MATS 1999 Questionnaire

INTROQ001 -- THIS QUESTION WILL ONLY BE ASKED IN THE STATE SURVEY

Hello. My name is ____________. I am calling on behalf of the Minnesota Department of Health and Blue Cross and Blue Shield of Minnesota. We're doing a study of the health practices of Minnesota residents. Your phone number has been chosen randomly to be included in the study, and we'd like to ask some questions about things people do which may affect their health. All the information obtained in this study will be confidential.

Is this [INSERT PHONE NUMBER]?  
1. CORRECT NUMBER (PROCEED TO NEXT QUESTION)  
2. NO ANSWER  
3. NORMAL BUSY  
4. ANSWERING MACHINE  
5. DO NOT WISH TO DIAL THIS NUMBER (NULL ATTEMPT)  
6. NUMBER IS NOT THE SAME

PrivRes -- THIS QUESTION WILL ONLY BE ASKED IN THE STATE SURVEY

PrivRes  
Is this a private residence?  
1. YES, CONTINUE  
2. NO, NON-RESIDENTIAL

INTROQ002 -- this question will only be asked in the BCBSM survey

Hello, may I please speak to <CONTACT NAME>? 
1. YES, THIS IS ____________.  
2. YES, RESPONDENT COMING TO PHONE.  
3. NO, PARTICIPANT HAS MOVED TO A DIFFERENT NUMBER.  

NOTE: IF PARTICIPANT IS UNAVAILABLE USE <CTRL-END> TO SCHEDULE CALLBACK IF APPLICABLE.
NEWNUM1 -- ONLY GET IF INTROQ002 = 3
-- This question will only be asked in the BCBSM survey

Do you have their new number?

1. YES
2. NO -- INTERVIEW AUTOMATICALLY TERMINATES AND RECORD IS ASSIGNED A FINAL DISPOSITION OF RESP. NOT AT THIS NUMBER, NO NEW NUMBER FOR RESP.

NEWNUM2 -- this question will only be asked in the BCBSM survey

What is their new number, please?

(_ _ _) _ _ _ - _ _ _ _ ENTER PHONE NUMBER, AREA CODE FIRST.

AFTER YOU HAVE ENTERED THE NUMBER, YOU MAY HAND DIAL THE NEW NUMBER OR USE <CNTRL-END> TO SCHEDULE A CALL BACK.

INTROQ003 -- this question will only be asked in the BCBSM survey

Hello. My name is _____________. I am calling on behalf of the Minnesota Department of Health and Blue Cross and Blue Shield of Minnesota. We’re doing a study of the health practices of Blue Cross and Blue Shield of Minnesota members. Your name has been chosen randomly from Blue Cross enrollment records to be included in the study, and we'd like to ask some questions about things people do which may affect their health. All the information obtained in this study will be confidential.

Is this <INSERT NAME>?

1  YES
2  NO   SKIP BACK TO INTROQ002
INTROQ005-- this question will only be asked in the BCBSM survey

According to health insurance records you are now insured by Blue Cross Blue Shield of Minnesota or Blue Plus. Is that correct?

1. YES – SKIPS TO INTROQ007
2. NO

7. DON’T KNOW / NOT SURE – SKIPS TO INTROQ007
9. REFUSED – SKIPS TO INTROQ007

INTROQ006-- this question will only be asked in the BCBSM survey

-- ONLY GET THIS QUESTION IF INTROQ005 = 2 (NO)

Many companies offer health insurance under their own name that is MANAGED by Blue Cross Blue Shield of Minnesota or Blue Plus.

1. CONTINUE SURVEY
2. RESPONDENT INSISTS THEY ARE NOT INSURED BY BLUE CROSS BLUE SHIELD OF MINNESOTA – TERMINATE SURVEY
INTROQ007 -- -- this question will only be asked in the BCBSM survey

Your participation is very important to assure that the survey results are meaningful. None of your answers will affect your health insurance coverage or its cost.

PRESS ANY KEY TO CONTINUE

Adults – For STATE survey only.

Adults

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

ENTER THE NUMBER OF ADULTS

Men – For STATE survey only.

Men

How many of these adults are men?

0. None
1. One
2. Two
3. Three
4. Four
5. Five
6. Six
7. Seven
8. Eight
9. Nine
Women - For **STATE** survey only.

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**Women**

How many of these adults are women?

0. None
1. One
2. Two
3. Three
4. Four
5. Five
6. Six
7. Seven
8. Eight
9. Nine

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**WrongTot -- ONLY GET THIS QUESTION IF MEN + WOMEN <> NUMBER OF ADULTS**

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**WrongTot**

I'm sorry, something is not right.

Number of Men -
Number of Women - +

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Number of Adults -

1. **CORRECT THE NUMBER OF MEN**
2. **CORRECT THE NUMBER OF WOMEN**
3. **CORRECT THE NUMBER OF ADULTS**
Selected -- ONLY GET THIS IF MORE THAN ONE ADULT IN HOUSEHOLD
-- This question will only be asked in the State survey

Selected

The person in your household I need to speak with is the .

Are you the [INSERT DESCRIPTION OF RESPONDENT]?

1. YES -- SKIPS TO YourThel
2. NO -- SKIPS TO GetNewAd

OneAdult -- ONLY GET THIS QUESTION IF ONLY ONE ADULT IN HOUSEHOLD
-- This question will only be asked in the State survey

OneAdult

Are you the Adult?

1. YES -- SKIPS TO YourThel
2. NO

GetAdult -- ONLY GET THIS IF OneAdult = 2 (NO)
-- This question will only be asked in the State survey

GetAdult

May I speak with him or her?

