......................□ 1

Allowed in some places or at some times inside the home.................□ 2

Allowed everywhere and at any time inside the home........................□ 3

DON'T KNOW/NOT SURE...□ 7

REFUSED..□ 9

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

[MARK ONLY ONE.]

■ 26. Are you currently…?

Employed for wages part-time or full-time...☐☐01

Employed for wages part-time or full-time **and** a student...................☐☐02

Self-employed/work outside of home...☐☐03

Self-employed/work at home..☐☐04 *SKIP TO Q32*

A student **only**..☐☐05 *SKIP TO Q32*

Out of work for more than 1 year...☐☐06 *SKIP TO Q32*

Out of work for 1 year or less..☐☐07 *SKIP TO Q32*

A homemaker..☐☐08 *SKIP TO Q32*

Retired..☐☐09 *SKIP TO Q32*

Unable to work..☐☐10 *SKIP TO Q32*

DON'T KNOW/NOT SURE...☐☐77 *SKIP TO Q32*

REFUSED...☐☐99 *SKIP TO Q32*

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

YES...☐1

NO...☐2 *SKIP TO Q32*

DON'T KNOW/NOT SURE...........................☐7 *SKIP TO Q32*

REFUSED..☐9 *SKIP TO Q32*

▲ 28. As far as you know, in the past 7 days, that is, since **[DATE FILL]**_____, has anyone smoked in your work area?

YES...☐1

NO...☐2

DON'T KNOW/NOT SURE...........................☐7

REFUSED..☐9

● 29. Does your place of work have an <u>official</u> policy that restricts smoking in any way?

YES...☐1

NO...☐2　　*SKIP TO Q32*

DON'T KNOW/NOT SURE............................☐7　　*SKIP TO Q32*

REFUSED..☐9　　*SKIP TO Q32*

◆ 30. Which of the following best describes your place of work's official smoking policy for work areas?

Prohibited in all areas.....................................☐1

Prohibited in some areas.................................☐2

Allowed throughout...☐3

There is no official rule...................................☐4

DON'T KNOW/NOT SURE............................☐7

REFUSED..☐9

◆ 31. Which of these best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, restrooms, and lunchrooms?

Prohibited in all areas.....................................☐1

Prohibited in some areas.................................☐2

Allowed throughout...☐3

DON'T KNOW/NOT SURE............................☐7

REFUSED..☐9

◆ 32. In **indoor** work areas, do you think smoking should be prohibited in all areas, prohibited in some areas, or allowed throughout?

Prohibited in all areas.....................................☐1

Prohibited in some areas..................................☐2

Allowed throughout...☐3

DON'T KNOW/NOT SURE...........................☐7

REFUSED...☐9

▲ 33. In the past 7 days, that is, since **[DATE FILL]**_____, have you been in a car with someone who was smoking?

YES..☐1

NO..☐2

DON'T KNOW/NOT SURE...........................☐7

REFUSED...☐9

ATTITUDES ABOUT CLEAN INDOOR AIR RULES

For each of the following enclosed, indoor places, do you think that smoking should be prohibited in all areas, prohibited in some areas, or allowed throughout for…?

■ 34a. Public places? (government buildings, banks, malls, etc.)

Should be:

Prohibited in all areas.....................................☐1

Prohibited in some areas..................................☐2

Allowed throughout...☐3

DON'T KNOW/NOT SURE...........................☐7

REFUSED...☐9

● 34b. Workplaces? (i.e., public and private)

Should be:

Prohibited in all areas.....................................□$_1$

Prohibited in some areas.................................□$_2$

Allowed throughout..□$_3$

DON'T KNOW/NOT SURE...........................□$_7$

REFUSED...□$_9$

● 34c. Restaurants?

Should be:

Prohibited in all areas.....................................□$_1$

Prohibited in some areas.................................□$_2$

Allowed throughout..□$_3$

DON'T KNOW/NOT SURE...........................□$_7$

REFUSED...□$_9$

● 34d. Bars/Taverns/Night clubs?

Should be:

Prohibited in all areas.....................................□$_1$

Prohibited in some areas.................................□$_2$

Allowed throughout..□$_3$

DON'T KNOW/NOT SURE...........................□$_7$

REFUSED...□$_9$

● 34e. Casinos?

Should be:

Prohibited in all areas.....................................□1

Prohibited in some areas..................................□2

Allowed throughout...□3

DON'T KNOW/NOT SURE............................□7

REFUSED...□9

■ 35. If someone has smoked a pack of cigarettes a day for more than 20 years and quits smoking, do you think this will have great benefits for the person's health?

YES...□1

NO...□2

DON'T KNOW/NOT SURE............................□7

REFUSED...□9

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

▲ 36. Do you think that breathing smoke from other people's cigarettes is…?

Harmful to one's health...................................□1

Not harmful at all to one's health....................□2

DON'T KNOW/NOT SURE............................□7

REFUSED...□9

▲ 37a. Lung cancer in adults?

YES..□1

NO..□2

DON'T KNOW/NOT SURE...........................□7

REFUSED...□9

▲ 37b. Heart disease in adults?

YES..□1

NO..□2

DON'T KNOW/NOT SURE...........................□7

REFUSED...□9

▲ 37c. Would you say that breathing smoke from other people's cigarettes causes…?

Colon cancer in adults?

YES..□1

NO..□2

DON'T KNOW/NOT SURE...........................□7

REFUSED...□9

▲ 37d. Respiratory problems in children?

YES...☐1
NO...☐2

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

● 37e. Would you say that breathing smoke from other people's cigarettes causes…?

Crib death?

YES...☐1
NO...☐2

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

● 37f. Asthma and respiratory problems in adults?

