

B. INSTRUMENTS

The Hispanic/Latino Adult Tobacco Survey (H/L ATS) consists of six core and eight optional modules. The core constitutes the basic set of questions that must be asked for the study. Optional questions can be selectively added, depending on local interest, time, and cost considerations. Survey question by survey question, this section provides users specific survey-administration guidance based on cognitive testing; in addition, it explains the purpose and correct use of the H/L ATS Screener, advance letters, and informed consent materials.

B.1 Comparison of H/L ATS Smoking Status Variables with Those on the General Population State ATS

The smoking status of respondents (Rs) determines the path they follow through the questionnaire. Respondents can be either current smokers or former smokers, or they may have never been smokers in their lives, according to the working definitions in the survey. This same classification of Rs by smoking status is used in the General Population State ATS.

Symbols indicate how H/L ATS questions compare with their counterparts on the General Population State ATS: ▲ identical; ◆ very similar; ■ similar; ● new.

Responses to two key questions classify Rs' smoking status:

- **Q4:** In your entire life, have you smoked at least 100 cigarettes, about five packs? Responses: "Yes," "No," "Don't know/Not sure," or "Refused."
- ◆ **Q5:** Do you now smoke cigarettes every day, some days, or not at all? Responses: "Every day," "Some days," "Not at all," "Don't know/Not sure," or "Refused."

Current smokers. A current smoker is an R who has smoked at least 100 cigarettes in his lifetime and was smoking every day or some days at the time of survey. The R will have answered "Yes" to Q4, and "Every day" or "Some days" to Q5.

Former smokers. A former smoker is an R who has smoked at least 100 cigarettes during his lifetime and currently does not smoke. The R will have answered "Yes" to Q4, and "Not at all" to Q5.

Never smokers. The R is classified as never having smoked if he says he has not smoked at least 100 cigarettes during his lifetime. The R will have answered "No" to Q4, and "Not at all" to Q5.

Although Q6 is not used to determine smoking status, it can be used to better distinguish the occasional smoker from other types of smokers:

- ◆ **Q6:** During the past 30 days, on how many days did you smoke cigarettes?
Responses: "None," Number of Days ("1" to "30"), "Don't know/Not sure," or "Refused."

Occasional smokers are more common in Hispanic/Latino populations, so this category of smokers is of greater interest to public health practitioners in Hispanic/Latino communities.

B.2 Core Module Q-by-Qs

The question-by-question specifications (Q-by-Qs) in this section complement and augment materials prepared for the General Population State ATS. The core module of the H/L ATS covers six topics:

1. General Health
2. Cigarette Smoking
3. Cessation
4. Secondhand Smoke
5. Risk Perception and Social Influences
6. Demographic Items

The core module should be administered in full to obtain the information required to determine smoking status and its correlates. The optional modules can be used selectively, depending on the specific research or evaluation objectives and the availability of funds to design and conduct a longer interview.

With the exception of Cessation, all sections have at least some questions for all kinds of Rs. Cessation questions are asked of both current and former smokers, but not of those Rs who, according to the H/L ATS definition, have never smoked.

Included below are Q-by-Qs for the core module. These Q-by-Qs focus on issues uncovered through cognitive testing of the H/L ATS with approximately 60 Hispanic/Latino persons (about three fourths of whom were tested in Spanish and one fourth in English). The testing was conducted to ascertain how the H/L ATS questions are interpreted and understood by Hispanic/Latino persons. The results of the testing as presented in these Q-by-Qs highlight the following:

- Words and terms that seemed to be confusing or required clarification.
- Ways to probe ambiguous responses.
- Suggestions on how to capture meaningful and consistent responses.

The Optional Modules Q-by-Qs appear in Section B.3.

Because the text of each question is not included in these Q-by-Qs, users of the guide may want to have a printout of the H/L ATS on hand:

- [H/L ATS Core Module \(in English\)](#)
- [H/L ATS Core Module \(Spanish, with English Instructions for Programmers and Interviewers\)](#)
- [H/L ATS Preguntas principales \(totalmente en español\)](#)

B.2.1 Section 1: General Health

The General Health section (Q1) consists of a single question asking R to give his subjective evaluation of his general health.

