HELLO, my name is <YOUR NAME>, calling on behalf of the Minnesota Department of Health, Blue Cross Blue Shield of Minnesota, and the U.S. Centers for Disease Control and Prevention from Clearwater Research. I’m not selling anything. We’re gathering information on the health of Minnesota residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and tobacco.

Is this <PHONE NUMBER>?
ANSMACH — GET IF INTERVIEWER REACHES ANSWERING MACHINE

SCRIPT FOR ANSWERING MACHINES

Message left on first encounter with answering machine:

Hi, my name is <YOUR NAME>, and I'm calling about a study being done by the Minnesota Department of Health, Blue Cross Blue Shield of Minnesota, and the U.S. Centers for Disease Control and Prevention. I'll call back <DATE & TIME> and tell you a little more about the study. Thank you very much. Good-bye.

Message left on second encounter with answering machine:

Hello, my name is <YOUR NAME>, calling on behalf of the Minnesota Department of Health, Blue Cross Blue Shield of Minnesota, and the U.S. Centers for Disease Control and Prevention from Clearwater Research. I’m not selling anything, and I’m not conducting a marketing study. We are conducting an important research project on the health practices of Minnesotans. We would like to include every household that we call because it is very important to the success of the project.

[IF ADVANCE LETTER WAS SENT TO MATCHED ADDRESS:] You may have received a letter from the Health Department about this survey recently.

We will try back in a couple of days. Or if you would like to schedule a convenient time to speak with us, please call us toll-free at 1-800-727-5016, Ext. 183. When you call, please mention that your survey ID number is <CATI STUDY NUMBER>-<CATI RECORD NUMBER>. We look forward to talking with you. Thank you very much. Goodbye.

1. LEFT FIRST MESSAGE
2. LEFT SECOND MESSAGE
3. ALREADY LEFT TWO MESSAGES
4. MACHINE FULL / NOT WORKING

PRIVRES — ALL RESPONDENTS

Is this a private home?

1. YES, CONTINUE — SKIP TO ADULTS
2. NO, NONRESIDENTIAL — SKIP TO NONRES
NONRES – GET IF (PRIVRES = 2 "NONRESIDENTIAL")

Thank you very much, but we are only interviewing private homes.

******<CTRL-END>******

WRONGNUM – GET IF (INTROQST = 6 "NUMBER IS NOT THE SAME")

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

INTERVIEWER HAND-DIAL THIS NUMBER
PRESS ANY KEY TO CONTINUE
CODE AS NON-WORKING IF NEEDED

ADULTS – ALL RESPONDENTS

I need to 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

IF (ANS = 1), SKIP TO ONEADULT

MEN – GET IF (ADULTS > 1)

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

IF (ANS > ADULTS), SKIP TO WRONGTOT
IF (ANS = ADULTS), SKIP TO YNGADULT
WOMEN – GET IF (MEN < ADULTS)

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

IF (ANS + MEN <> ADULTS), SKIP TO WRNGTOT

YNGADULT – GET IF (ADULTS > 1)

How many of these adults are between the ages of 18 and 24?

0. NONE
1. ONE
2. TWO
3. THREE
4. FOUR
5. FIVE
6. SIX
7. SEVEN
8. EIGHT
9. NINE

IF (ANS = 0) OR IF (ANS = ADULTS), SKIP TO DBLCHECK
IF (ANS > ADULTS), SKIP TO WRNGTOT2
YNGMEN – GET IF (MEN > 0 AND YNGADULT > 0)

How many of the men in the household are between the ages of 18 and 24?

0. NONE
1. ONE
2. TWO
3. THREE
4. FOUR
5. FIVE
6. SIX
7. SEVEN
8. EIGHT
9. NINE

IF (ANS > YNGADULT OR ANS > MEN), SKIP TO WRONGTOT
IF ((YNGADULT – ANS) > WOMEN), SKIP TO WRONGTOT
IF (ANS = YNGADULT), SKIP TO DBLCHECK
IF (ANS = 0 AND WOMEN = YNGADULT), SKIP TO DBLCHECK

YNGWOMEN – GET IF (MEN > 0) AND IF (WOMEN > 0 AND YNGADULT > 0)

How many of the women in the household are between the ages of 18 and 24?

0. NONE
1. ONE
2. TWO
3. THREE
4. FOUR
5. FIVE
6. SIX
7. SEVEN
8. EIGHT
9. NINE

IF (ANS > YNGADULT OR ANS > WOMEN), SKIP TO WRONGTOT
DBLCHECK – GET IF (ADULTS > 1)

So just to verify, there are
<YNGMEN> men between the ages of 18 and 24,
<YNGWOMEN> women between the ages of 18 and 24,
<MEN-YNGMEN> men age 25 or older, and
<WOMEN-YNGWOMEN> women age 25 or older.

Is this correct?

1. YES, THIS IS CORRECT – SKIP TO SELECTED
2. NO, GO BACK AND TRY AGAIN – SKIP BACK TO ADULTS

WRONGTOT – GET IF (MEN + WOMEN <> ADULTS, ETC.)

I'm sorry, something is not right.

Number of Men - <MEN>
Number of Women - + <WOMEN>
Number of Adults - <ADULTS>

PRESS ANY KEY TO TRY AGAIN – SKIP BACK TO ADULTS

WRNGTOT2

I'm sorry, something is not right.

Number of Men - <MEN>
Number of Women - + <WOMEN>
Number of Adults - <ADULTS>

PRESS ANY KEY TO TRY AGAIN – SKIP BACK TO ADULTS
SELECTED - GET IF MORE THAN ONE ADULT IN HOUSEHOLD

The person in your household I need to speak with is the <RANDOM ADULT>.

Are you the <RANDOM ADULT>?

1. YES
2. NO

SKIP TO ASKGENDR

ONEADULT - GET IF (ADULTS = 1)

Are you the adult?

1. YES AND THE RESPONDENT IS A MALE – SKIP TO ASKAGE
2. YES AND THE RESPONDENT IS A FEMALE – SKIP TO ASKAGE
3. NO

ASK GENDER IF NECESSARY

IF (ANS = 1), Q64 = 1 “MALE”
IF (ANS = 2), Q64 = 2 “FEMALE”

ASKGENDR - GET IF (ONEADULT = 3)

Is the adult a man or a woman?

1. MALE
2. FEMALE

IF (ANS = 1), Q64 = 1 “MALE”
IF (ANS = 2), Q64 = 2 “FEMALE”

IF (SELECTED = 1), SKIP TO YOURTHE1
IF (SELECTED = 2), SKIP TO GETNEWAD
ASKAGE

Is the adult 18 to 24 years old or 25 years of age or older?

1. 18 TO 24 – SKIP TO RESPAGE
2. 25 OR OLDER – SKIP TO RESPAGE
3. DON'T KNOW/NOT SURE

GETADULT – GET IF (ONEADULT = 3)

May I speak with <him/her>?

1. YES, ADULT COMING TO THE PHONE
2. NO, SCHEDULE A CALLBACK

SKIP TO NEWADULT

YOURTHE1 – GET IF (ONEADULT = 1 "YES") OR IF (SELECTED = 1 "YES")

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. WARNING: A NEW RESPONDENT MAY BE SELECTED.

RESPAGE – SKIP TO INTROSCR IF (ADULTS > 1) OR IF (ASKAGE = 1) OR IF (ASKAGE = 2)

Are you 18 to 24 years old or 25 years of age or older?

1. 18 TO 24
2. 25 OR OLDER
3. DON'T KNOW

IF (ADULTS = 1) OR IF (YOURTHE1 = 1), SKIP TO INTROSCR
GETNEWAD - GET IF (SELECTED = 2 "NO")

May I speak with the <RANDOM ADULT>?  

1. YES, SELECTED RESPONDENT COMING TO THE PHONE  
2. NO, PRESS <CTRL-END> AND SCHEDULE A CALLBACK  
3. GO BACK TO ADULTS. WARNING: A NEW RESPONDENT MAY BE SELECTED.

***DO NOT USE <CTRL-END> ON THIS SCREEN***

NEWADULT - GET IF (GETNEWAD <= 2)

HELLO, my name is <YOUR NAME>, calling on behalf of the Minnesota Department of Health, Blue Cross Blue Shield of Minnesota, and the U.S. Centers for Disease Control and Prevention. We're gathering information on the health of Minnesota residents. Your phone number has been chosen randomly to be interviewed, and I'd like to ask some questions about health and tobacco.

1. PERSON INTERESTED, CONTINUE  
2. GO BACK TO ADULTS. WARNING: A NEW RESPONDENT MAY BE SELECTED.
I won't ask for your name, address, or other personal information that can identify you. Your phone number will be erased from our records before the survey results are made public. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes about 15 minutes, but it could be a few minutes longer depending on your answers. Any information you give me will be confidential.

[IF ADVANCE LETTER WAS SENT TO MATCHED ADDRESS:] You may have received a letter from the Health Department about this survey recently.

If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

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

INTERVIEWER: YOU SHOULD BE SPEAKING TO THE <RANDOM ADULT>

IF YOU ARE NOT, ASK FOR THE SELECTED RESPONDENT OR GO BACK TO ADULTS

DEPARTMENT OF HEALTH CONTACT(S):
BRIAN ZUPAN, PH.D., 651-296-9748  PETE RODE, M.A., 651-296-6036

NONQAL - GET IF CATI THINKS THE QUOTA CELL IS FULL

INTERVIEWER:

PLEASE ALERT YOUR SUPERVISOR IMMEDIATELY!!!!
THE QUOTAS SET FOR THIS STUDY ARE INCORRECT.

