

Vermont Department of Health

2010 Adult Tobacco Survey



Guidance • Support • Prevention • Protection

Center for Health Statistics
October 2011



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This report contains the 2010 Vermont Adult Tobacco Survey (VTATS) results. The VTATS was conducted every year from 2001 to 2008 and bi-annually thereafter.

This introduction provides a brief overview of the Vermont Tobacco Control Program (VTCP) and the VTATS itself. The Executive Summary highlights key statistics from each of the seven content areas. Survey methodology is discussed in the next section, and finally, the report summarizes findings and trends. The survey questionnaire can be found in Appendix B.

Vermont Tobacco Control Program

The VTCP has a comprehensive structure and includes five components recommended by the Centers for Disease Control and Prevention (CDC). These are: state and community interventions, health communications interventions, cessation interventions, surveillance and evaluation, and administration and management.

In 2001, VTCP set three primary goals. First, reduce the adult smoking prevalence from 21% in 2000 to 11% in 2010. Second, reduce exposure to secondhand smoke in all Vermonters. Finally, reduce the prevalence of youth who have smoked in the last 30 days from 31% in 1999 to 15% in 2010.

Vermont Adult Tobacco Survey

The VTATS is a population-based telephone survey used to help evaluate the effectiveness of VTCP's efforts to reduce smoking and increase awareness and knowledge of smoking-related issues among Vermont adults. This evaluation tool is not part of a national survey and data should not be directly compared to that from other states.

In surveying Vermont's adult population, the 2010 VTATS continued to provide outcome data on several key measures. All data included in this report are from the VTATS with the exception of smoking prevalence as noted below and on pages 10-14. Though there have been significant shifts in many indicators since 2001, in comparing recent years, only subtle changes were noted for most outcomes and demographic associations.

Prevalence

In 2010, there were approximately 75,500 adult smokers in Vermont. This is down from over 95,000 in 2000. The statewide prevalence has continued its gradual decline to 15% in 2010. This is not significantly different from 17% in 2008 but is statistically lower than the 21% prevalence rate in 2000. There were few significant geographic differences in prevalence by county, health district, or hospital service area. Prevalence of smoking in youth has also declined from 31% in 1999 to 16% in 2009. (Data Sources: 2010 Behavioral Risk Factor Surveillance System and 2009 Youth Risk Behavior Survey).

Smoking Cessation

Over half (57%) of Vermont's smokers attempted to quit in 2010. Independent quitters – smokers who try to quit on their own without help – continued to comprise the largest portion of Vermonters trying to quit (63%). Since 2002, there has been a significant increase in the proportion of smokers who report ever using medication to aid in their quit attempt; up from 43% in 2002 to 59% in 2010.

Program Awareness and Utilization

Three quarters of current smokers had heard of the Vermont Quit Network's Quit by Phone service also known as the Vermont Quit Line. In their most recent quit attempt, 9% of smokers used the Quit by Phone service while 3% of smokers used the Quit in Person service.

Secondhand smoke

Significantly fewer Vermonters perceived secondhand smoke as *very harmful* in 2010 (59%) compared to 2002 (68%). Overall, 82% of Vermonters had home smoking bans. Among smokers with a high school education, 42% of those with children reported having a home ban. The proportion of smokers who ban smoking in their car when children are present continued to increase: from 54% in 2001 to 83% in 2010.

Health care providers and interventions

From 2005 to 2010, the proportion of smokers who reported being asked by their health care providers if they smoked increased significantly from 73% to 85%. In those who recently visited a health care provider, nearly three of four smokers (72%) reported being advised by their provider to quit and 36% reported being given a specific recommendation for a cessation program or medication. Specifically, 12% of smokers reported that their provider recommended nicotine replacement therapy for quitting, a significant increase from 2008.

Attitudes toward smoking

Vermonters with lower levels of education and household income were nearly twice as likely to believe that it's okay for adults to smoke as much as they want. This relationship was true for personal beliefs and perception of community beliefs.

Media campaign awareness

Adults with a high school education were more likely to have seen or heard at least one smoking cessation message than those with a college degree or more (88% vs. 79%). Among current smokers 25-35 years old, 58% were aware of Vermont Quit Network advertising.

The VTATS is a telephone-based survey of non-institutionalized Vermont adult (18 years and older) residents over an eight week period during the fall of the calendar year. Unless otherwise noted, the first time a data point was included on the VTATS was 2001. There have been various adjustments to the VTATS questionnaire and methodology since 2001. The most significant were in 2002 and were noted in previous reports. Where appropriate, this report highlights notable changes between the 2008 and 2010 VTATS surveys; past reports are available online at the Vermont Department of Health website.

Prior to 2008, the sample included 2,000 respondents each year: 1,000 each of smokers and non-smokers regardless of telephone type. In 2008, the VTATS included over 200 cell phone users for the first time. Recognizing the increased importance to representativeness of including cell phone users, the 2010 survey set the following targets: 2,000 respondents total, 1,000 each of smokers/recent quitters and non-smokers/former smokers, 400 cell phone users, and 250 respondents 18-24 years old. Unlike in 2008 when cell phone users were given shorter surveys, in 2010, cell phone and landline users were given identical surveys. The survey took approximately 20 minutes to complete.

The VTATS included over-sampling of both smokers and 18-24 year olds. The results were “weighted” by gender, age, smoking status, household composition, telephone type, and county in order to compensate for differences between the sample and the overall Vermont adult population. The weighting procedure ensured that the sample was representative of this population and permitted us to draw inferences about the whole Vermont adult population based on the results of the sample.

Statistical differences between proportions were assessed using Rao-Scott adjusted F statistics; those between means were assessed using general linear modeling and Wald chi statistics adjusted for the complex design. Differences were considered statistically significant when 95% confidence intervals did not overlap. These are noted in the text. All analyses were conducted using SAS 9.2 (Cary, NC, USA).

Trend data are included in this report. In general, VTATS 2010 data were compared to data from the previous survey (2008) and the earliest year the data were collected. Overall, many of the measures followed a pattern of a large reported increase in the first years of the survey (e.g., 2002 to 2003 or 2003 to 2004) followed by small increases or a leveling off. In the report, trends are only displayed or discussed if there has been a more recent change or the data is different from this general pattern.

VTATS 2010 data were analyzed by demographic characteristics for this report. These analyses utilized the following variables: gender, age, educational attainment, and household income. Smoking among Vermonters with low socioeconomic status is a focus of the VTCP and is included in its plan to address health disparities. For the purposes of this report, both lower education and lower income were used as proxies for low socioeconomic status (see **Table 1**, page 8).

Sample characteristics for 2010 VTATS data are presented on page 9 in **Table 2**. The table provides unweighted respondent counts and proportions as well as the weighted proportion by each sample characteristic: smoking status, gender, age group, education level, and income level.

Response Rate

The CASRO response rates* for the 2010 VTATS were 38% and 27% for landline and cell phone respondents, respectively. For landlines, this represents an increase from 33% in 2008 however, there has been no change in the cell phone response rate. It is important to note that there is not yet a standard formula for cell phone response rates. The survey contractor calculated a rate based on the information currently available. Trend data for this information can be found in Appendix A on page 74.

* Based on Behavioral Risk Factor Surveillance System (BRFSS) Council of American Survey Research Organizations (CASRO) response rate.

The following table includes various definitions used throughout the 2010 VTATS report:

Table 1: Definitions

Smoking Status

| | |
|----------------|---|
| Current smoker | Smoked at least 100 cigarettes in life and now smokes every/some days |
| Recent quitter | Smoked at least 100 cigarettes in life and who quit (does not smoke at all) within the past 12 months |
| Former smoker | Smoked at least 100 cigarettes in life and who quit (does not smoke at all) more than 12 months ago |
| Smoker | Current smoker or recent quitter |
| Non-smoker | Did not smoke 100 cigarettes in life or former smoker who quit more than 12 months ago |

Education

| | |
|-----------------------|---|
| Less than high school | Did not graduate from high school or earn a G.E.D. |
| High school | Obtained a high school degree or a G.E.D. |
| Some college | Attended some college (includes 2-year degrees) |
| College or more | 4-year college graduates and those with post-graduate education |

Income

| | |
|--------|--|
| Low | Vermonters with annual household income less than \$25,000 |
| Middle | Vermonters with annual household income \$25,000 to \$74,999 |
| High | Vermonters with annual household income \$75,000 or higher |

2010

Table 2: Sample Characteristics

| | | Total (N) | Landline (N) | Cell Phone (N) | Unweighted %* | Weighted % |
|-----------------------|--|--------------|-----------------|-------------------|------------------|---------------|
| Overall | | 2,044 | 1,634 | 410 | 100% | 100% |
| Gender | Female | 1,091 | 897 | 194 | 53% | 51% |
| | Male | 953 | 737 | 216 | 47% | 49% |
| Age Group | 18 to 24 years | 468 | 360 | 108 | 23% | 14% |
| | 25 to 44 years | 466 | 294 | 172 | 23% | 31% |
| | 45 years and older | 1,074 | 947 | 127 | 53% | 54% |
| Education | Less than high school | 155 | 140 | 15 | 8% | 6% |
| | High school | 710 | 563 | 147 | 35% | 29% |
| | Some college | 601 | 494 | 107 | 29% | 28% |
| | College or higher | 570 | 429 | 141 | 28% | 36% |
| Income* | Low (< \$25,000/year) | 529 | 416 | 113 | 26% | 20% |
| | Middle (\$25,000 - 74,999/year) | 776 | 610 | 166 | 38% | 40% |
| | High (\$75,000+ /year) | 356 | 276 | 80 | 17% | 22% |
| Smoking Status | | | | | | |
| | Current smoker | 917 | 828 | 89 | 45% | 22% |
| | Recent quitter (quit ≤ last year) | 52 | 35 | 17 | 3% | 3% |
| | Former smoker (quit > year ago) | 259 | 188 | 71 | 13% | 21% |
| | Never smoker | 810 | 577 | 233 | 40% | 54% |
| | Smoker (current smokers/recent quitters) | 969 | 863 | 106 | 48% | 25% |
| | Non-Smoker (former/never smokers) | 1,069 | 765 | 304 | 52% | 75% |

