	Table 1. National and State Surveys and Tools						
Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed (c)	Comments	Contact		
 ✔ Adult Tobacco Survey (ATS) Provides data on adult tobacco use, knowledge, attitudes, and tobacco use prevention and control policies. Individual state ATSs have been conducted in 15 states since 1986. 	 Topics: Cigarette, cigar, pipe, bidi, kretek, and smokeless tobacco use. ETS exposure and policies. Cessation behaviors. Health and social influences, parental involvement, media exposure, and other policy issues. Number of questions: From 64 to 168. 	State level. Subjects: Adults aged 18 or older.	a) Random design, telephone survey.b) Periodic.	State tobacco programs should work with BRFSS coordinators to design and implement an ATS. Centers for Disease Control and Prevention (CDC), Office on Smoking and Health, has developed a standardized instrument and optional questions for state use.	Office on Smoking and Health, Centers for Disease Control and Prevention. (770) 488-5703. State health departments.		
Adult Use of Tobacco Survey (AUTS) Provides descriptive information on knowledge, attitudes, and behaviors related to tobacco use prevention and control.	 Topics: Cigarette, cigar, pipe, smokeless tobacco use. Age of initiation. Exposure to ETS. Brand preference. Cessation behavior. Knowledge and attitudes. 	National level. Subjects: Adults aged 18 or older.	a) Random design, telephone survey.b) Periodic.c) 1964, 1966, 1970, 1986.	Most recent survey was completed in 1986.	National Technical Information Service. (703) 605-6585. www.ntis.gov Office on Smoking and Health, Centers for Disease Control and Prevention. (770) 488-5703. www.cdc.gov/tobacco		
 ✔ Behavioral Risk Factor Surveillance System (BRFSS) ■ Provides descriptive data on health risk behaviors, including tobacco use and preventive health measures in general. ■ The survey began in 1984 with 15 states participating. Since 1996, all 50 states have participated. 	 Topics: The tobacco topics vary by year. In 2001, they were— Cigarette, cigar, smokeless tobacco, pipe, and bidi use. Age of initiation. Cessation behaviors. ETS policies and rules. Number of questions: From 5 to 17.	State level. Subjects: Adults age 18 or older.	a) Random design, telephone survey.b) Annual.c) 1984–present.	1996: CDC changed its definition of a <i>cigarette smoker</i> . 1998: tobacco topics added to the optional modules, in addition to those in the core questionnaire. State tobacco programs should work with BRFSS coordinators to have tobacco-related questions added to state survey.	Division of Adult and Community Health, Centers for Disease Control and Prevention. (770) 488-2455. www.cdc.gov/nccdphp/ BRFSS State health departments.		

Table 1

[✓]Data are frequently used and comparable across states. Abbreviations: ETS = environmental tobacco smoke.

Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed (c)	Comments	Contact
 Cancer Prevention Study (CPSII) Provides data on age and cause of death for a prospective cohort of 1.2 million people nationwide since 1982. Information about tobacco use, medical history, dietary habits, environment, and other health determinants are recorded and related to causes of death. 	 Topics: ■ Cigarette use. ■ Age of initiation. ■ Brand preference. ■ Degree of inhalation. Number of questions: From 3 to 9. 	National level. Subjects: Adults aged 35 or older.	 a) Cohort study with convenience sample, self-administered survey. b) Biennial follow-up. c) September1982-present. 	More representative of middle class, white Americans (96% of sample) than the national population as a whole.	American Cancer Society (404) 329-7762. www.cancer.org
 ✓ Current Population Survey (CPS) Provides a comprehensive body of data on the employment and unemployment experience of the U.S. population, classified by age, sex, race, and a variety of other characteristics. Periodic supplements have included tobacco-related measures. 	 Topics: Periodic measures have included— ■ Cigarette, pipe, cigar, and smokeless use. ■ Age of initiation. ■ ETS exposure. ■ Cessation behavior. Number of questions: From 5 to 46. 	National and state levels. Subjects: People aged 15 or older.	 a) Random design, household interview with telephone follow-up. b) Periodic. c) 1968-present. 	Includes self-reported and proxy-reported data, data from Tobacco Use Supplement available 1992–1993, 1995–1996, and 1998–1999.	National Cancer Institut (301) 435-3848. http://appliedresearch. cancer.gov/RiskFactor/ tobacco/index.html U.S. Census Bureau. (301) 457-4100 www.census.gov/apsd/ techdoc/cps/cps-main. html

✓ Data are frequently used and comparable across states. Abbreviations: ETS = environmental tobacco smoke.

