

Follow-up Survey for Quitline Clients

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Section A. Consent

See Appendix 7 for the informed consent language for both the telephone and web-based versions of the survey for the Web-based program clients.

<p>A1. IS RESPONDENT CONTINUING WITH THE INTERVIEW?</p> <p>Telephone Based Survey:</p> <p>Yes 1</p> <p>No -- Assign disposition code</p>	<p>Web Based Survey:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> NO</p>
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Section B. Current Tobacco Use

B1. Since you first contacted the quitline on (Date of first contact), seven months ago, did you stop using tobacco for 24 hours or longer because you were trying to quit?

<p>Telephone Based Survey:</p> <p>Yes 1</p> <p>No 2</p> <p>REFUSED -7</p> <p>DON'T KNOW -8</p>	<p>Web Based Survey:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> NO</p>
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GO TO B2 IF B1=="YES" TO MAKING A QUIT ATTEMPT ABOVE, ELSE GO TO B4 IF PARTICIPANT RESPONDED "NO" TO DID YOU STOP USING TOBACCO FOR 24 HOURS OR LONGER.

B2. Have you smoked any cigarettes or used other tobacco, even a puff or pinch, in the last 7 days?

Telephone Based Survey:	Web Based Survey:
Yes 1	<input type="checkbox"/> Yes
No 2	<input type="checkbox"/> NO
REFUSED -7	
DON'T KNOW -8	

GO TO B3 IF PARTICIPANT RESPONDED "NO" TO USING TOBACCO IN THE PAST 7 DAYS, ELSE GO TO B4.

B3. Have you smoked any cigarettes or used other tobacco, even a puff or pinch, in the last 30 days?

Telephone Based Survey:	Web Based Survey:
Yes 1	<input type="checkbox"/> Yes
No 2	<input type="checkbox"/> NO
REFUSED -7	
DON'T KNOW -8	

GO TO B4 IF PARTICIPANT RESPONDED "YES" TO USING TOBACCO IN THE PAST 30 DAYS, ELSE GO TO SECTION D.

B4. What types of tobacco have you used in the past 30 days?

Telephone Based Survey:	Web Based Survey:
B4a. CIGARETTES	(Check all that apply)
B4b. CIGARS, CIGARILLOS, OR LITTLE CIGARS	<input type="checkbox"/> CIGARETTES
B4c. PIPE [NOTE: THIS IS A	<input type="checkbox"/> CIGARS, CIGARILLOS, OR LITTLE

<p>TRADITIONAL PIPE, NOT A WATER PIPE OR “HOOKAH”] B4d. CHEWING TOBACCO, SNUFF, OR DIP B4e. OTHER</p> <p>[Read each type of tobacco from B4a – B4e and record answer using the codes below]</p> <p>Yes 1 No 2 REFUSED -7 DON’T KNOW -8</p>	<p>CIGARS</p> <p><input type="checkbox"/> PIPE [NOTE: THIS IS A TRADITIONAL PIPE, NOT A WATER PIPE OR “HOOKAH”] <input type="checkbox"/> CHEWING TOBACCO, SNUFF, OR DIP <input type="checkbox"/> OTHER</p>
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GO TO B5a IF PARTICIPANT RESPONDED “YES” TO CIGARETTES (B4a); ELSE GO TO B6a.

B5a. Do you currently smoke **CIGARETTES** every day, some days, or not at all?

<p>Telephone Based Survey:</p> <p>(do not read)</p> <p>Everyday 1 Somedays 2 Not at all 3 REFUSED -7 DON’T KNOW -8</p>	<p>Web Based Survey: (please check one)</p> <p><input type="checkbox"/> Everyday <input type="checkbox"/> Somedays <input type="checkbox"/> Not at all</p>
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GO TO B5b IF PARTICIPANT RESPONDED “SOMEDAYS” TO B5a; ELSE GO TO B5c.

B5b. How many days did you smoke in the last 30 days?

<p>Telephone Based Survey:</p> <p>_____ Days</p> <p>[NUMBER; RANGE 1-30] REFUSED -7 DON’T KNOW -8</p>	<p>Web Based Survey:</p> <p>_____ Days</p> <p>[pull down menu; or limit text box to numeric responses with max response=30]</p>
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B5c. How many cigarettes do you smoke per day on the days that you smoke?