YES...☐1
NO...☐2

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

● 38. If you were regularly exposed to secondhand smoke, how concerned would you be about the impact on your health of breathing smoke from other people's cigarettes? Would you be…?

Very concerned..☐1
Somewhat concerned......................................☐2
Not very concerned..☐3
Not at all concerned.......................................☐4

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

● 39. In your opinion, would you say that breathing smoke from other people's cigarettes is a…?

Health hazard...☐$_1$

Annoyance...☐$_2$

Both a health hazard and an annoyance............☐$_3$

Neither a health hazard nor an annoyance........☐$_4$

DON'T KNOW/NOT SURE...........................☐$_7$

REFUSED...☐$_9$

● 40a. Would you support or oppose a law that would prohibit smoking in most indoor places, including public places, workplaces, and restaurants, but excluding bars, night clubs, and casinos?

SUPPORT...☐$_1$

OPPOSE..☐$_2$

DON'T KNOW/NOT SURE...........................☐$_7$

REFUSED...☐$_9$

● 40b. Would you support or oppose a law that would prohibit smoking in most indoor places, including public places, workplaces, and restaurants, and including bars, night clubs, and casinos?

SUPPORT...☐$_1$

OPPOSE..☐$_2$

DON'T KNOW/NOT SURE...........................☐$_7$

REFUSED...☐$_9$

SECTION 6: DEMOGRAPHIC ITEMS

◆ 41. What is your age?

AGE IN YEARS (76 = 76+).............................☐☐$_{18-76}$

DON'T KNOW/NOT SURE...........................☐☐$_{77}$

REFUSED...☐☐$_{99}$

● 42. (*NOTE TO INTERVIEWER: ASK GENDER IF NECESSARY*): WRITE DOWN SEX OF RESPONDENT.

19

● 42.

MALE..☐ 1

FEMALE...☐ 2

DON'T KNOW/NOT SURE...........................☐ 7

▲ 43.   Are you currently…?

Married...□1

A member of an unmarried couple...................□2

Divorced..□3

Widowed..□4

Separated...□5

Never married..□6

DON'T KNOW/NOT SURE............................□7

REFUSED...□9

● 44.   **How many** children live in your household who are:

Newborn up to 11 months old..........................□□00-76

1 through 4 years old.......................................□□00-76

5 through 11 years old......................................□□00-76

12 to 17 years old..□□00-76

DON'T KNOW/NOT SURE............................□□77

REFUSED...□□99

● 45.   What is your country of birth?

ARGENTINA .... □□ 01

BOLIVIA .... □□ 02

BRAZIL .... □□ 03

CHILE .... □□ 04

COLOMBIA .... □□ 05

COSTA RICA .... □□ 06

CUBA .... □□ 07

DOMINICAN REPUBLIC .... □□ 08

ECUADOR .... □□ 09

EL SALVADOR .... □□ 10

GUATEMALA .... □□ 11

HONDURAS .... □□ 12

MEXICO .... □□ 13

NICARAGUA .... □□ 14

PANAMA .... □□ 15

PARAGUAY .... □□ 16

PERU .... □□ 17

PUERTO RICO .... □□ 18   *SKIP TO Q46a*

SPAIN .... □□ 19

URUGUAY .... □□ 20

VENEZUELA .... □□ 21

OTHER (SPECIFY)_____ .... □□ 22

U.S. .... □□ 23   *SKIP TO Q46a*

DON'T KNOW/NOT SURE .... □□ 77   *SKIP TO Q46a*

REFUSED .... □□ 99   *SKIP TO Q46a*

● 46.   How old were you when you **first came** to live in the United States?

AGE IN YEARS (76 = 76+)..............................☐☐ 00-76

OR, IF VOLUNTEERED: YEAR RESPONDENT CAME TO U.S.: |___|___|___|___|

_____ _____

_____ YEAR

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

● 46a.   In your entire life, how many years in total have you lived in the United States? (IF RESPONDENT IS
         FROM PUERTO RICO ASK: how many years have you lived in the continental U.S.?)

TOTAL NUMBER OF YEARS (76 = 76+).....☐☐ 00-76

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

● 47.   In general, what language or languages do you speak?

ONLY ENGLISH...☐ 5
ENGLISH BETTER THAN SPANISH............☐ 4
BOTH EQUALLY..☐ 3
SPANISH BETTER THAN ENGLISH............☐ 2
ONLY SPANISH...☐ 1

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

● 48.   In general, what language or languages do you read?

DON'T KNOW HOW TO READ.................... ☐6

ONLY ENGLISH.. ☐5

ENGLISH BETTER THAN SPANISH........... ☐4

BOTH EQUALLY... ☐3

SPANISH BETTER THAN ENGLISH........... ☐2

ONLY SPANISH.. ☐1

DON'T KNOW/NOT SURE........................... ☐7

REFUSED... ☐9

● 49.   What is the highest grade of school you completed?

GRADE: |___|___| **(1 YEAR OF COLLEGE = 13, 2 YEARS OF COLLEGE = 14, 3 YEARS OF COLLEGE = 15, 4 YEARS OF COLLEGE = 16, MASTER'S DEGREE = 18, DOCTORAL OR PROFESSIONAL DEGREE = 20)**

DON'T KNOW/NOT SURE........................... ☐☐77

REFUSED... ☐☐99

FOR Q49 ≥ 09, GO TO Q49a. IF Q49 = 00-08, SKIP TO Q50.

● 49a.   What is the highest diploma or degree you received? [DO NOT READ RESPONSE CATEGORIES OUT LOUD.]

