



2018 Alaska Supplemental BRFSS Survey

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Interviewer's Script Landline Sample

HELLO, I am calling for the Alaska Department of Health and Social Services. My name is (name) . This project is being conducted by the health department to gather information about the health of Alaska residents. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

- LL.1 **Is this (phone number) ?**
[CTELENM1] 1. Yes
 2. No

[CATI/INTERVIEWER NOTE: IF "NO": 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. STOP]

Private Residence

- LL.2 **Is this a private residence?**
[PVTRESM1]

Read only if necessary: **"By private residence, we mean someplace like a house or apartment."**

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1. Yes **[GO TO STATE OF RESIDENCE]**
2. No **[GO TO COLLEGE HOUSING]**
3. No, Business phone only

[CATI/INTERVIEWER NOTE: IF NO, BUSINESS PHONE ONLY: "THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONES LINES AT THIS TIME." STOP]

College Housing

- LL.3 **Do you live in college housing?**
[COLGHOUS]

Read only if necessary: **"By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."**

1. Yes **[GO TO STATE OF RESIDENCE]**
2. No **[CATI/INTERVIEWER NOTE: IF NO: "THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME." STOP]**

State of Residence

- LL4.7 Do you currently live in _____ (state) _____ ?
[STATERE1] 1. Yes [GO TO CELLULAR]
2. No [CATI NOTE: IF NO: "THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN [] STATE AT THIS TIME." STOP]

Cellular Phone

- LL.5 Is this a cell telephone?
[CELLFON4] 1. Yes
2. Not a cell phone

INTERVIEWER NOTE: Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.

Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

[CATI/INTERVIEWER NOTE: IF "YES", Read: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES IN PRIVATE RESIDENCES AT THIS TIME." STOP]

Adult

- LL.6 Are you 18 years of age or older?
[LADULT] 1 Yes, respondent is male [GO TO NEXT SECTION]
2 Yes, respondent is female [GO TO NEXT SECTION]
3 No

[CATI/INTERVIEWER NOTE:: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

Adult Random Selection

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?

- LL.7 ___ Number of adults
[NUMADULT]

If "1,": **Are you the adult?**

If "yes,":

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary).

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

[GO TO THE CORRECT RESPONDENT]

[CATI/INTERVIEWER NOTE: IF "NO,": IS THE ADULT A MAN OR A WOMAN? ENTER 1 MAN OR 1 WOMAN BELOW. MAY I SPEAK WITH [FILL IN (HIM/HER) FROM PREVIOUS QUESTION]?]

[GO TO "CORRECT RESPONDENT" BEFORE SECTION 1]

LL.8 How many of these adults are men?

[NUMMEN]

___ Number of men

[NUMWOMEN] So the number of women in the household is ___

___ Number of women

99 Refused

Is that correct?

INTERVIEWER NOTE: CONFIRM NUMBER OF ADULT WOMEN OR CLARIFY THE TOTAL NUMBER OF ADULTS IN THE HOUSEHOLD.

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

If "you," [GO TO CORRECT RESPONDENT BELOW]

To the CORRECT RESPONDENT:

HELLO, I am calling for the **Alaska Department of Health and Social Services**. My name is (name) .

This project is being conducted by the health department to gather information about the health of Alaska residents. Your telephone number has been chosen randomly, and I would like to ask some questions about your health and health practices.

Interviewer's Script Cell Sample

HELLO, I am calling for the Alaska Department of Health and Social Services. My name is (name) . This project is being conducted by the health department to gather information about the health of Alaska residents. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

CP.01 **Is this a safe time to talk with you?**

[SAFETIME]

1. Yes **[GOTO PHONE]**
2. No

[CATI/INTERVIEWER NOTE: IF "NO": THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]

Phone

CP.02 **Is this (phone number) ?**

[CTELNUM1]

1. Yes **[GO TO CELLULAR PHONE]**
2. No **INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER**

[CATI/INTERVIEWER NOTE: IF "NO": 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. STOP]

Cellular Phone

CP.03 **Is this a cell telephone?**

[CELLFON5]

Read only if necessary: **"By cell telephone, we mean a telephone that is mobile and usable outside of your neighborhood."**

1. Yes **[GO TO ADULT]**
2. No

[CATI NOTE: IF "NO": THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELL TELEPHONES AT THIS TIME. STOP]

Adult

CP.04 **Are you 18 years of age or older?**

[CADULT]

1. Yes, respondent is male **[GO TO PRIVATE RESIDENCE]**
2. Yes, respondent is female **[GO TO PRIVATE RESIDENCE]**
3. No

[CATI/INTERVIEWER: IF "NO", THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

Private Residence

CP.05 Do you live in a private residence?

[PVTRES3]

**INTERVIEWER NOTE: Read if necessary: By private residence we mean someplace like a house or apartment
Do not read: Private residence includes any home where the respondent spends at least 30 days including
vacation homes, RVs or other locations in which the respondent lives for portions of the year.**

- 1. Yes [GO TO STATE OF RESIDENCE CP07]
- 2. No [GO TO COLLEGE HOUSING CP06]

College Housing

CP.06 Do you live in college housing?

[CCLGHOUS]

**INTERVIEWER NOTE: Read if necessary: “By college housing we mean dormitory, graduate student or
visiting faculty housing, or other housing arrangement provided by a college or university.”**

- 1. Yes [GO TO STATE OF RESIDENCE CP07]
- 2. No

**[CATI/INTERVIEWER NOTE: IF "NO": THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING
PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]**

State of Residence

CP.07 Do you currently live in _____(state)_____?

[CSTATE1]

- 1. Yes [GO TO LANDLINE CP09]
- 2. No [GO TO STATE CP08]

State

CP.08 In what state do you currently live?

_____ ENTER FIPS STATE

Landline

CP.09 Do you also have a landline telephone in your home that is used to make and receive calls?

[LANDLINE]

**Read only if necessary: “By landline telephone, we mean a regular telephone in your home that is used for
making or receiving calls.” Please include landline phones used for both business and personal use.”**

**INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE
(INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES.).**

1. Yes
2. No

[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = “YES”, DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE.]