<p>Telephone Based Survey:</p> <p>_____ Cigarettes per day</p> <p>[NUMBER SOFT RANGE 1-60; HARD RANGE 1-120]</p> <p>(If caller says over 100, confirm. 20 cigarettes = 1 pack in the U.S.; 100 cpd \cong 5 packs per day) If caller cannot identify a specific number, probe: “Give me your best guess – it is OK if it is not perfect</p> <p>REFUSED -7 DON’T KNOW -8</p>	<p>Web Based Survey:</p> <p>_____Cigarettes per day</p> <p>[pull down menu with max 40+ cigs or limit text box to numeric responses]</p> <p>Optional error messaging: If response is over 100, confirm. 20 cigarettes = 1 pack in the U.S.; 100 cpd \cong 5 packs per day);</p>
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GO TO B6a IF PARTICIPANT RESPONDED “YES” TO CIGARS, CIGARILLOS, OR LITTLE CIGARS IN B4b; ELSE GO TO B7a.

B6a. Do you currently smoke **CIGARS, CIGARILLOS, OR LITTLE CIGARS** every day, some days, or not at all?

<p>Telephone Based Survey:</p> <p>(do not read)</p> <p>Everyday 1 Somedays 2 Not at all 3 REFUSED -7 DON’T KNOW -8</p>	<p>Web Based Survey: (please check one)</p> <p><input type="checkbox"/> Everyday <input type="checkbox"/> Somedays <input type="checkbox"/> Not at all</p>
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GO TO B6b IF PARTICIPANT RESPONDED “SOMEDAYS” TO B6a; ELSE GO TO B6c.

B6b. How many days did you smoke a CIGAR, CIGARILLO, OR LITTLE CIGAR in the last 30 days?

<p>Telephone Based Survey:</p> <p>_____Days</p> <p>[NUMBER; RANGE 1-30] REFUSED -7 DON’T KNOW -8</p>	<p>Web Based Survey:</p> <p>_____Days</p> <p>[pull down menu; or limit text box to numeric responses with max response=30]</p>
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B6c. How many CIGARS, CIGARILLOS, OR LITTLE CIGARS do you smoke per week during the weeks that you smoke?

Telephone Based Survey:	Web Based Survey:
_____ cigars, cigarillos, or little cigars per week	_____ cigars, cigarillos, or little cigars per week
[NUMBER SOFT RANGE 1-60; HARD RANGE 1-120]	[pull down menu with max 40+ cigars or limit text box to numeric responses]
REFUSED -7	
DON'T KNOW -8	

GO TO B7a IF PARTICIPANT RESPONDED "YES" TO PIPES (B4c); ELSE GO TO B8a.

B7a. Do you currently smoke PIPES every day, some days, or not at all?

Telephone Based Survey:	Web Based Survey:
(do not read)	(please check one)
Everyday 1	<input type="checkbox"/> Everyday
Somedays 2	<input type="checkbox"/> Somedays
Not at all 3	<input type="checkbox"/> Not at all
REFUSED -7	
DON'T KNOW -8	

GO TO B7b IF PARTICIPANT RESPONDED "SOMEDAYS" TO B7a; ELSE GO TO B7c.

B7b. How many days did you smoke a pipe in the last 30 days?

Telephone Based Survey:	Web Based Survey:
_____Days	_____Days
[NUMBER; RANGE 1-30]	[pull down menu; or limit text box to numeric responses with max response=30]
REFUSED -7	
DON'T KNOW -8	

B7c. How many pipes do you smoke per week during the weeks that you smoke?

(pipes per week) _____

<p>Telephone Based Survey:</p> <p>_____ pipes per week</p> <p>[NUMBER SOFT RANGE 1-60; HARD RANGE 1-120]</p> <p>REFUSED -7 DON'T KNOW -8</p>	<p>Web Based Survey:</p> <p>_____ pipes per week</p> <p>[pull down menu with max 40+ pipes or limit text box to numeric responses]</p>
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GO TO B8a IF PARTICIPANT RESPONDED “YES” TO PIPES (B4d); ELSE GO TO B9a.

B8a. Do you currently use **CHEWING TOBACCO, SNUFF, OR DIP** every day, some days, or not at all?