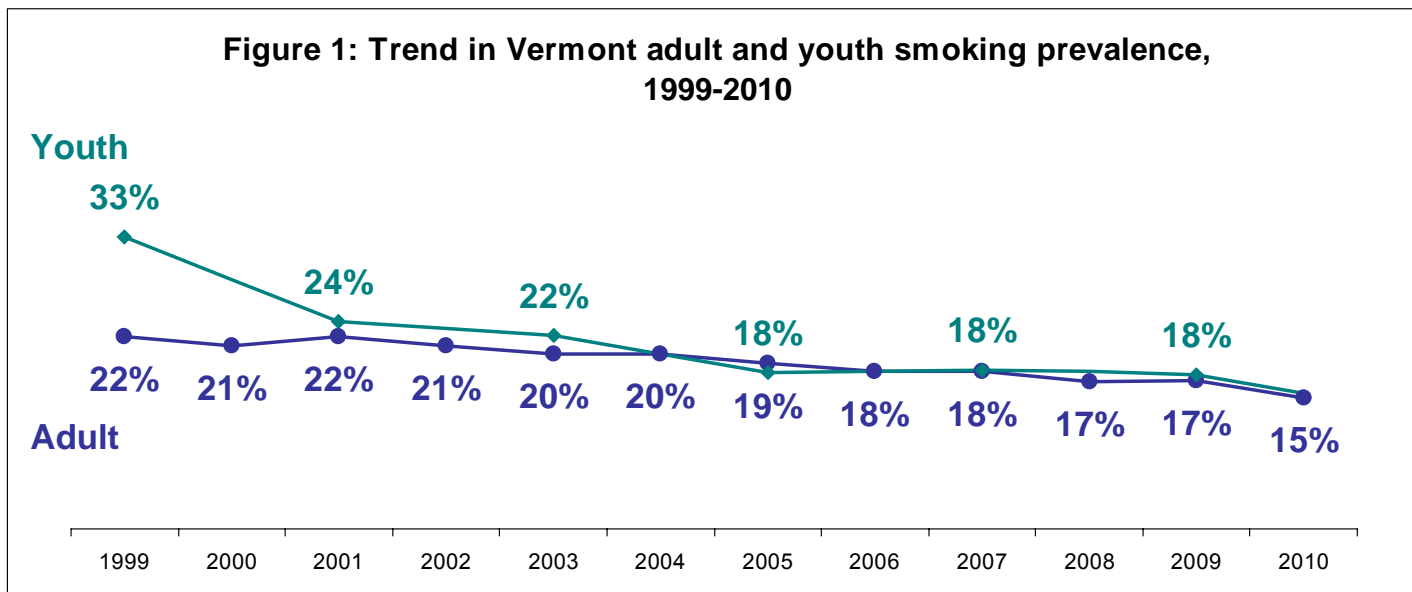
* Note that in 2010 the income variable does not include imputed data for missing values. Though not presented, missing values are included in denominator of all percents.

Prevalence

Tobacco use is the leading cause of preventable death in Vermont and in the United States. In Vermont, smoking prevalence is measured by the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Survey (YRBS), not the VTATS. The BRFSS is considered the standard measure of smoking prevalence by the Centers for Disease Control and Prevention. Unlike the Adult Tobacco Survey which is undertaken in approximately 19 states, smoking status on the BRFSS has been consistently measured in every state and the District of Columbia for over 15 years. Youth are not surveyed on the VTATS and therefore the Vermont Department of Health considers the YRBS to be the best source of data on youth prevalence. Prevalence is included in this VTATS report because it is the health behavior that VTCP ultimately hopes to influence.

Prevalence

The prevalence of adult cigarette use in Vermont was 15% in 2010. Since 2000, smoking has decreased significantly from 21%. In 2010, adult smokeless tobacco* use was 3%. This is similar to the 3% reported in 2008 when the question was added to the BRFSS questionnaire for the first time since 1991. In youth,** 18% of students in 9th to 12th grades reported smoking in 2009. This was a significant decrease from 33% prevalence in 1999 (**Figure 1**). Youth smokeless tobacco* use was 9% while 14% of students reported smoking cigars, cigarillos, or little cigars.



* Smokeless tobacco includes: chewing tobacco, snuff, and snus.

** In youth, prevalence is measured on the YRBS by asking students in 9th to 12th grade if they used tobacco in the last 30 days.

Counties

Smoking prevalence is not uniformly distributed across Vermont geography. Prevalence ranged from 12% in Chittenden County to 29% in Essex County. Of note, the three counties bordering Canada – Franklin, Orleans, and Essex – had the highest prevalence in the state (**Map 1**).

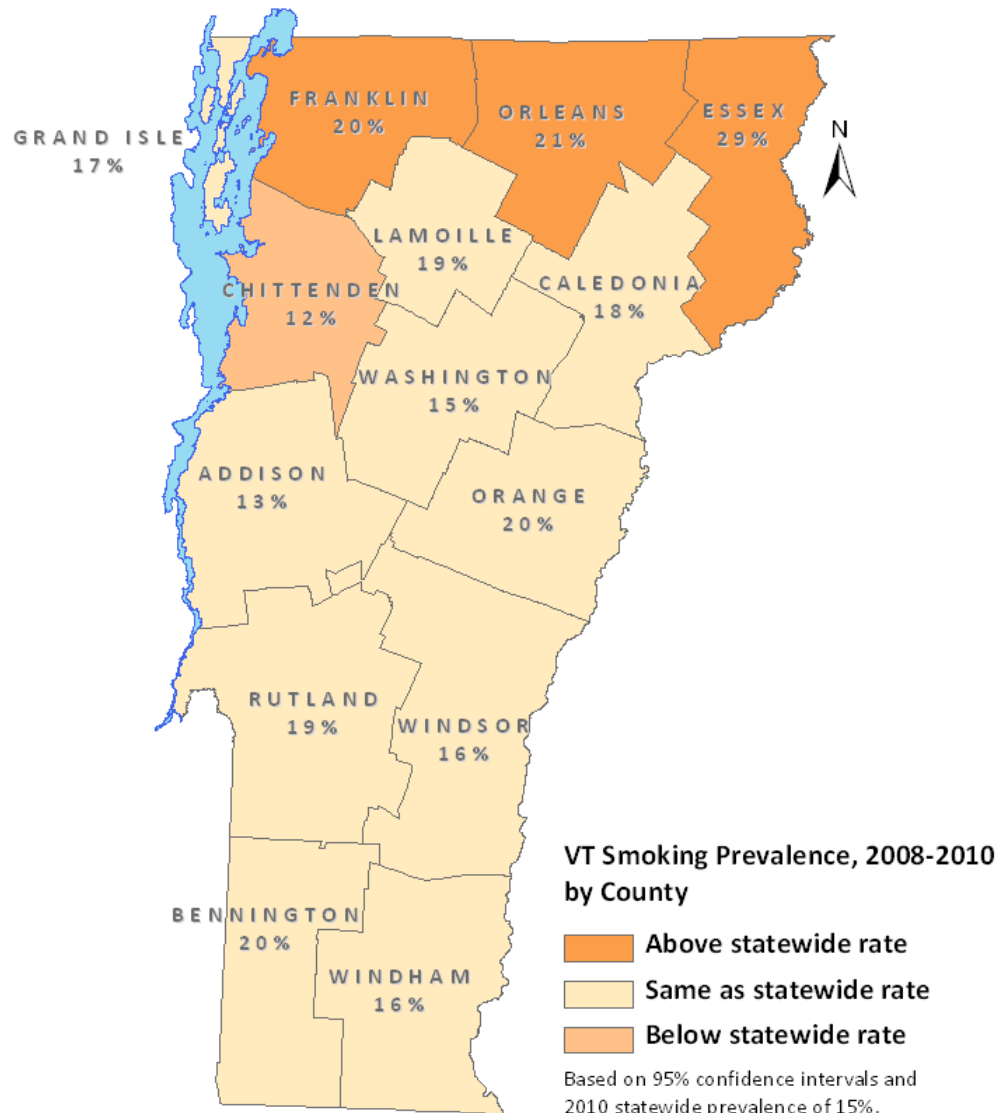
Only four counties were statistically above or below the statewide prevalence of 15%:

Franklin (20%), Orleans (21%), and Essex (29%) Counties were significantly higher than the statewide prevalence.

Chittenden (12%) County was significantly lower than the statewide prevalence.

The smoking prevalence in other counties was not significantly different than the statewide prevalence of 15%.

*Note: Substate level analyses require combining 3 years of data.
See page 14 on variation in population by county.*



District Offices

Prevalence in Vermont's twelve health districts ranged from 11% to 21% of the districts' population (**Map 2**).

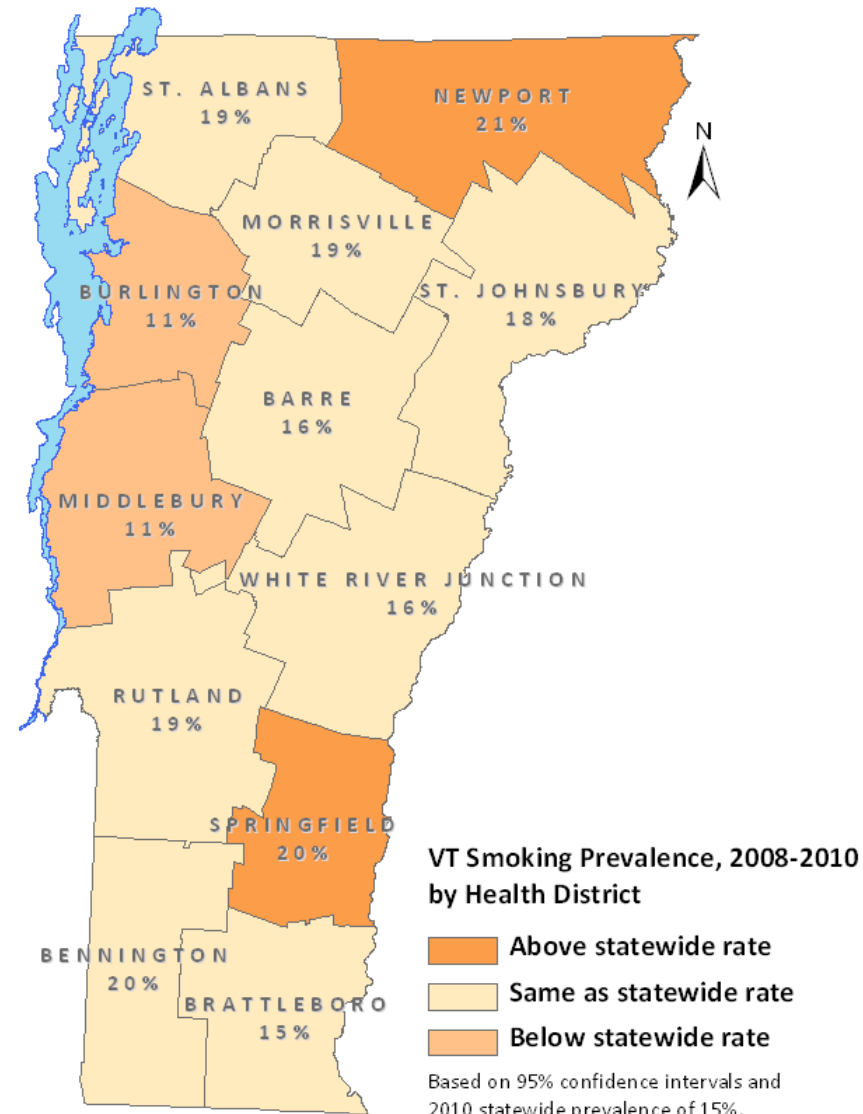
Four districts were statistically above or below the statewide prevalence of 15%:

Newport (21%) and **Springfield (20%)** health districts were significantly higher.