NUMADULT

CP.10 **How many members of your household, including yourself, are 18 years of age or older?**

[HHADULT]

- ___ Number of adults
- 77 Don't know / Not sure
- 99 Refused

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = “YES” THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]

Intro Statement for all Respondents

To correct respondent—LANDLINE OR CELL:

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will [not be connected to any personal information](#). If you have any questions about the survey, please call **1-877-655-2793**

Section 1: Health Status

1.1 Would you say that in general your health is—

[GENHLTH]

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 2: Healthy Days — Health-Related Quality of Life

2.1 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?

[PHYSHLTH]

__ _ Number of days (1 thru 30)

- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

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

-- Number of days

- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2.3 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?
[MENTHLTH]

-- Number of days (1 thru 30)

- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2.4 During the past 30 days, for about how many days did poor mental health or emotional problems keep you from doing your usual activities, such as self-care, work, or recreation?
[POORHLTHM]

-- Number of days

- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, Native Health Service or Indian Health Service?
[HLTHPLN1]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3.2 Do you have one person you think of as your personal doctor or health care provider?
[PERSDOC2]

If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not
[MEDCOST] because of cost?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is
[CHECKUP1] a general physical exam, not an exam for a specific injury, illness, or condition.

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 4: Mental Health-related questions

[Interviewer Note: If respondent provides specific number of days or seems unsure of how to answer, 0-1 days=1, 2 to 6 days=2, 7 to 11 days=3, and 12 to 14 days=4. Information included in parentheses in answer category is NOT read aloud, but is used by the interviewer if needed.]

Over the last 2 weeks, how often have you been bothered by the following problems?

4.1 Little interest or pleasure in doing things
[ADPLEASR]

Please read:

- 1 Not at all (0-1 days)
- 2 Several days (2-6 days)
- 3 More than half the days (7-11 days)
- 4 Nearly every day (12-14 days)

Do not read

- 7 Don't know / Not sure
- 9 Refused

4.2 Feeling down, depressed or hopeless
[ADDOWN]

Please read:

- 1 Not at all (0-1 days)

- 2 Several days (2-6 days)
- 3 More than half the days (7-11 days)
- 4 Nearly every day (12-14 days)

Do not read

- 7 Don't know / Not sure
- 9 Refused

4.3 Feeling nervous, anxious or on edge
[ADNERV]

Please read:

- 1 Not at all (0-1 days)
- 2 Several days (2-6 days)
- 3 More than half the days (7-11 days)
- 4 Nearly every day (12-14 days)

Do not read

- 7 Don't know / Not sure
- 9 Refused

4.4 Not being able to stop or control worrying
[ADWORRY]

Please read:

- 1 Not at all (0-1 days)
- 2 Several days (2-6 days)
- 3 More than half the days (7-11 days)
- 4 Nearly every day (12-14 days)

Do not read

- 7 Don't know / Not sure
- 9 Refused

4.5 During the past 12 months, have you received treatment, medication or counseling from a doctor or other health professional for any type of mental health condition or emotional problem?
[MHTX12]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

4.6 **[Ask if 4.5 = 1]** Are you currently receiving treatment, medication or counseling from a doctor or other health professional for any type of mental health condition or emotional problem?
[MHTXNW]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 5: Diabetes and Pre-Diabetes

5.1 Have you ever been told by a doctor that you have diabetes?

[DIABETE3]

INTERVIEWER NOTES:

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

If respondent says pre-diabetes or borderline diabetes, use response code 4.

- | | | |
|---|--|------------------------------------|
| 1 | Yes | [Skip to 5.2, then to next module] |
| 2 | Yes, but female told only during pregnancy | [Skip to 5.3] |
| 3 | No | [Skip to 5.3] |
| 4 | No, pre-diabetes or borderline diabetes | [Skip to 5.3] |

Do not read

- | | | |
|---|-----------------------|---------------|
| 7 | Don't know / Not sure | [Skip to 5.3] |
| 9 | Refused | [Skip to 5.3] |

5.2. How old were you when you were told you have diabetes?

[DIABAGE2]

-- Code age in years [97 = 97 and older]

- | | |
|-----|-----------------------|
| 9 8 | Don't know / Not sure |
| 9 9 | Refused |

5.3. Have you had a test for high blood sugar or diabetes within the past three years?

[PDIABTST]

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

5.4 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

[PREDIAB1]

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | Yes, during pregnancy |
| 3 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 6: Tobacco

6A: Cigarette Use

6A.1 Have you smoked at least 100 cigarettes in your entire life?
[SMOKE100]

INTERVIEWER NOTE: if necessary, say:

“For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.”

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No **[Skip to 6F.1]**

Do not read

- 7 Don't know / Not sure **[Skip to 6F.1]**
- 9 Refused **[Skip to 6F.1]**

6A.2 Do you now smoke cigarettes every day, some days, or not at all?
[SMOKDAY2]

- 1 Every day
- 2 Some days
- 3 Not at all **[Skip to 6C.1]**

Do not read

- 7 Don't know / Not sure **[Skip to 6F.1]**
- 9 Refused **[Skip to 6F.1]**

6A.3 During the past 30 days, on how many days did you smoke cigarettes?
[CIGS30D]

Do not read

__ 1-30 Number of Days **[If 6A.3 = 0, probe for a number; if answer is still "0", then code as 88 and Skip to 6C.1]**

- 88 None **[Skip to 6C.1]**
- 77 Don't Know / Not Sure **[Skip to 6C.1]**
- 99 Refused **[Skip to 6C.1]**

[Note different wording depending on whether respondent is daily or some days smoker.]

6A.4 [if 6A.2=2 add: “On the days when you smoked during the past 30 days”] On the average, about
[NUMCIG] how many cigarettes did you smoke a day?

Do not read

- 0-180 Number of Cigarettes
- 666 Less than one cigarette a day
- 777 Don't Know / Not Sure
- 999 Refused

[Note different wording depending on whether respondent is daily or some days smoker.]

