

TOBACCO USE SUPPLEMENT

CURRENT POPULATION SURVEY

CHINESE, ENGLISH, KHMER, KOREAN, SPANISH, VIETNAMESE

ENGLISH TUS-CPS-TRANS PAPER-AND-PENCIL INSTRUMENT

Revised Fall 2005

A downloadable version of this document, and of other translations of the 2003 Tobacco Supplement to the Current Population Survey, may be obtained from <http://riskfactor.cancer.gov/studies/tus-cps/translation/>

This questionnaire is a slightly modified version of the 2003 Tobacco Use Special Cessation Supplement to the Current Population Survey (TUSCS-CPS), which is part of the continuing series of Tobacco Use Supplements to the Current Population Survey.



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ADDENDUM TO THE REVISED 2003 TUS-CPS ENGLISH LANGUAGE PAPER-AND-PENCIL VERSION

This version of the 2003 TUS-CPS has been modified somewhat from the original computer-assisted interview (CAI) instrument to accommodate a paper-and-pencil (PAP) administration and to reflect slightly different text at some items on the Chinese, Korean, Spanish, and Vietnamese translations of the 2003 TUS.

Differences between the CAI and the PAP TUS-CPS instruments

- Items J1a through J3d_3 in Section J of the CAI instrument have been rearranged.
- Demographic questions (years in the U.S., education level, and race/ethnicity) were added at the end of the paper-and-pencil instrument.

Text added to the TUS-CPS translations

Text that was not in the original TUS-CPS but was added to the translations appears as highlighted text in this document. The added text is described below.

- At the introductory statement to B5cA/H9A, a second sentence was added that reads, “**You may answer with true or false, or with yes or no.**” (Chinese, Korean, Spanish, and Vietnamese translations)
- At B11(1)/C11(A), the phrase “**in your opinion**” was added to the second sentence of the item series introductory statement. (Chinese, Korean, Spanish, and Vietnamese translations)
- At item G3, a second sentence was added that reads, “**Please indicate how interested you are in quitting by picking a number from 1 to 10.**” (Chinese, Korean, and Vietnamese translations)

SECTION A. SCREENING – ALL RESPONDENTS

A1 Have you smoked at least 100 cigarettes in your entire life?

[100 CIGARETTES = APPROXIMATELY 5 PACKS]

- ¹ YES
² NO → **TERMINATE**
⁻⁷ REFUSED → **TERMINATE**
⁻⁸ DON'T KNOW → **TERMINATE**

A2 How old were you when you first started smoking cigarettes fairly regularly?

AGE

- ¹ NEVER SMOKED REGULARLY
⁻⁷ REFUSED
⁻⁸ DON'T KNOW

A3 Do you now smoke cigarettes every day, some days, or not at all?

- ¹ EVERY DAY → **GO TO SECTION B, NEXT PAGE**
² SOME DAYS → **GO TO SECTION C, PAGE 10**
³ NOT AT ALL → **GO TO SECTION H, PAGE 26**
⁻⁷ REFUSED → **TERMINATE**
⁻⁸ DON'T KNOW → **TERMINATE**

SECTION B. EVERY DAY SMOKER HISTORY/CONSUMPTION SERIES

B1 On the average, about how many cigarettes do you now smoke each day?

[ONE PACK USUALLY EQUALS 20 CIGARETTES. IF CONVERTING PACKS TO CIGARETTES, ALWAYS VERIFY CALCULATION WITH RESPONDENT.]

_____ **→GO TO B2**
NUMBER

⁻⁷ REFUSED **→GO TO B1a**

⁻⁸ DON'T KNOW **→GO TO B1a**

B1a Would you say that, on average, you now smoke more or less than 20 cigarettes each day?

¹ MORE

² LESS

³ ABOUT 20 (ONE PACK)

⁻⁷ REFUSED

⁻⁸ DON'T KNOW

B2 Is your usual cigarette brand menthol or non-menthol?

¹ MENTHOL

² NON-MENTHOL

³ NO USUAL TYPE

⁻⁷ REFUSED

⁻⁸ DON'T KNOW

B3 What type of cigarette do you now smoke most often -- a regular, a light, an ultralight, or some other type?

¹ REGULAR/FULL FLAVOR **→GO TO B5a**

² LIGHT/MILD

³ ULTRA-LIGHT

⁴ NO USUAL TYPE **→GO TO B5a**

⁵ SOME OTHER TYPE (SPECIFY) _____ **→GO TO B5a**

⁻⁷ REFUSED **→GO TO B5a**

⁻⁸ DON'T KNOW **→GO TO B5a**

B4 Please tell me if each of the following is true for you.

(A) You now smoke (lights/ultralights) because you feel that they are less harmful to your health than regular cigarettes.

- ¹ TRUE/YES
- ² FALSE/NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(B) You now smoke (lights/ultralights) as a way to try to quit smoking.

- ¹ TRUE/YES
- ² FALSE/NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(C) You now smoke (lights/ultralights) because they have a smoother flavor or lighter taste than regular cigarettes.

- ¹ TRUE/YES
- ² FALSE/NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

INTERVIEWER INSTRUCTION

IF B4(A) AND B4(B) ARE BOTH TRUE, GO TO B4d.

OTHERWISE, GO TO B5a.

B4d Which is the more important reason that you smoke (lights/ultralights) -- because you feel they are less harmful to your health, or because you're trying to quit?

- ¹ LESS HARMFUL
- ² TRYING TO QUIT
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

B5a How soon after you wake up do you typically smoke your first cigarette of the day?

 ¹ MINUTES →GO TO B5c ² HOURS →GO TO B5c
NUMBER

- ³ IT VARIES
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

B5b Would you say you smoke your first cigarette of the day within the first 30 minutes?

- ¹ YES
- ² NO
- ³ IT VARIES
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

B5c Please tell me if each of the following statements is true for you. **You may answer with true or false, or with yes or no.**

(A) You have trouble going more than a few hours without smoking.

- ¹ TRUE/YES
- ² FALSE/NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(B) Even in a bad rainstorm, if you ran out of cigarettes, you would probably go to the store to get some more.

- ¹ TRUE/YES
- ² FALSE/NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(C) When you go without smoking for a few hours, you experience craving.

- ¹ TRUE/YES
- ² FALSE/NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(D) If you were in a public place where smoking isn't allowed, you'd probably go outside to smoke a cigarette, even in cold or rainy weather.

- ¹ TRUE/YES
- ² FALSE/NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

B6a Do you usually buy your cigarettes by the pack or by the carton?

- ¹ PACK
- ² CARTON →GO TO B6c
- ³ BUY BOTH PACKS AND CARTONS
- ⁴ DON'T BUY OWN CIGARETTES →GO TO B7
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

B6b What price did you pay for the last pack of cigarettes you bought? Please report the cost after using discounts or coupons.

\$ ____ . ____ →GO TO B6d

- ⁻⁷ REFUSED →GO TO B6d
- ⁻⁸ DON'T KNOW →GO TO B6d

B6c What price did you pay for the last carton of cigarettes you bought? Please report the cost after using discounts or coupons.