1. YES, ADULT COMING TO THE PHONE
2. NO, PRESS CTRL-END AND SCHEDULE A CALL-BACK
Yourthe1 -- ONLY IF OneAdult = 1 (YES) OR IF Selected = 1 (YES)
   -- This question will only be asked in the State survey

Yourthe1

Then you are the person I need to speak with.

The interview will only take a short time, and all the information obtained in this study will be confidential.

1. PERSON INTERESTED, CONTINUE
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED

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GetNewAd -- ONLY GET THIS IF Selected = 2 (NO)
   -- This question will only be asked in the State survey

GetNewAd

May I speak with the ?

1. YES, SELECTED RESPONDENT COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS CTRL-END AND SCHEDULE A CALL-BACK
   *** DO NOT USE CTRL-END ON THIS SCREEN ***
3. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED

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NewAdult - ONLY GET IF GetNewAd = 1 OR 2 (SELECTED RESPONDENT ON PHONE)
   -- This question will only be asked in the State survey.

NewAdult

Hello. My name is ____________. I am calling on behalf of the Minnesota Department of Health and Blue Cross and Blue Shield of Minnesota. We’re doing a study of the health practices of Minnesota residents. Your phone number has been chosen randomly to be included in the study, and we’d like to ask some questions about things people do which may affect their health. All the information obtained in this study will be confidential.

1. PERSON INTERESTED, CONTINUE
2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED
STATE - This question will only be asked in the BCBSM survey.

STATE. In what state do you live?

1. MINNESOTA
2. WISCONSIN
3. IOWA
4. SOUTH DAKOTA
5. NORTH DAKOTA
6. OTHER -- TERMINATE
7. DON’T KNOW / REFUSED

S9Q035 -- ALL RESPONDENTS

S9Q035. In what county do you live?

ENTER COUNTY NAME:

7. DON’T KNOW / NOT SURE
9. REFUSED

S9Q005 -- ALL RESPONDENTS

S9Q005. What is your age, please?

(MINIMUM AGE 18)

ENTER AGE

7. DON’T KNOW / NOT SURE
9. REFUSED
S1Q005

S1Q005. Would you say that in general your health is...
Excellent, Very good, Good, Fair, or Poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
7. DON’T KNOW / NOT SURE
9. REFUSED

S1Q010

S1Q010. How many servings of fruits and vegetables do you usually eat each day?

1. One
2. Two
3. Three
4. Four
5. Five
6. Six or more
7. DON’T KNOW / NOT SURE
8. NONE
9. REFUSED

S1Q015 - ONLY GET THIS IF S1Q010 < 5 OR IF S1Q010 = 8

S1Q015. Do you intend to start eating 5 or more servings of fruits and vegetables a day in the next six months?

1. YES
2. NO
7. DON’T KNOW / NOT SURE
9. REFUSED

S1Q020 -- ONLY GET IF S1Q015 = 1

S1Q020. Do you intend to start in the next 30 days?

1. YES
2. NO
7. DON’T KNOW / NOT SURE
9. REFUSED
S1Q025 -- ONLY GET IF S1Q010 = 5 OR 6

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S1Q025. Have you been eating 5 or more servings of fruits and vegetables a day for more than 6 months?

1. YES
2. NO
7. DON’T KNOW / NOT SURE
9. REFUSED

Note: For example, one serving would be one half a cup of juice or an apple.
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S1Q030

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S1Q030. Moderate exercise includes activities for example: brisk walking, jogging, swimming, aerobic dancing, biking, or rowing. How many days per week on average do you do moderate exercise for a total of at least 30 minutes per day?

ENTER DAYS PER WEEK

77. DON’T KNOW / NOT SURE
88. NONE / ZERO
99. REFUSED

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S1Q035 -- ONLY GET IF S1Q030 < 5 or S1Q030 = 88

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S1Q035. Do you intend to start doing moderate exercise for at least 30 minutes per day on 5 days a week in the next six months?

1. YES
2. NO
7. DON’T KNOW / NOT SURE
9. REFUSED

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S1Q040 -- ONLY GET IF S1Q035 = 1

S1Q040. Do you intend to start in the next 30 days?

1. YES
2. NO
7. DON’T KNOW / NOT SURE
9. REFUSED

S1Q045 -- ONLY GET IF S1Q030 = 5 OR MORE TIMES PER WEEK

S1Q045. Have you been doing moderate exercise for at least 30 minutes per day on 5 days a week for more than 6 months?

1. YES
2. NO
7. DON’T KNOW / NOT SURE
9. REFUSED

S1Q050

S1Q050. Are you taking any prescription or non-prescription medication on a regular basis?

1. YES
2. NO - SKIPS TO S1Q065
7. DON’T KNOW / NOT SURE - SKIPS TO S1Q065
9. REFUSED - SKIPS TO S1Q065

S1Q055 -- ONLY GET IF S1Q050 = 1

S1Q055. During the last three months, have you ever forgotten to take your medication?

1. YES
2. NO
7. DON’T KNOW / NOT SURE
9. REFUSED
S1Q065

S1Q065. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

ENTER NUMBER OF DAYS UP TO 30

77. DON’T KNOW / NOT SURE
88. NONE
99. REFUSED

S1Q070

S1Q070. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

ENTER NUMBER OF DAYS UP TO 30

77. DON’T KNOW / NOT SURE
88. NONE
99. REFUSED

S1Q075—ONLY GET IF S1Q065 > 0 OR S1Q070 > 0.