6A.5 [if 6A.2=2 add: “On the days that you smoke,”] How soon after you wake up do you usually smoke
[FRSTCIG3] your first cigarette? Would you say

Please read

- 1 Within 30 minutes
- 2 31 to 60 minutes
- 3 More than 60 minutes

Do not read

- 7 Don't know/ Not sure
- 9 Refused

6C: Initiation and Duration of Smoker Status

6C.1 [Ask if 6A.2 = 1, 2, 3] How old were you when you first started smoking cigarettes regularly?

[BEGSMOKE]

__ __ Code age in years (1-100)

- 888 Never smoked regularly (don't read; if 6A.2 = 3 and 6C.1 = 888, go to 6F.1)
- 777 Don't Know / Not Sure
- 999 Refused

6C.2

[SMKYRAGO]

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

- 1 Every Day
- 2 Some Days
- 3 Not at all

Do not read

- 7 Don't Know/Not Sure
- 9 Refused

6C.3

[LASTSMK4]

[Ask if 6A.1 = 1 and 6A.2 = 3] About how long has it been since you last smoked cigarettes regularly? Was that...

INTERVIEWER NOTE: Pause between each response category to allow respondent to answer “Yes” or “No” to each category.

INTERVIEWER NOTE: If respondent refuses at any level, code 99 (Refused). If respondent answers “Don't know” or “Not sure” at any level, ask about the next level. If respondent answers “Don't know” or “Not sure” to two levels in a row, code 77 (Don't know/Not sure).

Please read:

- | | | |
|-----|--|--------------------------------------|
| 1 1 | 10 years or more | (If “No,” ask 10; if “Yes,” code 11) |
| 1 0 | At least 5 years but less than 10 years ago | (If “No,” ask 09; if “Yes,” code 10) |
| 0 9 | At least 2 years but less than 5 years ago | (If “No,” ask 08; if “Yes,” code 09) |
| 0 8 | More than a year ago (but less than 2 years ago) | (If “No,” ask 07; if “Yes,” code 08) |
| 0 7 | About 1 year ago [Interviewer note: Can add, “That is, roughly 12 months” if needed] | (If “No,” ask 06; if “Yes,” code 07) |
| 0 6 | At least 6 months but less than one year ago | (If “No,” ask 05; if “Yes,” code 06) |
| 0 5 | At least 3 months but less than 6 months ago | (If “No,” ask 04; if “Yes,” code 05) |
| 0 4 | At least 30 days ago but less than 3 months ago | (If “No,” ask 03; if “Yes,” code 04) |
| 0 3 | At least 7 days ago but less than 30 days ago | (If “No,” ask 02; if “Yes,” code 03) |
| 0 2 | At least 24 hours ago but less than 7 days ago | (If “No,” ask 01; if “Yes,” code 02) |
| 0 1 | Within the past 24 hours | |

Do not read:

- | | | |
|-----|-----------------------|----------------|
| 7 7 | Don’t know / Not sure | [Skip to 6F.1] |
| 9 9 | Refused | [Skip to 6F.1] |

6D: Cessation

6D.1 [STOPSMK2] [Ask if 6A.2 = 1 or 2] During the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking?

- | | | |
|---|-----|----------------|
| 1 | Yes | |
| 2 | No | [Skip to 6E.1] |

Do not read

- | | | |
|---|-----------------------|----------------|
| 7 | Don’t know / Not sure | [Skip to 6E.1] |
| 9 | Refused | [Skip to 6E.1] |

Methods of Quitting

6D.2 [MEDQUIT] [Ask if 6C.3 = 01 – 09]
Former Smokers:
 When you quit smoking for good...

[Ask if 6D.1 = 1]
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 |

Do not read

- 7 Don't know / Not sure
- 9 Refused

6D.3
[CLASSQT]

[Ask if 6C.3 = 01 – 09]

Former Smokers:

When you quit smoking for good...

[Ask if 6D.1 = 1]

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

Do not read

- 7 Don't know / Not sure
- 9 Refused

6E: Stages of Readiness (for Quitting Smoking)

6E.1
[LIKESTOP]

[Ask if 6A.2 = 1 or 2 and 6D.1 > 1] Would you like to quit smoking?

[Ask if 6A.2 = 1 or 2 and 6D.1 = 1] Would you [still] like to quit smoking?

- 1 Yes
- 2 No [Skip to 6F.1]

Do not read

- 7 Don't know / Not sure [Skip to 6F.1]
- 9 Refused [Skip to 6F.1]

6E.2
[LKSTP6MO]

Are you seriously considering stopping smoking within the next 6 months?

- 1 Yes
- 2 No [Skip to 6F.1]

Do not read

- 7 Don't know / Not sure [Skip to 6F.1]
- 9 Refused [Skip to 6F.1]

6E.3
[LKSTP30D]

Are you planning to stop smoking within the next 30 days?

- 1 Yes
- 2 No

Do not read

- 7 Don't know / Not sure
- 9 Refused

6F: Health Professional Ask and Advise

6F.1 In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?
[GETCARE]

- 1 Yes
- 2 No **[Skip to 6F.4]**

Do not read

- 7 Don't know / Not sure **[Skip to 6F.4]**
- 9 Refused **[Skip to 6F.4]**

6F.2 **[Ask if 6A.2 = 1 or 2]** In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?
[QUITSMOK]

- 1 Yes
- 2 No

Do not read

- 7 Don't know / Not sure
- 9 Refused

6F.3 **[Ask if 6A.1 = 2, 7, or 9; 6A.1 = 1 and 6A.2 = 3; or 6F.2 = 2, 7, or 9]** During the past 12 months, did any doctor or other health professional ask if you smoke?
[DOCASK]

- 1 Yes
- 2 No

Do not read

- 7 Don't know / Not sure
- 9 Refused

6F.4 **[Ask if 6A.1 = 1, 6A.2 = 3, and 6C.3 <= 09]** Now we would like to ask you some questions about the 12 months prior to when you quit smoking. Earlier you said that you quit smoking **[answer provided in 6C.3]**. Did you have a health visit to get any kind of care for yourself, in the 12 months prior to when you quit smoking?
[FDOCCARE2]

- 1 Yes
- 2 No **[Skip to 6G.1]**

Do not read

- 7 Don't Know/Not Sure **[Skip to 6G.1]**
- 9 Refused **[Skip to 6G.1]**

6F.5 **[Ask if 6F.4 = 1]** In the 12 months prior to your quitting, did any doctor, dentist, or other health professional talk to you about your smoking?
[FDOCTALK2]

- 1 Yes
- 2 No **[Skip to 6G.1]**

Do not read

- 7 Don't Know/Not Sure **[Skip to 6G.1]**
- 9 Refused **[Skip to 6G.1]**

6F.6 [FDOCPRIOR] **[Ask if 6F.5 = 1]** In the 12 months prior to your quitting, did any doctor, dentist, or other health professional advise you to quit smoking?