NONE... ☐☐01

GED... ☐☐02

HIGH SCHOOL.. ☐☐03

SOME COLLEGE, NO DEGREE.. ☐☐04

ASSOCIATE'S DEGREE, AA-2-YEAR COLLEGE DEGREE …................. ☐☐05

BACHELOR'S DEGREE, BA OR BS-4 YEAR COLLEGE DEGREE.......... ☐☐06

MASTER'S DEGREE, MA, MS, OR OTHER.. ☐☐07

DOCTORAL OR PROFESSIONAL DEGREE, PH.D., M.D., J.D., ETC........ ☐☐08

DON'T KNOW/NOT SURE... ☐☐77

REFUSED.. ☐☐99

▲ 50. Is your annual household income from all sources…?:
(READ AS APPROPRIATE)

04) Less than $25,000....................................**IF "NO," ASK 05; IF "YES," ASK 03**
03) Less than $20,000....................................**IF "NO," CODE 04; IF "YES," ASK 02**
02) Less than $15,000....................................**IF "NO," CODE 03; IF "YES," ASK 01**
($10,000 TO LESS THAN $15,000)
01) Less than $10,000....................................**IF "NO," CODE 02; IF "YES," CODE 01**
05) Less than $35,000....................................**IF "NO," ASK 06; IF "YES," CODE 05**
($25,000 TO LESS THAN $35,000)
06) Less than $50,000....................................**IF "NO," ASK 07; IF "YES," CODE 06**
($35,000 TO LESS THAN $50,000)
07) Less than $75,000....................................**IF "NO," CODE 08; IF "YES," CODE 07**
($50,000 TO LESS THAN $75,000)
08) $75,000 or more

CODE: |___|___|

DON'T KNOW/NOT SURE............................ ☐☐ 77

REFUSED.. ☐☐ 99

**INTERVIEWER: AS THE QUESTION IS READ, READ ALOUD THE NUMBERS, I.E.,
"1, HETEROSEXUAL OR STRAIGHT; 2, GAY OR LESBIAN; 3, BISEXUAL." THIS ALLOWS THE
RESPONDENT TO SAY A NUMBER IF, FOR WHATEVER REASON, THEY ARE UNCOMFORTABLE
SAYING THE WORDS.**

■ 51. Which of the following best describes how you think of yourself?

Heterosexual or straight.................................... ☐ 1

Gay or lesbian.. ☐ 2

Bisexual... ☐ 3

Does not understand responses......................... ☐ 4

DON'T KNOW/NOT SURE............................ ☐ 7

REFUSED.. ☐ 9

● 52. I know you already told me, but please tell me again. At the present time, do you have a husband/wife or partner?

YES... ☐ 1

NO.. ☐ 2 *SKIP TO Q55*

DON'T KNOW/NOT SURE............................ ☐ 7 *SKIP TO Q55*

REFUSED.. ☐ 9 *SKIP TO Q55*

● 53. At the present time does your husband/wife or partner…?

Smoke cigarettes.. ☐ 1

Chew or dip tobacco.. ☐ 2

Both (cigarettes and tobacco)........................... ☐ 3

None.. ☐ 4

DON'T KNOW/NOT SURE........................... ☐ 7

REFUSED.. ☐ 9

● 54. Has your husband/wife or partner ever…?

Smoked cigarettes regularly............................. ☐ 1

Chewed or dipped tobacco regularly................ ☐ 2

Both (cigarettes and tobacco) regularly............ ☐ 3

None.. ☐ 4

DON'T KNOW/NOT SURE........................... ☐ 7

REFUSED.. ☐ 9

● 55. What is your zip code?

|___|___|___|___|___|

DON'T KNOW/NOT SURE.......................... ☐☐☐☐☐ 77777

REFUSED... ☐☐☐☐☐ 99999

■ 56. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid? Please tell us only about health coverage plans and NOT about clinics or doctors where uninsured patients are charged according to their income.

YES... ☐ 1

NO... ☐ 2

DON'T KNOW/NOT SURE........................... ☐ 7

REFUSED.. ☐ 9

26

● 57.   **INTERVIEWER:** ENTER DATE OF COMPLETED INTERVIEW:

___ ___/___ ___/___ ___ ___ ___
(Month) (Day)   (Year)

● 58.   THIS INTERVIEW WAS CONDUCTED IN:

SPANISH...☐1

ENGLISH...☐2

BOTH...☐3

THANK YOU VERY MUCH!!!

SECTION A: DEMOGRAPHIC ITEMS

▲ A.1.   Are you currently enrolled in an educational program such as a GED program, a technical or vocational school, a 2-year college, a 4-year college, or a graduate or professional school?

GED PROGRAM...□□ 05

TECHNICAL OR VOCATIONAL SCHOOL..............□□ 04

2 YEAR COLLEGE..□□ 03

4 YEAR COLLEGE..□□ 02

GRADUATE OR PROFESSIONAL SCHOOL............□□ 01

OTHER...□□ 06

NOT ENROLLED...□□ 07

DON'T KNOW/NOT SURE..□□ 77

REFUSED...□□ 99

The following questions are about health problems or impairments you may have.

▲ A.2.   Are you limited in any activities because of physical, mental, or emotional problems?

YES...□ 1

NO...□ 2

DON'T KNOW/NOT SURE...........................□ 7

REFUSED..□ 9

▲ A.3.   Do you now have any health problem that requires you to use special equipment, such as a cane, wheelchair, a special bed, or a special telephone?

(Include occasional use or use in certain circumstances.)

YES...□ 1

NO...□ 2

DON'T KNOW/NOT SURE...........................□ 7

REFUSED..□ 9

28

▲ B.1. During the past 30 days, on how many days did you smoke cigarettes?