S1Q075. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

ENTER NUMBER OF DAYS UP TO 30

77. DON’T KNOW / NOT SURE
88. NONE
99. REFUSED
S1Q080

S1Q080. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

ENTER NUMBER OF DAYS UP TO 30

77. DON’T KNOW / NOT SURE
88. NONE
99. REFUSED

S1Q085

S1Q085. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

ENTER NUMBER OF DAYS UP TO 30

77. DON’T KNOW / NOT SURE
88. NONE
99. REFUSED

S1Q100

S1Q100. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

1. YES
2. NO – SKIPS TO S2Q001
7. DON'T KNOW / NOT SURE – SKIPS TO S2Q001
9. REFUSED – SKIPS TO S2Q001
S1Q105. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?

101-107 = DAYS PER WEEK
201-231 = DAYS PER MONTH

ENTER DAYS PER WEEK OR PER MONTH

777. DON'T KNOW / NOT SURE - SKIPS TO S1Q115
999. REFUSED - SKIPS TO S1Q115

S1Q110. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?

ENTER NUMBER OF DRINKS

77. DON'T KNOW / NOT SURE
99. REFUSED

S1Q110v - ONLY GET IF S1Q110 IS A HIGH RESPONSE (>11 DRINKS/DAY)

INTERVIEWER YOU INDICATED DRINKS PER DAY IS THIS CORRECT?

2. NO, RE-ASK QUESTION - SKIPS TO S1Q110
1. YES, CORRECT AS IS

S1Q115. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

ENTER NUMBER OF TIMES

77. DON'T KNOW / NOT SURE
88. NONE
99. REFUSED
S1Q115v - ONLY GET IF S1Q115 IS A HIGH RESPONSE (>15 TIMES)

INTERVIEWER YOU INDICATED OCCASIONS WHEN THE RESPONDENT HAD 5 OR MORE DRINKS.

IS THIS CORRECT?

2. NO, RE-ASK QUESTION - SKIP TO S1Q115
1. YES, CORRECT AS IS

Smoking Prevalence and Cessation Items
S2Q001 - THIS QUESTION WILL ONLY BE ASKED IN THE STATE SURVEY

S2Q001. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

1. YES
2. NO - SKIPS TO S2Q003
7. DON'T KNOW / NOT SURE - SKIPS TO S2Q015
9. REFUSED - SKIPS TO S2Q015

- THIS QUESTION WILL ONLY BE ASKED IN THE STATE SURVEY
S2Q002 - ONLY GET IF S2Q001 = 1 (HAS INSURANCE)

S2Q002. What type of health care coverage do you use to pay for most of your medical care? Is it coverage through: Your employer; Someone else's employer; A plan that you or someone else buys on your own; Medicare; Medicaid; Medical Assistance; or Minnesota Care. The military, CHAMPUS, TriCare or the VA [or CHAMP-VA]; The Indian Health Service [or IHS], or Some other source?

ENTER THE COVERAGE CODE

01. Your employer
02. Someone else's employer
03. A plan that you or someone else buys on your own
04. Medicare
05. Medicaid, Medical Assistance, or Minnesota Care
06. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]
07. The Indian Health Service [or IHS]
08. Some other source
88. NONE - SKIP TO S2Q015
77. DON'T KNOW / NOT SURE
99. REFUSED

** ALL RESPONDENTS SKIP TO S2Q005 **
S2Q003. There are some types of coverage you may not have considered. Please tell me if you have any of the following. Coverage through: Your employer; Someone else's employer; A plan that you or someone else buys on your own; Medicare; Medicaid; Medical Assistance; or Minnesota Care. The military, CHAMPUS, TriCare or the VA [or CHAMP-VA]; The Indian Health Service [or IHS], or Some other source?

INTERVIEWER: IF MORE THAN ONE, ASK 'Which type do you use to pay for most of your medical care?'

ENTER THE COVERAGE CODE

01. Your employer
02. Someone else's employer
03. A plan that you or someone else buys on your own
04. Medicare
05. Medicaid, Medical Assistance or Minnesota Care
06. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]
07. The Indian Health Service [or IHS]
08. Some other source
88. NONE - SKIP TO S2Q015
77. DON'T KNOW / NOT SURE - SKIP TO S2Q015
99. REFUSED - SKIP TO S2Q015

S2Q005. Over the last 12 months, how would you rate your health plan on how well it supports its members' efforts to improve their health? Would you say ...

1. Excellent
2. Very good
3. Good
4. Fair, or
5. Poor

6. DOES NOT OFFER ASSISTANCE
7. DON'T KNOW / NOT SURE
9. REFUSED
S2Q010

S2Q010. Over the last 12 months, how would you rate your health plan on how well it offers assistance to those who want to quit smoking? Would you say ...

1. Excellent
2. Very good
3. Good
4. Fair, or
5. Poor
6. DOES NOT OFFER ASSISTANCE ON QUITTING SMOKING
7. DON’T KNOW / NOT SURE
9. REFUSED

S2Q015

S2Q015. Have you smoked at least 100 cigarettes in your entire life?

NOTE: 5 PACKS = 100 CIGARETTES

1. YES
2. NO - SKIPS TO S2Q198
7. DON’T KNOW / NOT SURE - SKIPS TO S2Q198
9. REFUSED - SKIPS TO S2Q198

S2Q020 -- ONLY GET IF S2Q015 = 1

S2Q020. Do you now smoke cigarettes everyday, some days, or not at all?

1. Everyday
2. Some days
3. Not at all - SKIP TO S2Q035
7. DON’T KNOW / NOT SURE - SKIPS TO S3Q005
9. REFUSED - SKIP TO S3Q005
S2Q025 -- ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)

S2Q025. On how many days of the past 30 days did you smoke cigarettes?