- ▲ **Q1:** **General health status.** In the cognitive interviews, Rs generally avoided selecting the top two response options for this question. Rs who felt physically well but had been some time without a physician's examination were reluctant to choose these responses, because they could not be sure nothing was wrong with their health. The same was true for those who felt very well but knew they had not followed a healthy lifestyle (e.g., smokers or those who did not exercise).

B.2.2 Section 2: Cigarette Smoking

The nine questions about cigarette smoking (Q2 to Q10) elicit information about the R's lifetime and current cigarette smoking. Q4 and Q5 are used to determine the smoking status of an R. Determining smoking status is critical because it dictates the path the R will take through the instrument (see Section B.2).

Rs are asked if they have ever smoked a cigarette in their lifetime and, if so, at what age they first smoked. Rs who have smoked are asked if they have smoked at least 100 cigarettes in their lives. Rs who report smoking in the past 30 days are asked how many days they have smoked in the past 30, how many cigarettes they have smoked per day, how soon they first smoke after waking up, what their most frequently smoked brand is, and whether they smoke menthol cigarettes.

- ▲ **Q2:** **Whether R has ever smoked a cigarette.** This question asks the R if he has ever smoked a cigarette, even one or two puffs. The reference period is the R's entire life. As with the General Population State ATS, all questions regarding cigarette smoking are about tobacco cigarettes only and do not include marijuana or any other smoked substances rolled in paper.

The Spanish translation of the English word *puffs* presents issues. Rs of different national origins refer to *puffs* with different Spanish words. Terms tested in cognitive interviews (*pitadas* and *jaladas*) were not universally understood; therefore, the term was changed to *probadas* (literally, *tries*) for the Spanish versions of the H/L ATS.

Cigarettes are customarily called *cigarros* by Mexican-origin Rs and are called *cigarrillos* by most other Spanish-speakers. *Cigarro* cannot be used for this question, because it means *cigar* for natives of several countries. Testing indicated, however, that even those Rs who use *cigarro* for *cigarette* understand *cigarrillo* as *cigarette*.

- ◆ Q3: **Age at R's first time smoking.** This question is asked only of those who answered "Yes" in Q2. Responses must be in years of age. Responses such as "5 years ago" or "in my last year of high school" should be probed for exact age.
- Q4: **Whether R has smoked at least 100 cigarettes in his lifetime.** This question is intended to elicit whether the R has smoked a total of 100 cigarettes in his lifetime, not in a single day. In testing it appeared that smokers are accustomed to reporting daily cigarette consumption and tend to hear this question as asking about a single day. The interviewer should stress "not on a single day." Training should focus on this issue because this question is key to determining Rs' smoking status. As applies to any question, if an R says something that suggests he has misunderstood the question, the interviewer should repeat the question or that part of it that has been misunderstood.
- ◆ Q5: **Whether R currently smokes every day, some days, or not at all.** The reference period for this question is the present, without further definition. This question elicits current smoking status and is used to identify the category of "current smokers."
- ◆ Q6: **Days R smoked in the past 30.** The reference period is the 30 days before the interview date. Responses not provided in number of days (responses given as frequency—e.g., "every day" or "twice a week") should be probed, with stress on "how many days."
- ▲ Q7: **Cigarettes smoked per day on days when R smoked in the past 30.** The reference period is the 30 days before the interview date. The question is intended to elicit average daily consumption on days when R smoked. In cognitive testing, some Rs answered in ways that may pose calculation problems for the interviewers. Interviewers should practice probing or coding answers such as "I smoke a pack in 3 days" or "I smoke two packs in a day and a half."
- ▲ Q8: **How soon after waking R smokes the first cigarette.** This question offers categories to elicit the time elapsed between R's waking and the first cigarette smoking of the day. The question indicates that the response options must be read aloud to the R. Some Rs associate smoking with specific activities and may first answer in that way (e.g., "I light up right after breakfast"). Such uncodable responses should be probed; the response categories, repeated.
- ▲ Q9: **Brand R most frequently smokes.** The list of cigarette brands offered includes generic (or no-brand) cigarettes.
- ▲ Q10: **Whether R smokes menthols.** The question aims to elicit whether R usually smokes menthol cigarettes.