<p>Telephone Based Survey:</p> <p>(do not read)</p> <p>Everyday 1 Somedays 2 Not at all 3 REFUSED -7 DON'T KNOW -8</p>	<p>Web Based Survey: (please check one)</p> <p><input type="checkbox"/> Everyday <input type="checkbox"/> Somedays <input type="checkbox"/> Not at all</p>
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GO TO B8b IF PARTICIPANT RESPONDED “SOMEDAYS” TO B8a; ELSE GO TO B8c.

B8b. How many days did you use chewing tobacco, snuff or dip in the last 30 days?

<p>Telephone Based Survey:</p> <p>_____Days</p> <p>[NUMBER; RANGE 1-30]</p> <p>REFUSED -7 DON'T KNOW -8</p>	<p>Web Based Survey:</p> <p>_____Days</p> <p>[pull down menu; or limit text box to numeric responses with max response=30]</p>
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B8c. How many POUCHES OR TINS do you use per week during the weeks that you use chewing tobacco or snuff?

<p>Telephone Based Survey:</p> <p>_____ pouches/tins per week</p> <p>[NUMBER SOFT RANGE 1-60; HARD RANGE 1-120]</p> <p>REFUSED -7 DON'T KNOW -8</p>	<p>Web Based Survey:</p> <p>_____ pouches/tins per week</p> <p>[pull down menu with max 40+ pipes or limit text box to numeric responses]</p>
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GO TO B9a IF PARTICIPANT RESPONDED "YES" TO PIPES (B4e); ELSE GO TO B10.

B9a. Do you currently use **OTHER TYPES OF TOBACCO** every day, some days, or not at all?

<p>Telephone Based Survey:</p> <p>(do not read)</p> <p>Everyday 1 Somedays 2 Not at all 3 REFUSED -7 DON'T KNOW -8</p>	<p>Web Based Survey: (please check one)</p> <p><input type="checkbox"/> Everyday <input type="checkbox"/> Somedays <input type="checkbox"/> Not at all</p>
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GO TO B9b IF PARTICIPANT RESPONDED "SOMEDAYS" TO B9a; ELSE GO TO B9c.

B9b. How many days did you use other types of tobacco in the last 30 days?

<p>Telephone Based Survey:</p> <p>_____Days</p> <p>[NUMBER; RANGE 1-30]</p> <p>REFUSED -7 DON'T KNOW -8</p>	<p>Web Based Survey:</p> <p>_____Days</p> <p>[pull down menu; or limit text box to numeric responses with max response=30]</p>
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B9c. How much [how many] [OTHER TOBACCO NAME] do you use per week during the weeks that you use other tobacco?

<p>Telephone Based Survey:</p> <p>_____ (other tobacco name) per week</p> <p>[NUMBER SOFT RANGE 1-60; HARD RANGE 1-120]</p> <p>REFUSED -7 DON'T KNOW -8</p>	<p>Web Based Survey:</p> <p>_____ (other tobacco name) per week</p> <p>[pull down menu with max 40+ pipes or limit text box to numeric responses]</p>
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B10. About how old were you when you first started smoking cigarettes fairly regularly?

<p>Telephone Based Survey:</p> <p>_____ Number of years</p> <p>REFUSED -7 DON'T KNOW -8</p>	<p>Web Based Survey:</p> <p>_____ Number of years</p> <p>[pull down menu or limit text box to numeric responses]</p>
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Section C. Intentions to quit

ASK C1 ONLY IF PARTICIPANT REPLIED THEY HAVE USED CIGARETTES IN THE PAST 30 DAYS (B4a="YES"); ELSE GO TO D1.

C1. Do you intend to quit using cigarettes within the next 30 days?

<p>Telephone Based Survey:</p> <p>Yes 1 No 2 REFUSED -7 DON'T KNOW -8</p>	<p>Web Based Survey:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> NO</p>
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Section D. Quitting Behaviors

Now we want to ask you about your use of different strategies people use to quit smoking.

ASK OF ALL RESPONDENTS

D1. Since you first contacted the quitline, seven months ago, have you used any of the following products or medications to help you quit?