	Table 1. National and State Surveys and Tools						
Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed (c)	Comments	Contact		
Monitoring the Future (MTF) Provides annual data on behaviors, knowledge, attitudes, and values related to the use of an array of psychoactive substances, both illicit and licit, among American secondary school students, college students, and young adults.	Topics: ■ Cigarette use. ■ Age of initiation. ■ Cessation behavior. ■ Brand preference. ■ Youth access. ■ Enforcement. ■ Media awareness. Number of questions: From 3 to 64.	National level. Subjects: 8th, 10th, and 12th grade students, and young adults.	 a) Random design, self-administered school-based survey, follow-up survey mailed to cohort population. b) Annual. c) 1975–present. 	12th graders surveyed since 1975, and 8th and 10th graders surveyed since 1991. Annual follow-up questionnaires are mailed to a nationally representative sample of each high school graduating class for a number of years after their initial participation. Prevalence and trend data available for cohort population that is now between 35–40 years old.	National Institute on Drug Abuse. (888) 741-7242. www.monitoringthe future.org www.isr.umich.edu		
National Health and Nutrition Examination Survey (NHANES) Provides data on the health and diet of the U.S. population nationwide. Includes information on the prevalence of selected diseases and risk factors; the population's awareness, knowledge, and attitudes; and prevention and control of selected diseases. The survey also includes a medical examination for participants and a laboratory component.	 Topics: ■ Cigarette, cigar, pipe, smokeless tobacco use. ■ ETS exposure. ■ Cessation behavior. ■ Brand preference. ■ Serum continue measurements. Number of questions: From 35 to 62. 	National level. Subjects: Households, families, and individuals aged 4 or older.	a) Random design; household and mobile unit survey. (b and c) Periodic: 1971–1975. (NHANES I) 1976–1980. (NHANES II) 1988–1994. (NHANES III) Annual: 1999–present.	This is the only major survey that provides serum cotinine measurements (for subjects age 4 and older). Low income persons, adolescents 12–19 years, persons 60+ years of age, African Americans and Mexican Americans are oversampled to provide significant data for these groups.	National Center for Health Statistics, Centers for Disease Control and Prevention. (301) 458-4681. www.cdc.gov/NCHS/ nhanes		

Abbreviations: ETS = environmental tobacco smoke.

Table 1. National and State Surveys and Tools						
Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed (c)	Comments	Contact	
✓ National Health Interview Survey (NHIS) ■ Provides data on U.S. health issues, including incidence and prevalence of acute and chronic conditions and people's knowledge and attitudes about health status and health care use. This is the primary source of data on current health issues in the United States. In additional to the basic survey protocol, each year there are supplements to the survey to collect information on specific topics.	Topics: ■ Cigarette, cigar, pipe, bidi, smokeless tobacco use. ■ Age of initiation. ■ Cessation behavior. ■ ETS policies. ■ Exposure. Number of questions: From 18 to 55.	National level. Subjects: Adults aged 18 or older. In 1997, questionnaire redesign was fully implemented.	a) Random design, household survey. (b and c) Periodic. ■ 1965–1987. Annual. ■ 1990–present.	Tobacco measures are located in core questionnaire and optional modules. 1997 redesign tripled state-specific sample size. Hispanics and African Americans are oversampled. Data from NHIS is used to monitor progress in achieving national <i>Healthy People 2010</i> tobacco objectives related to adults.	National Center for Health Statistics, Centers for Disease Control and Prevention. (301) 458-4001. www.cdc.gov/nchs/ data	
National Household Survey on Drug Abuse (NHSDA) Provides data on the prevalence, patterns, knowledge and attitudes, and consequences of drug and alcohol use and abuse in the U.S. (including tobacco).	 Topics: ■ Cigarette, cigar, pipe, and smokeless tobacco use. ■ Age of initiation. Number of questions: From 6 to 12. 	National level. Subjects: People aged 12 or older (12–17, 18–35, ≥36). In 1998, direct state- level estimates were produced for 8 states, and indirect estimates were produced for others.	a) Random design, household survey. (b and c) Periodic: ■ 1971–1988. Annual: ■ 1990–present.	The survey provides estimates of the rate and number of tobacco users by gender, race/ethnicity, and region. State estimates are available for prevalence of tobacco use only.	Substance Abuse and Mental Health Services Administration. (301) 443-6239. www.samhsa.gov/statistics	