B.2.3 Section 3: Cessation

The Cessation section consists of 11 questions (Q11 to Q21) that elicit information on the following subjects: attempts to quit smoking (Q11 and Q12), methods of quitting (Q13 and

Q14), stages of change for quitting (Q15 and Q16), physician and health professionals' advice (Q17 to Q20), and nontraditional methods of quitting (Q21). These questions are asked of "current smokers." Selected items are also asked of "former smokers" who quit in the previous 5 years.

- ▲ **Q11:** ***How long since last cigarette.*** It is important to read the response categories for this question to R. In cognitive testing, when response options were not explicitly offered, Rs gave complex answers that would be difficult for interviewers to code. Time references given in parentheses are for interviewers to use at their discretion, to aid processing of R's answer or to probe an unclear response.

- ▲ **Q12:** ***Quit attempts lasting longer than 1 day.*** It is important to ensure that R listens to this entire question before answering; otherwise, he may answer "Yes" for reasons other than quitting smoking for a day or longer (e.g., if he was in the hospital for a day or longer).

- ▲ **Q13:** ***Use of nicotine or other medications to help quit.*** This question is asked only of "current smokers" who made a quit attempt in the past year or of "former smokers" who quit in the past 5 years. Alternate introductions are provided for each of these two types of R.

- ▲ **Q14:** ***Use of classes or counseling to help quit.*** This question is asked only of "current smokers" who made a quit attempt in the past year or of "former smokers" who quit in the past 5 years. Alternate introductions are provided for each of these two types of R.

- ▲ **Q15:** ***Considering quitting within the next 6 months.*** This question is asked only of "current smokers."

- **Q16:** ***When planning to quit.*** This question is asked only of "current smokers" who are seriously considering stopping smoking within the next 6 months. Rs that do not have specific plans to quit at a certain time should be coded as "Don't know/Not sure."

- ▲ **Q17:** ***Health checkup or received care in the past 12 months.*** Both "current smokers" and "former smokers" who quit in the past 5 years answer this item.

- ▲ **Q18:** ***Health professional advised R not to smoke.*** This and subsequent items in this section are asked only of Rs who answered "Yes" at Q17.

- ▲ **Q19:** ***Health professional asked R if he smokes.*** This question is asked only of Rs who were *not* advised by a health professional to quit smoking ("No" at Q18).

- ▲ **Q20a–d:** ***Health professional recommended quit aids.*** This sequence is asked of any R whose health care professional either advised against smoking or asked R whether he smoked.

B.2.4 Section 4: Secondhand Smoke

The Secondhand Smoke section contains 15 questions (Q22 to Q34). They establish R's secondhand smoke exposure outside work (Q22 to Q25), workplace secondhand smoke policy and exposure (Q26 to Q33), and attitudes about rules on clean indoor air (Q34).

- **Q22:** ***Number of adults living in R's household.*** This may be a sensitive question for Rs who live in multifamily households, which sometimes violate maximum-occupancy rules. If R's answer indicates that he is counting only his own relatives, the interviewer should state that the question is about all adults in the household, whether or not they are related to R.

A few cognitive-interview Rs who were recent immigrants interpreted *su hogar* (in English, "your household") as referring to their household in their country of origin. The intent of this question is to ask about R's current household in the United States, no matter how temporary that may feel to R.
- ◆ **Q23:** ***Number of adult household members who smoke.*** This question is about only tobacco smoking.
- **Q24:** ***Smoking of tobacco inside the home.*** The interviewer should stress the word *inside* to make sure Rs are not including outdoor locations of the home. In cognitive testing, some Rs were including outdoor locations, such as yards.
- **Q25:** ***Rules about smoking inside R's home.*** If an R provides an answer that is not one of those listed, the interviewer should reread the categories and ask the R to select from among the responses provided. Responses such as "You can smoke only outside" or "We allow smoking only out in the yard" should be probed, with stress on the word *inside*.
- **Q26:** ***R's working status.*** This question elicits R's working status as part of the general information about R and in order to determine whether he should be asked the subsequent questions about smoking in the workplace. Interviewers should read each category slowly and give R the opportunity to process each response option, but interviewers should read all response options before accepting one as an answer.
- ▲ **Q27:** ***R's work location—indoors or not.*** This question is asked to determine whether R should be asked about indoor smoking at work.
- ▲ **Q28:** ***Smoking in R's work area.*** No definition is provided for *work area*. It is whatever R defines as his work area. Work areas can vary widely. A traveling salesman may consider a car as his work area. Other examples of *work area* are cubicle, jobsite, and warehouse.
- **Q29:** ***Official policy about smoking at work.*** This yes/no question often elicits descriptions of the policy that will be elicited in the two subsequent questions. Interviewers should be prepared to say something such as "The next question asks what the policy is."