NUMBER OF DAYS....................................☐☐ 00-30

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

▲ B.2. How old were you when you first started smoking cigarettes regularly?

NUMBER OF YEARS....................................☐☐ 01-29

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

SMOKING PATTERNS

▲ B.3. Have you ever smoked cigarettes every day?

YES...☐ 1
NO...☐ 2

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

■ B.4. Around this time last year, were you smoking cigarettes…?

Every day...☐ 1
Some days...☐ 2
Not at all..☐ 3

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

The next few questions are about the cigarette brand you usually smoke now.

▲ B.5.   Do you usually smoke a discount or generic brand?

YES..☐₁

NO..☐₂

DON'T KNOW/NOT SURE............................☐₇

REFUSED...☐₉

▲ B.6.   Do you usually smoke regular, light, or ultra light cigarettes?

REGULAR...☐₁

LIGHT...☐₂

ULTRA LIGHT..☐₃

DON'T KNOW/NOT SURE............................☐₇

REFUSED...☐₉

PURCHASE PATTERNS

▲ B.7a. Do you usually buy cigarettes by the pack or by the carton?

BY THE PACK..☐₁

BY THE CARTON...☐₂

DON'T KNOW/NOT SURE............................☐₇

REFUSED...☐₉

▲ B.7b. **[IF B.7a = "BY THE PACK"]** How much do you usually pay for a pack of cigarettes?

$ |___|___| ● |___|___| − Amount Usually Paid for a Pack of Cigarettes (in Cents, 2 Implied Decimals)
   Dollars   Cents

DON'T KNOW/NOT SURE............................☐₇

REFUSED...☐₉

▲ B.7c. **[IF B.7a = "BY THE CARTON"]** How much do you usually pay for a carton of cigarettes?

$ |___|___| ● |___|___| – Amount Usually Paid for a Carton of Cigarettes (in Cents, 2 Implied Decimals)
   Dollars   Cents

DON'T KNOW/NOT SURE............................ ☐7

REFUSED.. ☐9

■ B.8a. In the last 12 months have you ever bought cigarettes in a neighboring state? That is, in [NAME OF UP TO THREE NEIGHBORING STATES] _____.

YES... ☐1
NO... ☐2

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

■ B.8b. In the last 12 months have you ever bought cigarettes on an Indian reservation?

YES... ☐1
NO... ☐2

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

■ B.8c. In the last 12 months have you bought cigarettes on the Internet?

YES... ☐1
NO... ☐2

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

OTHER TOBACCO PRODUCTS
SMOKELESS TOBACCO

▲ B.9a. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

YES..☐1

NO..☐2

DON'T KNOW/NOT SURE...........................☐7

REFUSED..☐9

▲ B.9b. Do you currently use chewing tobacco or snuff every day, some days, or not at all?

EVERY DAY...☐1

SOME DAYS...☐2

NOT AT ALL..☐3

DON'T KNOW/NOT SURE...........................☐7

REFUSED..☐9

CIGAR USE

▲ B.10a. Have you ever smoked a cigar, even one or two puffs?

YES..☐1

NO..☐2

DON'T KNOW/NOT SURE........................☐7

REFUSED..☐9

▲ B.10b. Do you now smoke cigars every day, some days, or not at all?

EVERY DAY.. ☐1
SOME DAYS... ☐2
NOT AT ALL... ☐3

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

PIPE USE

▲ B.11a. Have you ever smoked tobacco in a pipe, even one or two puffs?

YES... ☐1
NO.. ☐2

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

▲ B.11b. Do you now smoke a pipe every day, some days, or not at all?

EVERY DAY.. ☐1
SOME DAYS... ☐2
NOT AT ALL... ☐3

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

BIDI USE

▲ B.12a. A bidi is a flavored cigarette from India. Have you ever smoked a bidi, even one or two puffs?

YES... ☐1
NO.. ☐2

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

▲ B.12b. Do you now smoke bidis every day, some days, or not at all?

       EVERY DAY...☐1
       SOME DAYS..☐2
       NOT AT ALL...☐3

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

KRETEK USE

▲ B.13a. Have you ever smoked kreteks or clove cigarettes, even one or two puffs?

       YES...☐1
       NO..☐2

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

▲ B.13b. Do you now smoke kreteks or clove cigarettes every day, some days, or not at all?

       EVERY DAY...☐1
       SOME DAYS..☐2
       NOT AT ALL...☐3

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

NEW TOBACCO PRODUCTS

● B.14a. Tobacco companies have recently introduced new cigarette brands. Have you ever heard of ultra smooth cigarettes?

       YES...☐1
       NO..☐2

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

● B.14b. Have you ever tried one of these ultra smooth cigarettes?

YES... $\square_1$

NO... $\square_2$

DON'T KNOW/NOT SURE........................ $\square_7$

REFUSED... $\square_9$

INTENTION TO SMOKE
ASK B.15 IF AGE = 18-29 FORMER SMOKER OR NEVER SMOKER.

■ B.15. Do you think you will smoke a cigarette any time during the next 12 months?

Definitely yes....................................... $\square_1$

Probably yes... $\square_2$

Probably not... $\square_3$

Definitely not....................................... $\square_4$

DON'T KNOW/NOT SURE........................ $\square_7$

REFUSED... $\square_9$

SECTION C: CESSATION
INTEREST IN QUITTING
ASK C.1-C.3 OF CURRENT SMOKERS ONLY.

▲ C.1. Have you ever stopped smoking for a day or longer because you were trying to quit?