\$ ____ . ____

- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

B6d Did you buy your last (pack/carton) of cigarettes in [RESPONDENT'S STATE OF RESIDENCE] or in some other state?

- ¹ IN STATE OF RESIDENCE (SPECIFY) _____
- ² IN SOME OTHER STATE OR DC (SPECIFY) _____
- ³ BOUGHT SOME OTHER WAY (INTERNET, OTHER COUNTRY) (SPECIFY)

- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

B7 What is the total number of years you have smoked every day? Do not include any time you stayed off cigarettes for 6 months or longer.

YEARS

- ¹ LESS THAN 1 YEAR
- ² NONE
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

B8 Around this time 12 months ago, were you smoking cigarettes every day, some days, or not at all?

- ¹ EVERY DAY
- ² SOME DAYS
- ³ NOT AT ALL
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

B9 Have you ever switched from a stronger cigarette to a lighter cigarette for at least 6 months?

- ¹ YES
- ² NO →GO TO B11
- ⁻⁷ REFUSED →GO TO B11
- ⁻⁸ DON'T KNOW →GO TO B11

B10 For each of the following statements, please tell me whether it is a reason that you switched from a stronger to a lighter cigarette.

(1) You switched because you felt that a lighter cigarette would be less harmful to your health.

- ¹ YES
- ² NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(2) You switched as a way to try to quit smoking.

- ¹ YES
- ² NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(3) You switched to get a smoother or lighter flavor.

- ¹ YES
- ² NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

INTERVIEWER INSTRUCTION

IF B10(1) AND B10(2) ARE BOTH YES, GO TO B10b.
OTHERWISE, GO TO B11.

B10b Which is the main reason you switched from a stronger to a lighter cigarette -- as a way to try to quit smoking, or in order to smoke a less harmful cigarette?

- ¹ QUIT SMOKING
- ² TO SMOKE A LESS HARMFUL CIGARETTE
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

B11 I'm going to read you some statements about how light cigarettes compare to regular cigarettes. For each one, please tell me whether, **in your opinion**, you think it is true, false, or you don't know.

(1) Light cigarettes give you less tar or nicotine than regular cigarettes.

- ¹ TRUE
- ² FALSE
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(2) Light cigarettes are safer to smoke.

- ¹ TRUE
- ² FALSE
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(3) Light cigarettes feel smoother and easier on your chest.

- ¹ TRUE
- ² FALSE
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

INTERVIEWER INSTRUCTION

GO TO D1, THE SECOND QUESTION IN SECTION D, PAGE 17.

SECTION C. SOME DAY SMOKER HISTORY/CONSUMPTION SERIES

C1 On how many of the past 30 days did you smoke cigarettes?

- ¹ NONE →GO TO C2
- ² 30 DAYS
- ³ LESS THAN 30 DAYS (SPECIFY) _____
- ⁻⁷ REFUSED →GO TO C2
- ⁻⁸ DON'T KNOW →GO TO C2

C1a On the average, on those [ANSWER FROM C1] days, how many cigarettes did you usually smoke each day?

[ONE PACK USUALLY EQUALS 20 CIGARETTES. IF CONVERTING PACKS TO CIGARETTES, ALWAYS VERIFY CALCULATION WITH RESPONDENT.]

NUMBER

- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

C2 Is your usual cigarette brand menthol or non-menthol?

- ¹ MENTHOL
- ² NON-MENTHOL
- ³ NO USUAL TYPE
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

C3 What type of cigarette do you now smoke most often -- a regular, a light, an ultralight, or some other type?

- ¹ REGULAR/FULL FLAVOR →GO TO C5a
- ² LIGHT/MILD
- ³ ULTRA-LIGHT
- ⁴ NO USUAL TYPE →GO TO C5a
- ⁵ SOME OTHER TYPE (SPECIFY) _____ →GO TO C5a
- ⁻⁷ REFUSED →GO TO C5a
- ⁻⁸ DON'T KNOW →GO TO C5a

C4 Please tell me if each of the following is true for you.

(1) You now smoke (lights/ultralights) because you feel that they are less harmful to your health than regular cigarettes.

- ¹ TRUE/YES
- ² FALSE/NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(2) You now smoke (lights/ultralights) as a way to try to quit smoking.

- ¹ TRUE/YES
- ² FALSE/NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(3) You now smoke (lights/ultralights) because they have a smoother flavor or lighter taste than regular cigarettes.

- ¹ TRUE/YES
- ² FALSE/NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

INTERVIEWER INSTRUCTION

IF C4(1) AND C4(2) ARE BOTH TRUE, GO TO C4d.

OTHERWISE, GO TO C5a.

C4d Which is the more important reason that you smoke (lights/ultralights) -- because you feel they are less harmful to your health, or because you're trying to quit?

- ¹ LESS HARMFUL
- ² TRYING TO QUIT
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

C5a On the days that you smoke, how soon after you wake up do you typically smoke your first cigarette of the day?

_____ ¹ MINUTES →GO TO C6a ² HOURS →GO TO C6a
NUMBER

- ³ IT VARIES
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

C5b On the days that you smoke, would you say you smoke your first cigarette of the day within the first 30 minutes?

- ¹ YES
- ² NO
- ³ IT VARIES
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

C6a Do you usually buy your cigarettes by the pack or by the carton?

- ¹ PACK
- ² CARTON →GO TO C6c
- ³ BUY BOTH PACKS AND CARTONS
- ⁴ DON'T BUY OWN CIGARETTES →GO TO C7a
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

C6b What price did you pay for the last pack of cigarettes you bought? Please report the cost after using discounts or coupons.

\$____. ____ GO TO C6d

- ⁻⁷ REFUSED →GO TO C6d
- ⁸ DON'T KNOW →GO TO C6d

C6c What price did you pay for the last carton of cigarettes you bought? Please report the cost after using discounts or coupons.

\$__ __. __ __

⁻⁷ REFUSED

⁻⁸ DON'T KNOW

C6d Did you buy your last (pack/carton) of cigarettes in [RESPONDENT'S STATE OF RESIDENCE] or in some other state.

¹ IN STATE OF RESIDENCE (SPECIFY) _____

² IN SOME OTHER STATE OR DC (SPECIFY) _____

³ BOUGHT SOME OTHER WAY (INTERNET, OTHER COUNTRY) (SPECIFY)

⁻⁷ REFUSED

⁻⁸ DON'T KNOW

C7a Have you ever smoked cigarettes every day for at least 6 months?

¹ YES

² NO →GO TO C8

⁻⁷ REFUSED →GO TO C8

⁻⁸ DON'T KNOW →GO TO C8

C7b About how long has it been since you last smoked cigarettes every day?

_____ ¹ DAYS

NUMBER ² WEEKS

³ MONTHS

⁴ YEARS

⁻⁷ REFUSED

⁻⁸ DON'T KNOW

C7c When you last smoked every day, on average how many cigarettes did you smoke each day?