<p>Telephone Based Survey:</p> <p>D1a. Nicotine patches D1b. Nicotine gum D1c. Nicotine lozenges D1d. Nicotine spray D1e. Nicotine inhaler D1f. Zyban (also called Wellbutrin or bupropion) D1g. Chantix (also called varenicline) D1h. Other medications to help you quit (if yes, please specify_____)</p> <p>[Read each type of medication from D1a – D1h and record answer using the codes below]</p> <p>Yes 1 No 2 REFUSED -7 DON'T KNOW -8</p>	<p>Web Based Survey:</p> <p>(Check all that apply)</p> <p><input type="checkbox"/> Nicotine patches <input type="checkbox"/> Nicotine gum <input type="checkbox"/> Nicotine lozenges <input type="checkbox"/> Nicotine spray <input type="checkbox"/> Nicotine inhaler <input type="checkbox"/> Zyban (also called Wellbutrin or bupropion) <input type="checkbox"/> Chantix (also called varenicline) <input type="checkbox"/> Other medications to help you quit (if yes, please specify_____)</p>
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D2. Other than the quitline or medications, did you use any other kinds of assistance to help you quit over the past seven months?

<p>Telephone Based Survey:</p> <p>D2a. Advice from a health professional D2b.(Insert name of State specific Web Intervention Website) Website D2c. Other Website (Please Specify) D2d. Telephone program (Please</p>	<p>Web Based Survey:</p> <p>(CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/> Advice from a health professional <input type="checkbox"/> (Insert name of State specific Web Intervention Website) Website <input type="checkbox"/> Other Website (Please Specify) <input type="checkbox"/> Telephone program (Please Specify) <input type="checkbox"/> Counselling program <input type="checkbox"/> Self-help materials</p>
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Specify) D2e. Counselling program D2f. Self-help materials D2g. Other (please specify) [Read each type of assistance from D2a – D2f and record answer using the codes below] Yes 1 No 2 REFUSED -7 DON'T KNOW -8	<input type="checkbox"/> Other (Please Specify)
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Section E. User Satisfaction

Next we want to ask you about your experience with the quitline services.

All Respondents

F1. Overall, how satisfied were you with the service you received from the quitline?

Telephone based survey: (READ ALL, CHECK ONE ONLY) Very satisfied Mostly satisfied Somewhat satisfied Not at all satisfied DO NOT READ REFUSED -7 DON'T KNOW -8	Web based survey (CHECK ONE ONLY) Very satisfied Mostly satisfied Somewhat satisfied Not at all satisfied
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F2. To what extent has the services from the quitline met your quitting needs?

Telephone based survey: (READ ALL, CHECK ONE ONLY)	Web based survey (CHECK ONE ONLY)
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<input type="checkbox"/> Almost all of my needs have been met <input type="checkbox"/> Most of my needs have been met <input type="checkbox"/> Only a few of my needs have been met <input type="checkbox"/> None of my needs have been met If no, why not? _____ DO NOT READ REFUSED -7 DON'T KNOW -8	<input type="checkbox"/> Almost all of my needs have been met <input type="checkbox"/> Most of my needs have been met <input type="checkbox"/> Only a few of my needs have been met <input type="checkbox"/> None of my needs have been met If no, why not? _____
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F3. If you were to seek help again, would you contact the quitline?

Telephone based survey: (READ ALL, CHECK ONE ONLY) <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, I think so <input type="checkbox"/> No, I don't think so <input type="checkbox"/> No, definitely not If no, why not? _____ DO NOT READ REFUSED -7 DON'T KNOW -8	Web based survey (CHECK ONE ONLY) <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, I think so <input type="checkbox"/> No, I don't think so <input type="checkbox"/> No, definitely not If no, why not? _____
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F4. If a friend were in need of similar help, would you recommend the quitline to him/her?

Telephone based survey: (READ ALL, CHECK ONE ONLY)	Web based survey (CHECK ONE ONLY)
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<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, I think so <input type="checkbox"/> No, I don't think so <input type="checkbox"/> No, definitely not If no, why not? _____ DO NOT READ REFUSED -7 DON'T KNOW -8	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, I think so <input type="checkbox"/> No, I don't think so <input type="checkbox"/> No, definitely not If no, why not? _____
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Section G. Use of Technology

Now we would like to learn more about your use of the internet and other technology.

G1. Do you ever go on-line to access the Internet or World Wide Web?