- 1 Yes
- 2 No **[Skip to 6G.1]**

Do not read

- 7 Don't Know/Not Sure **[Skip to 6G.1]**
- 9 Refused **[Skip to 6G.1]**

6G: Cessation Benefit

6G.1 [QUITINS] **[Ask if 3.1 = 1]** Does your health insurance coverage pay for the cost of any help to quit using tobacco, such as a stop-smoking or stop-chewing program, or nicotine patches, pills, or other medications?

- 1 Yes
- 2 No

Do not read

- 7 Don't know/Not sure
- 9 Refused

6H: Electronic Cigarette Use

The next questions are about electronic cigarettes and other electronic “vaping” products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.”

INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

6H.1 [ECIGARET] Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

- 1 Yes
- 2 No **[Skip to 6I.1]**

Do not read

- 7 Don't know/Not sure **[Skip to 6I.1]**
- 9 Refused **[Skip to 6I.1]**

6H.2 [ECIGNOW] Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all **[Skip to 6H.8]**

Do not read

- 7 Don't know/Not sure **[Skip to 6H.8]**
- 9 Refused **[Skip to 6H.8]**

6H.3
[VAPE30D]

[Ask if 6H.2 = 1 or 2] During the past 30 days, on how many days did you use an e-cigarette or other electronic "vaping" product?

Do not read

- 1 thru 30 Number of Days
- 88 None **[skip to 6H.5]**
- 77 Don't Know / Not Sure
- 99 Refused **[skip to 6H.5]**

6H.4
[VAPEPRD1]
[VAPEPRD2]
[VAPEPRD3]

When you used an e-cigarette, vaping pen or other vaping product in the past 30 days, what did you use it to inhale? **MARK ALL THAT APPLY.** (NOTE: First mention in 1st column, second mention in second column, etc.)

- 1 Nicotine
- 2 Flavor
- 3 Something Else (Specify) _____ **[VAPEOHTHT]**
- 7 Don't know / Not sure
- 9 Refused

6H.5
[VAPEBUY]

Where do you usually buy your electronic vaping products?

- 1 In your community
- 2 In another community in Alaska
- 3 In a community outside Alaska **[Skip to 6H.7]**
- 4 Using the Internet **[Skip to 6H.7]**
- 5 Using a mail-order source or an 800 number **[Skip to 6H.7]**

Do not read

- 7 Don't Know / Not Sure **[Skip to 6H.7]**
- 9 Refused **[Skip to 6H.7]**

6H.6
[VAPESTORE]

[Ask if 6H.5 = 1 or 2] In what type of store do you usually buy electronic vaping products?

- 1 Convenience stores/gas stations
- 2 Supermarkets or discount stores such as Walmart
- 3 Drug stores or pharmacies
- 4 Liquor stores or tobacco shops
- 5 Vape shops
- 6 Military commissaries
- 7 Other (specify) _____ **[STORVAPT]**

Do not read

- 77 Don't know
- 99 Refused

6H.7 [VAPECHC] [Ask if 6H.2 = 1 or 2] This question is about product choice. Do you usually use:

- 1 A refillable vaping product with a reservoir or tank to fill
- 2 A rechargeable kit with replaceable cartridges
- 3 A disposable product
- 4 Something else (specify) _____ [VAPECHCT]

Do not read

- 7 Don't know
- 9 Refused

6H.8 [BEGVAPE] [Ask if 6H.1 = 1] How old were you when you first started using e-cigarettes or other vaping products?

__ __ Code age in years (1-100)

- 888 Never used regularly (*Interviewer note: do not read*)
- 777 Don't Know / Not Sure
- 999 Refused

6H.9 [CIGALTEC] [Ask if 6A.2 = 1 or 2 and 6H.2 <= 2] Earlier you said that you also smoke regular or conventional cigarettes. Do you ever use e-cigarettes or other vaping products in situations where you can't smoke or in situations where you would prefer not to smoke conventional cigarettes?

- 1 Yes
- 2 No
- 7 Don't know/Note sure
- 9 Refused

6H.10 [CIGALTQTEC] Do you currently use e- cigarettes or other vaping products because you are trying to quit smoking conventional cigarettes?

- 1 Yes
- 2 No

Do not read

- 7 Don't know / Not sure
- 9 Refused

6H.11 [CIGFMREC_5] [Ask if 6A.2 = 3 and 6C.3 <= 09 and 6H.1 = 1] Did you use e-cigarettes because you were trying to quit smoking conventional cigarettes?

- 1 Yes
- 2 No

Do not read

- 7 Don't know / Not sure
- 9 Refused

6H.12 [VAPEWNTQT] [Ask if 6H.2 <= 2] Would you like to quit using e-cigarettes or vaping products?

- 1 Yes
- 2 No

Do not read

- 7 Don't know / Not sure
- 9 Refused

6I: Other Smoked Tobacco Products

6I.1 The next questions are about other types of smoked tobacco that you light and smoke.
[OTHSMKEVA] Have you **EVER** tried smoking **even one or two puffs** of any of these types of tobacco: cigars, cigarillos, or tobacco in a hookah or water pipe?

Interviewer note: (Read If respondent is unsure what these words mean)
Examples of full-sized cigars would be Dutch Master, White Owl, King Edward, Muriel. Examples of smaller-sized cigars or cigarillos would be Swisher Sweets, Cheyenne or Winchester.

A water pipe is also called a hookah.
NOTE: Do not include electronic cigarettes.