NUMBER

⁻⁸ DON'T KNOW

⁻⁷ REFUSED

C7d What is the total number of years you smoked every day? Do not include any time you stayed off cigarettes for 6 months or longer.

YEARS

¹ LESS THAN 1 YEAR

² NONE

⁻⁷ REFUSED

⁻⁸ DON'T KNOW

C8 Around this time 12 months ago, were you smoking cigarettes every day, some days, or not at all?

¹ EVERY DAY

² SOME DAYS

³ NOT AT ALL

⁻⁷ REFUSED

⁻⁸ DON'T KNOW

C9 Have you ever switched from a stronger cigarette to a lighter cigarette for a period of 6 months or longer?

¹ YES

² NO →GO TO C11

⁻⁷ REFUSED →GO TO C11

⁻⁸ DON'T KNOW →GO TO C11

C10 For each of the following statements, please tell me whether it is a reason that you switched from a stronger to a lighter cigarette.

(A) You switched because you felt that a lighter cigarette would be less harmful to your health.

- ¹ YES
- ² NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(B) You switched as a way to try to quit smoking.

- ¹ YES
- ² NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(C) You switched to get a smoother or lighter flavor.

- ¹ YES
- ² NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

INTERVIEWER INSTRUCTION

IF C10(A) AND C10(B) ARE BOTH YES, GO TO C10b.

OTHERWISE, GO TO C11.

C10b Which is the main reason you switched from a stronger to a lighter cigarette -- as a way to try to quit smoking, or in order to smoke a less harmful cigarette?

- ¹ QUIT SMOKING
- ² TO SMOKE A LESS HARMFUL CIGARETTE
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

C11 I'm going to read you some statements about how light cigarettes compare to regular cigarettes. For each one, please tell me whether, **in your opinion**, you think it is true, false, or you don't know.

(A) Light cigarettes give you less tar or nicotine than regular cigarettes.

- ¹ TRUE
- ² FALSE
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(B) Light cigarettes are safer to smoke.

- ¹ TRUE
- ² FALSE
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(C) Light cigarettes feel smoother and easier on your chest.

- ¹ TRUE
- ² FALSE
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

INTERVIEWER INSTRUCTION

IF C1 IS 12 DAYS OR MORE, GO TO D1, THE SECOND QUESTION ON THE NEXT PAGE.

OTHERWISE, GO TO Da, THE FIRST QUESTION ON THE NEXT PAGE.

**SECTION D. PAST 12-MONTH QUIT ATTEMPTS –
EVERY DAY AND SOME DAY SMOKERS**

Da During the past 12 months, have you tried to quit smoking completely?

- ¹ YES →GO TO D4
² NO →GO TO F1, PAGE 22
⁻⁷ REFUSED
⁻⁸ DON'T KNOW

D1 Have you ever stopped smoking for one day or longer because you were trying to quit smoking?

- ¹ YES
² NO →GO TO D7
⁻⁷ REFUSED →GO TO D7
⁻⁸ DON'T KNOW →GO TO D7

D2 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- ¹ YES
² NO →GO TO D8
⁻⁷ REFUSED →GO TO D8
⁻⁸ DON'T KNOW →GO TO D8

D3 How many times during the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking?

- ¹ 1 →GO TO D6
² 10 OR LESS (SPECIFY) _____ →GO TO D4
³ MORE THAN 10 (SPECIFY) _____ →GO TO D4
⁻⁷ REFUSED
⁻⁸ DON'T KNOW

D3b Would you say that it was more or less than 3 times?

- ¹ MORE THAN 3 TIMES
- ² LESS THAN 3 TIMES
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

D4 The last time you stopped smoking during the past 12 months because you were trying to quit, how long did you stop for?

- _____ ¹ DAYS
NUMBER ² WEEKS
³ MONTHS

- ⁻⁷ REFUSED →GO TO D6
- ⁻⁸ DON'T KNOW →GO TO D6

D5 Was [ANSWER FROM D4] the longest you went without smoking in the past 12 months?

- ¹ YES →GO TO SECTION E, PAGE 20
- ² NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

D6 During the past 12 months, what is the longest length of time you stopped smoking because you were trying to quit smoking?

- _____ ¹ DAYS →GO TO SECTION E, PAGE 20
NUMBER ² WEEKS →GO TO SECTION E, PAGE 20
³ MONTHS →GO TO SECTION E, PAGE 20

- ⁻⁷ REFUSED →GO TO D6b
- ⁻⁸ DON'T KNOW →GO TO D6b

D6b Was it more or less than one week?

- ¹ MORE →GO TO SECTION E, PAGE 20
- ² LESS →GO TO SECTION E, PAGE 20
- ³ ONE WEEK →GO TO SECTION E, PAGE 20
- ⁻⁷ REFUSED →GO TO SECTION E, PAGE 20
- ⁻⁸ DON'T KNOW →GO TO SECTION E, PAGE 20

D7 Have you ever made a serious attempt to stop smoking because you were trying to quit -- even if you stopped for less than a day?

- ¹ YES
- ² NO →GO TO SECTION F, PAGE 22
- ⁻⁷ REFUSED →GO TO SECTION F, PAGE 22
- ⁻⁸ DON'T KNOW →GO TO SECTION F, PAGE 22

D8 During the past 12 months, have you made a serious attempt to stop smoking because you were trying to quit?

- ¹ YES
- ² NO →GO TO SECTION F, PAGE 22
- ⁻⁷ REFUSED →GO TO SECTION F, PAGE 22
- ⁻⁸ DON'T KNOW →GO TO SECTION F, PAGE 22

SECTION E. METHODS USED DURING PAST (12-MONTH) QUIT ATTEMPTS – EVERY DAY AND SOME DAY SMOKERS

INTERVIEWER INSTRUCTION

IF D3 = 1, USE “TIME” IN SECTION E.

OTHERWISE, USE “LAST TIME.”

E1 Thinking back to the (last time/time) you tried to quit smoking in the past 12 months, did you use any of the following products?

- | | | | | | | | | |
|---|---------------------------------------|-----|---------------------------------------|----|--|-----|--|----|
| A nicotine gum | ¹ <input type="checkbox"/> | YES | ² <input type="checkbox"/> | NO | ⁻⁷ <input type="checkbox"/> | REF | ⁻⁸ <input type="checkbox"/> | DK |
| A nicotine patch | ¹ <input type="checkbox"/> | YES | ² <input type="checkbox"/> | NO | ⁻⁷ <input type="checkbox"/> | REF | ⁻⁸ <input type="checkbox"/> | DK |
| A nicotine nasal spray | ¹ <input type="checkbox"/> | YES | ² <input type="checkbox"/> | NO | ⁻⁷ <input type="checkbox"/> | REF | ⁻⁸ <input type="checkbox"/> | DK |
| A nicotine inhaler | ¹ <input type="checkbox"/> | YES | ² <input type="checkbox"/> | NO | ⁻⁷ <input type="checkbox"/> | REF | ⁻⁸ <input type="checkbox"/> | DK |
| A nicotine lozenge | ¹ <input type="checkbox"/> | YES | ² <input type="checkbox"/> | NO | ⁻⁷ <input type="checkbox"/> | REF | ⁻⁸ <input type="checkbox"/> | DK |
| A nicotine tablet | ¹ <input type="checkbox"/> | YES | ² <input type="checkbox"/> | NO | ⁻⁷ <input type="checkbox"/> | REF | ⁻⁸ <input type="checkbox"/> | DK |
| A prescription pill, such as
Zyban, Bupropion, or Wellbutrin | ¹ <input type="checkbox"/> | YES | ² <input type="checkbox"/> | NO | ⁻⁷ <input type="checkbox"/> | REF | ⁻⁸ <input type="checkbox"/> | DK |

E1b Thinking back to the (last time/time) you tried to quit smoking in the past 12 months, did you use any of the following?