AFTER NOTIFYING YOUR SUPERVISOR, RETURN THE RECORD
Blue Cross List Sample Front End

INTRO1 - ALL RESPONDENTS

HELLO, my name is <YOUR NAME>, calling on behalf of the Minnesota Department of Health, Blue Cross Blue Shield of Minnesota, and the U.S. Centers for Disease Control and Prevention from Clearwater Research. May I please speak to <RESPONDENT’S FIRST AND LAST NAME>?

1. SPEAKING WITH CORRECT RESPONDENT (SKIP TO INTRO3)
2. ASK FOR CORRECT RESPONDENT OR SCHEDULE CALLBACK (SKIP TO INTRO2)
3. ANSWERING MACHINE (SKIP TO ANSMACH)
4. NO ANSWER (TERMINATE CALL)
5. BUSY (TERMINATE CALL)
6. RESPONDENT NO LONGER LIVES AT NUMBER

NEWNUM1 - GET IF (INTRO = 6)

Do you have their new number?

1. YES
2. NO  -- [INTERVIEW AUTOMATICALLY TERMINATES AND RECORD IS ASSIGNED A FINAL DISPOSITION OF WRONG NUMBER]

NEWNUM2 - GET IF (NEWNUM1 = 1)

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.
SCRIPT FOR ANSWERING MACHINES

Message left on first encounter with answering machine:

Hi, my name is <YOUR NAME>, and I'm calling about a study being done by
the Minnesota Department of Health, Blue Cross Blue Shield of
Minnesota, and the U.S. Centers for Disease Control and Prevention.
I'll call back <DATE & TIME> and tell you a little more about the
study. Thank you very much. Good-bye.

Message left on second encounter with answering machine:

Hello, my name is <YOUR NAME>, calling on behalf of the Minnesota
Department of Health, Blue Cross Blue Shield of Minnesota, and the U.S.
Centers for Disease Control and Prevention from Clearwater Research.
I'm not selling anything, and I'm not conducting a marketing study. We
are conducting an important research project on the health practices of
Minnesotans. We would like to include every household that we call
because it is very important to the success of the project.

[IF ADVANCE LETTER WAS SENT TO MATCHED ADDRESS:] You may have received
a letter from Blue Cross about this survey recently.

We will try back in a couple of days. Or if you would like to schedule
a convenient time to speak with us, please call us toll-free at 1-800-
727-5016, Ext. 183. When you call, please mention that your survey ID
number is <CATI STUDY NUMBER>--<CATI RECORD NUMBER>. We look forward to
talking with you. Thank you very much. Goodbye.

1  LEFT FIRST MESSAGE
2  LEFT SECOND MESSAGE
3  ALREADY LEFT TWO MESSAGES
4  MACHINE FULL / NOT WORKING

INTRO2 - GET IF NEW PERSON COMING TO PHONE

Hello, my name is <YOUR NAME>, calling on behalf of the Minnesota
Department of Health, Blue Cross Blue Shield of Minnesota, and the U.S.
Centers for Disease Control and Prevention from Clearwater Research.
Am I speaking to <RESPONDENT’S FIRST AND LAST NAMES>?

1. SPEAKING WITH CORRECT RESPONDENT (CONTINUE WITH NEXT SCREEN)
2. ASK FOR CORRECT RESPONDENT AND REASK OR SCHEDULE CALLBACK
We're gathering information on the health of Minnesota residents who are members of a Blue Cross health plan. Your phone number has been chosen randomly from all Blue Cross plan members to be interviewed, and I'd like to ask some questions about health and tobacco. Because only a sample of people from Blue Cross were selected for this survey, your input is very important for the results to be accurate.

You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes about 15 minutes, but it could be a few minutes longer depending on your answers. Any information you give me will be confidential.

[IF ADVANCE LETTER WAS SENT TO MATCHED ADDRESS:] You may have received a letter from Blue Cross about this survey recently.

If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

PRESS "1" TO CONTINUE

BLUE CROSS CONTACT(S):

TBA


**Questionnaire Items**

**SECTION 1: INITIAL DEMOGRAPHIC ITEM**

**AGE - ALL RESPONDENTS**

---

**AGE**  Before we begin, I need to put your age into the computer. The computer will then skip questions that are not relevant to your age group. What is your age?

_ _ _ AGE (18-110) - **SKIP TO ASKCNTY**

7. REFUSED

---

**AGEGROUP - GET IF (AGE = 7)**

---

**AGEGROUP**  If it’s OK, I would like to record the range in which your age falls. Which of the following groups includes your age?

1. 18 to 24
2. 25 to 29
3. 30 TO 34
4. 35 to 44
5. 45 to 54
6. 55 to 64
7. 64 or older
9. REFUSED

---

**NOAGE - GET IF (AGE = 7 AND AGEGROUP = 9)**

---

I'm sorry but we at least need an age group for the computer to skip the right questions.

1.  **GO BACK TO AGE GROUP QUESTION - SKIP BACK TO AGEGROUP**
2. **RESPONDENT STILL REFUSES - TERMINATE INTERVIEW AS REFUSAL**

---
COUNTY – ALL RESPONDENTS

What Minnesota county do you live in?
ENTER FIRST LETTER OF COUNTY NAME

6. RESPONDENT DOES NOT LIVE IN MINNESOTA – SKIP TO WRGSTATE
8. OTHER – CITY/TOWN NAME
7. DON’T KNOW/NOT SURE
9. REFUSED

[SKIPS TO SCREEN WITH LIST OF COUNTIES WHOSE NAMES BEGIN WITH THE LETTER ENTERED BY THE INTERVIEWER. ON THAT SCREEN, INTERVIEWER ENTERS THE FIPS CODE OF THE COUNTY MENTIONED BY THE RESPONDENT. THAT FIPS CODE IS ASSIGNED TO A VARIABLE NAMED “ASKCNTY”.]

ZIPCODE – [DELETED]

What is your ZIP code?
ENTER ZIP CODE

88888. RESPONDENT DOES NOT LIVE IN MINNESOTA – SKIP TO WRGSTATE
99999. DON’T KNOW / REFUSED

MINNESOTA ZIP CODES RANGE FROM 550xx-551xx, 553xx-554xx, AND 556xx-567xx

Q01 – ALL RESPONDENTS

1. 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
Q02 - ALL RESPONDENTS

2. 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 (1-30)

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

Q03 - ALL RESPONDENTS

3. 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 (1-30)

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

Q04 - GET IF (Q02 > 0 AND Q02 <= 30) OR IF (Q03 > 0 AND Q03 <= 30)

4. 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 (1-30)

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED
Q05 - ALL RESPONDENTS

5. 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 - SKIP TO Q09
7. DON’T KNOW/NOT SURE - SKIP TO Q09
9. REFUSED - SKIP TO Q09

Q06 - GET IF (Q05 = 1 “YES”)

6. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?

_ _ ENTER DAYS PER WEEK OR PER MONTH

101-107 = DAYS PER WEEK
201-230 = DAYS IN PAST 30

777. DON'T KNOW/NOT SURE – SKIP TO Q08
999. REFUSED – SKIP TO Q08

Q07 - GET IF (Q05 = 1 “YES”)

7. 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 (1-75)

76. 76 OR MORE
77. DON'T KNOW/NOT SURE
88. NONE
99. REFUSED

IF ANSWER <= 15, SKIP TO Q08
07V - GET IF (Q07 > 15)

Q07V INTERVIEWER YOU INDICATED _ _ DRINKS PER DAY

IS THIS CORRECT ?

1. CORRECT AS IS
2. RE-ASK QUESTION - SKIP TO Q07 AND CORRECT ANSWER

Q08 - GET IF Q05 = 1 (DRANK ALCOHOL IN PAST 30 DAYS)

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

   _ _ ENTER NUMBER OF TIMES (1-76)

   76. 76 OR MORE
   77. DON'T KNOW/NOT SURE
   88. NONE
   99. REFUSED

   IF ANSWER <= 15, SKIP TO Q09

Q08V - GET IF (Q08 > 15)

Q08V INTERVIEWER YOU INDICATED _ _ OCCASIONS WHEN THE RESPONDENT HAD 5 OR MORE DRINKS.

IS THIS CORRECT ?