- ◆ **Q30:** **Official smoking policy for work areas.** This question often elicits answers such as “We can smoke only outside.” The question should then be repeated, with stress on the term *work areas*.
- ◆ **Q31:** **Official smoking policy for indoor public areas.** Lobbies, restrooms, and lunchrooms are offered to the R as examples only. Not all jobs have lobbies or lunchrooms. Some jobs have only common areas, such as restrooms or hallways.
- ◆ **Q32:** **Attitude about prohibition of smoking in indoor work areas.** In cognitive testing, some Rs answered without selecting one of the response options, saying, for example, “It should be allowed in some areas” or “There should be a smoking area.” The interviewer should repeat the response options so that R selects one.
- ▲ **Q33:** **Exposure to smoke in car.** The interviewer should be sure R understands that “someone smoking” does not refer to R himself: the person smoking must be someone else.
- **Q34a–e:** **Attitude about prohibition of smoking in public places.** In cognitive testing, some Rs answered without selecting one of the response options, saying, for example, “It should be allowed in some areas” or “There should be a smoking area.” The interviewer should repeat the response options so that R selects one.

The clarifications in parentheses in Q34a and Q34b should be read in all instances.

B.2.5 Section 5: Risk Perception and Social Influences

The Risk Perception and Social Influences section consists of six questions (Q35 to Q40) that together cover R’s perception of risk from smoking (Q35) and from secondhand smoke (Q36 to Q39), as well as R’s views about prohibiting smoking in specific indoor places (Q40). All questions are asked of all Rs.

- ▲ **Q36:** **Perceived harm in breathing smoke from others’ cigarettes.** Many cognitive-interview Rs felt that breathing smoke from the cigarettes of others was as bad as, if not worse than, smoking itself.
- **Q37a–f:** **Health effects from secondhand smoke.** The stem of this question is repeated every two items to continually remind R that the question is about *secondhand smoke* (not about smoking).

In Q37c and Q37e, if R is not familiar with colon cancer or with crib death, code answer as “Don’t know” (code 7).
- **Q38:** **Health danger of regular exposure to secondhand smoke.** Rs may have different motivations for selecting a response. Some may be without health worries because they do not believe exposure to secondhand smoke is harmful, but others may give the same answer only because they are

already smokers themselves. Whatever R's motivation, his response choice is what matters.

- **Q39:** ***Secondhand smoke as a health hazard or annoyance.*** It is important that R hear all responses before selecting one.

B.2.6 Section 6: Demographic Items

The Demographic Items section contains 16 questions (Q41 to Q56) that elicit basic demographic information on R. They cover R's age, gender, education, country of birth (and, for immigrants, age at immigration and total number of years lived in the United States), marital status, sexual identification, number of children in the household by age, use of English and Spanish, and household income. Additional questions ask about use of tobacco by R's current spouse or partner, zip code, and medical coverage status. At the end of the section, which is also the end of the core sections, the interviewer is asked to enter the date of interview and code whether the interview was conducted in English or in Spanish.

- ◆ **Q41:** ***Age.*** Rs occasionally may prefer not to disclose their age. The interviewer should reassure R that responses to the survey are securely protected, and then the interviewer should repeat the question.
- **Q42:** ***Gender.*** When certain of the answer, the interviewer may code gender without asking R for it. Whenever uncertain, though, the interviewer must ask. To make asking less awkward, the interviewer may preface the question by saying, "I'm required to ask this."
- ▲ **Q43:** ***Marital status.*** This question may elicit multiple answers. For example, a person may be both separated and living with someone other than his spouse, or be still married but separated. If the R offers multiple responses, all responses should be recorded.
- **Q44:** ***Children.*** Respondents may be wary of disclosing the age of children in the home. In such cases, the interviewer should reassure R that all answers are confidential.
- **Q45:** ***Country of birth.*** Any response that does not appear on the list of countries should be entered under "Other."
- **Q46:** ***Age at immigration.*** This question elicits the age at which R first moved to the United States. For those who came and left, R's age at *first* date of immigration should be recorded here.