✓ Data are frequently used and comparable across states.

Abbreviations: ATS = Adult Tobacco Survey. BRFSS = Behavioral Risk Factor Surveillance System. ETS = environmental tobacco smoke.

Table 1. National and State Surveys and Tools						
Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed (c)	Comments	Contact	
National Youth Tobacco Survey (NYTS) Provides data on knowledge, attitudes, and behaviors related to tobacco use.	 Topics: ■ Cigarette, cigar, pipe, bidi, kretek, smokeless tobacco use. ■ ETS exposure. ■ Media awareness. ■ Cessation behavior. ■ Youth access. Number of questions: From 57 to 76. 	National level. Subjects: Students in grades 6–12.	a) Random design, self-administered in classroom.b) Annual.c) 1999–present.	Includes students in public and private schools. Serves as a national comparison to state YTS results.	American Legacy Foundation. (202) 454-5555. www.americanlegacy.org	
National Tobacco Control Program (NTCP) Chronicle ■ Provides data on the tobacco control and prevention activities of all 50 states and the District of Columbia funded through the CDC's NTCP. ■ Information is captured in four key goal areas and selected infrastructure components, including staffing, collaboration, funding, technical assistance and training, and surveillance and evaluation.	 Topics: Using both quantitative and qualitative indicators, program progress is measured for the key goal areas— Preventing initiation and promoting quitting among youth. Promoting quitting among adults. Eliminating exposure to ETS. Identifying and eliminating disparities. 	State level. Subjects: Tobacco control programs in 50 states and the District of Columbia.	 a) Census, Web-based program monitoring system. b) Completed twice yearly, reporting on previous 6 months of activity. c) Fiscal Year 1999–present. 	The NTCP Chronicle collects information on comprehensive tobacco control activities.	Office on Smoking and Health, Centers for Disease Control and Prevention. (770) 488-5703. State health departments.	

Abbreviations: ETS = environmental tobacco smoke. YTS = Youth Tobacco Survey.

Table 1. National and State Surveys and Tools						
Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed (c)	Comments	Contact	
 Provides ongoing population-based surveillance of selected maternal behaviors, including tobacco use. In 1987, 13 states and the District of Columbia completed the survey. 	 Topics: ■ Cigarette use before and during pregnancy and in the child's early infancy. ■ ETS exposure. ■ Cessation counseling Number of questions: From 6 to 9. 	State level. Subjects: Mothers of infants 2–4 months old.	a) Random design, mail survey with telephone follow-up.b) Annual.c) 1988-present.	This is an ongoing survey. Availability of data depends on when states began partici- pating.	Division of Reproductive Health, Centers for Disease Control and Prevention. (770) 488-5227. www.cdc.gov/nccdphp/drh State health departments.	
 ✓ School Health Education Profiles (SHEP) ■ Provides information on health education policies and programs through a survey for the lead health educator and a separate survey for the school principal. ■ Formerly a School Tobacco Survey (STS) module for lead health educators and school principals was used to assess tobacco policies and programs. ■ In 2001 the tobacco module was combined with the core surveys for lead health educators and school principals. 	Topics: The core survey includes all the tobacco questions— (6 questions on the lead health educator questionnaire and 13 questions on the principal questionnaire). School tobacco use policies for students, staff, and visitors. Enforcement of policies. Tobacco prevention curriculum. Parental involvement in tobacco use prevention. Cessation programs. Retailer practices. Tobacco advertising. Different indicators are measured on different versions of the questionnaire. Number of questions: From 3 to 39.	State level. Subjects: Middle/junior and senior high schools.	 a) Random design, mail survey sent to school principles and lead health educators. b) Biennial (even years). c) 1994-present. 		Division of Adolescent and School Health, Centers for Disease Control and Prevention. (888) 231-6405. www.cdc.gov/nccdphp/ dash Office on Smoking and Health, Centers for Disease Control and Prevention. (770) 488-5703. www.cdc.gov/tobacco	