1. CORRECT AS IS
2. RE-ASK QUESTION - SKIP TO Q08 AND CORRECT ANSWER
Section 2: Tobacco Use

Q09 - ALL RESPONDENTS

9. Have you ever smoked a cigarette, even 1 or 2 puffs?
   1. YES
   2. NO - SKIP TO Q24A
   7. DON'T KNOW/NOT SURE - SKIP TO Q24A
   9. REFUSED - SKIP TO Q24A

Q10 - GET IF (Q09 = 1 "YES")

10. Do you consider yourself a smoker?
    1. YES
    2. NO
    7. DON'T KNOW/NOT SURE
    9. REFUSED

Q11 - GET IF (Q09 = 1 "YES")

11. Have you smoked at least 100 cigarettes in your entire life?
    1. YES
    2. NO - IF AGE >= 25, SKIP TO Q24A; IF AGE <= 24, SKIP TO Q14
    7. DON'T KNOW/NOT SURE - SKIP TO Q24A
    9. REFUSED - SKIP TO Q24A

Q12 - GET IF (Q11 = 1 "YES")

12. Do you now smoke cigarettes everyday, some days, or not at all?
    1. EVERY DAY
    2. SOME DAYS - SKIP TO Q14
    3. NOT AT ALL - IF AGE >= 25, SKIP TO Q19; IF AGE <= 24, SKIP TO Q14
    9. REFUSED - SKIP TO Q24A
Q13 – GET IF (Q12 = 1 "DAILY SMOKER")

13. On the average, about how many cigarettes a day do you now smoke?

___ ENTER NUMBER OF CIGARETTES (1-75)

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

1 PACK = 20 CIGARETTES

SKIP TO Q16

Q14 – GET IF (Q12 = 2 "SMOKER") OR IF (AGE <= 24 AND Q12 = 3) OR IF (AGE <= 24 AND Q11 = 2)

14. IF (AGE <= 24) AND (Q12 = 3), USE THIS INTRO: “Just to be clear about what you just said, ...”

During the past 30 days, on how many days did you smoke cigarettes?

___ ENTER NUMBER OF DAYS (1-30)

88. NONE - SKIP TO Q16
77. DON’T KNOW/NOT SURE - SKIP TO Q16
99. REFUSED - SKIP TO Q16

IF AGE <= 24, SKIP TO Q19 IF ... (Q14 = 77, 88, OR 99) AND (Q11 = 2 "NO") OR IF ...
   (Q14 = 77, 88, OR 99) AND (Q12 = 3 "NOT AT ALL")

HERE WE DEFINE 2 TYPES OF OCCASIONAL SMOKER:

DEFINITION OF TYPE1 IS AGE 18-24, Q11 = 1, Q12 = 3, & Q14 < 31
DEFINITION OF TYPE2 IS AGE 18-24, Q11 = 2, & Q14 < 31
Q15 – GET IF (Q14 >= 1 AND Q14 <= 30)

15. On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

_ _ ENTER NUMBER OF CIGARETTES (1-75)

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

1 PACK = 20 CIGARETTES

Q16 – GET IF (Q12 <= 2 "SMOKER") OR IF TYPE1 OR IF TYPE2

16. [IF (Q12 = 2 "OCCASIONAL SMOKERS" OR TYPE1 OR TYPE2):] On the days that you smoke, ...

How soon after you wake up do you have your first cigarette?

1. Within 5 minutes
2. 6-30 minutes
3. 31-60 minutes
4. After 60 minutes
7. DON’T KNOW/NOT SURE
9. REFUSED

Q17 – GET IF [(AGE <= 24) AND (Q12 < 3 "SMOKER") OR IF TYPE1 OR IF TYPE2]

17. Which of the following best describes how you usually get most of the cigarettes that you smoke?

1. I buy them myself or,
2. I get them from another smoker
7. DON’T KNOW/NOT SURE
9. REFUSED
Q18 – GET IF (Q12 <= 2 "SMOKER") OR IF TYPE1 OR IF TYPE2

18. What brand of cigarettes do you smoke most often?

DO NOT READ RESPONSE CATEGORIES
ENTER CODE FOR ONLY ONE

1. BENSON & HEDGES
2. CAMEL
3. CARLTON
4. GENERIC
5. KENT
6. KOOL
7. LUCKY STRIKE
8. MARLBORO
9. MERIT
10. MORE
11. NEWPORT
12. PALL MALL
13. SALEM
14. VIRGINIA SLIMS
15. WINSTON
16. OTHER (SPECIFY)
77. DON’T KNOW
99. REFUSED

Q19 – GET [IF (AGE >= 25) AND IF (Q11 = 1 “SMOKED AT LEAST 100 CIGARETTES”)]
OR [IF (AGE <= 24) AND IF (Q9 = 1 “EVER SMOKED”) AND IF (Q11 <> 7 AND Q11 <> 9) AND IF (Q12 <> 9)]

19. How old were you the first time you smoked a cigarette, even one or two puffs?

_ _ ENTER AGE IN YEARS (1-75)
76. 76 OR OLDER
77. DON’T KNOW/NOT SURE
99. REFUSED

SKIP TO Q24A IF (AGE <=24 AND Q11 = 2 AND Q14 = 77, 88, OR 99) OR IF (AGE <=24 AND Q11 = 1 AND Q12 = 3 AND Q14 = 77, 88, OR 99)

Q19V – GET IF (Q19 > AGE) AND IF (AGE <> 7) AND IF (Q19 <= 76)

INTERVIEWER: THE RESPONDENT INDICATED THEIR AGE TO BE <AGE> YEARS OLD. YOU JUST INDICATED THEY HAD STARTED SMOKING AT AGE <Q19> YEARS.
PRESS ANY KEY TO CORRECT THIS.
20. How old were you when you first started smoking cigarettes regularly?

    _ _ ENTER AGE IN YEARS (1-76)

   76. 76 OR OLDER
   77. DON’T KNOW/NOT SURE
   88. NEVER SMOKED REGULARLY
   99. REFUSED

Q20V - GET IF (Q20 < Q19) AND IF (Q19 <= 76) AND IF (Q20 <= 76)

INTERVIEWER: THE RESPONDENT INDICATED THEY FIRST SMOKED AT <Q19> YEARS OLD. YOU JUST INDICATED THEY HAD STARTED SMOKING REGULARLY AT AGE <Q20> YEARS.
PRESS ANY KEY TO CORRECT THIS.

Q21 - SKIP IF (Q12 = 1 "DAILY SMOKER") OR IF (Q14 = 30)

21. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?

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

Q22 - GET IF [(AGE >= 25) AND (Q11 = 1 "SMOKED AT LEAST 100 CIGARETTES") OR [(AGE <= 24) AND (Q9 = 1 "EVER SMOKED") AND (Q11 = 1) AND (Q14 <> 88)] OR IF Q12 = 1

22. Around this time last year, were you smoking cigarettes every day, some days, or not at all?

   1. EVERY DAY
   2. SOME DAYS
   3. NOT AT ALL
   7. DON’T KNOW/NOT SURE
   9. REFUSED
23. About how long has it been since you last smoked cigarettes regularly?

“REGULARLY” IS WHATEVER “REGULARLY” MEANS TO THE RESPONDENT

READ ONLY IF NECESSARY

11. WITHIN THE PAST MONTH (< 1 MONTH AGO)
12. WITHIN THE PAST 3 MONTHS (>1 MONTH BUT LESS THAN 3 MONTHS AGO)
13. WITHIN THE PAST 6 MONTHS (>3 MONTHS BUT LESS THAN 6 MONTHS AGO)
14. WITHIN THE PAST YEAR (>6 MONTHS BUT LESS THAN 1 YEAR AGO)
15. WITHIN THE PAST 5 YEARS (>1 YEAR BUT LESS THAN 5 YEARS AGO)
16. WITHIN THE PAST 10 YEARS (>5 YEARS BUT LESS THAN 10 YEARS AGO)
17. 10 OR MORE YEARS AGO
77. DON'T KNOW/NOT SURE
88. NEVER SMOKED REGULARLY
99. REFUSED

Q24A – ALL RESPONDENTS

Q24A. Have you smoked tobacco in a pipe at least 20 times in your life?

1. YES
2. NO – SKIP TO Q24B
7. DON’T KNOW/NOT SURE – SKIP TO Q24B
9. REFUSED – SKIP TO Q24B

Q25A – GET IF (Q24A = 1 “YES”)

Q25A. On how many of the past 30 days did you smoke tobacco in a pipe?

_ _ ENTER NUMBER OF DAYS (1-30)

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED
Q24B – ALL RESPONDENTS

Q24B. Have you smoked cigars or cigarillos at least 20 times in your life?

1. YES
2. NO – SKIP TO Q24C
7. DON'T KNOW/NOT SURE – SKIP TO Q24C
9. REFUSED – SKIP TO Q24C

Q25B – GET IF (Q24B = 1 “YES”)

Q25B. On how many of the past 30 days did you smoke cigars or cigarillos?

_ _ ENTER NUMBER OF DAYS (1-30)
88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

Q24C – ALL RESPONDENTS

Q24C. Have you used chewing tobacco or snuff at least 20 times in your life?

1. YES
2. NO – SKIP TO Q24D
7. DON'T KNOW/NOT SURE – SKIP TO Q24D
9. REFUSED – SKIP TO Q24D

Q25C – GET IF (Q24C = 1 “YES”)

Q25C. On how many of the past 30 days did you use chewing tobacco or snuff?

_ _ ENTER NUMBER OF DAYS (1-30)
88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED
Q24D - ALL RESPONDENTS

Q24D. Have you used any other tobacco products, not including cigarettes at least 20 times in your life, for example, bidis (BEE-DEES) or kretes (KRE-TECKS) or clove cigarettes?

1. YES
2. NO - SKIP TO Q26
7. DON'T KNOW/NOT SURE - SKIP TO Q26
9. REFUSED - SKIP TO Q26

Q25D - GET IF (Q24D = 1 “YES”)

Q25D. On how many of the past 30 days did you use any other tobacco products, not including cigarettes?