Some Rs will answer by providing the year of immigration. If so, the interviewer should skip the boxes for entering age and enter the year in the boxes provided below the age response boxes.

- **Q47–48:** ***Spanish/English use by R.*** For these two questions, the order of response options in the Spanish versions is the reverse of those in the English version, but they have the same corresponding codes. That is, for the R who is answering the survey in Spanish, the first option is "Spanish

only," whereas for the R who is answering in English the first option is "English only." In all versions, the "Spanish only" option is code 5 and the "English only" option is code 1.

- **Q49:** **Highest grade of school completed.** For this question, the interviewer must elicit the highest grade completed, which will present difficulties when R studied outside the U.S. educational system. Response categories must *not* be read aloud. If R offers as response the level of schooling completed, or degree or title obtained, the interviewer should probe for how many total years of schooling that level, degree, or title requires in the educational system in which R studied (i.e., how many years were required, starting with the first grade of primary school).

Spanish-language interviewers should be aware that the same label is used in different countries to refer to a different number of years of study. For example, *secundaria* denotes 9 years of schooling in Mexico, but 11 or 12 years in other countries. Likewise, *colegio* may refer to grade school in some countries, high school in others, and college in Puerto Rico.

- ▲ **Q50:** **Annual household income.** With this question, interviewers will find R's annual household income range by using a technique called *bracketing*. R is asked if income is less than \$25,000, and, depending on the answer, follow-ups are used to ascertain higher or lower income until the proper range is coded. This response is recorded below the response categories, in a special two-digit box labeled "Code."

- **Q51:** **Sexual identification.** This question is about self-identification, not sexual orientation or sexual activities. The interviewer should never paraphrase by asking, for example, whether R is attracted to, or has sex with, men or women. R may be married to someone of the opposite sex yet not self-identify as heterosexual.

In the cognitive testing, Spanish-speaking Rs were unsure whether *heterosexual*, *homosexual*, and *bisexual* corresponded with *straight*, *gay*, and *bisexual*. If R seems unsure of the meaning of the terms, or reluctant to select, the response is code 4. Code 7 applies only if R says he does not know, or is unsure of, which response option best describes him but seems to understand the terminology. The interviewer should not interpret or recode answers that are provided in terms completely different from the allowable response categories. For example, in cognitive testing, responses included, "I'm a man, a complete man." In such cases, the interviewer should reread the answer categories and ask R to select from the listed options.

- **Q52:** **Current spouse or partner.** Rs who supplied marital status earlier might find this question repetitive; the introduction acknowledges this repetition. This question is used to determine whether to ask the subsequent question.
- **Q53–54:** **Spouse/partner's current and past tobacco use.** Some Rs are not familiar with chewing or dipping tobacco.
- **Q55:** **Zip code.** Some Rs do not remember their zip code. This will not be a problem for in-person surveys: the interviewer will have R's address and

the zip code can later be obtained. For telephone surveys, if no matching of phone numbers and addresses is planned, the interviewer may want to offer R a chance to ask someone else in the household for the zip code.

- **Q56:** *Health insurance coverage status.* The qualifying sentence after the question is intended to exclude free or reduced-cost clinics for low-income Rs—clinics Latino Rs often use. The question pertains only to private or government-sponsored health coverage plans.

B.3 Optional Modules Q-by-Qs

The optional modules contain questions that can be used to supplement those in the core module. Although the core is the basic set of questions everyone should use for the H/L ATS, considerations of cost, time, and local interest will lead each surveying agency or organization to select some, all, or none of the questions in the optional modules.

Although Sections A to H are grouped into optional modules by topic, the questions in them do not have to be kept together, but instead may be inserted into sections of the core. Nor do they have to be placed in a core section named like the optional module. For instance, questions in the Detailed Demographics module ask about health; they could be integrated into Section 1 (General Health) in the core, while A1 might be best placed in Demographic Items (Section 6 of the core), near the education questions.

In adding questions from the optional modules to the core, the researcher must take care to modify skip instructions as appropriate. Each subset of questions in the optional modules is preceded by an indication of intended R type. In some instances, a subset of optional questions is preceded by a suggested placement in the core instrument.

Q-by-Qs are provided only for those questions that presented issues during cognitive testing.