YES... $\square_1$

NO... $\square_2$

DON'T KNOW/NOT SURE........................ $\square_7$

REFUSED... $\square_9$

▲ C.2.   Do you ever expect to quit smoking?

YES.. □1
NO.. □2

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

■ C.3.   If you decided to give up smoking altogether, do you think you would be able to succeed?

YES.. □1
NO.. □2

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

METHODS OF QUITTING
ASK C.4a IF CURRENT SMOKER OR FORMER SMOKER WHO QUIT WITHIN THE LAST 12 MONTHS.
(SKIP TO C.5a IF RESPONDENT QUIT MORE THAN 12 MONTHS AGO.)

▲ C.4a.   In the past 12 months, have you seen a dentist?

YES.. □1
NO.. □2

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

ASK C.4b OF CURRENT SMOKERS ONLY. OTHERWISE, SKIP TO C.5a.

▲ C.4b.   In the past 12 months, did a dentist advise you to quit smoking?

YES.. □1
NO.. □2

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

▲ C.4c. In the past 12 months, did a dentist ask if you smoked?

YES...☐₁
NO...☐₂

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

HEALTH CARE PROVIDER INFORMATION
ASK C.5a IF Q13 = 1. OTHERWISE, SKIP TO C.6a.

▲ C.5a. Did you use...

Nicotine gum?

YES...☐₁
NO...☐₂

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

▲ C.5b. Did you use...

A nicotine patch?

YES...☐₁
NO...☐₂

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

▲ C.5c. Did you use...

A nicotine nasal spray?

YES...☐₁
NO...☐₂

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

37

▲ C.5d.   Did you use...

A nicotine lozenge?

YES...☐1

NO...☐2

DON'T KNOW/NOT SURE.........................☐7

REFUSED...☐9

▲ C.5e.   Did you use...

A nicotine inhaler?

YES...☐1

NO...☐2

DON'T KNOW/NOT SURE.........................☐7

REFUSED...☐9

■ C.5f.   Did you use...

Buproprion, Wellbutrin, or Zyban to help you quit smoking?

YES...☐1

NO...☐2

DON'T KNOW/NOT SURE.........................☐7

REFUSED...☐9

■ C.5g.   Did you use any other medications to help you quit smoking?

_____(SPECIFY)_____
_____[SPECIFY]_____

YES...☐1

NO...☐2

DON'T KNOW/NOT SURE.........................☐7

REFUSED...☐9

▲ C.6a.   Did you use...

A stop smoking clinic or class?

YES...□1
NO...□2

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

▲ C.6b.   Did you use...

A telephone quit line?

YES...□1
NO...□2

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

▲ C.6c.   Did you use...

One-on-one counseling from a doctor or nurse?

YES...□1
NO...□2

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

▲ C.6d.   Did you use...

Self-help materials, books, or videos?

YES...□1
NO...□2

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

▲ C.6e.   Did you use...

Acupuncture?

YES.. □1
NO.. □2

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

▲ C.6f.   Did you use...

Hypnosis?

YES.. □1
NO.. □2

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

■ C.6g.   Did you use anything else to help you quit smoking?

([SPECIFY)] _____

YES.. □1
NO.. □2

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

ASK C.7 OF CURRENT SMOKERS ONLY. OTHERWISE, SKIP TO D.1.

▲ C.7.   Are you aware of assistance that might be able to help you quit smoking, such as telephone quit lines or local health clinic services?

YES.. □1
NO.. □2

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

▲ C.8.　　Have you ever used a nicotine skin patch, gum, inhaler, or nasal spray?

YES...□ 1
NO...□ 2

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

ASK C.9 AND C.10 OF CURRENT SMOKERS ONLY.

▲ C.9.　　During the past 12 months, did any doctor, nurse, therapist, or counselor ask if you smoke around your children?

YES...□ 1
NO...□ 2

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

▲ C.10.　 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

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

▲ D.1.   Would you prefer a stronger workplace smoking policy, a weaker workplace smoking policy, or no change [in your current policy]?

PREFER STRONGER POLICY................... ☐1

PREFER WEAKER POLICY...................... ☐2

PREFER NO CHANGE............................... ☐3

DON'T KNOW/NOT SURE......................... ☐7

REFUSED.. ☐9

ATTITUDES REGARDING CLEAN INDOOR AIR POLICIES

▲ D.2.   In bars and cocktail lounges, do you think smoking should be allowed in all areas, some areas, or not at all?

ALLOWED IN ALL AREAS....................... ☐1

ALLOWED IN SOME AREAS.................... ☐2

NOT ALLOWED AT ALL........................... ☐3

DON'T KNOW/NOT SURE......................... ☐7

REFUSED.. ☐9

▲ D.3.   In day care centers, do you think smoking should be allowed in all areas, some areas, or not allowed at all?

ALLOWED IN ALL AREAS....................... ☐1

ALLOWED IN SOME AREAS.................... ☐2

NOT ALLOWED AT ALL........................... ☐3

DON'T KNOW/NOT SURE......................... ☐7

REFUSED.. ☐9

▲ D.4. In indoor sporting events and concerts, do you think smoking should be allowed in all areas, some areas, or not allowed at all?

ALLOWED IN ALL AREAS........................ ☐1

ALLOWED IN SOME AREAS.................... ☐2

NOT ALLOWED AT ALL........................... ☐3

DON'T KNOW/NOT SURE........................ ☐7

REFUSED... ☐9

BEHAVIOR REGARDING CLEAN INDOOR AIR

■ D.5. About how often do you eat out at a restaurant? Would you say…?