Burlington (11%) and **Middlebury (11%)** health districts were significantly lower.

The smoking prevalence in other districts was not significantly different than the statewide prevalence of 15%.

*Note: Substate level analyses require combining 3 years of data.
See page 14 on variation in population by county.*



Hospital Service Areas

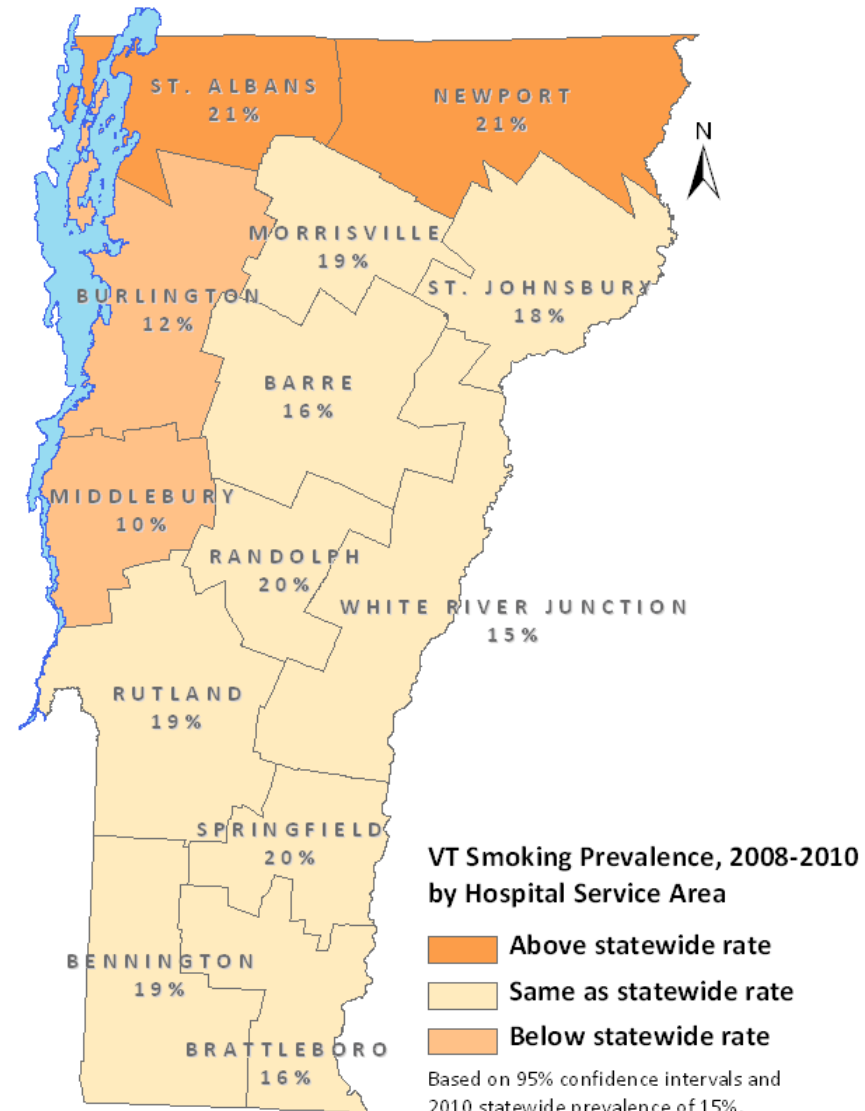
Vermont's thirteen hospital service areas (HSAs) had smoking prevalences ranging from 10% to 21% (**Map 3**). As with county and health district geographies, most HSAs were not statistically different from the statewide prevalence of 15%.

Newport (21%) and **St. Albans (21%)** HSAs were significantly higher than the statewide prevalence.

Middlebury (10%) and **Burlington (12%)** were significantly lower than the statewide prevalence.

When looking at the last 3 maps, it is important to note that Vermont's population is not evenly distributed across Vermont counties, districts, or service areas. Chittenden County accounts for 25% of Vermont's population while Franklin, Orleans, and Essex counties combined include only 13% of all residents (2009 Census data).

Note: Substate level analyses require combining 3 years of data.



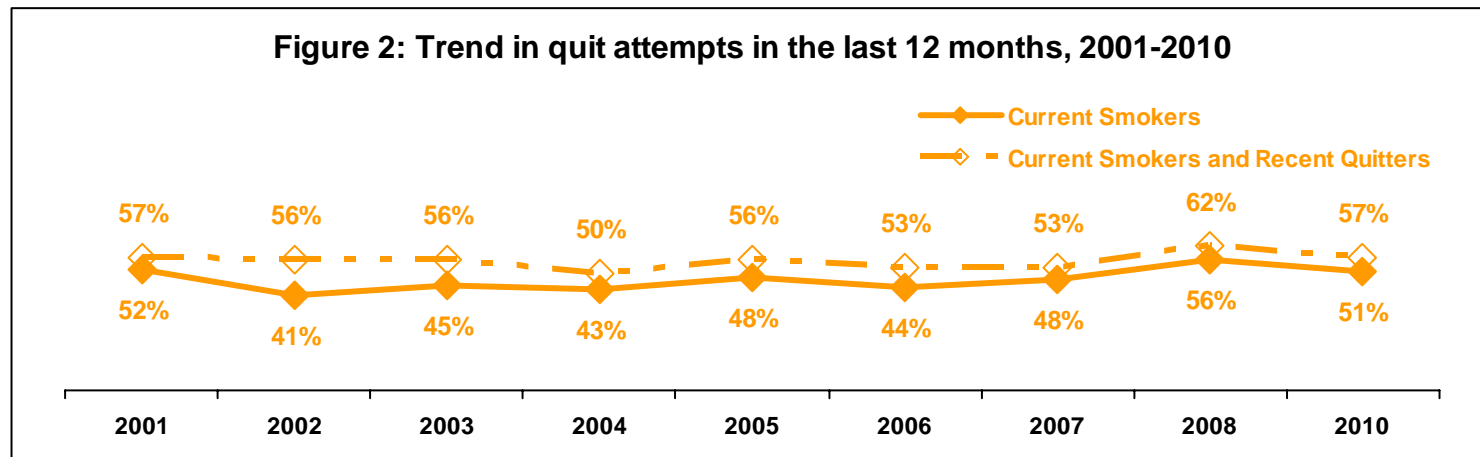
Smoking Cessation

Quitting has almost immediate health benefits, but it typically takes five to seven attempts before a smoker can quit successfully. There are two ways to increase smoking cessation: increasing the number of smokers who make quit attempts and increasing the success rate of each quit attempt. A smoker can double his or her chance of successfully quitting by using counseling in combination with nicotine replacement therapy, which is one of the reasons VTCP funds the **VERMONT QUIT NETWORK** to provide these services to Vermonters for free. Most smokers who want to quit report that they will quit in their own way, in their own time. These “Independent Quitters” don’t intend to use traditional cessation services. To increase the number of Vermonters who quit for good, VTCP continues to provide a range of cessation options, including support and tools aimed at making self-directed quit attempts more successful. While the VTATS can estimate the rate of quit attempts, it cannot accurately estimate the long term success rate of each attempt; these are assessed by other evaluation methods.

Quit Attempts

In 2010, 57% of smoking Vermonters attempted to quit smoking. Half of those who now continue to smoke did make an attempt in the last year (51%). **Figure 2** illustrates that there have been no significant changes in quit attempts in either group – current smokers/recent quitters and current smokers – since 2001.

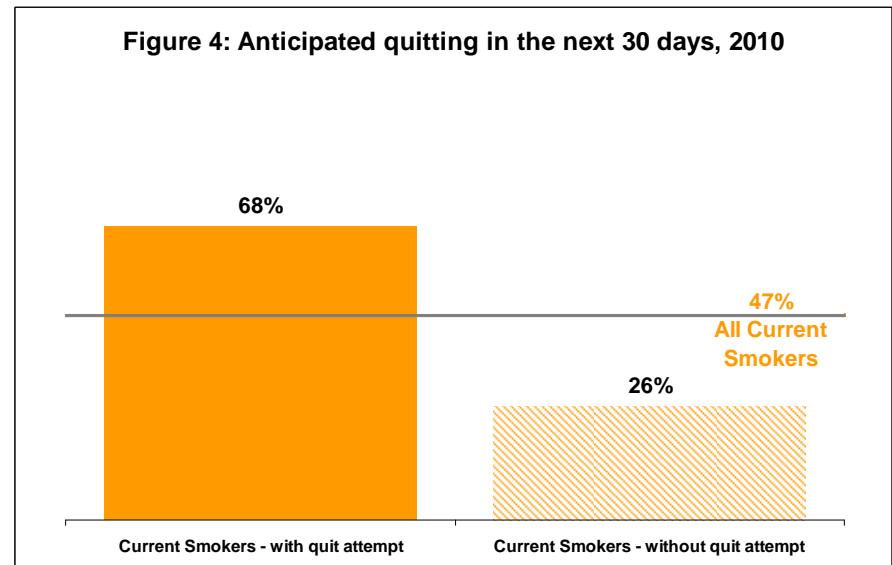
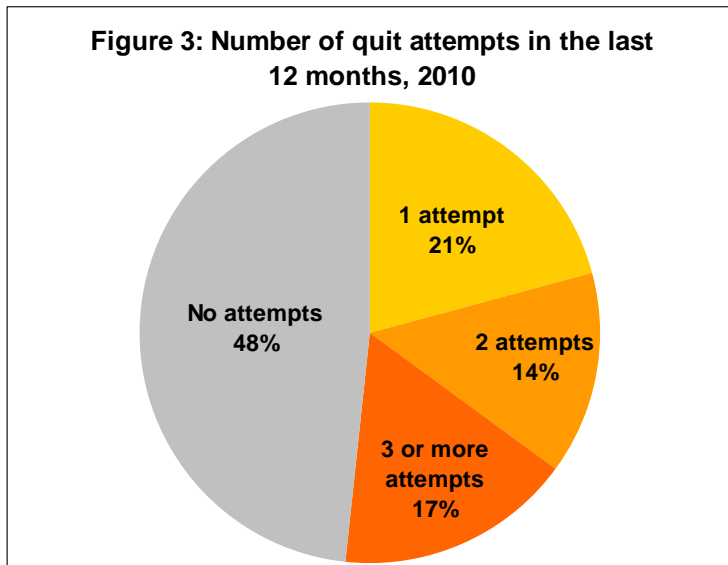
Among recent quitters and current smokers with quit attempts, younger smokers were less likely than older smokers to make an attempt: 10% of 18-24 year olds attempted quitting compared to 42% of 25-44 year olds and 47% of those over 45 years old. Smokers with no more than a high school education were significantly more likely to attempt quitting (43%) than other education levels (11-27%). Those with high incomes were less likely than those with middle or low incomes to make an attempt (13% vs. 38% and 35%). There were no significant demographic differences between those with and without quit attempts.