_ _ ENTER NUMBER OF DAYS (1-30)

88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED
Section 3: Cessation

Quit Attempts

Q26 - GET IF (CURRENT SMOKER (Q12 <= 2) OR IF TYPE1 OR TYPE2)

26. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
   1. NO - IF (TYPE2 = 1), SKIP TO Q33A; IF (TYPE2 <> 1), SKIP TO Q30
   7. DON'T KNOW/NOT SURE - IF (TYPE2 = 1), SKIP TO Q33A; IF (TYPE2 <> 1), SKIP TO Q30
   9. REFUSED - IF (TYPE2 = 1), SKIP TO Q33A; IF (TYPE2 <> 1), SKIP TO Q30

Q27 - GET IF (CURRENT SMOKER (Q12 <= 2) OR IF TYPE1 OR TYPE2) AND QUIT ATTEMPT (Q26 = 1)

27. How many times in the past 12 months did you try to quit smoking?
   PROBE AS NEEDED:
   Your best guess is fine.
   _ _ ENTER NUMBER OF TIMES (1-9)
   10. 10 OR MORE TIMES
   77. DON'T KNOW/NOT SURE
   99. REFUSED

Methods of Quitting

Q28A - GET IF [(Q12 <= 3) AND (Q26 = 1)] OR [(Q23 <= 17) AND (Q26 = 1)] OR [(TYPE1 = 1) AND (Q26 = 1)]

28A. [FORMER SMOKERS:] When you quit smoking ...
   [CURRENT SMOKERS:] The last time you tried to quit smoking ...
   ... did you use the nicotine patch, nicotine gum, or any other medication to help you quit?
   1. YES
   2. NO - SKIP TO Q29A
   7. REFUSED - SKIP TO Q29A
8. DON'T KNOW/NOT SURE - SKIP TO Q29A

Q28B1 - GET IF (Q28A = 1 "YES")

Q28B1. [FORMER SMOKERS:] When you quit smoking ... [CURRENT SMOKERS:] The last time you tried to quit smoking ...

... did you use nicotine gum?

1. YES
2. NO - SKIP TO Q28B2
7. DON'T KNOW/NOT SURE - SKIP TO Q28B2
9. REFUSED - SKIP TO Q28B2

Q28C1 - GET IF (Q28B1 = 1 "YES")

Q28C1. How long did you use nicotine gum?

101-199 = NUMBER OF DAYS
301-399 = NUMBER OF MONTHS
201-299 = NUMBER OF WEEKS

_ _ _ ENTER THE NUMBER OF DAYS, WEEKS, OR MONTHS

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

Q28D1 - GET IF (Q28B1 = 1 "YES")

Q28D1. During that time, did you use nicotine gum every day?

"THAT TIME" IS THE PERIOD OF TIME DURING WHICH THE RESPONDENT USED THE PRODUCT

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED
Q28E1 - GET IF (Q28B1 = 1 “YES”)  

Q28E1. Who paid for your nicotine gum? Did ...  

1. You pay for it completely,  
2. Your insurance pay for it completely,  
3. You and your insurance company each pay part of the cost, or  
4. Was it free?  
7. DON'T KNOW  
9. REFUSED  

Q28B2 - GET IF (Q28A = 1 “YES”)  

Q28B2. [FORMER SMOKERS:] When you quit smoking ...  
[CURRENT SMOKERS:] The last time you tried to quit smoking ...  

... did you use a nicotine patch?  
1. YES  
2. NO - SKIP TO Q28B3  
7. DON'T KNOW/NOT SURE - SKIP TO Q28B3  
9. REFUSED - SKIP TO Q28B3  

Q28C2 - GET IF (Q28B2 = 1 “YES”)  

Q28C2. How long did you use a nicotine patch?  

101-199 = NUMBER OF DAYS  
301-399 = NUMBER OF MONTHS  
201-299 = NUMBER OF WEEKS  

_ _ _ ENTER THE NUMBER OF DAYS, WEEKS, OR MONTHS  
777. DON'T KNOW/NOT SURE  
999. REFUSED
Q28D2 – GET IF (Q28B2 = 1 "YES")

During that time, did you use a nicotine patch every day?

"THAT TIME" IS THE PERIOD OF TIME DURING WHICH THE RESPONDENT USED THE PRODUCT

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

Q28E2 – GET IF (Q28B2 = 1 "YES")

Who paid for your nicotine patch? Did ...

1. You pay for it completely,
2. Your insurance pay for it completely,
3. You and your insurance company each pay part of the cost, or
4. Was it free?
7. DON'T KNOW
9. REFUSED

Q28B3 – GET IF (Q28A = 1 "YES")

[FORMER SMOKERS:] When you quit smoking ...
[CURRENT SMOKERS:] The last time you tried to quit smoking ...

... did you use nicotine nasal spray?

1. YES
2. NO - SKIP TO Q28B4
7. DON'T KNOW/NOT SURE - SKIP TO Q28B4
9. REFUSED - SKIP TO Q28B4
Q28C3 – GET IF (Q28B3 = 1 "YES")

Q28C3. How long did you use nicotine nasal spray?

101-199 = NUMBER OF DAYS
301-399 = NUMBER OF MONTHS
201-299 = NUMBER OF WEEKS

_ _ _ ENTER THE NUMBER OF DAYS, WEEKS, OR MONTHS

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

Q28D3 – GET IF (Q28B3 = 1 "YES")

Q28D3. During that time, did you use nicotine nasal spray every day?

"THAT TIME" IS THE PERIOD OF TIME DURING WHICH THE RESPONDENT USED THE PRODUCT

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

Q28E3 – GET IF (Q28B3 = 1 "YES")

Q28E3. Who paid for your nicotine nasal spray? Did ...

1. You pay for it completely,
2. Your insurance pay for it completely,
3. You and your insurance company each pay part of the cost, or
4. Was it free?
7. DON'T KNOW
9. REFUSED
Q28B4 - GET IF (Q28A = 1 "YES")

Q28B4. [FORMER SMOKERS:] When you quit smoking ...
[CURRENT SMOKERS:] The last time you tried to quit smoking ...

... did you use a nicotine inhaler?

1. YES
2. NO - SKIP TO Q28F
7. DON'T KNOW/NOT SURE - SKIP TO Q28F
9. REFUSED - SKIP TO Q28F

Q28C4 - GET IF (Q28B4 = 1 "YES")

Q28C4. How long did you use a nicotine inhaler?

101-199 = NUMBER OF DAYS
301-399 = NUMBER OF MONTHS
201-299 = NUMBER OF WEEKS

_ _ _ ENTER THE NUMBER OF DAYS, WEEKS, OR MONTHS

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

Q28D4 - GET IF (Q28B4 = 1 "YES")

Q28D4. During that time, did you use a nicotine inhaler every day?

"THAT TIME" IS THE PERIOD OF TIME DURING WHICH THE RESPONDENT USED THE PRODUCT

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED
Q28E4 – GET IF (Q28B4 = 1 "YES")

Q28E4. Who paid for your nicotine inhaler? Did ...

1. You pay for it completely,
2. Your insurance pay for it completely,
3. You and your insurance company each pay part of the cost, or
4. Was it free?
7. DON'T KNOW
9. REFUSED

Q28F – GET IF (Q28A = 1 "YES")

Q28F. [FORMER SMOKERS:] When you quit smoking ...
[CURRENT SMOKERS:] The last time you tried to quit smoking ...

... did you use Zyban, Buproprion, or Wellbutrin to help you quit smoking?

1. YES
2. NO – SKIP TO Q29A
7. DON'T KNOW/NOT SURE – SKIP TO Q29A
9. REFUSED – SKIP TO Q29A

Q28G – GET IF (Q28F = 1 "YES")

Q28G. How long did you use that medication?

101-199 = NUMBER OF DAYS
301-399 = NUMBER OF MONTHS
201-299 = NUMBER OF WEEKS

_ _ _ ENTER THE NUMBER OF DAYS, WEEKS, OR MONTHS

777. DON'T KNOW / NOT SURE – SKIP TO Q28I
999. REFUSED – SKIP TO Q28I
Q28H - GET IF (Q28G >= 101) OR IF (Q28G <= 399)

Q28H. During that time, did you use the medication every day?

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

Q28I - GET IF (Q28F = 1 "YES")

Q28I. Who paid for your medication? Did ...

1. You pay for it completely,
2. Your insurance pay for it completely,
3. You and your insurance company each pay part of the cost, or
4. Was it free?
7. DON'T KNOW
9. REFUSED

Q29A - GET IF [(Q12 <= 2) AND (Q26 = 1)] OR IF [(Q23 <= 17) AND (Q26 = 1)] OR [IF TYPE1 AND (Q26 = 1)]

Q29A. [FORMER SMOKERS:] When you quit smoking for good ...
[CURRENT SMOKERS:] The last time you tried to quit smoking ...

... did you use any other assistance such as classes or counseling?

1. YES
2. NO - SKIP TO Q30
7. DON'T KNOW/NOT SURE - SKIP TO Q30
9. REFUSED - SKIP TO Q30

Q29B1 - GET IF (Q29A = 1 "YES")

Q29B1. Did you use a stop-smoking clinic or class?

1. YES
2. NO - SKIP TO Q29B2
7. DON'T KNOW/NOT SURE - SKIP TO Q29B2
9. REFUSED - SKIP TO Q29B2
Q29C1 - GET IF (Q29B1 = 1 "YES")

Q29C1. Was the stop-smoking clinic or class helpful?

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

Q29B2 - GET IF (Q29A = 1 "YES")

Q29B2. Did you use a quit-smoking telephone help line?