- 1 Yes
- 2 No **[Skip to 6J.1]**

Do not read

- 7 Don't know/Not sure **[Skip to 6J.1]**
- 9 Refused **[Skip to 6J.1]**

6I.2 Which of these types of tobacco have you ever smoked?
[OTHSMKEVA1] **Interviewer note: Repeat list if needed.** (NOTE: First mention in 1st column, second mention **[OTHSMKEVA2]** in 2nd column, etc.)
[OTHSMKEVA3]

If respondent indicates he/she is unsure what these words mean: Examples of full-sized cigars would be Dutch Master, White Owl, King Edward, Muriel. Examples of smaller-sized cigars or cigarillos would be Swisher Sweets, Cheyenne or Winchester. A water pipe is also called a hookah.

CHECK ALL THAT APPLY

- 1 Yes, full-sized cigars
- 2 Yes, cigarillos or small cigars
- 5 Yes, tobacco in a hookah or water pipe
- 8 No (none) (verify)

Interviewer note: If R says "none" go back and re-ask previous question 6I.1

Do not read

- 7 Don't know/Not sure **[Skip to 6J.1]**
- 9 Refused **[Skip to 6J.1]**

6I.3 **[Ask if 6I.2 = 1]** In the past 30 days, did you smoke **FULL SIZE** cigars?
[CIGARNOW]

- 1 Yes
- 2 No

Do not read

- 7 Don't know / Not sure
- 9 Refused

6I.4 [Ask if 6I.2 = 2] In the past 30 days, did you smoke **CIGARILLOS**, or **SMALL CIGARS**?
[CIGRLONOW]

- 1 Yes
- 2 No

Do not read

- 7 Don't know / Not sure
- 9 Refused

6I.5 [Ask if 6I.2 = 5] In the past 30 days, did you smoke tobacco in a **HOOKAH** or a **WATER PIPE**?
[HOOKAHNOW]

- 1 Yes
- 2 No

Do not read

- 7 Don't know / Not sure
- 9 Refused

6J: Smokeless Tobacco Use

6J.1 Do you **CURRENTLY** use chewing tobacco, snuff, Snus, or Iq'mik every day, some days, or not at all?
[USENOW3]

- 1 Every day
- 2 Some days
- 3 Not at all **[Skip to 6J.3a]**

Do not read:

- 7 Don't know / Not sure **[Skip to 6J.3a]**
- 9 Refused **[Skip to 6J.3a]**

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

NOTE ALSO: Iq'mik (also known as blackbull) is a form of smokeless tobacco that is chewed. It is made by mixing fire-cured tobacco leaves and "punk ash", which is the ash generated by burning a fungus that grows on birch trees.

6J.2 [Ask if 6J.1 < 3] Which smokeless tobacco products do you currently use? Chewing tobacco, snuff, Snus, or Iq'mik* (also known as Blackbull)? **Probe for which.** (NOTE: First mention in 1st column, second mention in 2nd column, etc.)
[USEWAK5]
[USEWAK6]
[USEWAK7]
[USEWAK8]
[USEWAK9]

Check all that apply

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'Mik or Blackbull

- 4 Yes, Snus]
- 5 Yes, other (specify) _____ [USENWAKT]

Interviewer note: If R says “none” go back and ask previous question 6J.1.

Do not read

- 7 Don't know / Not sure
- 9 Refused

NOTE: Iq'mik (also known as blackbull) is a form of smokeless tobacco that is chewed. It is made by mixing fire-cured tobacco leaves and “punk ash”, which is the ash generated by burning a fungus that grows on birch trees.

INTERVIEWER NOTE: E-cigarettes are not included in “smokeless tobacco”; if this is the only product mentioned, go back to previous question 6J.1 and do recode=3.

6J.3A

[USEEVAK5]

[USEEVAK6]

[USEEVAK7]

[USEEVAK8]

[USEEVAK9]

Have you EVER used or tried any smokeless tobacco products such as chewing tobacco, snuff, Snus, or Iq'mik* (also known as Blackbull)? **Probe for which.** (NOTE: First mention in 1st column, 2nd mention in second column, etc.)

Check all that apply

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'mik or Blackbull
- 4 Yes, Snus
- 5 Yes, other (specify) _____ [USEEVAKT]
- 6 No, None [Skip to 6K.7]

Do not read

- 7 Don't know / Not sure
- 9 Refused

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

NOTE ALSO: Iq'mik (also known as blackbull) is a form of smokeless tobacco that is chewed. It is made by mixing fire-cured tobacco leaves and “punk ash”, which is the ash generated by burning a fungus that grows on birch trees.

6J.3B

[USEEVAKA]

[USEEVAKB]

[USEEVAKC]

[USEEVAKD]

[USEEVAKE]

Besides [fill smokeless types named in 6J.2], have you ever used or tried any other smokeless tobacco products? **Probe for which.** (NOTE: First mention in 1st column, Second mention in 2nd column, etc.)

Check all that apply

- 1 Yes, chewing tobacco
- 2 Yes, snuff
- 3 Yes, Iq'Mik or Blackbull
- 4 Yes, Snus
- 5 Yes, other (specify) _____ [USEEVAKO]
- 6 No, None

Do not read

- 7 Don't know / Not sure
- 9 Refused

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

NOTE ALSO: Iq'mik (also known as blackbull) is a form of smokeless tobacco that is chewed. It is made by mixing fire-cured tobacco leaves and "punk ash", which is the ash generated by burning a fungus that grows on birch trees.

Current Smokeless Tobacco Use

6J.4 [Ask if 6J.1 < 3] On how many of the past 30 days did you use smokeless tobacco products?
[SMKLSDAY]

Do not read

___ Days

88 None
77 Don't know/not sure
99 Refused

6J.5 On the days that you use smokeless tobacco, how soon after you wake up do you usually use smokeless tobacco for the first time? Would you say ...
[FRSTSMKL3]

Please read:

1 Within 30 minutes
2 31 to 60 minutes
3 More than 60 minutes

Do not read

7 Don't know/ Not sure
9 Refused

Age at Initiation

6J.6 [Ask if 6J.1 < 3 or 6J.2 <= 5, or 6J.3a <= 5] How old were you when you first started using smokeless tobacco regularly?
[BEGSMKLS]

___ Code age in years (1 – 100)

888 Never used smokeless tobacco regularly
777 Don't know/not sure
999 Refused

6K: Smokeless Tobacco Cessation

6K.1 [Ask if 6J.1 < 3] During the past 12 months have you stopped using smokeless tobacco for one day or longer because you were trying to quit?
[SMKLSSTP]

1 Yes
2 No

Do not read

7 Don't know / Not sure
9 Refused

6K.2 [Ask if 6K.1 = 1] Would you [still] like to quit using smokeless tobacco?
[SMKLSQT] [Ask if 6K.1 > 1] Would you like to quit using smokeless tobacco?