Quit Attempts

Figure 3 shows how many serious quit attempts current smokers made in the past year. Nearly half of current smokers did not attempt to quit. Of those who attempted to quit, 31% made 2 or more attempts. There have been no significant differences in the distribution of number of quit attempts over time (see Appendix A, page 76 - Figure 3.1).

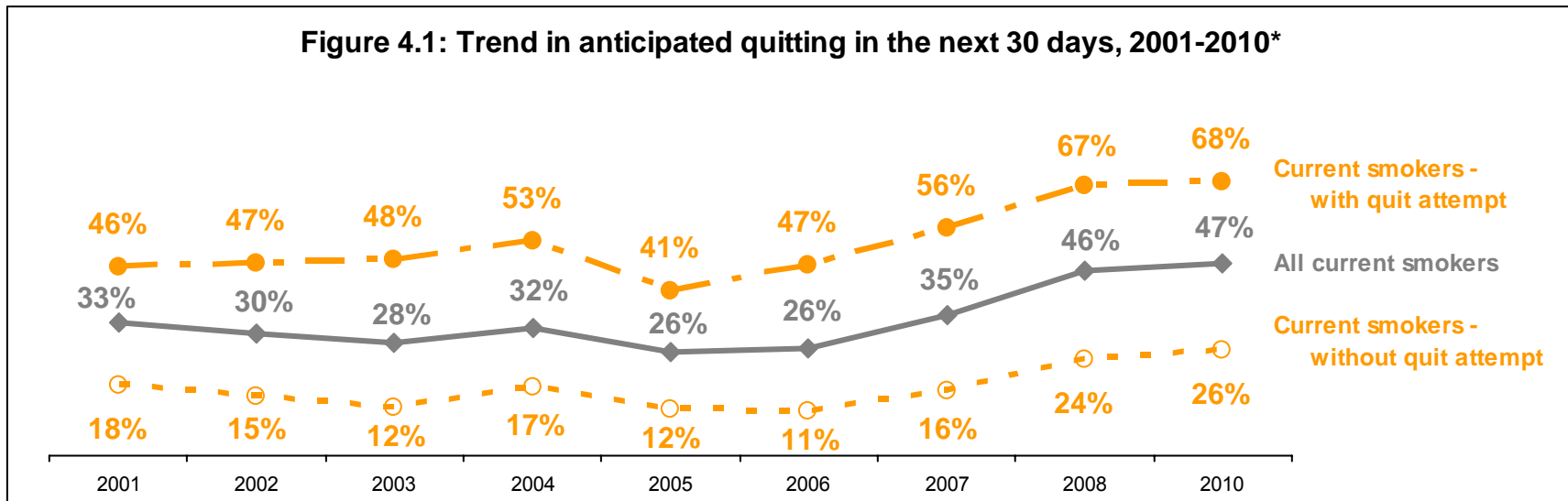
Nearly half (47%) of Vermont's current smokers were seriously thinking of quitting in the next 30 days. Significantly more smokers with a recent quit attempt were thinking about quitting in the next month than those who had not attempted to quit in the last year (**Figure 4**).



Quit Attempts

The proportion of current smokers who anticipate quitting has risen significantly since 2001; this is true overall (up 14%) and for those with and without recent quit attempts (up 24% and 8%, respectively) (**Figure 4.1**).

Younger smokers were less likely than older smokers to anticipate quitting. Seven percent of 18-24 year olds anticipated quitting compared to 38% of 25-44 year olds and 53% of those over 45 years old. Those with high incomes were less likely to be thinking of quitting than those with middle or low incomes (14% vs. 36% and 35%).

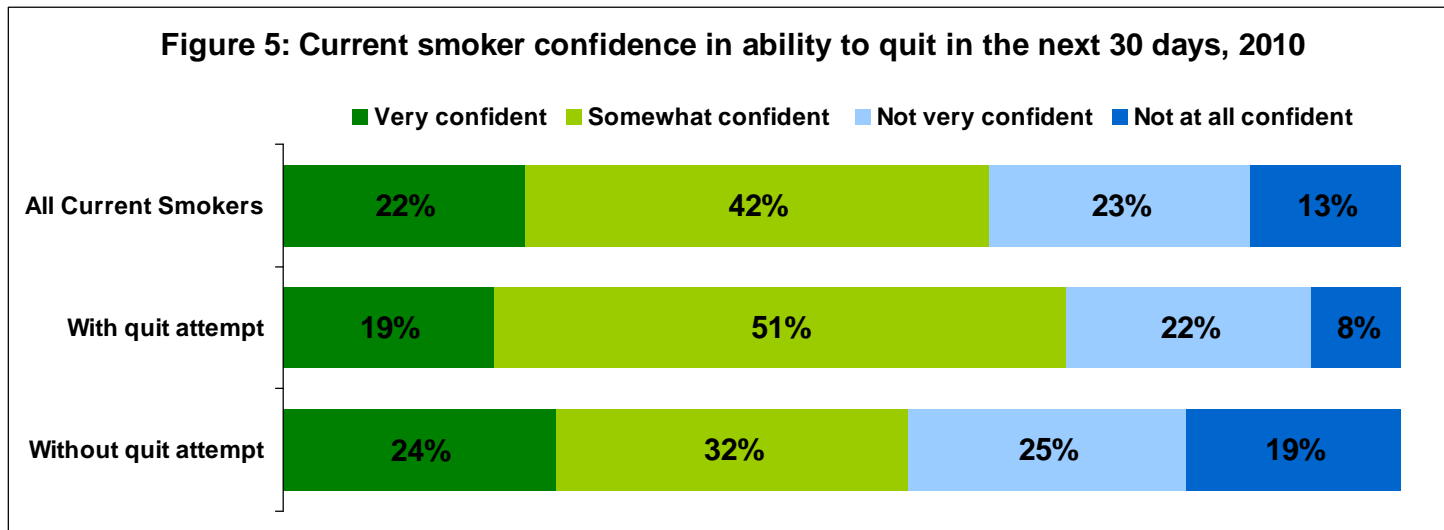


* Question sequence was changed in 2008 and continued in 2010; respondents were only asked about thinking of quitting in next 30 days. In years prior, this was preceded by a question about quit intentions for the next six months.

Smoker Confidence

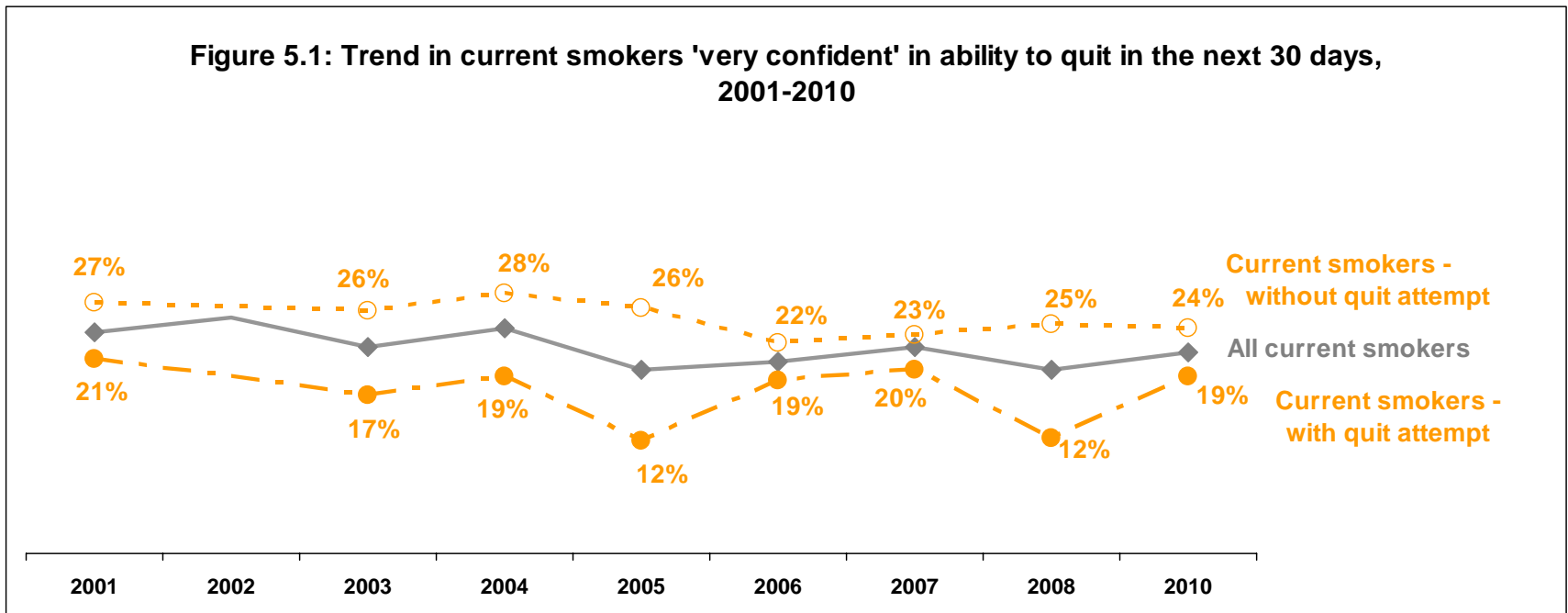
Less than one in four smokers report they are 'very confident' in their ability to quit smoking despite the large proportion of current smokers who anticipate quitting. Of the 47,000 current smokers who anticipate quitting, only 10,000 were 'very confident' that they would be successful.

Those with recent quit attempts were significantly more likely than those without quit attempts to be 'somewhat' or 'very confident' in their future ability to quit (70% vs. 56%). The difference between smokers with and without a quit attempt who were 'very confident' was not statistically significant however, smokers without a quit attempt were significantly more likely than those with a quit attempt to be 'not at all confident' (19% vs. 8%) (**Figure 5**).