1. YES
2. NO - SKIP TO Q29B3
7. DON'T KNOW/NOT SURE - SKIP TO Q29B3
9. REFUSED - SKIP TO Q29B3

Q29C2 - GET IF (Q29B1 = 1 "YES")

Q29C2. Was the quit-smoking telephone help line helpful?

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

Q29B3 - GET IF (Q29A = 1 "YES")

Q29B3. Did you use one-on-one counseling from a doctor, nurse or other health professional?

1. YES
2. NO - SKIP TO Q29B4
7. DON'T KNOW/NOT SURE - SKIP TO Q29B4
9. REFUSED - SKIP TO Q29B4
Q29C3 – GET IF (Q29B3 = 1 "YES")

Q29C3. Was the one-on-one counseling from a doctor, nurse or other health professional helpful?

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

Q29B4 – GET IF (Q29A = 1 "YES")

Q29B4. Did you use books, pamphlets, video or audiotapes?

1. YES
2. NO – SKIP TO Q29B5
7. DON'T KNOW/NOT SURE – SKIP TO Q29B5
9. REFUSED – SKIP TO Q29B5

Q29C4 – GET IF (Q29B4 = 1 "YES")

Q29C4. Were the books, pamphlets, video or audiotapes helpful?

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

Q29B5 – GET IF (Q29A = 1 "YES")

Q29B5. Did you use acupuncture?

1. YES
2. NO – SKIP TO Q29B6
7. DON'T KNOW/NOT SURE – SKIP TO Q29B6
9. REFUSED – SKIP TO Q29B6
Q29C5 – GET IF (Q29B5 = 1 “YES”)

Q29C5. Was acupuncture helpful?

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

Q29B6 – GET IF (Q29A = 1 “YES”)

Q29B6. Did you use hypnosis?

1. YES
2. NO - SKIP TO Q29B7
7. DON'T KNOW/NOT SURE - SKIP TO Q29B7
9. REFUSED - SKIP TO Q29B7

Q29C6 – GET IF (Q29B6 = 1 “YES”)

Q29C6. Was hypnosis helpful?

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

Q29B7 – GET IF (Q29A = 1 “YES”)

Q29B7. Did you use an on-line or web-based counseling service?

1. YES
2. NO - SKIP TO Q29B8
7. DON'T KNOW/NOT SURE - SKIP TO Q29B8
9. REFUSED - SKIP TO Q29B8
Q29C7 – GET IF (Q29B7 = 1 “YES”)

Q29C7. Was the on-line or web-based counseling service helpful?

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

Q29B8 – GET IF (Q29A = 1 “YES”)

Q29B8. Did you use some other program or service?

1. YES (SPECIFY)
2. NO – SKIP TO Q30
7. DON'T KNOW/NOT SURE – SKIP TO Q30
9. REFUSED – SKIP TO Q30

Q29C8 – GET IF (Q29B8 = 1 “YES”)

Q29C8. Was <OPEN-ENDED RESPONSE TO Q29B8> helpful?

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

Stages of Change for Quitting

Q30 – GET IF (Q12 <= 2 “CURRENT SMOKER”) OR IF (TYPE1 = 1)

30. Are you seriously considering stopping smoking within the next six months?

1. YES
2. NO – SKIP TO Q32
7. DON'T KNOW/NOT SURE – SKIP TO Q32
9. REFUSED – SKIP TO Q32
Q31 - GET IF [(Q12 <= 2 "CURRENT SMOKER") AND IF (Q30 = 1 "YES") OR IF [(TYPE1 = 1) AND IF (Q30 = 1 "YES")]

31. Are you planning to stop smoking within the next 30 days?
   1. YES
   2. NO
   7. DON’T KNOW/NOT SURE
   9. REFUSED

Q32 - GET IF (Q12 <= 2 "CURRENT SMOKER") OR IF (TYPE1 = 1)

32. If you decided to give up smoking altogether, how likely do you think you would be to succeed?
   1. Very likely
   2. Somewhat likely
   3. Somewhat unlikely or,
   4. Very unlikely
   7. DON'T KNOW/NOT SURE
   9. REFUSED

Physician and Health Professional Advice

Q33A - ALL RESPONDENTS

33A. In the past 12 months, have you seen a doctor or other health professional to get any kind of care for yourself?
   1. YES
   2. NO - SKIP TO Q33C1
   7. DON'T KNOW/NOT SURE - SKIP TO Q37A
   9. REFUSED - SKIP TO Q37A
Q33B – GET IF (Q33A = 1 “YES”)

Which of the following health professionals have you seen in the past 12 months?

PROMPT FOR EACH CATEGORY SEPARATELY
MARK ALL THAT APPLY

1. Medical doctor
2. Dentist
3. Pharmacist
4. Nurse or nurse practitioner
5. Another type of health-care provider
7. DON'T KNOW – SKIP TO Q37A
8. NO OTHERS
9. REFUSED – SKIP TO Q37A

SKIP TO Q34A

Q33C1 – GET IF (Q33A = 2 “NO”)

Q33C1. There may be some health professionals that you might not have thought of.

For example, did you see a medical doctor?

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

Q33C2 – GET IF (Q33A = 2 “NO”)

Q33C2. Did you see a dentist?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED
Q33C3 – GET IF (Q33A = 2 “NO”)

Q33C3. Did you see a pharmacist in the past 12 months?

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

Q33C4 – GET IF (Q33A = 2 “NO”)

Q33C4. Did you see a nurse or nurse practitioner in the past 12 months?

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

Q33C5 – GET IF (Q33A = 2 “NO”)

Q33C5. Did you see another type of health-care provider in the past 12 months?

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

Q34A – GET IF (ANY Q33B = 1) OR IF (ANY Q33C1 THROUGH Q33C5 = 1), ELSE SKIP TO Q37A

34A. During the past 12 months, did any doctor, nurse, or other health professional ask if you smoke?

1. YES
2. NO – SKIP TO Q35A
7. DON'T KNOW/NOT SURE – SKIP TO Q35A
9. REFUSED – SKIP TO Q35A
**Q34B – GET IF (Q34A = 1 “YES”)**

Which of the following health professionals asked if you smoke?

PROMPT FOR EACH CATEGORY SEPARATELY
MARK ALL THAT APPLY

1. Medical doctor
2. Dentist
3. Pharmacist
4. Nurse or nurse practitioner
5. Another type of health-care provider
6. DON'T KNOW – SKIP TO Q37A
7. NO OTHERS
8. REFUSED – SKIP TO Q37A

**Q35A – SKIP TO Q38A IF (Q9 > 1) OR IF (Q23 > 14) OR IF (AGE >= 25 AND Q12 = 3) OR IF (AGE <= 24 AND Q14 = 88)**

Q35A. During the past 12 months, did any doctor, nurse, or other health professional advise you to not smoke?

1. YES
2. NO – SKIP TO Q37A IF (Q12 <= 2 “CURRENT SMOKER”) OR TYPE1; SKIP TO Q38A IF (Q12 = 3 “FORMER SMOKER”)
7. DON'T KNOW/NOT SURE – SKIP TO Q37A IF (Q12 <= 2 “CURRENT SMOKER”) OR TYPE1; SKIP TO Q38A IF (Q12 = 3 “FORMER SMOKER”)
9. REFUSED – SKIP TO Q37A IF (Q12 <= 2 “CURRENT SMOKER”) OR TYPE1; SKIP TO Q38A IF (Q12 = 3 “FORMER SMOKER”)

**Q35B – GET IF (Q35A = 1 “YES”)**

Which of the following health professionals advised you not to smoke?

PROMPT FOR EACH CATEGORY SEPARATELY
MARK ALL THAT APPLY

1. Medical doctor
2. Dentist
3. Pharmacist
4. Nurse or nurse practitioner
5. Another type of health-care provider
6. DON'T KNOW – SKIP TO Q37A
8. NO OTHERS
9. REFUSED – SKIP TO Q37A
Q36A1 - GET IF [(Q12 <= 3) OR (Q23 <= 14) OR TYPE1] AND (Q35A = 1 "YES")

Q36A1. In the past 12 months, when a doctor, nurse, or other health professional advised you to quit smoking ...

Did they also prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler or pills such as Zyban?

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

Q36A2 - GET IF [(Q12 <= 2 "CURRENT SMOKER") OR TYPE1] AND IF (Q35A = 1 "YES")

Q36A2. In the past 12 months, when a doctor, nurse, or other health professional advised you to quit smoking ...

Did they (also) suggest that you set a specific date to stop smoking?

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

[THE WORD “ALSO” IS NOT SHOWN IN THE SCRIPT IF THE ANSWER TO THE PREVIOUSLY ASKED ITEM IN THE SERIES IS “NO”.]

Q36A3 - GET IF [(Q12 <= 2 "CURRENT SMOKER") OR TYPE1] AND IF (Q35A = 1 "YES")

Q36A3. In the past 12 months, when a doctor, nurse, or other health professional advised you to quit smoking ...

Did they (also) suggest that you use a smoking cessation class, program, quit line, or counseling?

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

[THE WORD “ALSO” IS NOT SHOWN IN THE SCRIPT IF THE ANSWER TO THE PREVIOUSLY ASKED ITEM IN THE SERIES IS “NO”.]
Q36A4. In the past 12 months, when a doctor, nurse, or other health professional advised you to quit smoking...

Did they (also) provide you with booklets, videos, or other materials to help you quit smoking on your own?