- | | | | | | | | | |
|---|---------------------------------------|-----|---------------------------------------|----|--|-----|--|----|
| (A) A telephone help line or quit line | ¹ <input type="checkbox"/> | YES | ² <input type="checkbox"/> | NO | ⁻⁷ <input type="checkbox"/> | REF | ⁻⁸ <input type="checkbox"/> | DK |
| (B) A stop smoking clinic, class, or
support group | ¹ <input type="checkbox"/> | YES | ² <input type="checkbox"/> | NO | ⁻⁷ <input type="checkbox"/> | REF | ⁻⁸ <input type="checkbox"/> | DK |
| (C) One-on-one counseling | ¹ <input type="checkbox"/> | YES | ² <input type="checkbox"/> | NO | ⁻⁷ <input type="checkbox"/> | REF | ⁻⁸ <input type="checkbox"/> | DK |
| (D) Help or support from friends
or family | ¹ <input type="checkbox"/> | YES | ² <input type="checkbox"/> | NO | ⁻⁷ <input type="checkbox"/> | REF | ⁻⁸ <input type="checkbox"/> | DK |
| (E) The Internet or World Wide Web | ¹ <input type="checkbox"/> | YES | ² <input type="checkbox"/> | NO | ⁻⁷ <input type="checkbox"/> | REF | ⁻⁸ <input type="checkbox"/> | DK |
| (F) Books, pamphlets, videos, or other
materials | ¹ <input type="checkbox"/> | YES | ² <input type="checkbox"/> | NO | ⁻⁷ <input type="checkbox"/> | REF | ⁻⁸ <input type="checkbox"/> | DK |
| (G) Acupuncture | ¹ <input type="checkbox"/> | YES | ² <input type="checkbox"/> | NO | ⁻⁷ <input type="checkbox"/> | REF | ⁻⁸ <input type="checkbox"/> | DK |
| (H) Hypnosis | ¹ <input type="checkbox"/> | YES | ² <input type="checkbox"/> | NO | ⁻⁷ <input type="checkbox"/> | REF | ⁻⁸ <input type="checkbox"/> | DK |

E1c The (last time/time) you tried to quit smoking in the past 12 months, did you do any of the following?

- (A) Try to quit by gradually cutting back on cigarettes? ¹ YES ² NO ⁻⁷ REF ⁻⁸ DK
- (B) Try to quit by switching to chewing tobacco, snuff, cigars, or pipes? ¹ YES ² NO ⁻⁷ REF ⁻⁸ DK
- (C) Did you switch to a lighter cigarette in order to try to quit? ¹ YES ² NO ⁻⁷ REF ⁻⁸ DK
- (D) Did you try to give up cigarettes all at once? ¹ YES ² NO ⁻⁷ REF ⁻⁸ DK

[IF E1c(D) = YES, ASK] Would you say you tried to quit “cold turkey” or tried in some other way?

- ¹ COLD TURKEY
- ² OTHER (SPECIFY) _____
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

E2 The (last time/time) you tried to quit smoking in the past 12 months, did you use any other methods or products?

- ¹ YES (SPECIFY) _____
- ² NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

**SECTION F. DOCTOR/DENTIST ADVICE TO STOP SMOKING –
EVERY DAY AND SOME DAY SMOKERS**

F1 In the past 12 months, have you seen a medical doctor, dentist, nurse, or other health professional?

- ¹ YES
² NO →GO TO SECTION G, PAGE 25
⁻⁷ REFUSED
⁻⁸ DON'T KNOW

F2 During the past 12 months, did any doctor, dentist, nurse, or other health professional advise you to quit smoking?

- ¹ YES
² NO →GO TO SECTION G, PAGE 25
⁻⁷ REFUSED →GO TO SECTION G, PAGE 25
⁻⁸ DON'T KNOW →GO TO SECTION G, PAGE 25

F3 In the past 12 months, when any of these health professionals advised you to quit smoking, did they also...

(A) Prescribe a nicotine nasal spray, a patch, an inhaler, a lozenge or pills such as Zyban?

- ¹ YES
² NO
⁻⁷ REFUSED
⁻⁸ DON'T KNOW

(B) Recommend nicotine gum, a patch, or other non-prescription product containing nicotine?

- ¹ YES
² NO
⁻⁷ REFUSED
⁻⁸ DON'T KNOW

(C) Suggest that you set a specific date to stop smoking?

- ¹ YES
- ² NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(D) Suggest that you use a smoking cessation class, program, quit line or counseling?

- ¹ YES
- ² NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(E) Provide you with booklets, videos, or other materials to help you quit smoking on your own?

- ¹ YES
- ² NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

INTERVIEWER INSTRUCTION

IF ANY OF F3(A) THROUGH F3(E) ARE YES, GO TO F5.

OTHERWISE, GO TO F4.

F4 During the past 12 months, did any doctor, dentist, nurse, or other health professional spend any time talking to you about how you should try to quit smoking?

- ¹ YES
- ² NO →GO TO SECTION G, PAGE 25
- ⁻⁷ REFUSED →GO TO SECTION G, PAGE 25
- ⁻⁸ DON'T KNOW →GO TO SECTION G, PAGE 25

F5. Which health professional that you saw in the past 12 months spent the most time advising you about quitting smoking?

¹ MEDICAL DOCTOR

² NURSE

³ DENTIST

⁴ DENTAL HYGIENIST

⁵ OTHER HEALTH PROFESSIONAL (SPECIFY)

⁻⁷ REFUSED

⁻⁸ DON'T KNOW

**SECTION G. STAGES OF CHANGE –
EVERY DAY AND SOME DAY SMOKERS**

G1 Are you seriously considering quitting smoking within the next 6 months?

- ¹ YES
² NO →GO TO G3
⁻⁷ REFUSED
⁻⁸ DON'T KNOW

G2 Are you planning to quit within the next 30 days?

- ¹ YES
² NO
⁻⁷ REFUSED
⁻⁸ DON'T KNOW

G3 Overall, on a scale from 1 to 10 where 1 is not at all interested and 10 is extremely interested, how interested are you in quitting smoking?

NUMBER

- ⁻⁷ REFUSED
⁻⁸ DON'T KNOW

INTERVIEWER INSTRUCTION

IF G3=1, GO TO SECTION J, PAGE 34. OTHERWISE, CONTINUE.