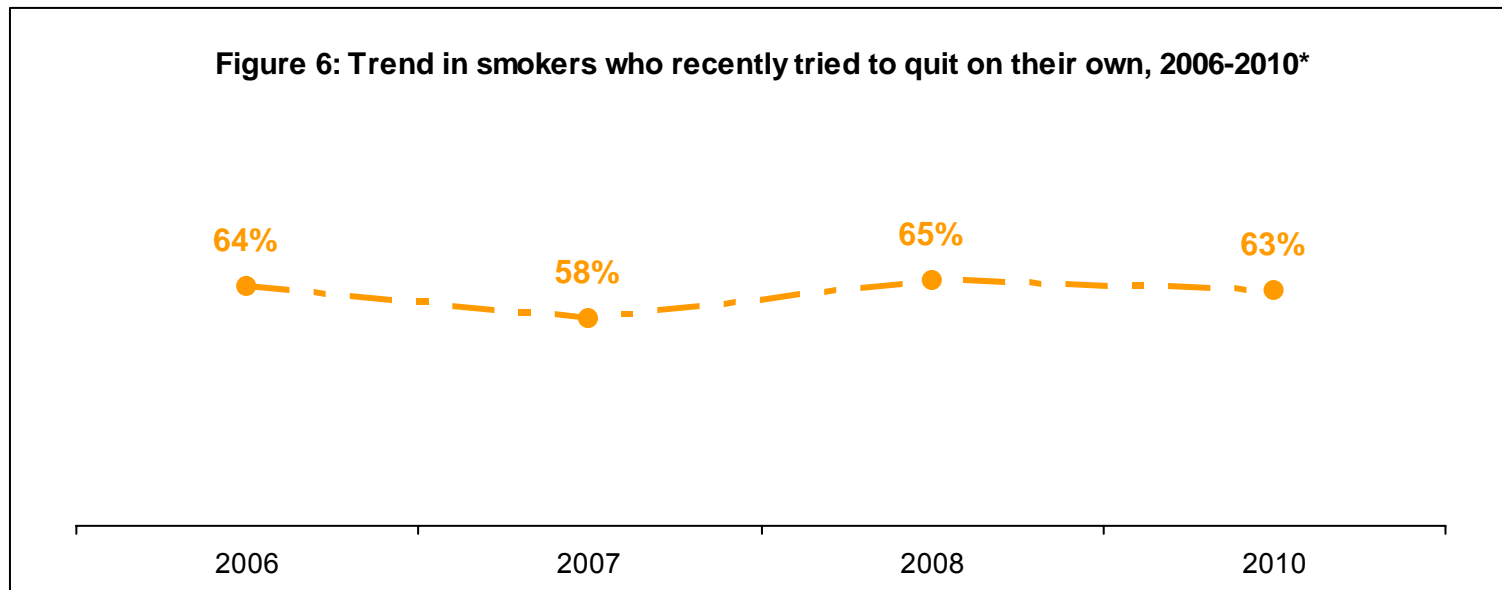
Smoker Confidence

Figure 5.1 shows that between 2001 and 2010, there were no statistically significant changes in the proportion of current smokers 'very confident' in their ability to quit regardless of quit attempts in the last year.



Quitting Without Help

In 2010, 63% of smokers tried to quit without help in their most recent quit attempt (**Figure 6**). These Independent Quitters numbered approximately 43,000 people in 2010.



* Question sequence was different in 2008 and 2010 than in previous years; respondents were only asked about methods used in most recent quit attempt. In years prior this was preceded by a question about methods ever used to try and stop smoking.

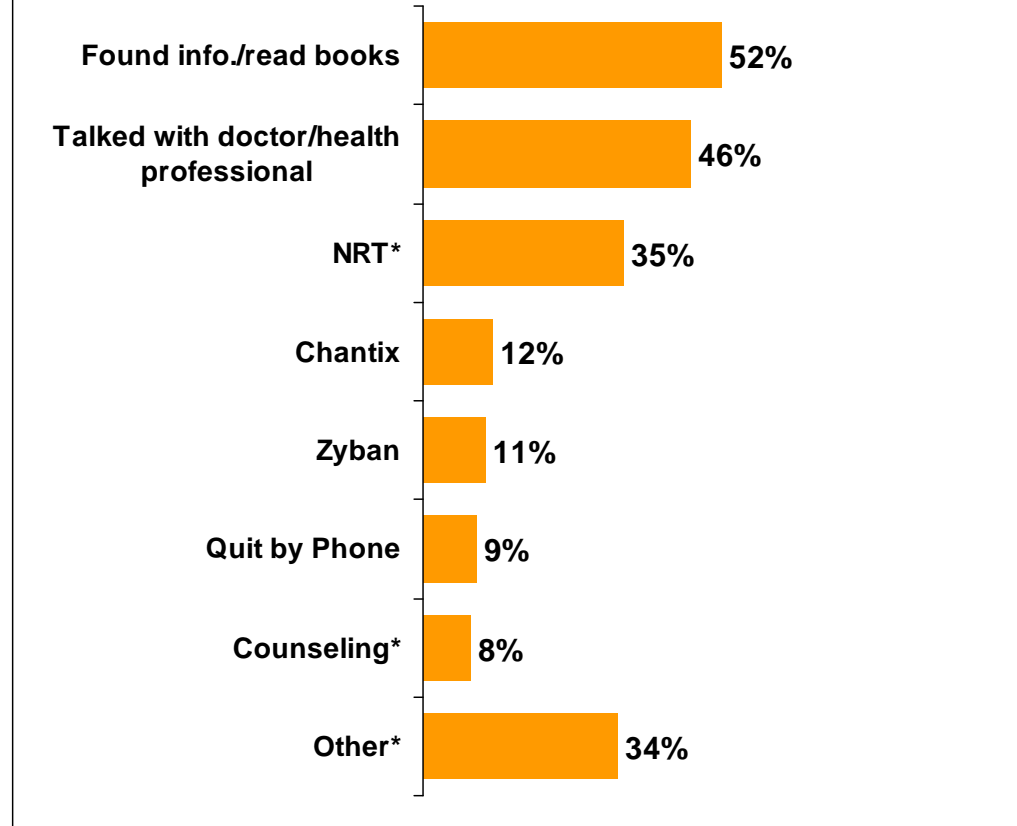
Cessation Methods

During their most recent quit attempt, about half of current smokers and recent quitters reported they found information and read books about quitting (52%) or talked with a doctor or other health professional (46%) (**Figure 7**). NRT was the third most commonly used method (35%). About one in ten used counseling, Zyban, Chantix, and/or VQN's Quit by Phone service. Many reported using multiple methods.

There were no statistically significant changes in methods used between 2008 and 2010 (see Appendix A, page 77 - Figure 7.1). Though 'Other,' including Internet methods such as VQN's Quit Online service, increased from 22% to 34%, the increase in Internet methods from 11% to 15% was not significant.

* NRT, or nicotine replacement therapy, includes use of the nicotine patch, gum, or lozenges. Other includes nicotine nasal spray, inhaler, Internet (including Vermont Quit Network (VQN) Quit Online) and those who said other methods. Counseling includes group and individual counseling.

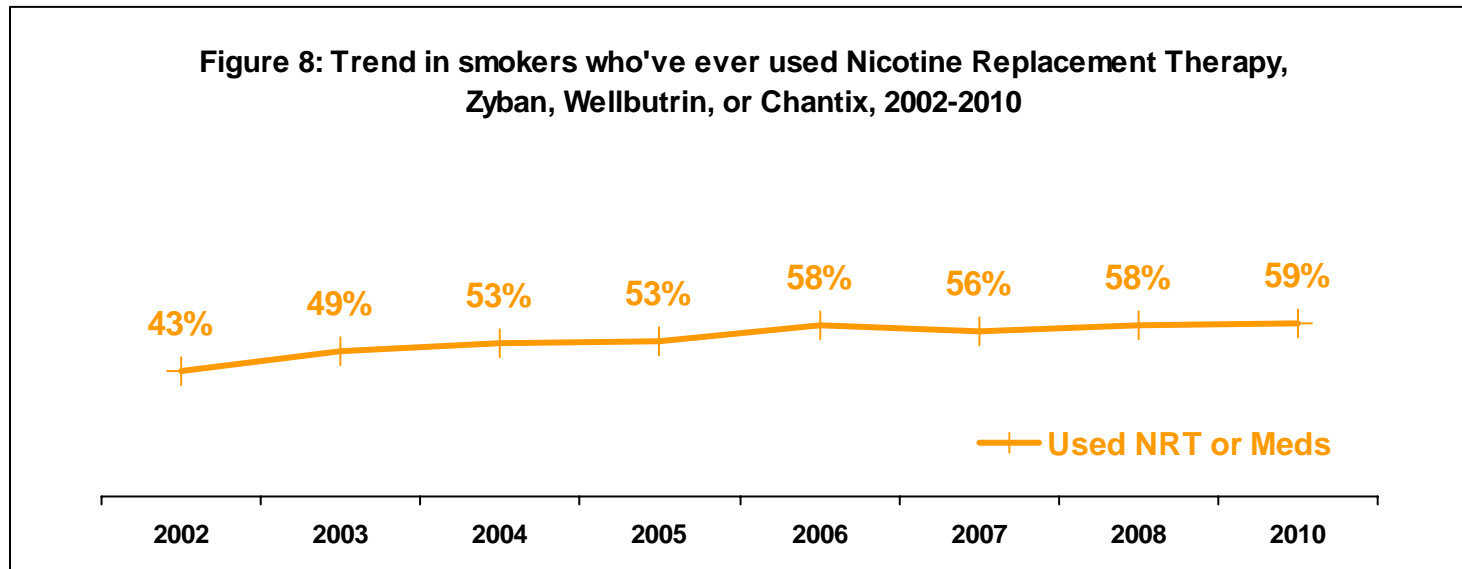
Figure 7: Cessation methods used by current smokers and recent quitters in most recent quit attempts, 2010



Cessation Medications

For Vermont adults who try to quit smoking, the use of NRT or other medications is suggested. A majority of current smokers (59%) had *ever* used NRT, Zyban, Wellbutrin, or Chantix in an attempt to stop smoking.