- 1 Yes
- 2 No **[Skip to 6K.6]**

Do not read

- 7 Don't know / Not sure **[Skip to 6K.6]**
- 9 Refused **[Skip to 6K.6]**

6K.3 Are you seriously considering quitting smokeless tobacco products within the next 6 months?
[SMKLS6MO]

- 1 Yes
- 2 No **[Skip to 6K.6]**

Do not read

- 7 Don't know / Not sure **[Skip to 6K.6]**
- 9 Refused **[Skip to 6K.6]**

6K.4 Are you seriously considering quitting smokeless tobacco products within the next 30 days?
[SMKLS30D]

- 1 Yes
- 2 No

Do not read

- 7 Don't know / Not sure
- 9 Refused

6K.5 [Ask if 6J.1 >= 3 and 6J.3a <= 5] About how long has it been since you last used smokeless tobacco regularly?
[LASTSMKL]

Do not read

- 1 Never regularly used smokeless tobacco

Please read

- 2 Within the past month
- 3 Within the past 3 months
- 4 Within the past 6 months
- 5 Within the past year
- 6 Within the past 5 years
- 7 Within 10 years
- 8 10 or more years ago

Do not read

- 77 Don't know / Not sure
- 99 Refused

6K.6 [Ask if 6J.1 < 3] In the past 12 months, has any doctor, dentist or other health professional advised you to stop using smokeless tobacco?
[SMKLSADV]

- 1 Yes **[Skip to 6L.1]**
- 2 No

Do not read

- 7 Don't know / Not sure
- 9 Refused

6K.7
[SMKLSASK]

[Ask if 6J.1 = 3, 7, or 9 and 6J.3a = 6; 6J.3a <= 5; or 6K.6 = 2, 7, or 9] In the past 12 months, has any doctor, dentist or other health professional asked if you use smokeless tobacco products such as chewing tobacco, snuff, Snus, or Iq'mik?

- 1 Yes
- 2 No

Do not read

- 7 Don't know / Not sure
- 9 Refused

Interviewer note: Can add that Blackbull is a form of Iq'mik, if needed

6L: Dual Use: SLT and (Conventional) Cigarettes

6L.1
[DUALLONGA]

[Ask if 6A.2 = 1 or 2 and 6J.1 < 3] How long have you used both cigarettes and smokeless tobacco?

Please read:

- 1 For less than 1 month
- 2 For at least 1 month but less than 6 months
- 3 For at least 6 months but less than 1 year
- 4 For about a year
- 5 For more than a year but less than 5 years
- 6 For 5 years or more

Do not read

- 77 Don't know/Not sure
- 99 Refused

6L.2
[CIGALTSMK3]

Do you ever use smokeless tobacco in situations where smoking is not allowed or in situations where you would prefer not to smoke conventional cigarettes?

- 1 Yes
- 2 No

Do not read

- 7 Don't know / Not sure
- 9 Refused

6L.3
[CIGALTQTSMK3]

Do you currently use smokeless tobacco because you are trying to quit smoking cigarettes?

- 1 Yes
- 2 No

Do not read

- 7 Don't know / Not sure
- 9 Refused

6M: Secondhand Smoke Policies

6M.1 Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.
[HOUSSMK1]

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at sometimes
- 3 Smoking is allowed anywhere inside the home

Do not read

- 7 Don't know / Not sure
- 9 Refused

6M.2 Do you own or rent your home?
[RENTHOM0]

- 1 Own
- 2 Rent
- 3 Other arrangement _____ **HOMET]**
- 4 Company or work-owned housing (**Do not read, but code here instead of open-end if respondent names this as their "other" arrangement**)
- 5 Military housing (**Do not read, but code here instead of open-end if respondent names this as their "other" arrangement**)
- 6 Dorm or college housing (**Do not read, but code here instead of open-end if respondent names this as their "other" arrangement**)
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

INTERVIEWER NOTE: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE [read if needed]: We ask this question in order to compare health indicators among people with different housing situations.

6M.3 In what type of place do you currently live? Is it ...
[HOMETYPE]

- 1 A single family home
- 2 An apartment, condominium, or townhouse in which you share one or more walls with other units
- 3 Room in shared house, or boarding house
- 4 Other

Do not read

- 7 Don't know/Not sure
- 9 Refused

6M.4. [Ask if 6M.3 = 2 or 3; or if 6M.2 = 2, 4, or 5 and 6M.3 = 1] Has your landlord, property manager, or homeowners association set any rules regarding tobacco smoking on the property where you live?
[PROPRULE2]

- 1 Yes
- 2 No

Do not read

- 7 Don't know/Not sure
- 9 Refused

Workplace Policies

6M.5 While working at your job, are you indoors most of the time?
[INDOORS]

- 1 Yes
- 2 No
- 3 Not employed **[Skip to 6M.7]**

Do not read

- 7 Don't know / Not sure
- 9 Refused

6M.6 Which of the following best describes your place of work's official smoking policy for work areas?
[SMKWORK2]

- 1 Smoking is not allowed in any work areas
- 2 Smoking is allowed in some work areas
- 3 Smoking is allowed in all work areas

Do not read

- 7 Don't know / Not sure
- 9 Refused

6M.7 In indoor work areas, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?
[SMKINDOR]

- 1 All areas
- 2 Some areas
- 3 Not allowed at all

Do not read

- 7 Don't know / Not sure (no opinion)
- 9 Refused

60: Attitudes about Secondhand Smoke

60.1 In restaurants, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?
[SMKREST]

- 1 All areas
- 2 Some areas
- 3 Not allowed at all

Do not read

- 7 Don't know / Not sure (no opinion)
- 9 Refused

60.2 Is smoking currently allowed inside bars and cocktail lounges in your community?

[SMBARNOW]

- 1 Yes
- 2 No **[Skip to 60.4]**
- 3 No bars in community **[Skip to 60.5]**

Do not read

- 7 Don't know / Not sure
- 9 Refused

60.3 If smoking were not allowed in bars and cocktail lounges, would you visit them more, less, or would it make no difference?