Never.. ☐5

Less than once a month................................ ☐4

About once or twice a month........................ ☐3

About once a week.. ☐2

More than once per week.............................. ☐1

DON'T KNOW/NOT SURE........................ ☐7

REFUSED... ☐9

■ D.6. In the past year, did you decide not to go to a restaurant because you knew smoking was permitted?

YES.. ☐1

NO.. ☐2

DON'T KNOW/NOT SURE........................ ☐7

REFUSED... ☐9

■ D.7.   In the past year, did you decide <u>not to go to a restaurant</u> because you knew smoking was <u>not</u> permitted?

        YES..□₁

        NO...□₂

        DON'T KNOW/NOT SURE.........................□₇

        REFUSED..□₉

■ D.8.   Some cities and towns are considering smoke-free laws that would eliminate all tobacco smoke from restaurants. Would you support such a law in your community?

        YES..□₁

        NO...□₂

        DON'T KNOW/NOT SURE.........................□₇

        REFUSED..□₉

▲ D.9.   If there were a total ban on smoking in restaurants, would you eat out more, less, or would it make no difference?

        MORE...□₁

        LESS..□₂

        IT WOULD MAKE NO DIFFERENCE.......□₃

        DON'T KNOW/NOT SURE.........................□₇

        REFUSED..□₉

▲ D.10.   In the past 12 months, have you ever asked a stranger not to smoke around you so you wouldn't have to breathe their smoke?

        YES..□₁

        NO...□₂

        DON'T KNOW/NOT SURE.........................□₇

        REFUSED..□₉

I'm going to read a list of medical conditions. After I read each one, I want you to tell me whether you believe smoking cigarettes is a cause of this condition.

▲ E.1a.   Heart attack

        YES...$\square_1$

        NO..$\square_2$

        DON'T KNOW/NOT SURE.........................$\square_7$

        REFUSED...$\square_9$

▲ E.1b.   Colon cancer

        YES...$\square_1$

        NO..$\square_2$

        DON'T KNOW/NOT SURE.........................$\square_7$

        REFUSED...$\square_9$

▲ E.1c.   Stroke

        YES...$\square_1$

        NO..$\square_2$

        DON'T KNOW/NOT SURE.........................$\square_7$

        REFUSED...$\square_9$

▲ E.1d.   Low birth weight

        YES...$\square_1$

        NO..$\square_2$

        DON'T KNOW/NOT SURE.........................$\square_7$

        REFUSED...$\square_9$

▲ E.1e.   Lung cancer

      YES...□ 1

      NO..□ 2

      DON'T KNOW/NOT SURE.........................□ 7

      REFUSED..□ 9

▲ E.1f.   Impotence

      YES...□ 1

      NO..□ 2

      DON'T KNOW/NOT SURE.........................□ 7

      REFUSED..□ 9

COMORBIDITY

I am going to read a list of medical conditions that many people have. After each one, please tell me if you have ever been told by a doctor or other health professional that you have that condition.

▲ E.2a.   Asthma, bronchitis, or emphysema

      YES...□ 1

      NO..□ 2

      DON'T KNOW/NOT SURE.........................□ 7

      REFUSED..□ 9

▲ E.2b.   Diabetes

      YES...□ 1

      NO..□ 2

      DON'T KNOW/NOT SURE.........................□ 7

      REFUSED..□ 9

▲ E.2c.　Heart disease

YES...☐1
NO..☐2

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

RISK PERCEPTION

I am going to read a series of statements. After I finish, please tell me whether you strongly agree, agree, disagree, or strongly disagree with the statement.

■ E.3.　Smoking leads to nicotine addiction.

Strongly agree...☐1
Agree..☐2
Disagree...☐3
Strongly disagree...☐4

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

▲ E.4.　Smoking light cigarettes is safer than smoking regular cigarettes.

Strongly agree...☐1
Agree..☐2
Disagree...☐3
Strongly disagree...☐4

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

▲ E.5.   Smoking by pregnant women may harm the baby.

Strongly agree...☐1
Agree..☐2
Disagree...☐3
Strongly disagree..☐4

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

▲ E.6.   How many of your friends use any tobacco products? Would you say…?:

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

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

■ E.7.   People close to you would be upset if you smoked.

Strongly agree...☐1
Agree..☐2
Disagree...☐3
Strongly disagree..☐4

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

■ E.8. People close to you are upset by your smoking.

Strongly agree...☐₁

Agree...☐₂

Disagree...☐₃

Strongly disagree...☐₄

DON'T KNOW/NOT SURE.........................☐₇

REFUSED..☐₉

■ E.9. Your children are upset about your smoking.

Strongly agree...☐₁

Agree...☐₂

Disagree...☐₃

Strongly disagree...☐₄

DON'T KNOW/NOT SURE.........................☐₇

REFUSED..☐₉

▲ E.10. Have your children ever talked with you about stopping smoking?

YES...☐₁

NO...☐₂

DON'T KNOW/NOT SURE.........................☐₇

REFUSED..☐₉

▲ F.1.   How important is it that your community keeps stores from selling tobacco products to teenagers? Would you say it is…?

Very important...☐1

Somewhat important......................................☐2

Not very important..☐3

Not important at all.......................................☐4

DON'T KNOW/NOT SURE.........................☐7

REFUSED..☐9

▲ F.2.   How strongly do you agree or disagree with the following statement?:

Tobacco use by adults should not be allowed on school grounds or at school events.

Strongly agree..☐1

Agree...☐2

Disagree..☐3

Strongly disagree..☐4

DON'T KNOW/NOT SURE.........................☐7

REFUSED..☐9

▲ F.3.   How strongly do you agree or disagree with the following statement?:

Store owners should be required to have a license to sell tobacco products, similar to alcohol, so that teens can't buy tobacco products.