This proportion did not change significantly from 2008 to 2010, however, it has significantly increased from 2002 to 2010 (up 16%) (**Figure 8**).*

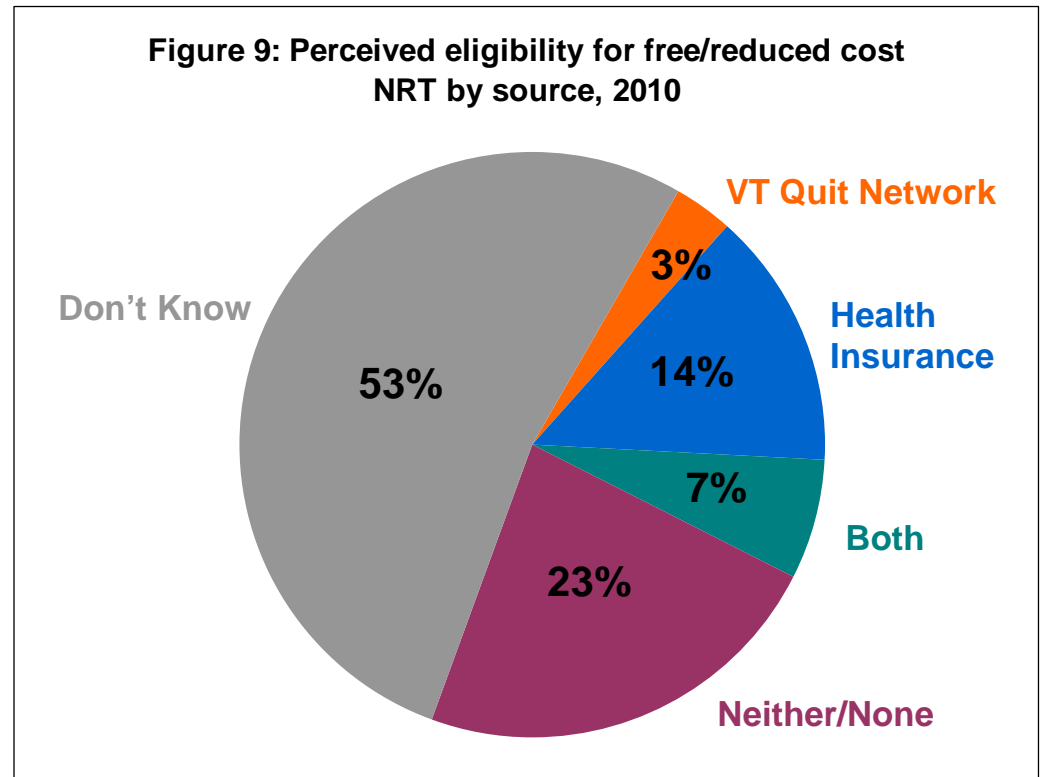


* Note that Zyban and Wellbutrin were added to this question in 2003 and Chantix in 2006.

Eligibility for Cessation Assistance*

Less than one-quarter of current smokers thought they were eligible for free or reduced cost NRT (23%) and about half did not know their eligibility status (53%) despite the fact that NRT is available to all Vermonters (**Figure 9**). There were no statistically significant differences in perceived eligibility by demographic group.

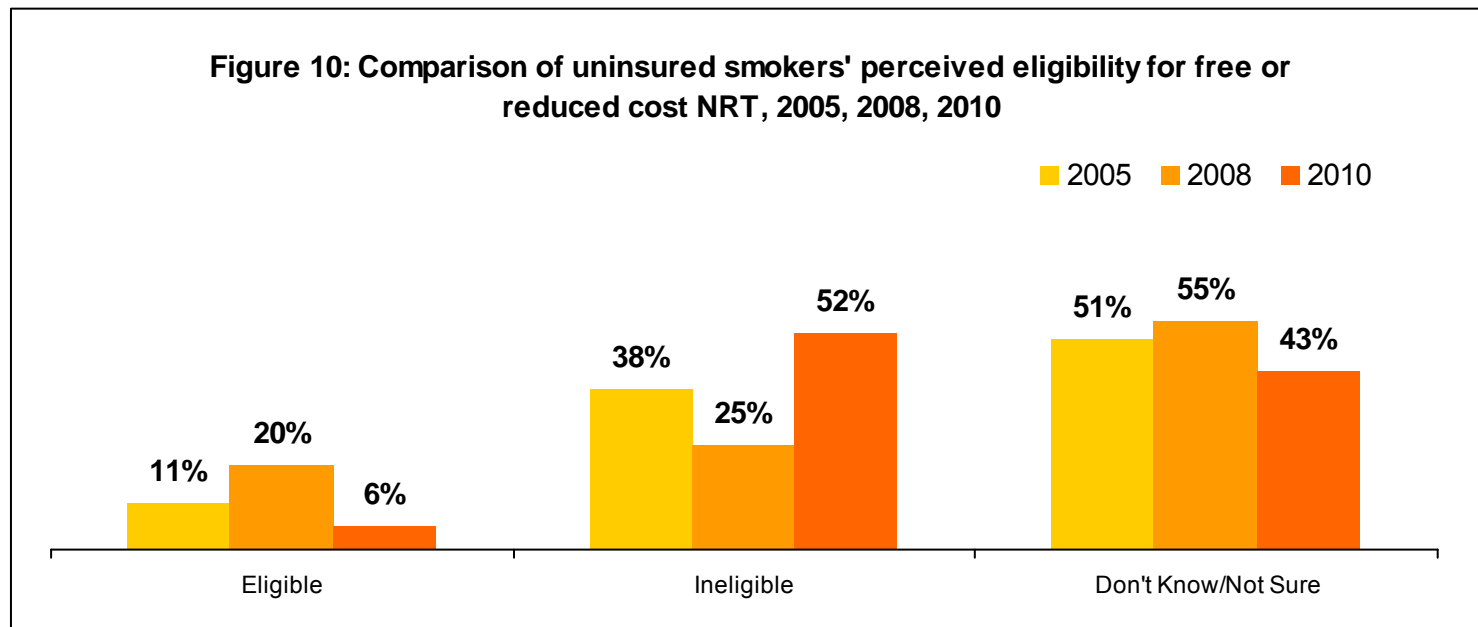
Prior to 2010, this question limited responses to 'Eligible,' 'Ineligible,' and 'Don't Know/Not sure.' The question was changed in 2010 to be more specific and ask in what way were respondents eligible as seen in Figure 9. When 2010 responses were recategorized to allow comparison to 2008, there were no statistically significant changes.



* Unless medically contraindicated, all current smokers are eligible for free or reduced cost NRT through the Vermont Quit Network or their health insurance provider. Smokers using Medicaid must obtain a prescription from their medical provider to obtain free NRT.

Eligibility for Cessation Assistance*

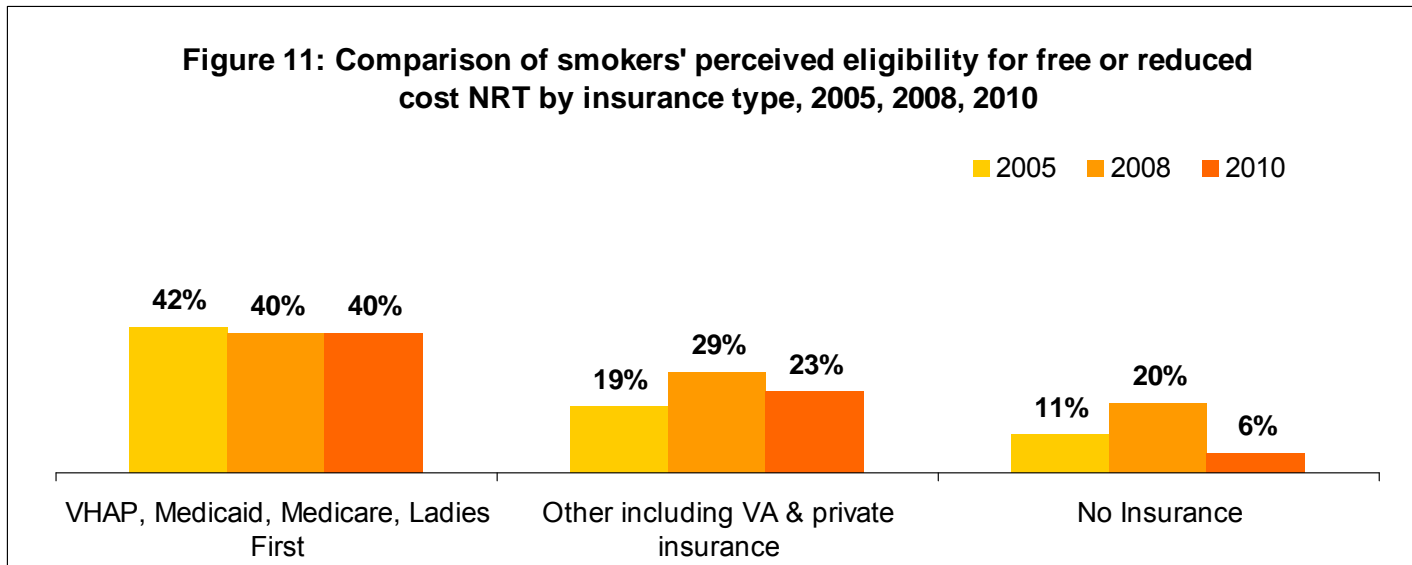
Among current smokers in 2010 who did *not* have health insurance, only 6% thought they were eligible for free or reduced cost NRT. More than half incorrectly believed themselves to be ineligible (52%). This is significantly greater than the 25% who believed themselves ineligible in 2008 (**Figure 10**). The shift between previous years and 2010 may be due to rewording of the question as mentioned on page 24.



* Unless medically contraindicated, all current smokers are eligible for free or reduced cost NRT through the Vermont Quit Network or their health insurance provider. Smokers using Medicaid must obtain a prescription from their medical provider to obtain free NRT.

Eligibility for Cessation Assistance

Current smokers with state-subsidized insurance were significantly more likely than smokers with other insurance to believe they were eligible for free or reduced cost NRT (40% compared to 23% of those with private or Veterans' Administration (VA) insurance). Those with no insurance were significantly less likely than both insured groups to perceive they were eligible. There were no statistically significant changes between 2008 and 2010 (**Figure 11**).



Note: Medicaid, Medicare, Vermont Health Access Plan (VHAP), and the Ladies First Program are combined because they provide similar medication subsidies. The Veterans' Administration and those with supplemental plans to government coverage, provide similar subsidies to private insurance and are therefore grouped together as well.