G4 If you did try to quit smoking altogether in the next 6 months, how likely do you think you would be to succeed -- not at all, a little likely, somewhat likely or very likely?

- ¹ NOT AT ALL
² A LITTLE LIKELY
³ SOMEWHAT LIKELY
⁴ VERY LIKELY
⁻⁷ REFUSED
⁻⁸ DON'T KNOW

INTERVIEWER INSTRUCTION

GO TO SECTION J, PAGE 34.

**SECTION H. FORMER SMOKER SERIES – HISTORY/CONSUMPTION
QUIT METHODS, DOCTOR/DENTIST ADVICE**

H1 About how long has it been since you completely quit smoking cigarettes?

_____ ¹ DAYS
NUMBER ² WEEKS
 ³ MONTHS
 ⁴ YEARS

⁻⁷ REFUSED

⁻⁸ DON'T KNOW

H2 Have you ever smoked cigarettes every day for at least 6 months?

¹ YES

² NO →GO TO THE BOX BEFORE H6

⁻⁷ REFUSED →GO TO THE BOX BEFORE H6

⁻⁸ DON'T KNOW →GO TO THE BOX BEFORE H6

H3 About how long has it been since you last smoked cigarettes every day?

_____ ¹ DAYS
NUMBER ² WEEKS
 ³ MONTHS
 ⁴ YEARS

⁻⁷ REFUSED

⁻⁸ DON'T KNOW

H4 When you last smoked every day, on average how many cigarettes did you smoke each day?

[ONE PACK USUALLY EQUALS 20 CIGARETTES. IF CONVERTING PACKS TO CIGARETTES, ALWAYS VERIFY CALCULATION WITH RESPONDENT.]

_____ NUMBER

⁻⁷ REFUSED

⁻⁸ DON'T KNOW

H5 Altogether, about how many years did you smoke every day? Do not include any time you stayed off cigarettes for 6 months or longer.

YEARS

- ¹ LESS THAN 1 YEAR
- ² NONE
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

INTERVIEWER INSTRUCTION

IF **H1** IS 1 YEAR OR LESS, GO TO H6.

IF **H1** IS 5 YEARS OR MORE, GO TO SECTION J, PAGE 34.

IF **H1** IS MORE THAN 1 YEAR BUT LESS THAN 5 YEARS, DON'T KNOW OR REFUSED, GO TO H7a.

H6 Around this time 12 months ago, were you smoking cigarettes every day, some days, or not at all?

- ¹ EVERY DAY
- ² SOME DAYS
- ³ NOT AT ALL
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

H6a In the past 12 months, have you seen a doctor, dentist, or other health professional?

- ¹ YES
- ² NO → GO TO H7a
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

H6b During the past 12 months, did any doctor, dentist, or other health professional advise you to stop smoking?

- ¹ YES
- ² NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

H7a Think back to the year before you quit smoking. During that time, was your usual cigarette brand menthol or non-menthol?

- MENTHOL
- NON-MENTHOL
- NO USUAL TYPE
- REFUSED
- DON'T KNOW

H7b Again, in the year before you quit smoking, what type of cigarette did you smoke most often -- a regular, a light, an ultralight, or some other type?

- REGULAR/FULL FLAVOR →GO TO H8a
- LIGHT/MILD
- ULTRA-LIGHT
- NO USUAL TYPE →GO TO H8a
- SOME OTHER TYPE (SPECIFY) _____ →GO TO H8a
- REFUSED →GO TO H8a
- DON'T KNOW →GO TO H8a

H7c In the year before you quit smoking, please tell me if each of the following was true for you.

(1) You smoked (lights/ultralights) because you felt that they were less harmful to your health than regular cigarettes.

- ¹ TRUE/YES
- ² FALSE/NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(2) You smoked (lights/ultralights) as a way to try to quit smoking.

- ¹ TRUE/YES
- ² FALSE/NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(3) You smoked (lights/ultralights) because they had a smoother flavor or lighter taste than regular cigarettes.

- ¹ TRUE/YES
- ² FALSE/NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

INTERVIEWER INSTRUCTION

IF H7c(1) AND H7c(2) ARE BOTH TRUE, GO TO H7d.

OTHERWISE, GO TO H8a.

H7d Which was the more important reason that you smoked (lights/ultralights) in the year before you quit smoking - because you felt they were less harmful to your health, or because you were trying to quit?

- ¹ LESS HARMFUL
- ² TRYING TO QUIT
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

H8a During the year before you quit smoking, how soon after you woke up did you typically smoke your first cigarette of the day?

_____ ¹ MINUTES →GO TO H9 ² HOURS →GO TO H9
NUMBER

- ³ IT VARIES
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

H8b During the year before you quit smoking, would you say you smoked your first cigarette of the day within the first 30 minutes of awakening?

- ¹ YES
- ² NO
- ³ IT VARIES
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

H9 During the year before you quit smoking, please tell me if each of the following statements was true for you. **You may answer with true or false, or with yes or no.**

(A) You had trouble going more than a few hours without smoking.

- ¹ TRUE/YES
- ² FALSE/NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(B) Even in a bad rainstorm, if you ran out of cigarettes, you would probably go to the store to get some more.

- ¹ TRUE/YES
- ² FALSE/NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(C) When you went without smoking for a few hours, you experienced craving.

- ¹ TRUE/YES
- ² FALSE/NO
- ⁻⁷ REFUSED

-8 DON'T KNOW

(D) If you were in a public place where smoking wasn't allowed, you would probably go outside to smoke a cigarette, even in cold or rainy weather.

- ¹ TRUE/YES
² FALSE/NO
⁻⁷ REFUSED
⁻⁸ DON'T KNOW

H10a Now I would like to ask about how you went about completely quitting smoking. When you quit smoking completely, did you use any of the following products?

- | | | | | |
|---|---|--|--|---|
| A nicotine gum | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |
| A nicotine patch | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |
| A nicotine nasal spray | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |
| A nicotine inhaler | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |
| A nicotine lozenge | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |
| A nicotine tablet | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |
| A prescription pill, such as
Zyban, Bupropion, or Wellbutrin | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |

H10b When you quit smoking completely did you use any of the following?

- | | | | | |
|--|---|--|--|---|
| (A) A telephone help line or quit line | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |
| (B) A stop smoking clinic, class, or support group | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |
| (C) One-on-one counseling | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |
| (D) Help or support from friends or family | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |
| (E) The Internet or World Wide Web | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |
| (F) Books, pamphlets, videos, or other materials | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |
| (G) Acupuncture | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |
| (H) Hypnosis | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |

H10c When you quit smoking completely did you do any of the following? Please mention all methods, whether or not you think they were effective.