[BARDIFF]

- 1 More **[Skip to 60.5]**
- 2 Less **[Skip to 60.5]**
- 3 No Difference **[Skip to 60.5]**

Do not read

- 7 Don't know / Not sure **[Skip to 60.5]**
- 9 Refused **[Skip to 60.5]**

60.4 **[Ask if 60.2 = 2]** Since smoking has not been allowed in bars and cocktail lounges, have you visited them more, less, or has it not made any difference?

[BARSINCE]

- 1 More
- 2 Less
- 3 No Difference

Do not read

- 7 Don't know / Not sure
- 9 Refused

60.5 How strongly do you agree or disagree with the following statement?

[SMKPROT]

People should be protected from smoke from other people's cigarettes.

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 7 Don't know / Not sure
- 9 Refused

60.6 Do you think that breathing smoke from other people's cigarettes is:

[ETSHARM]

- 1 Very harmful to one's health

- 2 Somewhat harmful to one's health
- 3 Not very harmful to one's health
- 4 Not harmful at all to one's health

Do not read

- 7 Don't know / Not sure
- 9 Refuse

Knowledge/Perceptions about Secondhand Smoke

Would you say that breathing smoke from other people's cigarettes causes: **[Randomize order]**

60.7. Lung cancer in adults
[ETSLUNG]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

60.8. Heart disease in adults
[ETSHEART]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

60.9. Respiratory problems in children
[ETSRESP]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

60.10. Sudden infant death syndrome, also known as SIDS, or crib death?
[ETSSIDS]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6P: Social Norms and Secondhand Smoke

Attitudes about Smoking in and Around Schools, Hospitals and Clinics

Please tell me whether you strongly agree, agree, disagree, strongly disagree with the following statements:

6P.1 Tobacco use should not be allowed on school grounds during school hours?

[TOBSCDUR]

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 7 Don't know / Not sure
- 9 Refused

6P.2

[TOBSCAFT]

Tobacco use should not be allowed on school grounds after school hours, including evening or weekend events?

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 7 Don't know / Not sure
- 9 Refused

6P.3

[TOBSCOFF]

Tobacco use should not be allowed at any school sponsored event, even those held off school grounds?

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 7 Don't know / Not sure
- 9 Refused

6P.4

[TOBHOSP]

Tobacco use should not be allowed on hospital grounds?

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 7 Don't know / Not sure
- 9 Refused

6P.5

[TOBCLNC]

Tobacco use should not be allowed on health clinic grounds?

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 7 Don't know / Not sure
- 9 Refused

6P.6 Do you agree or disagree with the following statement:
[NOSMOKE] I prefer to spend time where people are not smoking.

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 7 Don't know / Not sure
- 9 Refused

6P.7 Some communities have local groups that work on tobacco prevention. To your knowledge, has there
[TOBPRECO] been a local group doing tobacco prevention work in your community over the past few years?

- 1 Yes
- 2 No

Do not read

- 7 Don't know / Not sure
- 9 Refused

6Q: Alaska Quit Line

6Q.1 Are you aware of Alaska's Tobacco Quit Line, which is a telephone service that can help people quit
[QUITLINE] smoking or using smokeless tobacco?

- 1 Yes
- 2 No **[Skip to 6Q.3]**

Do not read

- 7 Don't know / Not sure **[Skip to 6Q.3]**
- 9 Refused **[Skip to 6Q.3]**

6Q.2 **[Ask if 6Q.1 = 1]** And how did you become aware of Alaska's Tobacco Quit Line?

- [QLAWARE]**
- [QLAWARE1]**
- [QLAWARE2]**
- [QLAWARE3]**
- [QLAWARE4]**
- [QLAWARE5]**
- [QLAWARE6]**
- [QLAWARE7]**

[Interviewer: DO NOT PROMPT; but do mark all that apply]

- 1 TV/Commercial [e.g., an ad or public service announcement on TV]
- 2 Radio (Ad or PSA)
- 3 Health Professional
- 4 Family or Friends
- 5 Print (Ad) [Interviewer Note: includes Brochure/Newsletter/Flyer/Poster/Newspaper]
- 6 Employer
- 7 Health Insurance
- 8 Other (specify: _____) **[QLAWAREO]**

[Interviewer Note: for open-end, type only the first answer mentioned, if it does NOT fit one of the categories above]

Do not read

- 77 Don't know / Not sure
- 99 Refused

6Q.3
[QUITNUM]

Would you like the toll free number? 1-800-QUITNOW (784-8669)

Note: For non-smokers add “for a friend or family member that smokes”

- 1 Yes
- 2 No

Do not read

- 7 Don't know / Not sure
- 9 Refused

Section 7: Demographics

7.1 (What is your sex?)
[SEX1]

CATI NOTE: STATES MAY ADOPT ONE OF THE TWO FORMATS OF THE QUESTION. IF FIRST FORMAT IS USED, READ OPTIONS.

- 1 Male
- 2 Female
- 7 Don't know/Not Sure
- 9 Refused

7.2 Some people have a different gender identity from their sex at birth.
[TRANSG] Do you consider yourself to be the same sex or gender as you were at birth?

- 1 Yes
- 2 No

Do not read

- 7 Don't know/Not Sure
- 9 Refused

[INTERVIEWER NOTE, IF NEEDED SAY:

“Gender Identity– one’s internal sense of being male, female, neither of these, both, or other gender(s).”]

7.3 What is your age?
[AGE]

- Code age in years
- 0 7 Don't know / Not sure
- 0 9 Refused

7.4 Are you Hispanic, Latino/a, or Spanish origin?

[HISPANC3]

If yes, ask: Are you...