Telephone Based Survey: Yes 1 No 2 REFUSED -7 DON'T KNOW -8	Web Based Survey: <input type="checkbox"/> Yes <input type="checkbox"/> NO
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(Ask G2 if G1=1 (yes); else go to G4)

G2. When you use the Internet, how do you access it?

Telephone Based Survey: G2a. A home computer G2b. A work computer G2c. A shared computer at a school, public library, or a community center G2d. Wireless device (i.e. mobile phone, iPad) [Read each location from G2a – G2d and record answer using the codes below]	Web Based Survey: (check all that apply) <input type="checkbox"/> A home computer <input type="checkbox"/> A work computer <input type="checkbox"/> A shared computer at a school, public library, or a community center <input type="checkbox"/> Wireless device (i.e. mobile phone, iPad)
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Yes	1	
No	2	
REFUSED	-7	
DON'T KNOW	-8	

G3. How often do you access the internet, including checking your e-mail?

Telephone based survey: (READ ALL, CODE ONE ONLY)	Web based survey (CHECK ONE ONLY)
Several times a day 5	<input type="checkbox"/> several times a day
About once a day 4	<input type="checkbox"/> about once a day
Every few days 3	<input type="checkbox"/> every few days
Once a week 2	<input type="checkbox"/> once a week
Less often 1	<input type="checkbox"/> less often
DO NOT READ	
REFUSED -7	
DON'T KNOW -8	

G4. We're also interested in the kinds of telephone services people have. Please tell me whether you have any of the following. Do you have a...

web survey: check boxes (directions: check all that apply)

telephone survey: Read each activity from G4a – G4c and record answer using the codes below

	Yes =1	No =2	Refused = -7	Don't Know = -8
a. Landline or home telephone?				
b. Mobile telephone?				
c. (If yes to b, then ask c) A mobile phone with internet access?				

G5. Thinking about all the different ways you socialize or communicate with friends, about how often do you...

web survey: table of activities and response categories

telephone survey: Read each activity/response category from G5a – G5e and record answer using the codes below

	Everyday =5	Several times a week =4	At least once a week =3	Less than once a week =2	Never =1	RE-FUSED = -7	DON'T KNOW = -8
(ask G5a if G4a=1) a. Talk to friends on a landline or home telephone?							
(ask G5b if G4b=2) b. talk to friends on your mobile phone?							
(ask G5c if G4b=2) c. send text messages to each other on your mobile phone?							
(ask G5d if G1=1) d. send instant messages to each other through a service such as Yahoo messenger or G-chat, etc?							
(Ask G5d if G1=1) e. send messages through social networking sites like Facebook or Myspace via wall posts, private messages, or chat?							

GO TO G6 if G1=1 (USES THE INTERNET); ELSE GO TO H1.

G6. Do you have an account or profile on the following social network sites?:

	Yes =1	No =2	Refused = -7	Don't Know = -8
a. Facebook?				
b. Twitter?				
c. Myspace?				
d. Google+?				

G7. How often do you access your account/profile on ____?

	Everyday =5	Several times a week =4	At least once a week =3	Less than once a week =2	Never =1	RE- FUSED = -7	DON'T KNOW = -8
<i>(ask G7a if G6a=1)</i> a. Facebook?							
<i>(ask G7b if G6b=1)</i> b. Twitter?							
<i>(ask G7c if G6c=1)</i> c. Myspace							
<i>(ask G7d if G6d=1)</i> d. Google+							

G8. We're interested in the kinds of things you have done when you used the Internet to learn more about quitting smoking. Not everyone has done these things. Please just tell me whether you ever do each one, or not. Have you ever...

web survey: check boxes (directions: check all that apply)

telephone survey: Read each activity from G5a – G5d and record answer using the codes below

	Yes =1	No =2	Refused = -7	Don't Know = -8
a. started or joined a quit smoking-related group on a social networking site like Facebook or Myspace?				
b. read an online article about quitting smoking on a website such as CNN or WebMD?				
c. Used a search engine (e.g. Google, Bing, Yahoo!) to find information about quitting smoking?				

H. ENVIRONMENTAL SMOKE

//Ask of all respondents//

H1. Other than yourself, does anyone who lives in your household smoke cigarettes now?