ENTER NUMBER OF DAYS

77. DON’T KNOW / NOT SURE
88. NONE – SKIP TO S2Q035
99. REFUSED

S2Q030 -- ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)

S2Q030. Think about the last 30 days. On the days that you did smoke, what was the average number of cigarettes you smoked per day?

1 pack = 20 cigarettes

ENTER NUMBER

76. 76 OR MORE
87. LESS THAN ONE CIGARETTE PER DAY
77. DON’T KNOW / NOT SURE
99. REFUSED

S2Q035 -- ONLY GET IF S2Q015 = 1

S2Q035. How old were you when you first tried cigarettes?

ENTER AGE

76. 76 OR OLDER
77. DON’T KNOW / NOT SURE
99. REFUSED

Note: YOUR BEST GUESS IS FINE
S2Q040. Was there ever a time in your life when you smoked cigarettes everyday for at least 30 days?
1. YES
2. NO – SKIP TO S2Q072
7. DON'T KNOW / NOT SURE – SKIP TO S2Q072
9. REFUSED – SKIP TO S2Q072

S2Q045. How old were you when you began smoking cigarettes every day?
ENTER AGE
76. 76 OR OLDER
77. DON’T KNOW / NOT SURE
99. REFUSED

Note: YOUR BEST GUESS IS FINE

S2Q050. How soon after you wake up do you smoke your first cigarette? Would you say . . .
1. Within 5 minutes
2. 6 to 30 minutes
3. 31 to 60 minutes
4. After 60 minutes
7. DON'T KNOW / NOT SURE
9. REFUSED
S2Q022 -- ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)

S2Q022. Do you intend to stop smoking within the next 6 months?

   1. YES
   2. NO -- SKIPS TO S2Q052
   7. DON’T KNOW / NOT SURE
   9. REFUSED

S2Q024 - ONLY GET THIS QUESTION IF S2Q022 = 1

S2Q024. Do you intend to stop within the next 30 days?

   1. YES
   2. NO
   7. DON’T KNOW / NOT SURE
   9. REFUSED

S2Q052 -- ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)

S2Q052. In the past 12 months, have you switched from one type, for example low tar, or brand of cigarette to another type or brand of cigarette for any reason?

   1. YES
   2. NO -- SKIPS TO S2Q071
   7. DON’T KNOW / NOT SURE -- SKIPS TO S2Q071
   9. REFUSED -- SKIPS TO S2Q071

S2Q055 -- ONLY GET IF S2Q052 = 1 (MADE A SWITCH IN PAST 12 MONTHS)

S2Q055. Was one of your reasons to save money?

   1. YES
   2. NO
   7. DON’T KNOW / NOT SURE
   9. REFUSED
S2Q060. **Was one of your reasons to reduce your tar and nicotine intake?**

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q071. **Please tell me how much you agree or disagree with the following statement. I am confident that I would be able to quit smoking permanently if I decide to do so?**

Would you say you . . .

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree
7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q072. **In the last 12 months, have you visited any of the following health care providers about your own health? Please say “yes” or “no” after I read each.**

S2Q072A. Medical doctor
S2Q072B. Dentist
S2Q072C. Pharmacist
S2Q072D. Nurse or nurse practitioner
S2Q072E. Any other health care provider

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED
S2Q073. In the past 12 months, did any of the following health care providers you saw talk with you about your smoking or offer assistance to help you quit smoking? Please say “yes” or “no” after I read each.

S2Q073A. Medical doctor
S2Q073B. Dentist
S2Q073C. Pharmacist
S2Q073D. Nurse or nurse practitioner
S2Q073E. Any other health care provider

1. YES
2. NO – SKIP TO S2Q095

7. DON’T KNOW / NOT SURE
9. REFUSED

S2Q074. In the last 12 months, did any of the following health care providers you saw encourage you to set a date to quit smoking? Please say “yes” or “no” after I read each.

S2Q074A. Medical doctor
S2Q074B. Dentist
S2Q074C. Pharmacist
S2Q074D. Nurse or nurse practitioner
S2Q074E. Any other health care provider

1. YES
2. NO

7. DON’T KNOW / NOT SURE
9. REFUSED
S2Q085. In the last 12 months, did any of the following health care providers you saw recommend any product or prescription for a medication to help you quit smoking? Please say “yes” or “no” after I read each.

S2Q085A. Medical doctor
S2Q085B. Dentist
S2Q085C. Pharmacist
S2Q085D. Nurse or nurse practitioner
S2Q085E. Any other health care provider

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q087. In the last 12 months, did any of the following health care providers you saw suggest that you seek help from others to quit smoking, for example through a quit smoking class or group, or from a quit smoking telephone helpline? Please say “yes” or “no” after I read each.

S2Q085A. Medical doctor
S2Q085B. Dentist
S2Q085C. Pharmacist
S2Q085D. Nurse or nurse practitioner
S2Q085E. Any other health care provider

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED
S2Q090. Overall, how satisfied or dissatisfied are you with the help you received about quitting smoking from any <INSERT ITEM> with whom you discussed your smoking? Would you say you are...

S2Q090A. Medical doctor
S2Q090B. Dentist
S2Q090C. Pharmacist
S2Q090D. Nurse or nurse practitioner
S2Q090E. Any other health care provider

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Somewhat dissatisfied, or
5. Very dissatisfied?

7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q095. How satisfied or dissatisfied are you that <INSERT ITEM> you saw during the last year discussed your smoking with you or offered any assistance to help you quit smoking? Would you say you are...

S2Q095A. Medical doctor
S2Q095B. Dentist
S2Q095C. Pharmacist
S2Q095D. Nurse or nurse practitioner
S2Q095E. Any other health care provider

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Somewhat dissatisfied, or
5. Very dissatisfied?