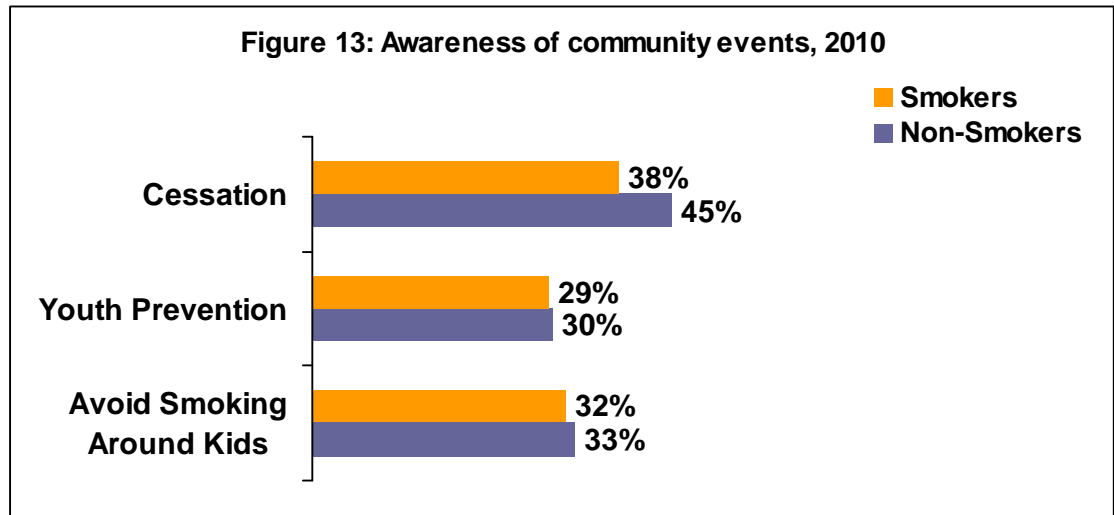
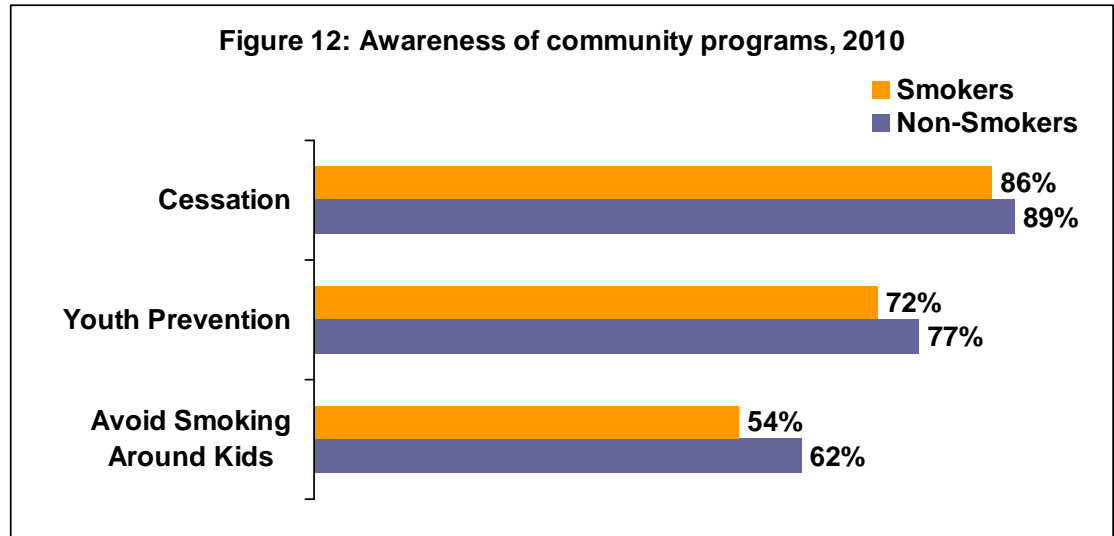
Program Awareness & Utilization

Since its inception, the VTATS has included three pairs of questions assessing awareness of VTCP efforts to reduce smoking among adults, prevent youth from starting to smoke, and encourage people not to smoke around children. Additionally, the VTATS assesses the reported use of VTCP-supported services such as the Quit by Phone and Quit in Person counseling programs, independent of enrollment information. Of note, the Quit in Person program was modified between the 2008 and 2010 surveys; while in earlier years Quit in Person included both group and individual counseling, in 2010 only group counseling was offered.

Awareness

In 2010, respondents consistently reported higher recognition of programs than events. Awareness among Vermonters was highest for programs that help adults quit smoking (88%). Three-quarters were aware of programs that help prevent youth smoking (75%) and less than two-thirds were aware of programs that encourage people not to smoke around children (60%). The knowledge of events was lower (about half), but followed a similar pattern.

There were no statistically significant differences between smokers and non-smokers in awareness of programs or events (**Figures 12 and 13**).



Trends and Demographic Differences in Awareness

Following a sharp increase in awareness from 2001 to 2002, knowledge of all programs and events changed relatively little. Trend data for community program and event awareness can be found in Appendix A on pages 78-80 – Figures 12.1, 12.2, and 12.3.

In general, Vermonters who were male, younger, less educated, or had lower income were less aware of smoking-related programs and events in the community.

Young adults (18 to 24 years old) were less likely than those 25-44 years old to be aware of **programs** to help adults quit smoking (83% vs. 92%); they were also less likely than adults 25 and older to be aware of **events** to help adults quit smoking (25% vs. 46%).

People with a college degree were more likely than those who didn't graduate from high school to be aware of **programs** for cessation (95% vs. 74%), youth prevention (86% vs. 54%), and discouraging smoking around kids (68% vs. 40%). As for **events**, those with higher education levels were more likely to be aware of adult cessation events than those with less than a high school degree (53% vs. 33%).

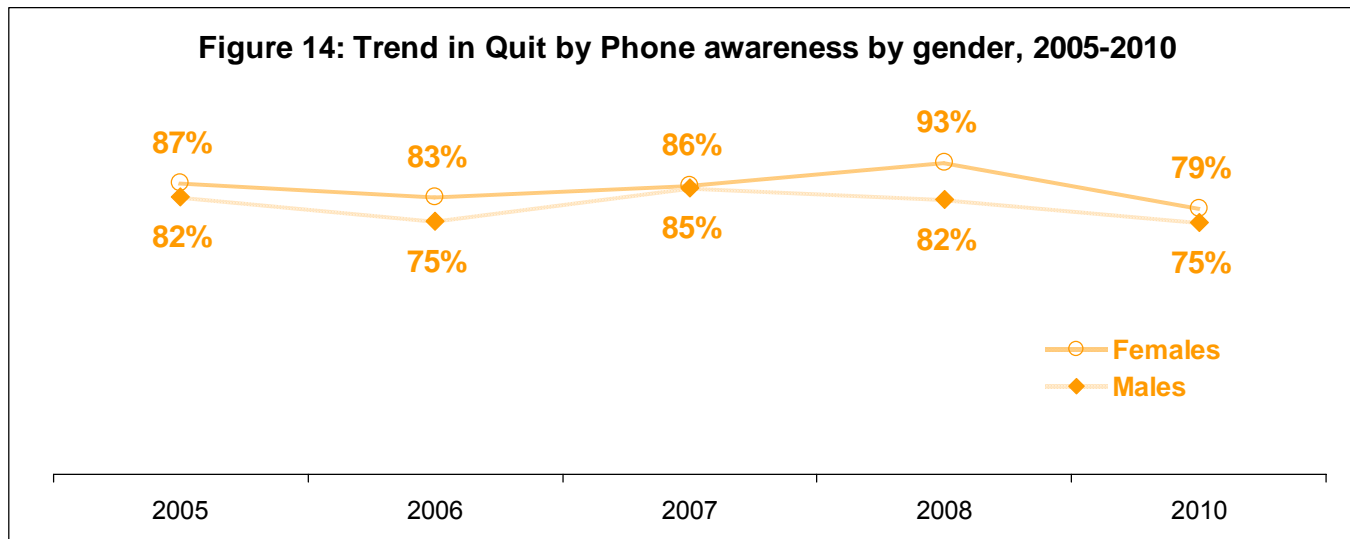
Low income Vermonters were less likely than middle and high income households to be aware of all **programs**:

- Cessation programs: low income (79%) vs. middle (91%) and high (94%).
- Youth prevention programs: low income (61%) vs. middle (82%) and high (81%).
- Avoid smoking around kids programs: low income (48%) vs. middle (67%) and high (66%).

Awareness and Use of VDH Smoking Cessation Programs

More than three out of four current smokers had heard of the Quit by Phone service in 2010 (77%). In 2008, females were significantly more likely than males to be aware of the Quit by Phone service. This difference was not significant in 2010 (**Figure 14**).

Current smokers who made a quit attempt in the last year and had heard of the Quit by Phone service were asked if they used the service in their last quit attempt. In 2010, 9% had used Quit by Phone. There has been no significant change in the proportion who reported using Quit by Phone since 2005.



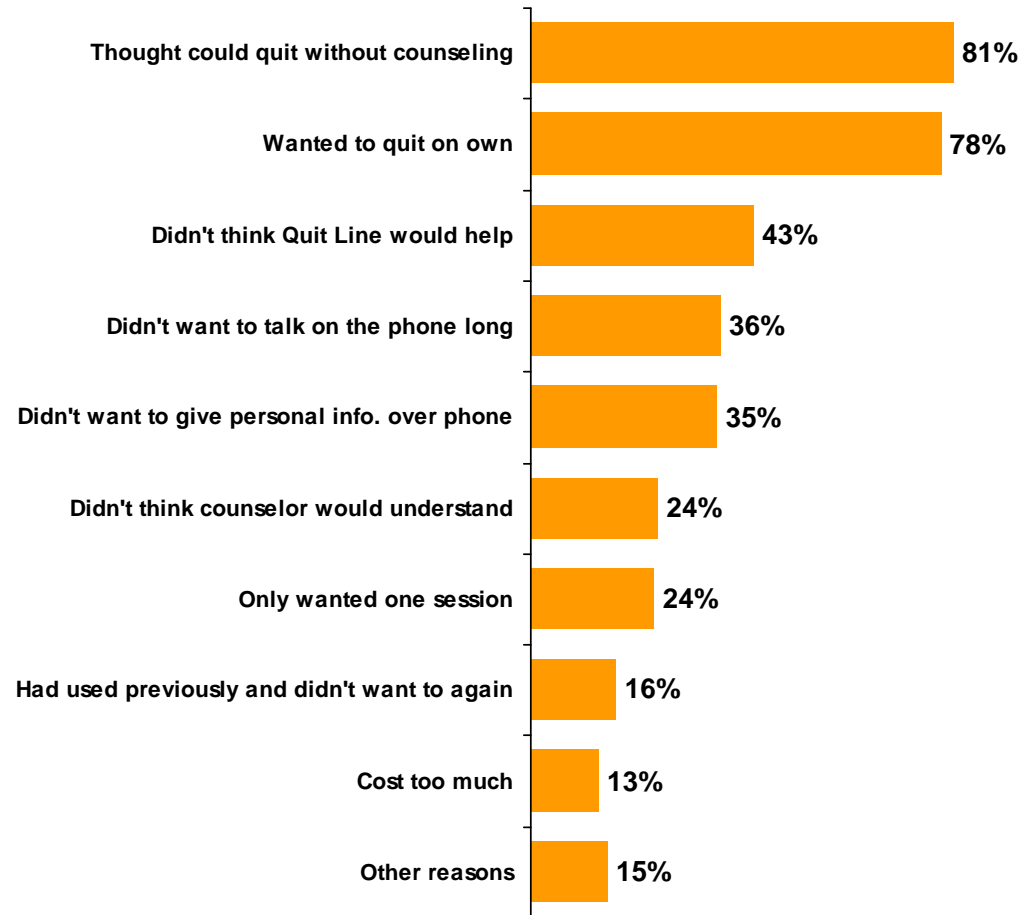
Quit by Phone Utilization

Current smokers who've made a quit attempt in the last year and have heard of the Quit by Phone service but *did not* use it were asked why they didn't use the program. Four of five thought they could quit without counseling or on their own. Two of five did not think Quit by Phone would help, did not want to talk long, or give personal information. One quarter wanted only one session or did not think a counselor would understand (**Figure 15**).

