

**Evaluation of the National Tobacco Prevention and Control  
Public Education Campaign**

**Non-Smoker Phase 2 Follow-Up Questionnaire**

Public reporting burden of this collection of information is estimated to average 25 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 of 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 OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0923).

**B4.** For the next series of questions, please tell us if you would say definitely not, probably not, probably yes, or definitely yes.

Select one answer from each row in the grid

|              |   | Definitely not        | Probably not          | Probably yes          | Definitely yes        |
|--------------|---|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>B4_1.</b> | If you started smoking regularly, do you think you could stop smoking anytime you wanted? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>B4_2.</b> | Do you think you will try a cigarette soon?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>B4_3.</b> | Do you think you will smoke a cigarette anytime during the next year?                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**C1.** Do you believe cigarette smoking is related to:

Select one answer from each row in the grid

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| <b>C1_1.</b> Stroke                                | <input type="radio"/> | <input type="radio"/> |
| <b>C1_2.</b> Amputations (removal of limbs)        | <input type="radio"/> | <input type="radio"/> |
| <b>C1_3.</b> Diabetes                              | <input type="radio"/> | <input type="radio"/> |
| <b>C1_4.</b> Emphysema                             | <input type="radio"/> | <input type="radio"/> |
| <b>C1_5.</b> Lung Cancer                           | <input type="radio"/> | <input type="radio"/> |
| <b>C1_6.</b> Hole in throat (stoma or tracheotomy) | <input type="radio"/> | <input type="radio"/> |
| <b>C1_7.</b> Cancer of the mouth or throat         | <input type="radio"/> | <input type="radio"/> |
| <b>C1_8.</b> Buerger's Disease                     | <input type="radio"/> | <input type="radio"/> |
| <b>C1_9.</b> Gallstones                            | <input type="radio"/> | <input type="radio"/> |
| <b>C1_10.</b> Heart Disease                        | <input type="radio"/> | <input type="radio"/> |
| <b>C1_11.</b> Asthma                               | <input type="radio"/> | <input type="radio"/> |

**C2.** How likely do you think a smoker is to develop a smoking-related disease as a result of smoking?

Select one answer only

- Extremely Likely
- Very Likely
- Somewhat Likely
- Very Unlikely
- Extremely Unlikely