Telephone Based Survey:	Web Based Survey:
Yes 1	<input type="checkbox"/> Yes
No 2	<input type="checkbox"/> NO
REFUSED -7	
DON'T KNOW -8	

H2. Which statement best describes the rules about smoking in your home:

Telephone Based Survey:	Web Based Survey:
No one is allowed to smoke anywhere 1	<input type="checkbox"/> No one is allowed to smoking anywhere
Smoking is allowed in some places or at some times 2	<input type="checkbox"/> Smoking is allowed in some places or at some times
Smoking is permitted anywhere 3	<input type="checkbox"/> Smoking is permitted anywhere
REFUSED -7	
DON'T KNOW -8	

H3. What is your current occupational status?

Telephone Based Survey:		Web Based Survey: (please check one)
Employed	1	<input type="checkbox"/> Employed
Unemployed	2	<input type="checkbox"/> Unemployed
Homemaker	3	<input type="checkbox"/> Homemaker
Student	4	<input type="checkbox"/> Student
Retired	5	<input type="checkbox"/> Retired
Disabled	6	<input type="checkbox"/> Disabled
Other (please specify) 7		<input type="checkbox"/> Other/ Please specify below
REFUSED	-7	
DON'T KNOW	-8	

Go to H4 if employed (H3=1); Else go to Closing Demographics.

H4. Are you currently employed outside the home?

Telephone Based Survey:		Web Based Survey:
Yes	1	<input type="checkbox"/> Yes
No	2	<input type="checkbox"/> NO
REFUSED	-7	
DON'T KNOW	-8	

Go to H5 if employed outside of the home (H4=1); Else go to Closing Demographics.

H5. Which of these best describes your place of work's smoking policy for work areas:

Telephone Based Survey:		Web Based Survey:
Not allowed in any areas	1	<input type="checkbox"/> Not allowed in any areas
Allowed in some area	2	<input type="checkbox"/> Allowed in some area
Allowed in all areas	3	<input type="checkbox"/> Allowed in all areas
REFUSED	-7	
DON'T KNOW	-8	

Section I. Closing Demographics

I1. What is your marital status?

Telephone Based Survey:		Web Based Survey: (please check one)
Married	1	<input type="checkbox"/> Married
Living as married	2	<input type="checkbox"/> Living as married
Divorced	3	<input type="checkbox"/> Divorced
Widowed	4	<input type="checkbox"/> Widowed
Separated	5	<input type="checkbox"/> Separated
Single, never been married	6	<input type="checkbox"/> Single, never been married
Other (please specify)	7	
REFUSED	-7	
DON'T KNOW	-8	

12. What is the highest level of education you have completed?

Telephone Based Survey:		Web Based Survey: (please check one)
Less than grade 9	1	<input type="checkbox"/> Less than grade 9
Grade 9 to 11, no degree	2	<input type="checkbox"/> Grade 9 to 11, no degree
GED	3	<input type="checkbox"/> GED
High school degree	4	<input type="checkbox"/> High school degree
Some college or university (includes some technical or trade school)	5	<input type="checkbox"/> Some college or university (includes some technical or trade school)
College or university degree (includes AA, BA, Masters, Ph.D.)	6	<input type="checkbox"/> College or university degree (includes AA, BA, Masters, Ph.D.)
Other (please specify)	7	
REFUSED	-7	
DON'T KNOW	-8	

13. Are you of Hispanic or Latino origin?

Telephone Based Survey:		Web Based Survey:
Yes	1	<input type="checkbox"/> Yes
No	2	<input type="checkbox"/> NO
REFUSED	-7	
DON'T KNOW	-8	

14. What is your race? Which one or more of these groups would you say best describes you?

Telephone Based Survey: (select one or more)		Web Based Survey: (CHECK ALL THAT APPLY)	
White	1	<input type="checkbox"/>	White
Black or African American	2	<input type="checkbox"/>	Black or African American
Asian	3	<input type="checkbox"/>	Asian
Native Hawaiian/Pacific Islander	4	<input type="checkbox"/>	Native Hawaiian or other Pacific Islander
American Indian/Alaska Native	5	<input type="checkbox"/>	American Indian or Alaska Native
REFUSED	-7		
DON'T KNOW	-8		