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

[THE WORD “ALSO” IS NOT SHOWN IN THE SCRIPT IF THE ANSWER TO THE PREVIOUSLY ASKED ITEM IN THE SERIES IS “NO”.]

Q36A5. In the past 12 months, when a doctor, nurse, or other health professional advised you to quit smoking...

Did they (also) offer you a return visit or phone call to help you quit?

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

[THE WORD “ALSO” IS NOT SHOWN IN THE SCRIPT IF THE ANSWER TO THE PREVIOUSLY ASKED ITEM IN THE SERIES IS “NO”.]
Q36B - GET IF (ANY Q36A1-Q36A5 = 1 "YES")

Which of the following health professionals offered this kind of assistance?

PROMPT FOR EACH CATEGORY SEPARATELY
MARK ALL THAT APPLY

1. Medical doctor
2. Dentist
3. Pharmacist
4. Nurse or nurse practitioner
5. Another type of health-care provider
7. DON'T KNOW
8. NO OTHERS
9. REFUSED

Q37A - GET IF (Q12 <= 2 "CURRENT SMOKER") OR TYPE1; ELSE SKIP TO Q38A

37A. If you were trying to quit smoking and cost was not an issue, would you use any programs, products, or medicine to help you quit?

1. YES
2. NO - SKIP TO Q38A
7. DON'T KNOW/NOT SURE - SKIP TO Q38A
9. REFUSED - SKIP TO Q38A

QUITSRV2 (LIST FOR Q37B)

Nicotine patch, gum, nasal spray, or inhaler
Zyban, or other non-nicotine prescription medicine
A quit smoking class or group
Books, pamphlets, video, or audio tapes
A quit smoking telephone help line
An on-line or web-based counseling service
Something else (specify)
Q37B - GET IF (Q37A = 1 "YES"); RANDOMIZE ORDER OF LIST ITEMS

37B. Would you use <QUITSRV2>?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED
Section 4: Environmental Tobacco Smoke

Q38A – ALL RESPONDENTS

38A. In the past 12 months, have you asked someone to put out a cigarette or not light up when they were about to do so?

THIS QUESTION REFERS TO BOTH THESE SITUATIONS:

A. THE RESPONDENT TAKES THE INITIATIVE TO ASK SOMEONE NOT TO SMOKE
B. A SMOKER ASKS “DO YOU MIND IF I SMOKE” AND
THE RESPONDENT STATES, “YES, I DO”

1. YES
2. NO – SKIP TO Q39 IF (Q12 = 3 AND Q23 > 14) OR IF (Q12 = 9); SKIP TO Q38D IF (Q12 <= 2 “SMOKERS”) OR IF (Q12 = 3 AND Q23 <= 14) OR TYPE1
7. DON’T KNOW/NOT SURE - SKIP TO Q39
9. REFUSED - SKIP TO Q39

Q38B – GET IF (Q38A = 1 “YES”)

38B. On the most recent occasion you asked someone not to smoke, who was that person? Was it a ...

1. Relative
2. Friend or acquaintance or,
3. Stranger
7. DON’T KNOW/NOT SURE
9. REFUSED

Q38C – GET IF (Q38A = 1 “YES”)

38C. On that same occasion, what was the primary reason you asked that person not to smoke? Was it because ...?

1. Smoke is annoying to you
2. You were concerned about the health hazards of secondhand smoke
3. You were concerned about the health of the smoker
4. You were trying to quit - PROVIDE THIS RESPONSE CATEGORY IF (Q12 <=2 “SMOKER”) OR IF (Q12 = 3 “FORMER SMOKER” AND Q23 <= 14)
5. Some other reason (SPECIFY)
7. DON’T KNOW/NOT SURE
9. REFUSED
Q38D – GET IF (Q38A = 1) OR IF (Q38A = 2 AND Q12 <= 2) OR IF (Q38A = 2 AND Q12 = 3 AND Q23 <= 14) OR IF TYPE1

38D. About how many times in the past 12 months has anyone asked you not to smoke when you were smoking or were about to smoke?

_ _ ENTER NUMBER OF TIMES

76. 76 OR MORE
77. DON’T KNOW/NOT SURE
88. NONE
99. REFUSED

Q39 – SKIP IF 1-ADULT HOUSEHOLD

39. Not including yourself, how many of the adults who live in your household smoke cigarettes, cigars or pipes?

_ _ ENTER NUMBER OF ADULTS WHO SMOKE ADULTS (1 TO ADULTS IN HOUSEHOLD)

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

Q40 – ALL RESPONDENTS

40. During the past 7 days, how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

_ _ ENTER NUMBER OF DAYS (1-7)

66. LESS THAN 1 DAY PER WEEK/RARELY
77. DON’T KNOW/NOT SURE
88. NONE
99. REFUSED
Q41 - ALL RESPONDENTS

41. Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.

1. Smoking is not allowed anywhere inside your home
2. Smoking is allowed in some places or at some times or,
3. Smoking is allowed anywhere inside the home
7. DON'T KNOW/NOT SURE
9. REFUSED

Q61 - ALL RESPONDENTS

Q61. Are you currently seeking a degree, certification, or license in a 4 year college, a 2 year or technical college, a technical school, or a GED/high school program?

11. GRADUATE OR PROFESSIONAL SCHOOL
12. 4 YEAR COLLEGE
13. 2 YEAR COLLEGE (COMMUNITY COLLEGE)
14. TECHNICAL SCHOOL OR VO-TECH (VOCATIONAL-TECHNICAL SCHOOL)
15. GED PROGRAM
16. HIGH SCHOOL
17. OTHER (SPECIFY)
18. NOT CURRENTLY SEEKING A DEGREE, CERTIFICATION, OR LICENSE
77. REFUSED
99. DON'T KNOW
Workplace Policy and Exposure

Q42 - ALL RESPONDENTS

Q42. I am now going to ask you some questions about workplace policies on smoking.

First, are you currently either employed for wages or self-employed?

11. EMPLOYED FOR WAGES
12. SELF-EMPLOYED
13. OUT OF WORK FOR MORE THAN 1 YEAR - SKIP TO Q47B
14. OUT OF WORK FOR LESS THAN 1 YEAR - SKIP TO Q47B
15. A HOMEMAKER - SKIP TO Q47B
16. A STUDENT - SKIP TO Q47B
17. RETIRED - SKIP TO Q47B
18. UNABLE TO WORK - SKIP TO Q47B
19. REFUSED - SKIP TO Q47B
20. RESPONDENT SIMPLY ANSWERED "NO" - SKIP TO Q47B

Q42A - GET IF (Q42 <= 12)

Q42A. What is the total number of hours you usually work each week?

_ _ ENTER NUMBER OF HOURS

66. 66 OR MORE HOURS PER WEEK
77. DON'T KNOW / NOT SURE
99. REFUSED

Q43A - GET IF (Q42 <= 12 "EMPLOYED")

43A. While working at your job, are you indoors most of the time?

"YOUR JOB" = PRIMARY OR MAIN JOB

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED
Q43B - GET IF (Q42 <= 12 "EMPLOYED")

Q43B. What best describes where you work for money?

Is it a classroom, hospital, office, your home, a plant or factory, store or warehouse, restaurant that does not serve alcohol, restaurant that serves alcohol, bar, vehicle, or some other environment?

THIS REFERS TO PRIMARY OR MAIN JOB

11. CLASSROOM
12. HOSPITAL
13. OFFICE
14. YOUR HOME (E.G., WORK FROM HOME / TELECOMMUTE)
15. PLANT OR FACTORY
16. STORE OR WAREHOUSE
17. RESTAURANT THAT DOES NOT SERVE ALCOHOL
18. RESTAURANT THAT SERVES ALCOHOL
19. BAR
20. VEHICLE
21. SOME OTHER ENVIRONMENT (SPECIFY)
77. DON’T KNOW/NOT SURE
99. REFUSED

Q43C - GET IF (Q42 = 11 "EMPLOYED FOR WAGES")

43C. Within the past 12 months, has your employer offered any stop smoking program or any other help to employees who want to quit smoking?

THIS ITEM REFERS TO PRIMARY OR MAIN JOB

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
Q44 - GET IF (Q42 <= 12 "EMPLOYED")
IF (Q41 = 1 AND Q43B = 14) SKIP TO Q47A

As far as you know, in the past seven days, has anyone smoked in your work area?

THIS ITEM REFERS TO PRIMARY OR MAIN JOB

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

Q45 - GET IF (Q42 <= 12 "EMPLOYED")

Which of the following best describes your place of work’s official smoking policy for work areas?

THIS ITEM REFERS TO PRIMARY OR MAIN JOB

1. Not allowed in any work areas
2. Allowed in some work areas
3. Allowed in all work areas or, or
4. No official policy
7. DON’T KNOW/NOT SURE
9. REFUSED

Q46 - GET IF (Q42 <= 12 "EMPLOYED")

Which of the following best describes your place of work’s official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunchrooms?

THIS ITEM REFERS TO PRIMARY OR MAIN JOB

1. Not allowed in any common areas
2. Allowed in some common areas
3. Allowed in all common areas or,
4. No official policy
5. WORKPLACE HAS NO INDOOR AREAS
7. DON’T KNOW/NOT SURE
9. REFUSED
Q47A – ALL RESPONDENTS

47A. [In your indoor work areas] (READ IF Q43A = 1)  
[At those times when you are indoors during work], (READ IF Q43A = 2)  
do you prefer to work where  
smoking is allowed, not allowed, or does it make no difference?  