Interviewer Note: One or more categories may be selected.

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

- 5 No
- 7 Don't know / Not sure
- 9 Refused

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

[MRACE1]

Interviewer Note: Select all that apply.

Interviewer Note: IF 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

Please read:

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native

- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian

- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

7.6 [ORACE3] [Ask if more than one response to Q7.5] Which one of these groups would you say best represents your race?

IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORY UNDERNEATH MAJOR HEADING.

Please read:

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native

- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian

- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 77 Don't know / Not sure
- 99 Refused

7.7 [MARITAL] Are you...?

Please read:

- 1 Married
 - 2 Divorced
 - 3 Widowed
 - 4 Separated
 - 5 Never married
- OR
- 6 A member of an unmarried couple

Do not read:

- 9 Refused

7.8 Now I'm going to ask you a question about sexual orientation. Do you think of yourself as: A. Gay or lesbian, B. Straight, that is, not lesbian or gay, C. Bisexual, or D. something else?
[SXORIENT]

[Interviewer Notes: Please read the letters with the answer categories, so that respondent may use either the letter or words to give their answer. You may use the descriptions below if respondent asks for clarification.]

IF NEEDED SAY:

Gay or Lesbian—A person who is gay or lesbian is exclusively attracted to people of the same sex.

Straight—A person who is “straight” is exclusively attracted to people of the opposite sex.

Bisexual—A person who is bisexual attracted to people of either sex.]

Do not read

- 2 Gay or Lesbian
- 1 Straight, that is, not lesbian or gay
- 3 Bisexual
- 4 Something else? (specify?) _____ **[SEXORTXT]**
- 7 Don't know / Not sure
- 9 Refused

IF NEEDED SAY: “Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in Alaska. You don't have to answer any question if you don't want to.”

7.9 What is the highest grade or year of school you completed?
[EDUCA_AK]

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 9 Refused

Probe if answer was = 4 (“Grade 12”) or if respondent did not select other answer:

Interviewer probe: If respondent says Grade 12: “When you say that you completed 12th grade, does that mean you graduated with a diploma from your high school or a correspondence school or home-school, or did you receive a GED?”

- 7 GED (High School equivalence diploma)
- 8 Home-schooled with diploma or correspondence school

7.10 What is the ZIP Code where you live?
[ZIPCODE1]

- ____ ZIP Code
- 7 7 7 7 7 Don't know / Not sure
- 9 9 9 9 9 Refused

CATI NOTE: If cellular telephone interview skip to 7.14 (QSTVER GE 20)

7.11 Not including cell phones or numbers used for computers, fax machines, or security systems, do you
[NUMHHOL3] have more than one telephone number in your household?

- 1 Yes
- 2 No **[Go to Q7.13]**
- 7 Don't know / Not sure **[Go to Q7.13]**
- 9 Refused **[Go to Q7.13]**

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

7.12 How many of these telephone numbers are residential numbers?
[NUMPHON3]

- Residential telephone numbers **[Enter number 1-5]**
- 6 six or more
- 7 Don't know / Not sure
- 9 Refused

7.13 How many cell phones do you have for personal use?
[CPDEMO1B]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

7.14 Are you currently...?
[EMPLOY1]

INTERVIEWER NOTE: IF MORE THAN ONE: SAY "SELECT THE CATEGORY WHICH BEST DESCRIBES YOU".

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- 8 Unable to work

NOTE: Do not code 7 for "don't know" on this question.

Do not read:

- 9 Refused

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

- [CHLD04]** a. less than 5 years old? **Code 1-7 (7 = 7 or more)**
- [CHLD0512]** b. 5 through 12 years old? **Code 1-7 (7 = 7 or more)**
- [CHLD1317]** c. 13 through 17 years old? **Code 1-7 (7 = 7 or more)**

Do not read:

- 8 None
- 9 Refused

7.16 Is your annual household income from all sources— (Aggregated response to income question)
[INCOME100]

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 01 Less than \$10,000
- 02 Less than \$15,000 (\$10,000 to less than \$15,000)
- 03 Less than \$20,000 (\$15,000 to less than \$20,000)
- 04 Less than \$25,000 (\$20,000 to less than \$25,000)
- 05 Less than \$35,000 (\$25,000 to less than \$35,000)
- 06 Less than \$50,000 (\$35,000 to less than \$50,000)
- 07 Less than \$75,000 (\$50,000 to less than \$75,000)
- 08 Less than \$85,000 (\$75,000 to less than \$85,000)

- 09 Less than \$100,000 (\$85,000 to less than \$100,000)
- 10 \$100,000 or more

Do not read:

- 77 Don't know / Not sure
- 99 Refused

7.17 About how much do you weigh without shoes?
[WEIGHT2]

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 176. ROUND FRACTIONS UP

- | | |
|-----------------------------|-----------------------|
| _ _ _ _ | Weight |
| <i>(pounds / kilograms)</i> | |
| 7 7 7 7 | Don't know / Not sure |
| 9 9 9 9 | Refused |

7.18 About how tall are you without shoes?
[HEIGHT3]

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 177. ROUND FRACTIONS UP

- | | |
|---|-----------------------|
| _ _ / _ _ | Height |
| <i>(ft/inches / meters/centimeters)</i> | |
| 7 7 7 7 | Don't know / Not sure |
| 9 9 9 9 | Refused |

7.19 **[Ask if respondent is female and < 50 years old]** To your knowledge, are you now pregnant?
[PREGNANT]

- 1 Yes
- 2 No

- 7 Don't know / Not sure
- 9 Refused

Closing Section

From time to time the State of Alaska conducts other surveys to collect information that will help us improve our programs and services. May we call you in the future to collect more information on health-related topics?

[ACPERM]

This means we might call you back for another phone interview, or invite you to some focus groups in your area. Of course, you can always refuse to participate in future surveys.

May I please have your first name, nickname, or initials, so that we know who to ask for?

[ACASKNAM]

[ACGETNAM]

May we email you in the future to collect more information on health-related topics?

[ACASKEML]

May I please have your email address?

[ACGETEML]

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