- (A) Try to quit by gradually cutting back on cigarettes? ¹ YES ² NO ⁻⁷ REF ⁻⁸ DK
- (B) Try to quit by switching to chewing tobacco, snuff cigars, or pipes? ¹ YES ² NO ⁻⁷ REF ⁻⁸ DK
- (C) Did you switch to a lighter cigarette in order to try to quit? ¹ YES ² NO ⁻⁷ REF ⁻⁸ DK
- (D) Did you try to give up cigarettes all at once? ¹ YES ² NO ⁻⁷ REF ⁻⁸ DK

[IF H10c(D)=YES, ASK] Would you say you tried to quit "cold turkey" or tried in some other way?

- ¹ COLD TURKEY
- ² OTHER (SPECIFY) _____
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

H11a When you quit smoking completely -- Did you use any other methods or products?

- ¹ YES (SPECIFY) _____
- ² NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

H12 During the time that you did smoke, have you ever switched from a stronger cigarette to a lighter cigarette for at least 6 months?

- ¹ YES
- ² NO →GO TO SECTION J, PAGE 34
- ⁻⁷ REFUSED →GO TO SECTION J, PAGE 34
- ⁻⁸ DON'T KNOW →GO TO SECTION J, PAGE 34

H13 For each of the following statements, please tell me whether it is a reason that you switched from a stronger to a lighter cigarette.

(A) You switched because you felt that a lighter cigarette would be less harmful to your health.

- ¹ TRUE/YES
- ² FALSE/NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(B) You switched as a way to try to quit smoking.

- ¹ TRUE/YES
- ² FALSE/NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(C) You switched to get a smoother or lighter flavor.

- ¹ TRUE/YES
- ² FALSE/NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

INTERVIEWER INSTRUCTION

IF H13(A) AND H13(B) ARE BOTH TRUE, GO TO H13d.

OTHERWISE, GO TO SECTION J, PAGE 34.

H13d Which is the main reason you switched from a stronger to a lighter type of cigarette - as a way to try to quit smoking, or to smoke a less harmful cigarette?

- ¹ QUIT SMOKING
- ² TO SMOKE A LESS HARMFUL CIGARETTE
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

SECTION J. OTHER TOBACCO USE – ALL RESPONDENTS

The next questions are about the use of tobacco other than in cigarettes.

PIPE SERIES

J1a Have you ever used a pipe, even one time?

- ¹ YES
² NO → GO TO J1b, PAGE 36
⁻⁷ REFUSED
⁻⁸ DON'T KNOW

J2a Do you now smoke a pipe every day, some days or not at all?

- ¹ EVERY DAY
² SOME DAYS

(A) On how many of the past 30 days did you smoke a pipe?

- ¹ LESS THAN 30 (SPECIFY) _____
² 30
³ NONE
⁻⁷ REFUSED
⁻⁸ DON'T KNOW
- ³ NOT AT ALL
⁻⁷ REFUSED
⁻⁸ DON'T KNOW

INTERVIEWER INSTRUCTION

IF R IS NOT A CURRENT CIGARETTE SMOKER (A3 ≠ “EVERY DAY” OR “SOME DAYS”), AND J2a = “EVERY DAY,” CONTINUE.

OTHERWISE, GO TO J1b (CIGAR SERIES), PAGE 36.

J3a_1 How soon after you wake up do you typically first smoke a pipe?

_____ ¹ Minutes → GO TO J1b, NEXT PAGE
NUMBER ² Hours → GO TO J1b, NEXT PAGE

- ³ IT VARIES
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

J3a_2 Would you say you smoke your first pipe of the day within the first 30 minutes of awakening?

- ¹ YES
- ² NO
- ³ IT VARIES
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

CIGAR SERIES

J1b. Have you ever used a cigar, even one time?

- ¹ YES
- ² NO →GO TO J1c, PAGE 38
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

J2b Do you now smoke cigars every day, some days or not at all?

- ¹ EVERY DAY
- ² SOME DAYS

(A) **On how many of the past 30 days did you smoke a cigar?**

- ¹ LESS THAN 30 (SPECIFY) _____
 - ² 30
 - ³ NONE
 - ⁻⁷ REFUSED
 - ⁻⁸ DON'T KNOW
-
- ³ NOT AT ALL
 - ⁻⁷ REFUSED
 - ⁻⁸ DON'T KNOW

INTERVIEWER INSTRUCTION

IF R IS NOT A CURRENT CIGARETTE SMOKER (A3 ≠ “EVERY DAY OR “SOME DAYS), AND J2b = “EVERY DAY,” CONTINUE.

OTHERWISE, GO TO J1c (CHEWING TOBACCO SERIES), PAGE 38.

J3b_1 How soon after you wake up do you typically smoke your first cigar?

_____ ¹ Minutes → GO TO J1c, NEXT PAGE
NUMBER ² Hours → GO TO J1c, NEXT PAGE

- ³ IT VARIES
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

J3b_2 Would you say you smoke your first cigar of the day within the first 30 minutes of awakening?

- ¹ YES
- ² NO
- ³ IT VARIES
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

CHEWING TOBACCO SERIES

J1c. Have you ever used chewing tobacco, even one time?

[“USED CHEWING TOBACCO” INCLUDES PRODUCTS SUCH AS REDMAN, LEVI GARRETT, OR BEECHNUT AS WELL AS OTHER PRODUCTS.]

- ¹ YES
- ² NO →GO TO J1d, PAGE 40
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

J2c Do you now use chewing tobacco every day, some days or not at all?

- ¹ EVERY DAY
- ² SOME DAYS

(A) **On how many of the past 30 days did you use chewing tobacco?**

- ¹ LESS THAN 30 (SPECIFY) _____
 - ² 30
 - ³ NONE
 - ⁻⁷ REFUSED
 - ⁻⁸ DON'T KNOW
-
- ³ NOT AT ALL
 - ⁻⁷ REFUSED
 - ⁻⁸ DON'T KNOW

INTERVIEWER INSTRUCTION

IF R IS NOT A CURRENT CIGARETTE SMOKER (A3 ≠ “EVERY DAY” OR “SOME DAYS”), AND J2c = “EVERY DAY,” CONTINUE.

OTHERWISE, GO TO J1d (SNUFF SERIES), PAGE 40.

J3c_1 How soon after you wake up do you typically first use chewing tobacco?

_____ ¹ Minutes →GO TO J1d, NEXT PAGE
NUMBER ² Hours →GO TO J1d, NEXT PAGE

- ³ IT VARIES
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

J3c_2 Would you say you first use chewing tobacco within the first 30 minutes of awakening?

- ¹ YES
- ² NO
- ³ IT VARIES
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

SNUFF SERIES

J1d. Have you ever used snuff, even one time?

[“USED SNUFF” INCLUDES PRODUCTS SUCH AS SKOAL, SKOAL BANDITS, OR COPENHAGEN AS WELL AS OTHER PRODUCTS.]

[SNUFF, A FINELY GROUND OR SHREDDED TOBACCO, IS PACKAGED AS DRY, MOIST, OR IN SACHETS, WHICH ARE TEA-BAG LIKE POUCHES. TYPICALLY, THE USER PLACES A PINCH OR DIP BETWEEN THE CHEEK AND GUM.]

- ¹ YES
- ² NO →GO TO BOX BEFORE J4, PAGE 42
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

J2d Do you now use snuff every day, some days or not at all?