Because the text of each question is not included in these Q-by-Qs, users of the guide may want to have a printout of the H/L ATS on hand:

- [H/L ATS Optional Modules \(in English\)](#)
- [H/L ATS Optional Modules \(Spanish, with English Instructions for Programmers and Interviewers\)](#)
- [H/L ATS Preguntas adicionales \(totalmente en español\)](#)

B.3.1 Section A: Detailed Demographic Items

The supplemental Demographic Items section consists of three questions (QA1 to QA3): one on current enrollment in an educational program (QA1) and two on health problems or impairments (QA2 and QA3).

- ▲ **QA3:** *Health problems requiring use of special equipment.* As indicated in the questionnaire, if R reports using special equipment on occasion, the code is “Yes.”

B.3.2 Section B: Detailed Tobacco Use Questions

The supplemental Tobacco Use section consists of 15 questions (QB1 to QB15) that focus on smoking initiation in young adults, smoking patterns, brand use, purchase patterns, use of other tobacco products (such as smokeless tobacco products, cigars, pipes, bidis, kreteks, and new tobacco products), and intention to smoke for young adults who are not current smokers.

- **QB8a:** ***Buying cigarettes in a neighboring state.*** In cognitive testing it was observed that many Rs, particularly but not exclusively recent immigrants, had a limited geographic sense. Some named other cities or counties as neighboring states. The interviewer therefore should identify neighboring states for R. Neighboring states include only U.S. states, not Mexican states or Canadian provinces.
- ▲ **QB9a–b:** ***Smokeless tobacco products.*** Rs may not know what snuff is. None of the Rs in the cognitive tests had heard of snuff. No definition is provided. Even Rs who do not know what snuff is will understand the term *smokeless tobacco products*; use of this term will not compromise their responses.
- ▲ **QB10a:** ***Cigars.*** There are multiple terms used in Latin America to refer to cigars. In cognitive testing it was determined that, despite the multiplicity of terms, all Rs understood the term *puro* as cigar.
- ▲ **QB12a–13b:** ***Kreteks or bidis.*** Rs may not know what kreteks and bidis are. None of the Rs in the cognitive tests had heard of them. A definition of the word *bidis* appears in the question stem, and an alternative name appears for *kreteks* in the question itself. Code 7 if the R states he does not know what kreteks or bidis are.

B.3.3 Section C: Detailed Cessation Questions

The supplemental Cessation section consists of 10 questions (QC1 to QC10) that focus on smoking cessation, including interest in quitting, dentist's advice for quitting, medications R used to quit, and methods other than medication that R used to quit.

There are no Q-by-Qs for this module. The intent of the questions and the vocabulary were clear to our test participants.

B.3.4 Section D: Detailed Environmental Tobacco Smoke Questions

This Environmental Tobacco Smoke section consists of 10 questions (QD1 to QD10) about workplace smoking, attitudes regarding policies for clean indoor air, and behavior regarding clean indoor air.

- ▲ **QD2:** ***Attitude about smoking in bars.*** For the Spanish versions, optional terms for bars and cocktail lounges are offered to cover terminology used in different countries. In cognitive testing it was determined that "bares, barras, cantinas, o taberna" was a phrase generally understood

by all. It clearly identified drinking establishments, although the clientele for each of these places varies by country.

- QD6–7: ***Avoidance of restaurants because smoking is or is not permitted.*** Because these two items sound alike, the R might think the interviewer is repeating the same question. The interviewer should stress the word *not* in D7 to avoid this error.

B.3.5 Section E: Health and Social Influences

This Health and Social Influences section contains 10 questions (QE1 to QE10) about the health effects of smoking, smoking-related conditions that the R may have been diagnosed with, additional risk perceptions, and peer and family influences for and against smoking.

There are no Q-by-Qs for this module. The intent of the questions and the vocabulary were clear to our test participants.

B.3.6 Section F: Policy Issues

The Policy Issues section consists of eight questions (QF1 to QF8) covering opinions on youth tobacco use, sponsoring and marketing of tobacco products, and taxation of cigarette sales.