7. DON'T KNOW / NOT SURE
9. REFUSED
S2Q100. At any time during the past 12 months did you deliberately reduce the number of cigarettes you smoked?

1. YES
2. NO - SKIP TO S2Q110
7. DON'T KNOW / NOT SURE - SKIP TO S2Q110
9. REFUSED - SKIP TO S2Q110

S2Q105. Think about the last time you reduced the number of cigarettes you smoked. I am going to read a list of reasons some people have for reducing the number of cigarettes smoked. For each, please tell me if it is a reason why you reduced the number of cigarettes you smoked.

S2Q105A. Information about health hazards
S2Q105B. Health problems you experienced related to smoking
S2Q105C. Cost of tobacco
S2Q105D. Test of will power
S2Q105E. To be an example to my children
S2Q105F. Illness of a friend or relative related to smoking
S2Q105G. Physical fitness
S2Q105H. Advice of a doctor
S2Q105I. Encouragement of a friend or relative
S2Q105J. Restrictions on smoking at my workplace
S2Q105K. Restrictions on smoking in my home
S2Q105L. Smell, taste or looks
S2Q105M. Working toward quitting smoking

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q107. Of the reasons you gave for reducing the number of cigarettes smoked, which one was the single most important reason you have for reducing the number of cigarettes smoked? Was it...

READ LIST ONLY IF NECESSARY

SHOW LIST OF ITEMS FROM S2Q105 TO WHICH RESPONDENT ANSWERED YES>
S2Q110. How many times during the past 12 months have you deliberately stopped smoking cigarettes for one day or longer because you were trying to quit smoking?

ENTER NUMBER OF TIMES (1 through 9)

10. 10 OR MORE TIMES
77. DON’T KNOW / NOT SURE - SKIP TO S2Q170
88. NONE / ZERO - SKIP TO S2Q170
99. REFUSED - SKIP TO S2Q170

Note: Your best guess is fine.

S2Q115. Think about the last time you stopped smoking cigarettes. I am going to read a list of reasons some people have for stopping smoking. For each, please tell me if it is a reason why you most recently stopped smoking.

S2Q115A. Information about health hazards
S2Q115B. Health problems you experienced related to smoking
S2Q115C. Cost of tobacco
S2Q115D. Test of will power
S2Q115E. To be an example to my children
S2Q115F. Illness of a friend or relative related to smoking
S2Q115G. Physical fitness
S2Q115H. Advice of a doctor
S2Q115I. Encouragement of a friend or relative
S2Q115J. Restrictions on smoking at my workplace
S2Q115K. Restrictions on smoking in my home
S2Q115L. Smell, taste or looks
S2Q115M. Working toward quitting smoking

1. YES
2. NO

7. DON’T KNOW / NOT SURE
9. REFUSED
S2Q117 - ONLY GET IF RESPONDENT GAVE MORE THAN ONE REASON FOR STOPPING SMOKING

S2Q117. Of the reasons you gave for stopping smoking, which one was the single most important reason you have for stopping smoking? Was it...

READ LIST ONLY IF NECESSARY

<SHOW LIST OF ITEMS FROM S2Q115 TO WHICH RESPONDENT ANSWERED YES>

S2Q120 -- ONLY GET IF S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS) AND S2Q0110 <> 0

S2Q120. In the last 12 months, what was the longest time you did not smoke cigarettes?

101-199 NUMBER OF DAYS          301-312 NUMBER OF MONTHS
201-252 NUMBER OF WEEKS

ENTER NUMBER

777. DON’T KNOW / NOT SURE
999. REFUSED

S2Q130 -- ONLY GET IF S2Q020 = 3 (FORMER SMOKERS)

S2Q130. About how long has it been since you quit smoking cigarettes?

101-199 NUMBER OF DAYS          301-399 NUMBER OF MONTHS
201-299 NUMBER OF WEEKS         401-499 NUMBER OF YEARS

ENTER NUMBER

777. DON’T KNOW / NOT SURE
999. REFUSED

Note: Your best guess is fine.
S2Q135 -- ONLY GET IF S2Q020 = 3 (FORMER SMOKERS)

S2Q135. Please tell me how much you agree or disagree with the following statement. I am confident that I have quit smoking cigarettes for good? Would you say you . . .

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

7. DON’T KNOW / NOT SURE
9. REFUSED

S2Q140 -- GET IF S2Q020 = 3 (FORMER SMOKERS)

S2Q140. I am going to read a list of reasons some people have for quitting smoking. For each, please tell me if it was a reason why you quit smoking.

S2Q140A. Information about health hazards
S2Q140B. Health problems you experienced related to smoking
S2Q140C. Cost of tobacco
S2Q140D. Test of will power
S2Q140E. To be an example to my children
S2Q140F. Illness of a friend or relative related to smoking
S2Q140G. Physical fitness
S2Q140H. Advice of a doctor
S2Q140I. Encouragement of a friend or relative
S2Q140J. Restrictions on smoking at my workplace
S2Q140K. Restrictions on smoking in my home
S2Q140L. Smell, taste or looks

1. YES
2. NO

7. DON’T KNOW / NOT SURE
9. REFUSED
S2Q145. Of the reasons you gave for quitting smoking, which one was the single most important reason you have for quitting smoking? Was it...

READ LIST ONLY IF NECESSARY

<SHOW LIST OF ITEMS FROM S2Q140 TO WHICH RESPONDENT ANSWERED YES>

S2Q150. My next question is about things that assist a person trying to quit smoking such as nicotine patch, self-help materials, quit smoking classes, or Zyban.

[When you quit smoking]—Former Smokers Only
[The last time you tried to quit] did you use something to help you quit smoking?