- ¹ EVERY DAY
- ² SOME DAYS

(A) On how many of the past 30 days did you use snuff?

- ¹ LESS THAN 30 (SPECIFY) _____
 - ² 30
 - ³ NONE
 - ⁻⁷ REFUSED
 - ⁻⁸ DON'T KNOW
-
- ³ NOT AT ALL
 - ⁻⁷ REFUSED
 - ⁻⁸ DON'T KNOW

INTERVIEWER INSTRUCTION

IF R IS A CURRENT CIGARETTE SMOKER (A3 =“EVERY DAY” OR “SOME DAYS”), GO TO SECTION JJ, PAGE 46.

OTHERWISE, CONTINUE.

J3d_1 How soon after you wake up do you typically first use snuff?

_____ ¹ Minutes →GO TO BOX BEFORE J4, NEXT PAGE
NUMBER ² Hours →GO TO BOX BEFORE J4, NEXT PAGE

- ³ IT VARIES
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

J3d_2 Would you say you first use snuff within the first 30 minutes of awakening?

- ¹ YES
- ² NO
- ³ IT VARIES
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

INTERVIEWER INSTRUCTION

FOR J4 THROUGH J7d@1, ASK ABOUT THE TOBACCO PRODUCT MENTIONED IN J2a, J2b, J2c, or J2d THAT IS USED EVERY DAY OR SOME DAYS FOR 12 OR MORE OF THE PAST 30 DAYS.

IF MORE THAN ONE TOBACCO PRODUCT IS USED FOR THAT AMOUNT OF TIME, USE THE FOLLOWING HIERARCHY TO SELECT ONE PRODUCT TO ASK ABOUT:

- CIGAR
- SNUFF
- CHEWING TOBACCO
- PIPE

IF NONE OF THE TOBACCO PRODUCTS IS USED FOR THAT AMOUNT OF TIME, GO TO SECTION JJ, PAGE 46.

J4 During the past 12 months, have you stopped (smoking a pipe/smoking cigars/using chewing tobacco/using snuff) for one day or longer because you were trying to quit?

- ¹ YES
- ² NO →GO TO SECTION JJ, PAGE 46
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

J5 The last time you stopped (smoking a pipe/smoking cigars/using chewing tobacco/using snuff) in the past 12 months because you were trying to quit, how long did you stop for?

_____ NUMBER ¹ DAYS →GO TO J6a
² WEEKS →GO TO J6a
³ MONTHS →GO TO J6a

⁻⁷ REFUSED →GO TO J7a
⁻⁸ DON'T KNOW →GO TO J7a

J6a Was [ANSWER FROM J5] the longest you went without (smoking a pipe/smoking cigars/using chewing tobacco/using snuff) in the past 12 months?

¹ YES →GO TO J7a
² NO
⁻⁷ REFUSED
⁻⁸ DON'T KNOW

J6b During the past 12 MONTHS, what is the longest length of time you stopped (smoking a pipe/smoking cigars/using chewing tobacco/using snuff) because you were trying to quit?

_____ NUMBER ¹ DAYS
² WEEKS
³ MONTHS

⁻⁷ REFUSED
⁻⁸ DON'T KNOW

J7a Thinking back about the last time you tried to quit (smoking a pipe/smoking cigars/using chewing tobacco/using snuff) in the past 12 months, did you use any of the following products?

A nicotine gum	¹ <input type="checkbox"/> YES	² <input type="checkbox"/> NO	⁻⁷ <input type="checkbox"/> REF	⁻⁸ <input type="checkbox"/> DK
A nicotine patch	¹ <input type="checkbox"/> YES	² <input type="checkbox"/> NO	⁻⁷ <input type="checkbox"/> REF	⁻⁸ <input type="checkbox"/> DK
A nicotine nasal spray	¹ <input type="checkbox"/> YES	² <input type="checkbox"/> NO	⁻⁷ <input type="checkbox"/> REF	⁻⁸ <input type="checkbox"/> DK
A nicotine inhaler	¹ <input type="checkbox"/> YES	² <input type="checkbox"/> NO	⁻⁷ <input type="checkbox"/> REF	⁻⁸ <input type="checkbox"/> DK
A nicotine lozenge	¹ <input type="checkbox"/> YES	² <input type="checkbox"/> NO	⁻⁷ <input type="checkbox"/> REF	⁻⁸ <input type="checkbox"/> DK
A nicotine tablet	¹ <input type="checkbox"/> YES	² <input type="checkbox"/> NO	⁻⁷ <input type="checkbox"/> REF	⁻⁸ <input type="checkbox"/> DK
A prescription pill, such as Zyban, Bupropion, or Wellbutrin	¹ <input type="checkbox"/> YES	² <input type="checkbox"/> NO	⁻⁷ <input type="checkbox"/> REF	⁻⁸ <input type="checkbox"/> DK

J7b The last time you tried to quit (smoking a pipe/smoking cigars/using chewing tobacco/using snuff), did you use any of the following?

- (A) A telephone help line or quit line ¹ YES ² NO ⁻⁷ REF ⁻⁸ DK
(B) A stop smoking clinic, class, or support group ¹ YES ² NO ⁻⁷ REF ⁻⁸ DK
(C) One-on-one counseling ¹ YES ² NO ⁻⁷ REF ⁻⁸ DK
(D) Help or support from friends or family ¹ YES ² NO ⁻⁷ REF ⁻⁸ DK
(E) The Internet or World Wide Web ¹ YES ² NO ⁻⁷ REF ⁻⁸ DK
(F) Books, pamphlets, videos, or other materials ¹ YES ² NO ⁻⁷ REF ⁻⁸ DK
(G) Advice from a medical doctor, dentist or other health professional ¹ YES ² NO ⁻⁷ REF ⁻⁸ DK

[IF J7b(G)=YES, ASK] Which?

- ¹ DOCTOR
² DENTIST
³ HEALTH PROFESSIONAL
⁴ MORE THAN ONE OF THE PREVIOUS CHOICES
⁻⁷ REFUSED
⁻⁸ DON'T KNOW

- (H) Acupuncture ¹ YES ² NO ⁻⁷ REF ⁻⁸ DK
(I) Hypnosis ¹ YES ² NO ⁻⁷ REF ⁻⁸ DK

J7c The last time you tried to quit (smoking a pipe/smoking cigars/using chewing tobacco/using snuff) in the past 12 months, did you do any of the following?

(A) Stopping by gradually cutting back on (smoking a pipe/smoking cigars/using chewing tobacco/using snuff) in order to try to quit?

- ¹ YES
- ² NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

(B) Did you try giving it up all at once?

- ¹ YES
- ² NO →GO TO J7d@1
- ⁻⁷ REFUSED →GO TO J7d@1
- ⁻⁸ DON'T KNOW →GO TO J7d@1

[IF J7c(B)=YES, ASK] Would you say you tried to quit "cold turkey" or tried in some other way?