Strongly agree..☐1

Agree...☐2

Disagree..☐3

Strongly disagree..☐4

DON'T KNOW/NOT SURE.........................☐7

REFUSED..☐9

▲ F.4.   Over the past 12 months, did you ever buy or give someone under the age of 18 cigarettes, chewing tobacco, or any other tobacco products?

YES.. ☐ 1

NO.. ☐ 2

DON'T KNOW/NOT SURE......................... ☐ 7

REFUSED... ☐ 9

SPONSORSHIP AND MARKETING

▲ F.5.   Do you think tobacco companies should be allowed to include coupons in cigarette packs that can be used to obtain promotional items that may be appealing to teenagers, such as hats, tee shirts, jackets, or caps?

YES.. ☐ 1

NO.. ☐ 2

DON'T KNOW/NOT SURE......................... ☐ 7

REFUSED... ☐ 9

● F.6.   Do you think that community-based organizations or non-profit agencies should accept monetary donations or contributions from tobacco companies?

YES.. ☐ 1

NO.. ☐ 2

DON'T KNOW/NOT SURE......................... ☐ 7

REFUSED... ☐ 9

▲ F.7.   Some tobacco companies make promotional items like clothing, hats, bags, or other things with their brand on it. Do you have a piece of clothing or other item that has a tobacco brand or logo on it?

YES.. ☐ 1

NO.. ☐ 2

DON'T KNOW/NOT SURE......................... ☐ 7

REFUSED... ☐ 9

■ F.8.   Suppose some or all taxes on a pack of cigarettes were used to support programs against public tobacco use. How much additional tax on cigarettes would you be willing to support?

No tax increase... ☐ 6

Less than 50 cents a pack............................ ☐ 5

50 to 99 cents a pack................................... ☐ 4

One dollar a pack... ☐ 3

Two dollars a pack....................................... ☐ 2

More than two dollars a pack....................... ☐ 1

DON'T KNOW/NOT SURE........................ ☐ 7

REFUSED... ☐ 9

SECTION G: PARENTAL INVOLVEMENT
SCREENING/ELIGIBILITY
IF NO CHILDREN AGESAGED 5-17, STOP HERE AND SKIP TO SECTION H.

Now I want you to think of the child in your household who is nearest to the age of 10. ([IF CHILDREN ARE EQUIDISTANT IN AGE (E.G., 9 AND 11), SELECT THE OLDER CHILD.).]

▲ G.1.   What is the age of the child nearest to 10?

AGE OF CHILD NEAREST TO 10: |___|___| (AGES 5-17)

■ G.2.   Is that child a boy or a girl?

MALE... ☐ 1
FEMALE... ☐ 2

REFUSED... ☐ 9

■ G.3. What is your relationship to that child? Are you his/her…?

Father..$\square\square$ 01

Stepfather..$\square\square$ 02

Mother..$\square\square$ 03

Stepmother..$\square\square$ 04

Brother..$\square\square$ 05

Sister...$\square\square$ 06

Grandfather...$\square\square$ 07

Grandmother...$\square\square$ 08

Other relative..$\square\square$ 09

Unrelated to the child..................................$\square\square$ 10

REFUSED..$\square\square$ 99

PARENT-CHILD COMMUNICATION

▲ G.4. During the last 6 months, how many times have you talked to your child about what he/she can or cannot do when it comes to tobacco? Would you say…?

Never..$\square$ 1

Once..$\square$ 2

Twice...$\square$ 3

Three or more times.....................................$\square$ 4

DON'T KNOW/NOT SURE.........................$\square$ 7

REFUSED..$\square$ 9

▲ G.5. During the last 6 months, how many times have you told your child he/she cannot use tobacco? Would you say…?

Never..$\square$ 1

Once..$\square$ 2

Twice...$\square$ 3

Three or more times.....................................$\square$ 4

DON'T KNOW/NOT SURE.........................$\square$ 7

REFUSED..$\square$ 9

CHILD'S SMOKING STATUS

▲ G.6.   Which of the following best describes how you feel?

You <u>are certain</u> that your child does <u>not</u> smoke....................☐1

You <u>don't think</u> that your child smokes.............................☐2

You <u>don't know</u> if your child smokes or not.......................☐3

You <u>suspect</u> that your child smokes....................................☐4

You <u>are certain</u> that your child smokes..............................☐5

REFUSED...☐9

DISAPPROVAL

▲ G.7.   How much would you like it or dislike it if you found your child smoking cigarettes now? Would you…?

Like it a lot...☐1

Like it some..☐2

Neither like it nor dislike it..☐3

Dislike it some...☐4

Dislike it a lot...☐5

DON'T KNOW/NOT SURE...☐7

REFUSED...☐9

MONITORING
ASK G.8 IF CHILD IS BETWEEN THE AGES OF 12 AND 17.

▲ G.8.   Does your child have to be home by a certain time on **school nights**?

YES..☐1

NO...☐2

NEVER AWAY FROM HOME ON SCHOOL NIGHTS…☐3

DON'T KNOW/NOT SURE...☐7

REFUSED...☐9

▲ G.9. Does your child have to be home by a certain time on **weekend nights**?

YES...☐1

NO...☐2

NEVER AWAY FROM HOME ON WEEKEND NIGHTS...☐3

DON'T KNOW/NOT SURE...☐7

REFUSED...☐9

SECTION H: MEDIA EXPOSURE

▲ H.1. During the past 7 days, how many commercials have you seen on TV about NOT smoking cigarettes?

None...☐0

One..☐1

Two or three..☐2

Four to six...☐3

Seven or more...☐4

DON'T KNOW/NOT SURE...☐7

REFUSED..☐9

▲ H.2. During the past 7 days, how many commercials have you heard on the radio about NOT smoking cigarettes?