1. YES
2. NO — SKIPS TO S2Q170
7. DON'T KNOW / NOT SURE — SKIPS TO S2Q170
9. REFUSED — SKIPS TO S2Q170

S2Q155. Which of the following medications, products, and programs did you use, please say yes or no after I read each.

S2Q155A. Nicotine patch, gum, nasal spray, or inhaler
S2Q155B. Zyban, or other non-nicotine prescription medicine
S2Q155C. A quit smoking class or group
S2Q155D. Books, pamphlets, video, or audio tapes
S2Q155E. A quit smoking telephone help line
S2Q155F. Something else

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED
S2Q160. I will read the items you said you used to help you stop smoking. For each one, please tell me if it was helpful.

SHOW LIST OF ITEMS FROM S2Q155 TO WHICH RESPONDENT ANSWERED YES

1. YES
2. NO
7. DON’T KNOW / NOT SURE
9. REFUSED

S2Q165. Did your insurance coverage pay for all, some, or none of the cost of the following items you indicated that you used to help you stop smoking . . .

SHOW LIST OF ITEMS FROM S2Q155 TO WHICH RESPONDENT ANSWERED YES

1. All of the cost
2. Some of the cost
3. None of the cost
7. DON’T KNOW / NOT SURE
9. REFUSED
S2Q170. If you were trying to quit smoking and cost were not an issue, would you use any programs, products, or medicine to help you quit?

1. YES
2. NO -- SKIPS TO S2Q180
7. DON'T KNOW / NOT SURE
9. REFUSED -- SKIPS TO S2Q180

S2Q175. If yes, would you use...

S2Q155A. Nicotine patch, gum, nasal spray, or inhaler
S2Q155B. Zyban, or other non-nicotine prescription medicine
S2Q175C. A quit smoking class or group
S2Q175D. Books, pamphlets, video, or audio tapes
S2Q175E. A quit smoking telephone help line
S2Q175F. Something else

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED
S2Q180. Think about some reasons that might discourage you from quitting smoking. I am going to read a list of reasons that keep some people from quitting smoking. For each, please tell me if it is a reason that might keep you from quitting smoking.

S2Q180A. The cost of medicines or products to help you quit
S2Q180B. The cost of classes or other programs
S2Q180C. The risk of gaining weight
S2Q180D. The loss of a way to handle stress
S2Q180E. The interference with social or work relationships with other people
S2Q180F. The craving for a smoke or feelings of withdrawal from nicotine
S2Q180G. Some other reason

1. YES
2. NO
6. DON'T WANT TO QUIT SMOKING (SKIP TO S2Q198)
7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q185. Which of those reasons is the MAIN reason that might be keeping you from quitting smoking?

READ LIST ONLY IF NECESSARY

SHOW LIST OF ITEMS FROM S2Q180 TO WHICH RESPONDENT ANSWERED YES>
S2Q198 - ALL RESPONDENTS GET THIS QUESTION

S2Q198. Are you either employed for wages or self employed?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q199 - ALL RESPONDENTS GET THIS QUESTION

S2Q199. Are you currently enrolled and participating in an educational or training course outside of the home or workplace?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED

S2Q200 - S2Q020 = 1 OR 2 (SMOKERS AND OCCASIONAL SMOKERS)

S2Q200. Have you reduced your smoking because of restrictions on smoking at <INSERT ITEM>?

S2Q200A. Work outside of the home? - ONLY GET THIS IF S2Q198 = 1 (EMPLOYED)
S2Q200B. Home?
S2Q200C. Public settings for example indoor shopping malls and restaurants?
S2Q200D. School, training, or educational setting outside of the home. ONLY GET THIS IF S2Q199 = 1 (YES).

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED
S2Q205 - ONLY GET THIS IF S2Q202 = 1 (EMPLOYED)

S2Q205. Within the past 12 months, has your employer offered any stop smoking program or any other help to employees who want to quit smoking?

1. YES
2. NO
7. DON’T KNOW / NOT SURE
9. REFUSED

S2Q210 - ONLY GET THIS IF RESPONDENT IS INSURED AND HAS SMOKED AT LEAST 100 CIGARETTES IN LIFETIME

S2Q210. Does your health insurance coverage pay for part or all of the cost of products or programs to help you quit smoking, for example the nicotine patch or a quit smoking class?

HEALTH INSURANCE COVERAGE INCLUDES HEALTH INSURANCE OR GOVERNMENT PLANS SUCH AS MEDICARE, MINNESOTA CARE, PMAP, OR MEDICAID.

1. YES
2. NO
7. DON’T KNOW / NOT SURE
9. REFUSED

OTHER TOBACCO USE ITEMS

S3Q005 - ALL RESPONDENTS

S3Q005. Have you <INSERT ITEM> at least 20 times in your life?

READ EACH PRODUCT
S3Q005A. Smoked tobacco in a pipe
S3Q005B. Smoked cigars or cigarillos
S3Q005C. Used chewing tobacco or snuff
S3Q005D. Used any other tobacco products, not including cigarettes

1. YES
2. NO
7. DON’T KNOW / NOT SURE
9. REFUSED
S3Q010 – ONLY GET THIS IF S3Q005A-D = 1 (YES TO ANY PRODUCT)

S3Q010. On how many of the past 30 days did you <INSERT ITEM>

<SHOW LIST OF ITEMS FROM S3Q005 TO WHICH RESPONDENT ANSWERED YES>

S3Q010A. Smoke tobacco in a pipe
S3Q010B. Smoke cigars or cigarillos
S3Q010C. Use chewing tobacco or snuff
S3Q010D. Use any other tobacco products, not including cigarettes

ENTER NUMBER OF DAYS

77. DON’T KNOW
88. NONE
99. REFUSED

S3Q015 – ONLY GET THIS IF S3Q005A-D = 1 (YES TO ANY PRODUCT) and 0 days to S3Q010

S3Q015. Did you stop <INSERT ITEM> within the last 6 months or more than 6 months ago?