- ¹ COLD TURKEY
- ² OTHER (SPECIFY) _____
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

J7d@1 The last time you tried to quit (smoking a pipe/smoking cigars/using chewing tobacco/using snuff) in the past 12 months, did you use any other methods or products?

- ¹ YES (SPECIFY) _____
- ² NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

**SECTION JJ. PENDING HARM-REDUCTION PRODUCTS –
CURRENT AND RECENT FORMER SMOKERS**

INTERVIEWER INSTRUCTION

IF A3 = “EVERY DAY” OR “SOME DAYS”, ASK JJ1.

IF A3 = “NOT AT ALL” AND H1 IS 5 YEARS OR LESS, ASK JJ1.

OTHERWISE, GO TO SECTION K, NEXT PAGE.

JJ1 Now I'm going to ask about your use of new tobacco products that are sometimes claimed to have fewer harmful chemicals. Have you ever tried a product called...

- | | | | | |
|--------------|---|--|--|---|
| (A) Eclipse? | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |
| (B) Accord? | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |
| (C) Arriva? | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |
| (D) Exalt? | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |
| (E) Revel? | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |
| (F) Omni? | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |
| (G) Advance? | ¹ <input type="checkbox"/> YES | ² <input type="checkbox"/> NO | ⁻⁷ <input type="checkbox"/> REF | ⁻⁸ <input type="checkbox"/> DK |

SECTION K. WORKPLACE AND HOME BAN – ALL RESPONDENTS

My next questions are about the smoking rules at your job and home.

KSCR Do you currently work for pay?

- ¹ YES
- ² NO →GO TO K4
- ⁻⁷ REFUSED →GO TO K4
- ⁻⁸ DON'T KNOW →GO TO K4

K1 Which of these best describes the area in which you work most of the time?

- ¹ Mainly work indoors
- ² Mainly work outdoors →GO TO K4
- ³ Travel to different buildings or sites →GO TO K4
- ⁴ In a motor vehicle →GO TO K4
- ⁵ Somewhere else →GO TO K4
- ⁶ IT VARIES (SPECIFY) _____ →GO TO K1c
- ⁻⁷ REFUSED →GO TO K4
- ⁻⁸ DON'T KNOW →GO TO K4

K1b Do you mainly work in an office building, in your own home, in someone else's home, or in another indoor place? [IF NEEDED: You said that you now work indoors.]

- ¹ OFFICE BUILDING
- ² OWN HOME →GO TO K4
- ³ SOMEONE ELSE'S HOME →GO TO K4
- ⁴ ANOTHER INDOOR PLACE
- ⁻⁷ REFUSED →GO TO K4
- ⁻⁸ DON'T KNOW →GO TO K4

K1c In which state do you work on your main job or business? [IF NEEDED: This includes the District of Columbia.]

- _____ STATE
- ⁻⁷ REFUSED
 - ⁻⁸ DON'T KNOW

K2a Does your place of work have an official policy that restricts smoking in any way?

[“PLACE OF WORK” RESTRICTIONS INCLUDE POLICIES OF THE EMPLOYER, BUILDING OWNER OR ANY GOVERNMENTAL LAWS, INCLUDING ANY POLICY AT THE PLACE OF WORK REGARDLESS OF WHO IS RESPONSIBLE FOR IT.]

- ¹ YES
- ² NO →GO TO K4
- ⁻⁷ REFUSED →GO TO K4
- ⁻⁸ DON'T KNOW →GO TO K4

K3a Which of these best describes your place of work's smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?

- ¹ Not allowed in any public areas
- ² Allowed in some public areas
- ³ Allowed in all public areas
- ⁴ NOT APPLICABLE
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

K3b Which of these best describes your place of work's smoking policy for work areas?

- ¹ Not allowed in any work areas
- ² Allowed in some work areas
- ³ Allowed in all work areas
- ⁴ NOT APPLICABLE
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

K4 Does anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

- ¹ YES
- ² NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

K5 On the average, about how many days per week is there smoking anywhere inside your home?

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 RARELY OR NONE
- 7 REFUSED
- 8 DON'T KNOW

K6 Which statement best describes the rules about smoking inside your home?

[A "HOME" IS WHERE YOU LIVE. "RULES" INCLUDE ANY UNWRITTEN "RULES" AND PERTAIN TO ALL PEOPLE WHETHER OR NOT THEY RESIDE IN THE HOME OR ARE VISITORS, WORKMEN, ETC.]

- 1 No one is allowed to smoke anywhere inside your home
- 2 Smoking is allowed in some places or at some times inside your home
- 3 Smoking is permitted anywhere inside your home
- 7 REFUSED
- 8 DON'T KNOW

K7 In your opinion, how easy is it for minors to buy cigarettes and other tobacco products in your community?

- 1 Very easy,
- 2 Somewhat easy,
- 3 Somewhat difficult, or
- 4 Very difficult?
- 7 REFUSED
- 8 DON'T KNOW

K8 Do you think advertising of tobacco products should be always allowed, allowed under some conditions, or not allowed at all?

- ¹ ALWAYS ALLOWED
- ² ALLOWED UNDER SOME CONDITIONS
- ³ NOT ALLOWED AT ALL
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

K9 In bars and cocktail lounges, do you think that smoking should be allowed in all areas, allowed in some areas, or not allowed at all?

- ¹ ALLOWED IN ALL AREAS
- ² ALLOWED IN SOME AREAS
- ³ NOT ALLOWED AT ALL
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

SECTION L. DEMOGRAPHICS – ALL RESPONDENTS

I have a few questions about your background. Your answers to these questions are very important for understanding people's tobacco use.

1. How many years have you lived in the United States?

YEARS

- ¹ ENTIRE LIFE
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

2. What is the highest grade in school that you have completed?

- ¹ NO FORMAL SCHOOLING
- ² SOME GRADE SCHOOL BUT NEVER FINISHED
- ³ COMPLETED GRADE SCHOOL
- ⁴ SOME OR COMPLETED MIDDLE SCHOOL
- ⁵ SOME HIGH SCHOOL BUT NO DIPLOMA
- ⁶ HIGH SCHOOL GRADUATE OR GED
- ⁷ SOME COLLEGE (NO DEGREE) OR SOME VOCATIONAL TRAINING
- ⁸ ASSOCIATES DEGREE OR COMPLETED VOCATIONAL TRAINING
- ⁹ COLLEGE GRADUATE
- ¹⁰ ADVANCED DEGREE
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

3. Are you of Hispanic or Latino origin or descent?

- ¹ YES
- ² NO
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW

4. What is your race? [MARK ALL THAT APPLY.]

- ¹ WHITE
- ² BLACK OR AFRICAN AMERICAN
- ³ ASIAN [IF NEEDED: Would you say...]
 - ¹ Chinese/Chinese American
 - ² Korean/Korean American
 - ³ Vietnamese/Vietnamese American
 - ⁴ OTHER (specify)_____
- ⁴ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- ⁵ AMERICAN INDIAN OR ALASKAN NATIVE
- ⁻⁷ REFUSED
- ⁻⁸ DON'T KNOW