None...☐0

One..☐1

Two or three..☐2

Four to six...☐3

Seven or more...☐4

DON'T KNOW/NOT SURE...☐7

REFUSED..☐9

▲ H.3.   During the past 7 days, how many messages have you seen on billboards about NOT smoking cigarettes?

None...☐ 0

One..☐ 1

Two or three...☐ 2

Four to six...☐ 3

Seven or more...☐ 4

DON'T KNOW/NOT SURE.............................☐ 7

REFUSED...☐ 9

▲ 1.　How long have you been living in [INSERT NAME OF THIS COLONIA]?

　　　　YEARS...□□ 02-99

　　　　MONTHS (IF LESS THAN 2 YEARS)..□□ 00-23

　　　　DON'T KNOW/NOT SURE...□□ 77

　　　　REFUSED...□□ 99

▲ 2.　What year did you first move to El Paso County?

　　　　[ENTER YEAR OR YEAR OF BIRTH IF RESPONDENT WAS BORN IN EL PASO COUNTY]:

　　　　|___|___|___|___|

　　　　　　　YEAR

　　　　DON'T KNOW/NOT SURE...□□ 77

　　　　REFUSED...□□ 99

▲ 3.　Since [YEAR IN QUESTION 2]_____, have you always lived in las colonias in El Paso, or have you lived in other places?

　　　　YES...□ 1

　　　　NO ....□ 2

　　　　DON'T KNOW/NOT SURE...□ 7

　　　　REFUSED...□ 9

IF RESPONSE TO 3 IS NO, ASK 3a.

▲ 3a.　Since [YEAR IN QUESTION 2]_____, how many years in total have you lived in las colonias in El Paso?

　　　　TOTAL YEARS LIVING IN LAS COLONIAS EN EL PASO...........................□□ 01-99

　　　　MONTHS (IF LESS THAN 1 YEAR TOTAL)...□□ 00-11

　　　　DON'T KNOW/NOT SURE...□□ 77

　　　　REFUSED...□□ 99

▲ 4. Thinking about the last time you purchased a single pack of cigarettes, where did you purchase it?

Convenience store like 7-11...☐1

Gas station..☐2

Grocery store...☐3

Department store or drugstore like Wal-Mart, Target, Costco, BJ'S,

Walgreens, CVS...☐4

Casino on Indian reservation...☐5

Restaurant, bar, club, pool hall..☐6

Some other place..☐7

NEVER PURCHASED A SINGLE PACK OF CIGARETTES.........................☐8

DON'T KNOW/NOT SURE...☐☐77

REFUSED..☐☐99

IF RESPONDENT PURCHASED SINGLE PACK, ASK 4a AND 4b.

▲ 4a. Was this purchase from a vending machine?

YES...☐1

NO ....☐2

DON'T KNOW/NOT SURE..☐7

REFUSED..☐9

▲ 4b. Was this purchase made in the U.S., Mexico, or another county?

UNITED STATES..☐1

MEXICO..☐2

OTHER COUNTRY...☐3

DON'T KNOW/NOT SURE..☐7

REFUSED..☐9

▲ 5.   Thinking about the last time you purchased a carton of cigarettes, where did you purchase it?

Convenience store like 7-11..☐1

Gas station...☐2

Grocery store...☐3

Department store or drugstore like Wal-Mart, Target, Costco, BJ'S,

Walgreens, CVS...☐4

Casino on Indian reservation..☐5

Restaurant, bar, club, pool hall..☐6

Some other place..☐7

NEVER PURCHASED A CARTON OF CIGARETTES............................☐8

DON'T KNOW/NOT SURE...☐☐77

REFUSED...☐☐99

IF RESPONDENT PURCHASED CARTON, ASK 5a.

▲ 5a.   Was this purchase made in the U.S., Mexico, or another county?

UNITED STATES...☐1

MEXICO..☐2

OTHER COUNTRY..☐3

DON'T KNOW/NOT SURE...☐7

REFUSED...☐9

▲ 6.   Where were you born?

STATE_____

COUNTRY_____

DON'T KNOW/NOT SURE...☐7

REFUSED...☐9

▲ 7.   Is there a household phone here, not cell phone, that I could reach you on?

              YES..☐₁

              NO ....☐₂

              DON'T KNOW/NOT SURE..☐₇

              REFUSED...☐₉

IF RESPONSE TO 7 IS YES, ASK 7a.

▲ 7a.   What is the phone number? [ENTER MULTIPLE NUMBERS IF MORE THAN ONE RESIDENTIAL LINE.]

              |__|__|__|__|__|__|__|__|__|__|__|

              |__|__|__|__|__|__|__|__|__|__|__|

              DON'T KNOW/NOT SURE..☐☐₇₇

              REFUSED...☐☐₉₉

▲ 8.   Did you have household phone service two months ago?

              YES..☐₁

              NO ....☐₂

              DON'T KNOW/NOT SURE..☐₇

              REFUSED...☐₉

▲ 9.   Is there a cell phone I could reach you on?

              YES..☐₁

              NO ....☐₂

              DON'T KNOW/NOT SURE..☐₇

              REFUSED...☐₉

IF RESPONSE TO 9 IS YES, ASK 9a.

▲ 9a. What is the cell number? [ENTER MULTIPLE NUMBERS IF MORE THAN ONE CELL PHONE.]

_____|___|___|___|___|___|___|___|___|___|

_____|___|___|___|___|___|___|___|___|___|

DON'T KNOW/NOT SURE...□□₇₇

REFUSED...□□₉₉