- ▲ QF1: ***Community prevention of sales of tobacco to teens.*** This item is intended to elicit R's views on his local community's role in preventing sales of tobacco to minors.
- QF6: ***Monetary donations from tobacco companies.*** In this question both donations and contributions should be understood as *monetary* and not as donations of tobacco products.
- QF8: ***Support for levels of taxation on cigarettes.*** This is a dense question that Rs in cognitive testing found difficult to process. Interviewers should read the item slowly, giving Rs the opportunity to process the information.

B.3.7 Section G: Parental Involvement

The nine questions in the Parental Involvement section (QG1 to QG9) apply only to parents of children aged 5 to 17 years. They cover parent-child communication about tobacco use, Rs' parental beliefs about their children's smoking status, disapproval Rs would feel if their children smoked, and curfew for Rs' children.

- ▲ QG1: ***Age of child nearest age 10 in R's household.*** This question is used to determine on which child the subsequent questions in Section G will focus. As indicated before the question, if two children are equally close to age 10, the older child should be selected. In the case of twins, the firstborn child should be selected.

B.3.8 Section H: Media Exposure

This section consists of three questions about how much exposure the R has had to commercials or messages promoting smoking or not smoking in the 7 days preceding the interview.

There are no Q-by-Qs for this module. The intent of the questions and the vocabulary were clear to our test participants.

B.4 Screeners

The H/L ATS Screener is a brief script with a sequence of questions to be asked of the household respondent. Its purpose is to determine (1) the eligibility of a household to participate in the H/L ATS and (2) which household member should be interviewed. There are two versions: one for a telephone survey and one for a face-to-face survey:

- [Telephone Screener \(English\)](#)
- [In-person Screener \(English\)](#)
- [Telephone Screener \(Spanish, with English Instructions for Programmers and Interviewers\)](#)
- [In-person Screener \(Spanish, with English Instructions for Programmers and Interviewers\)](#)
- ["Cuestionario de selección" por teléfono \(totalmente en español\)](#)
- ["Cuestionario de selección" cara-a-cara \(totalmente en español\)](#)

The telephone and in-person screeners are very similar to one another, and they are both patterned on the screener used for the General Population State ATS.

The telephone screener is used to accomplish the following:

- Verify that the telephone number belongs to a household (not to a business or institution).
- Ask if anyone in the household is Hispanic or Latino.
- Obtain a count of all Hispanic or Latino adult household members by gender.
- Perform a random selection from among these eligible Rs.

The result of the random selection by telephone screener is communicated to the household respondent as a combination of birth order and gender. For example, the interviewer may say he needs to speak with "the oldest male" or "the fifth-oldest female" (the designation is made by the computer). Once the selected individual is reached, the screener is used to verify the person's Hispanic or Latino ethnicity, elicit national origin, and ask if he prefers to be interviewed in English or in Spanish.

The face-to-face screener is used to accomplish the following:

- Verify that the interviewer is at the sampled address.
- Ask if anyone in the household is Hispanic or Latino.

- Obtain a count of all Hispanic or Latino adult household members by gender.
- Perform a random selection from among these eligible Rs.

The result of the random selection by face-to-face screener is communicated to the household respondent as a combination of birth order and gender. For example, the interviewer may say he needs to speak with “the oldest male” or “the fifth-oldest female,” depending on what the random table indicates. For face-to-face interviews conducted by paper and pencil, the interviewer will follow a protocol provided by the research director to randomly select one of the combinations. Once the selected individual is reached, the screener is used to verify the person’s Hispanic or Latino ethnicity, elicit national origin, and ask whether he prefers to be interviewed in English or in Spanish.

B.5 Advance Letters

Advance letters are mailed to addresses of households selected to participate in a survey. The purpose of these letters is to introduce the survey to the sampled households and alert them that they will be contacted. In surveys of Hispanic populations, advance letters are a particularly important means of providing legitimacy to the study and improving cooperation (Carley-Baxter, Link, Roe, & Quiroz, 2006).

In Latino households, an unannounced visit or telephone call tends to generate suspicion, especially in households with limited English language or in households that include undocumented immigrants. As an interview medium, the telephone is viewed negatively, described as cold, and “generally seen with suspicion, possibly because of fraud and scams done by telemarketers” (Schoua-Glusberg, 2000). Telephone survey response rates among Latinos have been shown to be significantly higher when an advance letter is used than when it is not (Carley-Baxter et al., 2006).

The following letters were prepared as part of the H/L ATS survey materials (Appendices A–D).