	Table 1. National and State Surveys and Tools						
Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed (c)	Comments	Contact		
School Health Policies and Programs Study (SHPPS) Monitors characteristics of health education and school health programs in middle/ junior high and senior high schools. These school-based surveys are conducted biennially by state and local education and health agencies using representative samples of elementary, middle/junior high and senior high schools in their jurisdictions.	 Topics: School tobacco policies. Educational programs and curriculum. Health services. Number of questions: From 3 to 35. 	State, district, school, classroom levels. Subjects: Elementary, middle/junior high, and high schools. State-level information provided by this survey includes only state education policies. Sample size: 1,500 middle schools/1,500 high schools.	 a) Random sample of school districts, schools, and classrooms of public and private schools grades K-12 using mail surveys at district level and on-site structured interviews at school and classroom level. b) Periodic. c) 1994 and 2000. 		Division of Adolescent and School Health, Centers for Disease Control and Prevention. (888) 231-6405. www.cdc.gov/nccdphp/ dash/SHPPS		
 ✓ Smoking Attributable Morbidity, Mortality, & Economic Costs (SAMMEC), software version 3.0 ■ The SAMMEC software programs are Internet-based products designed to calculate the health and economic burden of smoking for adults and infants. ■ The two types of software, Adult SAMMEC and Maternal and Child Health SAMMEC, employ the latest scientific evidence on smoking- related diseases, risks associated with current and former smoking, and the economic costs of smoking. 	Topics: ■ Calculates smoking-attributable mortality (SAM), years of potential life lost (YPLLs), direct medical expenditures and indirect productivity costs from cigarette smoking among adults. ■ The MCH SAMMEC software calculates SAMs and YPLLs from low birth weight and Sudden Infant Death Syndrome (SIDS), and neonatal medical expenditures.	National and state levels. Subjects: Adults aged 35 or older (Adult SAMMEC) and infants aged 1 year or younger (MCH SAMMEC).	a) Current Population Survey data are used to calculate YPLLs and productivity costs associated with SAM. Direct medical care expendi- tures are estimated using National Medical Expendi- ture Survey data. Maternal smoking data from PRAMS is used to calculate perinatal SAMs and YPLLs. Health care utilization data from PRAMS and medical claims data are used to cal- culate smoking-attributable neonatal medical expenditures. CDC provides estimates of aver- age annual smoking-attributable mortality and years of potential life lost from 1995–1999 for the nation and 1999 data for states. Direct medical expenditures and mortality-related productivity loss estimates are provided for the nation and states for 1999.		Office on Smoking and Health, Centers for Diseas Control and Prevention. (770) 488-5703. www.cdc.gov/tobacco Division of Reproductive Health, Centers for Diseas Control and Prevention. (770) 488-5372. www.cdc.gov/nccdphp/drl		

[✓] Data are frequently used and comparable across states.

Abbreviations: MCH = Maternal and Child Health. PRAMS = Pregnancy Risk Assessment Monitoring System.