THIS ITEM REFERS TO PRIMARY OR MAIN JOB  

1. ALLOWED  
2. NOT ALLOWED  
3. NO DIFFERENCE  
4. RESPONDENT NEVER WORKS INDOORS  
7. DON’T KNOW/NOT SURE  
9. REFUSED

Q47B – ALL RESPONDENTS

47B. In Minnesota, in the past 7 days, has anyone smoked near you at any other place besides your home or your workplace?  

1. YES  
2. NO – SKIP TO Q48A  
7. DON’T KNOW/NOT SURE – SKIP TO Q48A  
9. REFUSED – SKIP TO Q48A

Q47C – GET IF (Q47B = 1 “YES”)  

47C. The last time this happened, in Minnesota, where were you?  
Were you at a ...?  

11. Restaurant that does not serve alcohol  
12. Restaurant that serves alcohol  
13. Bar or tavern  
14. Park or somewhere outdoors  
15. Building entrance  
16. Outdoor shopping mall or strip mall  
17. Community sports event  
18. Gambling venue  
19. Another person’s home  
20. Another person’s car  
21. Some other place  
77. DON’T KNOW/NOT SURE  
99. REFUSED
**Q48A – ALL RESPONDENTS**

48A. In the past seven days, have you been in a car with someone who was smoking?

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

**Q48B1 – SKIP TO Q49A IF (Q09 > 1) OR (TYPE2 = 1) OR (AGE >= 25 AND Q11 > 1) OR IF (AGE >= 25 AND Q12 > 2 "SMOKER"); SKIP TO Q48B2 IF (Q42 > 12)**

Q48B1. Have you reduced your smoking because of restrictions on smoking at work outside of the home?

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

**Q48B2 – GET IF Q12 <= 2 “SMOKER” OR IF TYPE1**

Q48B2. Have you reduced your smoking because of restrictions on smoking at your home?

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

**Q48B3 – GET IF Q12 <= 2 “SMOKER” OR IF TYPE1**

Q48B3. Have you reduced your smoking because of restrictions on smoking at public settings, for example indoor shopping malls and restaurants?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED
Q48B4 – GET IF Q12 <= 2 “SMOKER” OR IF TYPE1, BUT SKIP TO Q48B5 IF (Q61 = 18)

Q48B4. Have you reduced your smoking because of restrictions on smoking at school, training, or educational setting outside of the home?

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

Q48B5 – GET IF Q12 <= “SMOKER” OR IF TYPE1

Q48B5. Have you reduced your smoking because of restrictions on smoking anywhere else?

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

Q49A – ALL RESPONDENTS

49A. In general, when you go out to a restaurant, do you usually prefer to be seated in the smoking section, the non-smoking section, or does it make no difference?

1. SMOKING SECTION
2. NON-SMOKING SECTION
3. NO DIFFERENCE / FIRST AVAILABLE
4. NEVER GO TO RESTAURANTS
7. DON'T KNOW/NOT SURE
9. REFUSED

Q49B – ALL RESPONDENTS

49B. If there were a total ban on smoking in restaurants, would you eat out more, less, or would it make no difference?

1. MORE
2. LESS
3. NO DIFFERENCE
7. DON'T KNOW/NOT SURE
9. REFUSED
Section 5: Risk Perception and Social Influences

Risk Perception

Q50A – ALL RESPONDENTS

50A. Please tell me whether you strongly agree, agree, disagree, or strongly disagree with the following statement.

“If a person has smoked a pack of cigarettes a day for more than 20 years, there is little health benefit to quitting smoking.”

Do you ...?

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
7. NO OPINION/DON’T KNOW/NOT SURE
9. REFUSED

Q50B – GET IF (AGE <= 24)

50B. Do you believe there is any harm in having an occasional cigarette?

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

Q51 – ALL RESPONDENTS

Now I am going to ask about smoke from other people’s cigarettes.

51. Do you think that breathing smoke from other people's cigarettes is ...?

1. Very harmful to one's health
2. Somewhat harmful to one's health
3. Not very harmful to one's health or,
4. Not harmful at all to one's health
7. NO OPINION/DON’T KNOW/NOT SURE
9. REFUSED

Q52 – ALL RESPONDENTS – RANDOMIZE ORDER OF 52A-52E
Q52A – ALL RESPONDENTS

Q52A. Would you say that breathing smoke from other people's cigarettes causes lung cancer in adults?

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

Q52B – ALL RESPONDENTS

Q52B. Would you say that breathing smoke from other people's cigarettes causes heart disease in adults?

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

Q52C – ALL RESPONDENTS

Q52C. Would you say that breathing smoke from other people's cigarettes causes colon cancer?

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

Q52D – ALL RESPONDENTS

Q52D. Would you say that breathing smoke from other people's cigarettes causes respiratory problems in children?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED
Q52E – ALL RESPONDENTS

Q52E. Would you say that breathing smoke from other people's cigarettes causes sudden infant death syndrome?

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

Social Influences

Q53A – GET IF (AGE <= 24)

53A. In the past 30 days, has anyone offered you a cigarette?

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

Q53B – GET IF (AGE <= 24 AND Q12 <= 2 "CURRENT SMOKER") OR IF (TYPE1 = 1) OR IF (TYPE2 = 1)

53B. Have you given away a cigarette to a friend or acquaintance in the past 30 days?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED
54A. 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 Q54C IF (AGE <= 29); SKIP TO Q55 IF (AGE >= 30)
3. NO ONE CLOSE TO ME - SKIP TO Q54C IF (AGE <= 29); SKIP TO Q55 IF (AGE >= 30)
7. DON’T KNOW/NOT SURE - SKIP TO Q54C IF (AGE <= 29); SKIP TO Q55 IF (AGE >= 30)
9. REFUSED - SKIP TO Q54C IF (AGE <= 29); SKIP TO Q55 IF (AGE >= 30)

54B. How many of the people close to you – counting your parents, spouse, and friends – use any tobacco products? Would you say ...

1. A few
2. Less than half
3. About half, or
4. Most or all?
7. DON’T KNOW/NOT SURE
9. REFUSED

54C. Please tell me whether you agree or disagree with the following statement.

“Smoking helps people feel more comfortable at parties and in other social situations?”

1. YES/AGREE
2. NO/DISAGREE
7. DON’T KNOW/NOT SURE
9. REFUSED
Q54D – GET IF (AGE <= 24) AND IF (Q9 = 2 OR Q11 = 2 OR Q12 >= 3 OR Q14 = 88)

54D. Do you think you will try/have a cigarette soon?

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

Q54E – GET IF (AGE <= 24) AND IF (Q9 = 2 OR Q11 = 2 OR Q12 >= 3 OR Q14 = 88)

54E. If one of your best friends were to offer you a cigarette, would you smoke it?

Would you say ...?

1. Definitely yes
2. Probably yes
3. Probably not
4. Definitely not
7. DON’T KNOW/NOT SURE
9. REFUSED

Q54F – GET IF (AGE <= 24) AND IF (Q9 = 2 OR Q11 = 2 OR Q12 >= 3 OR Q14 = 88)

54F. At any time during the next year do you think you will smoke a cigarette?

Would you say ...?

1. Definitely yes
2. Probably yes
3. Probably not
4. Definitely not
7. DON’T KNOW/NOT SURE
9. REFUSED
Section 6: Closing Demographic Items

AGECHILD (LIST FOR Q55A)

Younger than 5 years old
5 through 11 years old
12 through 17 years old

Q55A – ALL RESPONDENTS

Let me remind you that all your answers are completely confidential. The last few questions will help us make sure that we have a representative sample of respondents.

55A. How many children living in your household are <AGECHILD>?

1. ONE
2. TWO
3. THREE
4. FOUR
5. FIVE
6. SIX
7. 7 OR MORE
8. NONE
9. REFUSED

Q56 – ALL RESPONDENTS

56. Are you Hispanic or Latino?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
Q57 – ALL RESPONDENTS

57. Which one or more of the following would you say is your race?

READ ALL RESPONSE OPTIONS
SELECT ALL THAT APPLY

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian, Alaska Native, or
6. Some other race (SPECIFY)
7. DON’T KNOW/NOT SURE
8. NO ADDITIONAL CHOICE
9. REFUSED

Q58 – GET IF MORE THAN ONE RACE SELECTED IN Q57

58. Which one of these groups would you say best represents your race?

READ ALL RESPONSE OPTIONS
SELECT ONLY ONE

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian, Alaska Native, or
6. Some other race (SPECIFY)
7. DON’T KNOW/NOT SURE
8. NO ADDITIONAL CHOICE
9. REFUSED

Q59 – ALL RESPONDENTS

59. Are you currently married, a member of an unmarried couple, divorced, widowed, separated, or never married?

1. MARRIED
2. A MEMBER OF AN UNMARRIED COUPLE
3. DIVORCED
4. WIDOWED
5. SEPARATED OR
6. NEVER MARRIED
7. REFUSED

Q60 – ALL RESPONDENTS

MATS 2003
November 22, 2002
60. What is the highest level of school you completed or the highest degree you received?