- [Advance Letter to Potential Households, Telephone Survey \(English\)](#)
- [Advance Letter to Potential Households, Telephone Survey \(Spanish\)](#)
- [Advance Letter to Potential Households, In-person Survey \(English\)](#)
- [Advance Letter to Potential Households, In-person Survey \(Spanish\)](#)

An advance letter usually includes an explanation of the survey, identification of the sponsoring organization, the purpose of collecting the data, and an explanation of how the data will be used. It also includes a message about the voluntary nature of survey participation, the ability of the R to skip questions he does not want to answer, and an assurance of the security of the data. Finally, if the survey offers any compensation for R’s time, monetary or otherwise, it is mentioned in the letter. Recipients are provided with a means of contacting the sponsoring or data-collection organization. Advance letters

generally aid in increasing survey participation and in reducing the number of contacts required to obtain a full response to the survey (Dillman, 2000).

Generally an advance letter is mailed within 2 weeks of making first contact with a sampled household. If mailed too early, it likely will have been forgotten by the time the household is contacted for the interview. Mailed too close to the contact date, it may not yet have been received or read.

If the survey uses a random-digit-dial sample, the survey organization should attempt to match each telephone number selected with its corresponding mailing address in order to send the advance letter. This objective can be achieved with use of one of multiple commercial services that provide this kind of matching. Not all phone numbers will be successfully matched, however: interviewers should be aware that a household they contact might never have received the advance letter.

Even when address matching is successful, it is possible that no name of householders is available. In this case, the letter will often be addressed to the household without naming any specific person. Because this method is not as effective as an individually addressed letter, it is important to ensure that the outside of the envelope looks like an important communication, one not easily confused with "junk mail."

Because some Rs will not have received the letter, will have forgotten it, or will have had someone else in the household read it instead, the telephone interviewer will have to be prepared for Rs who ask to see something in writing before they agree to participate. Procedures must be in place to mail new copies of the advance letter to households requesting it.

For face-to-face surveys, interviewers will carry with them a copy of the advance letter to provide to participants who request one. Alternatively, if the sample for a face-to-face survey is geographically clustered, interviewers may distribute advance letters under doors in selected addresses in their area before they start ringing any doorbells. This approach has proved successful in other area probability surveys involving a large percentage of Latino households (Schoua-Glusberg, 1998).

If the survey uses a list sample—that is, one by which individuals are selected instead of addresses or phone numbers—the letters and envelopes should be personalized.

B.6 Informed Consent Text and Forms

Informed consent forms serve two important purposes.¹ First, they are designed to fully inform prospective survey Rs about what they are being asked to do, why the research is necessary and important, what participation actually entails, how their privacy and security will be protected, and the risks or benefits attending their participation. Rs are provided with

¹ The consent form and consent text provided here differ slightly from those used in the Centers for Disease Control and Prevention's 2007 survey.

a means of contacting someone who can answer questions about their rights as participants in a survey. The goal is to ensure that participants' rights are protected and that when they agree to participate they do so with a clear understanding of what will be involved.

The second purpose of an informed consent form is to protect the survey organization and survey sponsor from any future claims that the participant was unaware of either what participation would entail or the benefits or risks he would or could experience.

In face-to-face surveys, the consent form is read by (or to) the R, who must sign it before the interview can begin. If the R agrees to the consent form but does not want to sign his name (perhaps for reasons of confidentiality), the protocol approved by the study's institutional review board for such situations should be followed (Appendices E and F):

- [Informed Consent Form, In-person Survey \(English\)](#)
- [Informed Consent Form, In-person Survey \(Spanish\)](#)

In telephone surveys a consent text is read by the telephone interviewer; the participant gives verbal agreement instead of a signature (Appendices G and H):

- [Informed Consent Text, Telephone Survey \(English\)](#)
- [Informed Consent Text, Telephone Survey \(Spanish\)](#)

In either case, if the R does not agree, the interviewer must politely terminate the interview and not ask any additional questions.

Low-literacy populations may have problems reading and interpreting the written consent form. To make the situation less awkward, the interviewer may say, "I'm going to read this to you, unless you prefer to read it yourself." It is important that interviewers be able to explain terms in the letter and respond to any questions the R might have. Interviewers should pay attention to verbal and nonverbal indications that the R may be having difficulty understanding what he is reading or hearing.