Table 1. National and State Surveys and Tools						
Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed (c)	Comments	Contact	
✓ State Tobacco Activities Tracking & Evaluation (STATE) System ■ The STATE System is a data ware- house that provides comparable measures on tobacco-use prevention and control from many different types of data sources, including legislative tracking, agricultural and manufacturing, and health consequences and costs. ■ The system allows users to view comprehensive summary informa- tion on tobacco use in all 50 states and the District of Columbia.	 Topics: Adult and youth cigarette, cigar, pipe, and smokeless tobacco use. ETS laws and policies. Youth access laws. Excise taxes. Smoking-attributable costs. 	State level.	 a) Varies according to data source. c) Prevalence data from mid-1980 until 1999. Smoking attributable cost in 1993 only. Youth access laws and environmental laws from 1996 until 2000. Dates for excise taxes depend on year of enactment in the state. 	Provides comprehensive legislative and behavioral data.	Office on Smoking and Health, Centers for Disease Control and Prevention. (770) 488-5703. www.cdc.gov/tobacco	
Teenage Attitudes and Practices Survey (TAPS) Provides data on knowledge and attitudes such as perceived benefits and risks of tobacco use among teens.	Topics: ■ Cigarette and smokeless tobacco use. ■ Brand preference. ■ Age of initiation. ■ Cessation behavior. ■ Media awareness.	National level. Subjects: Youth aged 12–18. 1993 study includes youth aged 10–22.	a) Random design, household survey.b) Periodic.c) 1989 and 1993.	Limitations for this survey include a non-response bias for those re-interviewed in the second survey (those who were re-interviewed were less likely to have been smokers in 1989 than those who could not be re-interviewed). Also, the small number of African American and Hispanic adolescents in the second survey reduces the reliability of the brand preference estimates for those groups. The second survey (1993) included 87% of the respondents from the first survey, as well as youth from a new probability sample.	National Technical Information Service. (703) 605-6585. www.ntis.gov	

Table 1. National and State Surveys and Tools							
Data Source	Tobacco-Related Indicators	Sampling Frame	Methodology (a), Frequency (b), Years Completed (c)	Comments	Contact		
 ✓ Youth Risk Behavior Surveillance System (YRBSS) ■ Provides data on priority health risk behaviors that contribute to leading causes of mortality, morbidity, and social problems among youth and adults in the U.S. ■ The survey monitors six categories of behaviors: tobacco use, alcohol and other drug use, sexual behaviors that contribute to unintended pregnancy and sexually transmitted disease, dietary behaviors, physical activity, and behaviors that result in violence and unintentional injuries. 	 Topics: ■ Cigarette, cigar, and smokeless tobacco use. ■ Age of initiation. ■ Youth access. ■ Enforcement. ■ Cessation behavior. Number of questions: 12. 	National, state, and large city levels. Subjects: Students in grades 9–12.	a) Random design, self-administered in class-room. (b and c) 1990. Biennial (odd years). 1991–present.	Data from YRBSS is used to monitor progress in achieving national <i>Healthy People 2010</i> tobacco objectives related to young people.	Division of Adolescent and School Health, Centers for Disease Control and Prevention. (888) 231-6405. www.cdc.gov/yrbs		
✓ Youth Tobacco Survey (YTS) ■ Provides data on youth knowledge, attitudes and behaviors, and major tobacco indicators. In 1998, the survey was administered in 3 states, 13 states in 1999, 29 states in 2000, and over 20 states are expected to administer the survey in 2001.	 Topics: ■ Cigarette, cigar, pipe, and smokeless tobacco use. ■ Age of initiation ■ Media awareness. ■ Youth access. ■ Cessation behavior. ■ ETS exposure. ■ School curriculum. Number of questions: 63. 	State level. Subjects: Students in grades 6–8 and 9–12.	 a) Random design, self-administered in classroom. b) Conducted based on states' programmatic needs and in coordination with their surveillance and evaluation plans. 	Schools selected with probability proportional to size, class-rooms chosen randomly. Some states conduct the survey in middle schools or high schools only, some in both. It is recommended that states include state-added questions to the core questionnaire.	Office on Smoking and Health, Centers for Disease Control and Prevention. (770) 488-5703. www.cdc.gov/tobacco		

Table 1 (continued)

✓ Data are frequently used and comparable across states.

Abbreviations: ETS = environmental tobacco smoke.