<SHOW LIST OF ITEMS FROM S3Q010 TO WHICH RESPONDENT ANSWERED YES>

S3Q015A. Smoking tobacco in a pipe
S3Q015B. Smoking cigars or cigarillos
S3Q015C. Using chewing tobacco or snuff
S3Q020D. Used any other tobacco products, not including cigarettes

1. Within the last 6 months or
2. More than 6 months ago?
3. HAVE NOT STOPPED USING PRODUCT
7. DON’T KNOW / NOT SURE
9. REFUSED

S3Q020 – ONLY GET THIS QUESTION IF S2Q15 = 1 (SMOKERS, OCCASIONAL, AND FORMER)

S3Q020. Are you currently using a nicotine patch, spray, gum, or inhaler?

1. YES
2. NO -- SKIPS TO S4Q005
7. DON’T KNOW / NOT SURE-- SKIPS TO S4Q005
9. REFUSED-- SKIPS TO S4Q005
S3Q025 - ONLY GET THIS IF S3Q020 = 1

S3Q025. How long have you been using it?

101-199 NUMBER OF DAYS          301-399 NUMBER OF MONTHS
201-299 NUMBER OF WEEKS         401-499 NUMBER OF YEARS

ENTER TIME

777. DON’T KNOW / NOT SURE
999. REFUSED

SECONDHAND SMOKE ITEMS
S4Q005 -- ALL RESPONDENTS

S4Q005. Is there anyone [other than yourself], living in your household who currently smokes cigarettes, cigars, or tobacco in a pipe? Include occasional smokers.

[text in brackets will only appear if respondent is an every day or some days smoker]

1. YES
2. NO

7. DON’T KNOW / NOT SURE
9. REFUSE

S4Q010 -- ALL RESPONDENTS

S4Q010. Which of the following statements best describes the rules about smoking inside your home? Do not include decks, garages, or porches.

1. Smoking is not allowed – SKIPS TO S4Q020
2. Smoking is allowed in some places or at some times, or
3. Smoking is allowed anywhere inside your home?

7. DON’T KNOW / NOT SURE – SKIPS TO S4Q020
9. REFUSED – SKIPS TO S4Q020

S4Q015 -- ONLY GET THIS QUESTION IF S4Q010 = 2 OR 3

S4Q015. Is smoking allowed by household members only, guests only, or both?

1. Household members only
2. Guests only, or
3. Both?

7. DON’T KNOW / NOT SURE
9. REFUSED
S4Q020 -- ALL RESPONDENTS

S4Q020. In general, would you say that the smoke from other peoples’ cigarettes is not at all annoying to you, somewhat annoying to you, or very annoying to you?

1. Not at all annoying
2. Somewhat annoying, or
3. Very annoying?

7. DON’T KNOW / NOT SURE
9. REFUSE

S4Q025A -- ALL RESPONDENTS

S4Q025A. Do you agree or disagree with the following statement?

Smoke from other people’s cigarettes is harmful to adults. Would you say you . . . ?

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

7. DON’T KNOW / NOT SURE
9. REFUSED

S4Q025B -- ALL RESPONDENTS

S4Q025B. Do you agree or disagree with the following statement?

Smoke from other people’s cigarettes is harmful to children. Would you say you . . . ?

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

7. DON’T KNOW / NOT SURE
9. REFUSED
S4Q030. Does your place of work have an official policy that restricts smoking in any way?

1. YES
2. NO - SKIPS TO S4Q040
7. DON’T KNOW / NOT SURE - SKIPS TO S4Q040
9. REFUSED - SKIPS TO S4Q040

S4Q035. I’m going to read you a list of policies workplaces have about smoking. Please tell me which one is most like the INDOOR smoking policy at your workplace.

1. Smoking is not allowed anywhere in the building,
2. Smoking is only allowed in a limited number of designated smoking areas, or
3. Smoking is allowed anywhere except a limited number of no smoking areas?
4. SOME OTHER POLICY
7. DON’T KNOW / NOT SURE
8. DOES NOT APPLY / DOES NOT WORK IN A BUILDING
9. REFUSED

S4Q040. [You have just told me what your company’s official smoking policy is. Sometimes what people actually do is different from what the policy states.] Please tell me which of the following statements best describes what usually happens with regard to smoking indoors in your workplace?

1. Smoking does not happen anywhere in the building,
2. Smoking happens only in a few designated smoking areas, or
3. Smoking happens everywhere except a few "no smoking" areas.
4. Something else usually happens
7. DON’T KNOW / NOT SURE
8. DOES NOT APPLY / DOES NOT WORK IN A BUILDING
9. REFUSED
INFLUENCES
S5Q005 -- ALL RESPONDENTS

S5Q005. My next question is about people close to you, for example, parents, spouses, and friends. Does a spouse or other person close to you smoke or use other forms of tobacco?

1. YES
2. NO – SKIP TO S5Q015
3. NO ONE CLOSE TO ME – SKIP TO S5Q015
7. DON'T KNOW / NOT SURE – SKIP TO S5Q015
9. REFUSED – SKIP TO S5Q015

S5Q010 --ONLY GET IF S5Q005 = 1

S5Q010. How many of your friends use any tobacco products? Would you say...?