CODE RESPONSE
PROMPT ONLY IF NECESSARY

11. NEVER ATTENDED SCHOOL OR ONLY ATTENDED KINDERGARTEN
12. GRADES 1 THROUGH 8 (ELEMENTARY)
13. GRADES 9 THROUGH 11 (SOME HIGH SCHOOL)
14. GRADE 12 (HIGH SCHOOL GRADUATE)
15. GED
16. SOME COLLEGE, NO DEGREE
17. AA, TECHNICAL/VOCATIONAL
18. AA, ACADEMIC
19. BA, BS (COLLEGE GRADUATE)
20. AT LEAST SOME GRADUATE OR PROFESSIONAL SCHOOL
77. DON’T KNOW/NOT SURE
99. REFUSED
H1 – ALL RESPONDENTS

H1. I am going to read you a list of different types of insurance. Please tell me if you currently have any of the following.

Do you have Medicare?

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

H2 – ALL RESPONDENTS

H2. Do you have a Railroad Retirement Plan?

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

H3 – ALL RESPONDENTS

H3. Do you have CHAMPUS, TRICARE, Veteran’s Affairs, or military health care for a service connected disability?

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

H4 – ALL RESPONDENTS

H4. Do you have Indian Health Service?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED
H5 - ALL RESPONDENTS

H5. Do you have Medical Assistance, Medicaid, PMAP (Prepaid Medical Assistance Plan), also known as Minnesota Health Care Programs?

1. YES
2. NO
7. DON'T KNOW/NOR SURE
9. REFUSED

H6 - ALL RESPONDENTS

H6. Do you have General Assistance Medical Care, or GAMC?

1. YES
2. NO
7. DON'T KNOW/NOR SURE
9. REFUSED

H6A - [DELETED]

H6A. Do you have Children's Health Insurance Program, or CHIP?

1. YES
2. NO
7. DON'T KNOW/NOR SURE
9. REFUSED

H7 - ALL RESPONDENTS

H7. Do you have insurance through Minnesota Care (a state-sponsored program that offers health insurance at a subsidized rate)?

1. YES
2. NO
7. DON'T KNOW/NOR SURE
9. REFUSED
H8 - ALL RESPONDENTS

H8. Do you have insurance through the Minnesota Comprehensive Health Association or high risk pool insurance (also known as MCHA)?

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

H9 - ALL RESPONDENTS

H9. Do you have health insurance through your work or union?

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

H10 - GET IF (AGE >= 25)

H10. Do you have health insurance through someone else's work or union?

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

H10A - GET IF (AGE <= 24)

H10A. Do you have health insurance through your parent’s work or union?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED
H10B - GET IF (AGE <= 24)

H10B. Do you have health insurance through your school, college, or university?

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

H11 - ALL RESPONDENTS

H11. Do you have health insurance bought directly by you?

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

H12 - ALL RESPONDENTS

H12. Do you have health insurance bought directly by someone else?

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

H13 - GET IF (H1 THROUGH H12 <> 1 "YES")

H13. According to the information you provided, you do not have health insurance coverage. Does anyone else pay for your bills when you go to a doctor or hospital?

1. YES - SKIP TO H14
2. NO - SKIP TO H19
7. DON'T KNOW/NOT SURE - SKIP TO H19
9. REFUSED - SKIP TO H19
H13A - GET IF (H4 = 1) AND IF (H1 THROUGH H3 AND H5 THROUGH H12 <> 1)

H13A. You’ve just told me you receive services through the Indian Health Service but do not have health insurance. Does anyone else pay for your bills when you go to a doctor or hospital?

1. YES
2. NO - SKIP TO H19
7. DON’T KNOW/NOT SURE - SKIP TO H19
9. REFUSED - SKIP TO H19

INDIAN HEALTH INSURANCE IS NOT CONSIDERED COMPREHENSIVE INSURANCE FOR THE PURPOSES OF THIS SURVEY

H14 - GET IF (H13 = 1 "YES") OR IF (H13A = 1 "YES")

H14. And who is that?

CODE RESPONSE; PROMPT ONLY IF NECESSARY

1. MEDICARE
2. RAILROAD RETIREMENT PLAN
3. CHAMPUS, TRICARE, VETERAN’S AFFAIRS, OR MILITARY HEALTH CARE FOR A SERVICE CONNECTED DISABILITY
4. MEDICAL ASSISTANCE, MEDICAID, PMAP (PREPAID MEDICAL ASSISTANCE PLAN), ALSO KNOWN AS MINNESOTA HEALTH CARE PROGRAMS
5. GAMC, OR GENERAL ASSISTANCE MEDICAL CARE
6. INSURANCE THROUGH MINNESOTA CARE (A STATE-SPONSORED HEALTH INSURANCE PROGRAM)
7. INSURANCE THROUGH THE MINNESOTA COMPREHENSIVE HEALTH ASSOCIATION OR HIGH RISK POOL INSURANCE (KNOWN AS MCHA)
8. HEALTH INSURANCE THROUGH RESPONDENT’S WORK OR UNION
9. HEALTH INSURANCE THROUGH SOMEONE ELSE’S WORK OR UNION
10. HEALTH INSURANCE BOUGHT DIRECTLY BY RESPONDENT
11. HEALTH INSURANCE BOUGHT DIRECTLY BY SOMEONE ELSE
12. STUDENT HEALTH INSURANCE COVERAGE
13. COBRA (INSURANCE THROUGH A FORMER EMPLOYER)
14. WORKER’S COMPENSATION FOR SPECIFIC ILLNESS/INJURY – SKIP TO H19
15. EMPLOYER PAYS FOR BILLS, BUT NOT AN INSURANCE POLICY – SKIP TO H19
16. RESPONDENT OR FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS – SKIP TO H19
17. INDIAN HEALTH SERVICE – SKIP TO H19
18. NO PRIVATE OR PUBLIC INSURANCE, UNINSURED – SKIP TO H19
77. DON’T KNOW/NOT SURE – SKIP TO H19
99. REFUSED – SKIP TO H19
H15 - GET IF (ANY H1 THROUGH H3 OR ANY H5 THROUGH H12 = 1) OR IF ((H13 = 1 OR H13A = 1) AND (H14 <= 14 OR H14 <= 13 "INSURED"))

H15. Have you had insurance coverage for all of the past 12 months?

1. YES - **SKIP TO Q62E**
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED

H18 - GET IF (H15 > 1)

H18. Just to double check, was there any time in the past 12 months that you were not covered by insurance?

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

**SKIP TO Q62E**

H19 - GET IF (H13 > 1) OR IF (H13A > 1) OR IF ((H13 = 1 OR H13A = 1) AND (H14 > 13 OR H14 >=14))

H19. Have you been covered by any health insurance in the past 12 months?

1. YES
2. NO
7. DON’T KNOW/NOT SURE
9. REFUSED
Q62E – GET IF (ANY OF H1 THROUGH H3, OR ANY OF H4 THROUGH H13 = 1 "YES") OR
IF ((H13 = 1 OR H13A = 1) AND H14 <= 12)

62E. 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

Q63A – GET IF (AGE <= 24)

63A. Are you financially supported primarily
by yourself or by your parents?

1. SELF
2. PARENTS
3. SOMEONE ELSE
7. REFUSED

INCOMLST (LIST FOR Q63B-Q63C)

Less than $25,000
Less than $20,000
Less than $15,000
Less than $10,000
Less than $35,000
Less than $50,000
Less than $75,000

Q63B – GET IF (Q63A = 1 “SELF”) OR IF (Q63A = 7 “REFUSED”)

63B. Is your annual household income from all sources <INCOMLST>?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED
Q63BV

INTERVIEWER: ANNUAL HOUSEHOLD INCOME IS <INCOME RANGE>

IS THIS CORRECT?

1. YES, CORRECT AS IS – SKIP TO Q65
2. NO, RE-ASK QUESTION – SKIP BACK TO Q63B

Q63C – GET IF (Q63A = 2 “PARENTS”) OR IF (Q63A = 3 “SOMEONE ELSE”)

63C. Is <your parents’>/<this person’s> annual household income from all sources <INCOMELST>?

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

Q63CV

INTERVIEWER: ANNUAL HOUSEHOLD INCOME IS <INCOME RANGE>

IS THIS CORRECT?

1. YES, CORRECT AS IS
2. NO, RE-ASK QUESTION – SKIP BACK TO Q63C

Q64 – [DELETED]

64. INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY

1. MALE
2. FEMALE
Required For Weighting

Q65 – ALL RESPONDENTS

65. Do you have more than one telephone number in your household?

   Do not include cell phones or numbers that are only used by a computer or fax machine.

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

Q66 – GET IF (Q65 = 1 “YES”)

66. How many of these are residential numbers?

   1. ONE
   2. TWO
   3. THREE
   4. FOUR
   5. FIVE
   6. SIX OR MORE
   7. DON'T KNOW/NOT SURE
   9. REFUSED

GOODBYE

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

PRESS ANY KEY TO COMPLETE INTERVIEW
INTERVIEWER

DO YOU HAVE COMMENTS ABOUT THIS CASE? PLEASE INCLUDE ANYTHING THAT YOU THINK THE SUPERVISOR OR THE CODER SHOULD KNOW ABOUT THIS CASE. IF YOU ARE UNSURE HOW TO CODE A PARTICULAR RESPONSE, NOTE THE ITEM NAME AND THE PROBLEM HERE.

ENTER OPEN-ENDED COMMENTS

WRGSTATE - GET IF (INTROQST = 20) OR IF (COUNTY = 6) OR IF (ZIPCODE = 88888)

I'm sorry, but we are only interviewing residences that are in the state of Minnesota. Thank you very much for your time.

PRESS ANY KEY TO TERMINATE