1. None
2. A few
3. Less than half
4. About half, or
5. Most or all?
7. DON'T KNOW / NOT SURE
9. REFUSED

S5Q015 -- ALL RESPONDENTS

S5Q015. Have you, a family member, or a close friend ever had an illness such as heart disease, lung disease, cancer, or emphysema that might have been brought on by tobacco use or exposure to tobacco smoke?

1. YES
2. NO
7. DON'T KNOW / NOT SURE
9. REFUSED
S5Q020 -- S2Q020 = 1 OR 2 (EVERY DAY SMOKERS AND OCCASIONAL SMOKERS)

S5Q020. Please tell me how much you agree or disagree with the following statement: People close to me are upset at my smoking. Would you say you . . .?

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

7. DON’T KNOW / NOT SURE
9. REFUSED

POLICY
S6Q005 – ALL RESPONDENTS

S6Q005. Over the past 12 months, have you been asked by someone under the age of 18 to buy or give them cigarettes, chewing tobacco, or any other tobacco products?

1. YES
2. NO

7. DON’T KNOW / NOT SURE
9. REFUSED

S6Q010 – ALL RESPONDENTS

S6Q010. Over the past 12 months, did you ever buy or give someone under the age of 18 cigarettes, chewing tobacco, or any other tobacco products?

1. YES
2. NO

7. DON’T KNOW / NOT SURE
9. REFUSED
S7Q005 - ALL RESPONDENTS

S7Q005. When you choose a restaurant, are you more likely to choose a restaurant that is smoke free?

1. YES
2. NO
3. THERE ARE NO SMOKE-FREE RESTAURANTS WHERE I LIVE
7. DON’T KNOW / NOT SURE
9. REFUSED

ATTITUDES AND BELIEFS
S8Q005 - ALL RESPONDENTS

S8Q005. Please tell me how much you agree or disagree with each of the following statements?

S8Q005A. Smoking is physically addictive.
S8Q005B. Cigarette companies deliberately advertise and promote cigarettes to encourage youth under 18 to smoke.

Would you say you . . . ?

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree
7. DON’T KNOW / NOT SURE
9. REFUSED
S8Q010 - ALL RESPONDENTS. READ THE COMPLETE QUESTION FOR THE FIRST THREE ITEMS, THEN ONLY THE LIST ITEM THEREAFTER.

S8Q010. Compared to regular cigarettes, do you think <INSERT ITEM> carry/carries more risk of causing illness, less risk of causing illness, or about the same risk of causing illness?

S8Q010A. Chewing tobacco or snuff?
S8Q010B. Cigars or cigarillos?
S8Q010C. Pipe tobacco
S8Q010D. Cigarettes without additives?
S8Q010E. Nicotine gum or the nicotine patch?

1. More risk
2. Less risk, or
3. About the same risk

7. DON’T KNOW / NOT SURE
9. REFUSED

S8Q015 - ALL RESPONDENTS

S8Q015. Generally speaking, in your community, how serious of a problem is youth smoking? Would you say...

1. Very serious
2. Serious
3. Not very serious
4. Not at all serious

7. DON’T KNOW / NOT SURE
9. REFUSED

S8Q020 - ALL RESPONDENTS

S8Q020. Who should be primarily responsible for paying for health care for people with smoking-related diseases? Would you say...

1. Tobacco industry
2. Federal or State government
3. Smokers, through cigarette taxes
4. Smokers, through higher health insurance premiums, or
5. Some other group or person?
6. SOME COMBINATION
7. DON’T KNOW / NOT SURE
9. REFUSED
Finally, I have just a few questions about yourself.

S9Q010. Are you Hispanic or Latino?

1. YES
2. NO
7. DON’T KNOW / NOT SURE
9. REFUSED

S9Q015. Which of the following best describes your race? Select one or more.

11. White
12. Black or African American
13. Asian
14. Native Hawaiian
15. American Indian or Alaska Native
16. Other Pacific Islander
17. Other

77. DON’T KNOW / NOT SURE
88. NO OTHERS
99. REFUSED
S9Q020 -- ALL RESPONDENTS

S9Q020. Which of the following best describes your current marital status?

READ LIST

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never been married
6. Or a member of an unmarried couple
7. REFUSED

S9Q025 -- ALL RESPONDENTS

S9Q025. How many children live in your household who are...

Less than 6 years old
6 through 12 years old
13 through 17 years old

1. One
2. Two
3. Three
4. Four
5. Five
6. Six
7. 7 or more
8. None
9. REFUSED

S9Q030 -- ALL RESPONDENTS

S9Q030. What is the highest grade or year of school you have completed?

READ ONLY IF NECESSARY

1. NEVER ATTENDED SCHOOL OR ONLY ATTENDED KINDERGARTEN
2. GRADES 1 THROUGH 6 (ELEMENTARY)
3. GRADES 9 THROUGH 11 (SOME HIGH SCHOOL)
4. GRADE 12 OR GED (HIGH SCHOOL GRADUATE)
5. COLLEGE 1 YEAR TO 3 YEARS (SOME COLLEGE OR TECHNICAL SCHOOL)
6. COLLEGE 4 YEARS (COLLEGE GRADUATE)
7. EDUCATION BEYOND COLLEGE GRADUATE
8. None
9. REFUSED
S9Q040. Do you have more than one telephone number in your household?

1. YES
2. NO - SKIPS TO S9Q050
9. REFUSED - SKIPS TO S9Q050

S9Q045. How many residential telephone numbers do you have, excluding dedicated FAX, computer, and cellular phone lines?

ENTER NUMBER

8. 8 OR MORE
9. REFUSED

S9Q050. This may sound silly, but I am required to ask: Are you a man or a woman?

1. MALE
2. FEMALE

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

INTERVIEWER: HANG UP AND PRESS '1' TO CONTINUE