There were no significant changes from 2008 to 2010. However, from 2005 to 2010 the percentage who said they didn't want to give personal information significantly increased from 18% to 35%.

Trend data can be found in Appendix A on page 81 - Figure 15.1.

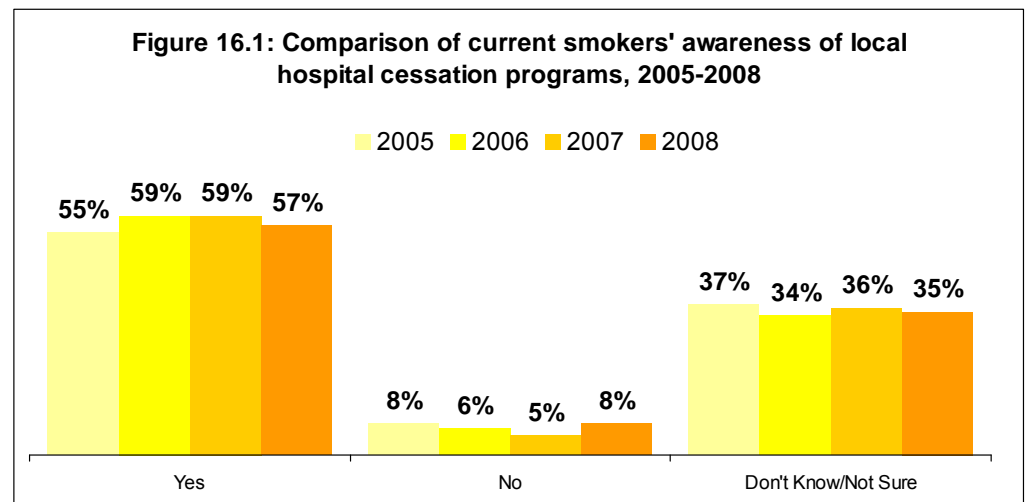
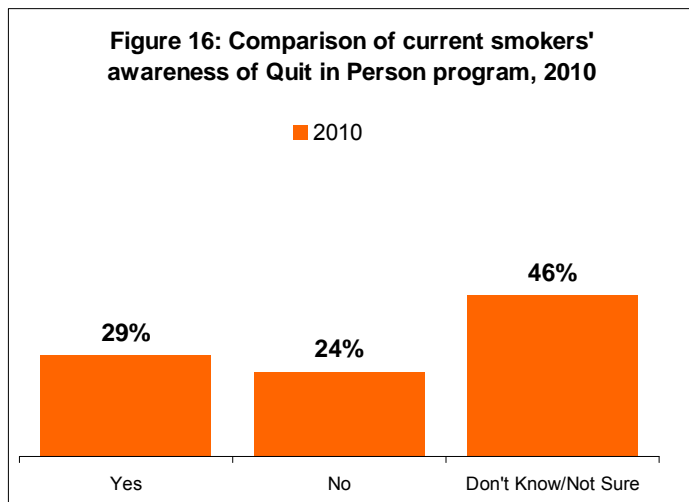
Figure 15: Reasons for not using Quit by Phone during most recent quit attempt, 2010



Quit in Person Awareness & Utilization

The VTATS also asks current smokers about their awareness and use of local hospital cessation programs. In 2005-2008, the question asked, “Does your local hospital offer services to help smokers quit?” In 2010, this was reworded to more adequately reflect the program and the way it was marketed: “Have you heard of the following Vermont Quit Network Services...have you heard of Quit In Person?”

The percentage aware of the Quit in Person program in 2010 was significantly lower than those aware of local hospital services in earlier years (**Figures 16 and 16.1**). This change may be due to the change in question wording or the change in program format (see page 27). The only significant demographic difference in awareness was gender: females were more likely than males to be aware (35% vs. 24%). In 2010, 3% of current smokers used Quit in Person in a quit attempt. Figure 17 in Appendix A on page 82 shows the trend in use of local hospital cessation programs, 2005-2010.



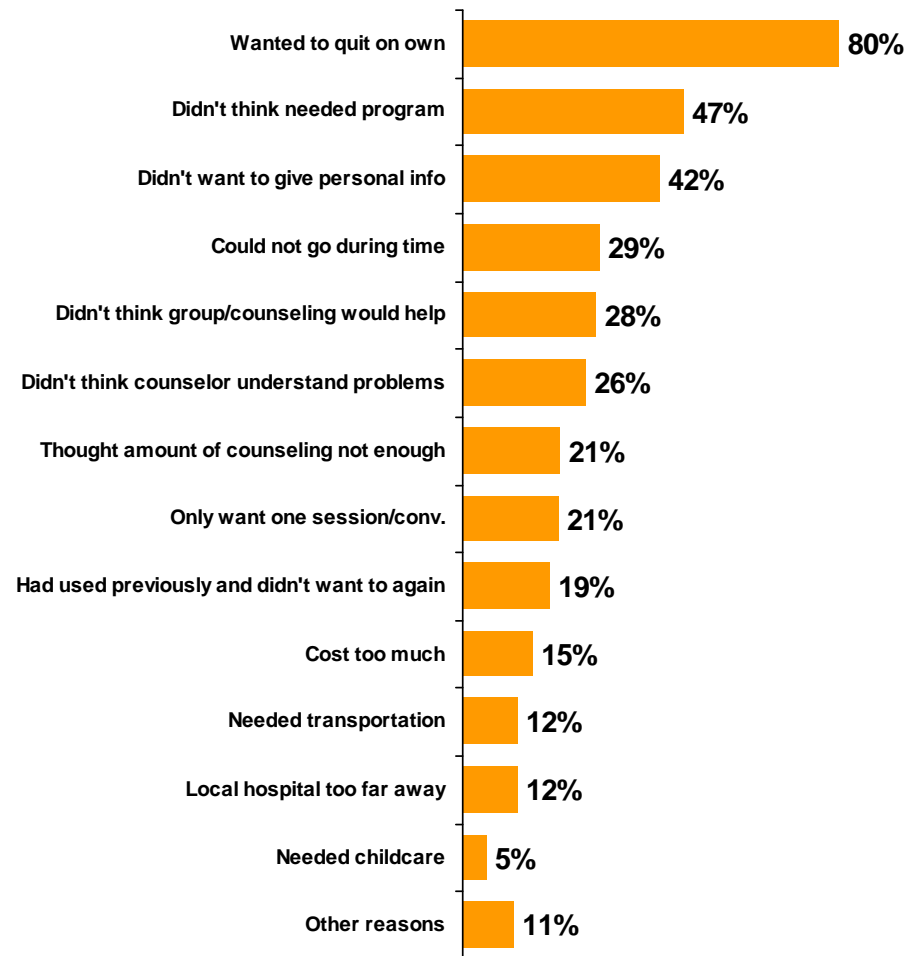
Quit in Person Utilization

Those who had heard of Quit in Person, but had not used it were asked why not (**Figure 18**).

The reason given most often was wanting to quit on their own (80%). About half (47%) said they did not think this kind of program was what they needed to quit and 42% mentioned not wanting to give personal information. Nearly one third said they couldn't go during the time classes were offered (29%) or that they did not think counseling would help them quit (28%). About a fifth said that they wanted one session (21%) or the amount of counseling offered was not enough (21%).

There were no statistically significant differences between 2008 and 2010. Trend data can be found in Appendix A on page 83 – Figure 18.1.

Figure 18: Reasons for not using Quit in Person program during most recent quit attempt, 2010



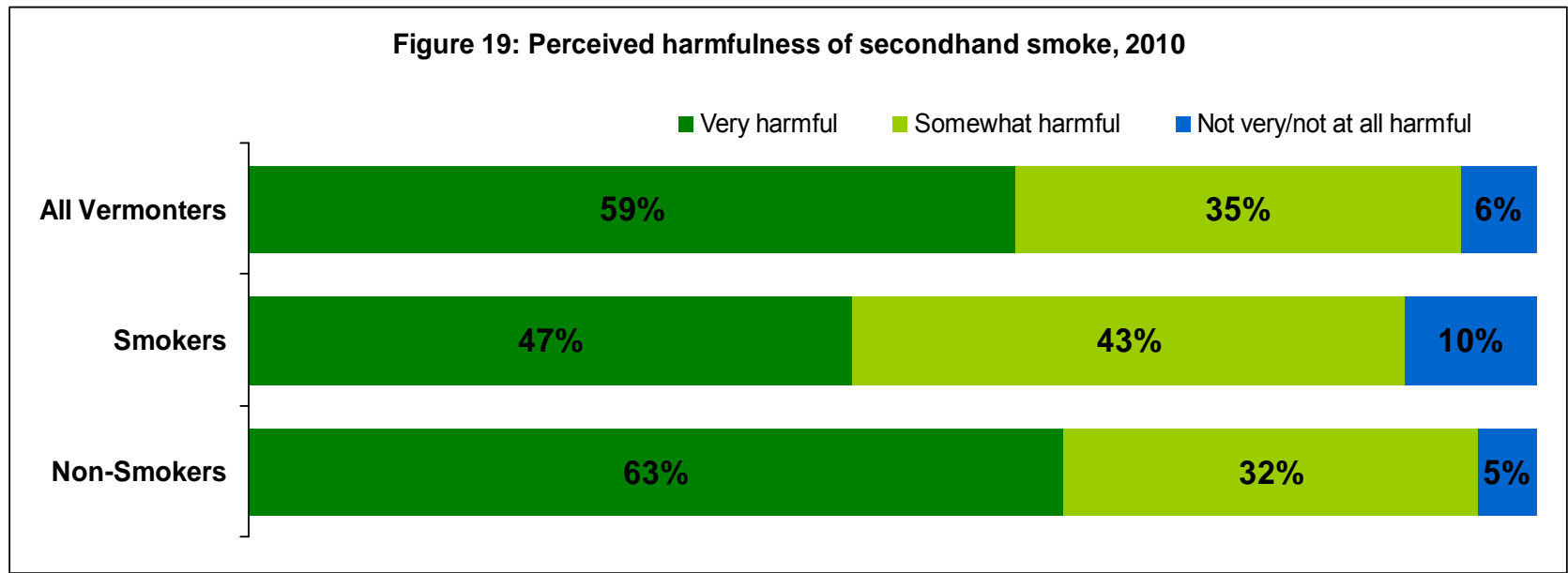
Secondhand Smoke

The VTCP has consistently placed an emphasis on encouraging attitudes and behaviors that reduce secondhand smoke exposure. VTCP promotes smoke-free zones, specifically at home and in the car when children are present. Additionally, VTCP works with community coalitions to positively influence attitudes, behaviors, and norms in Vermont towns and cities.

Perceived Harm

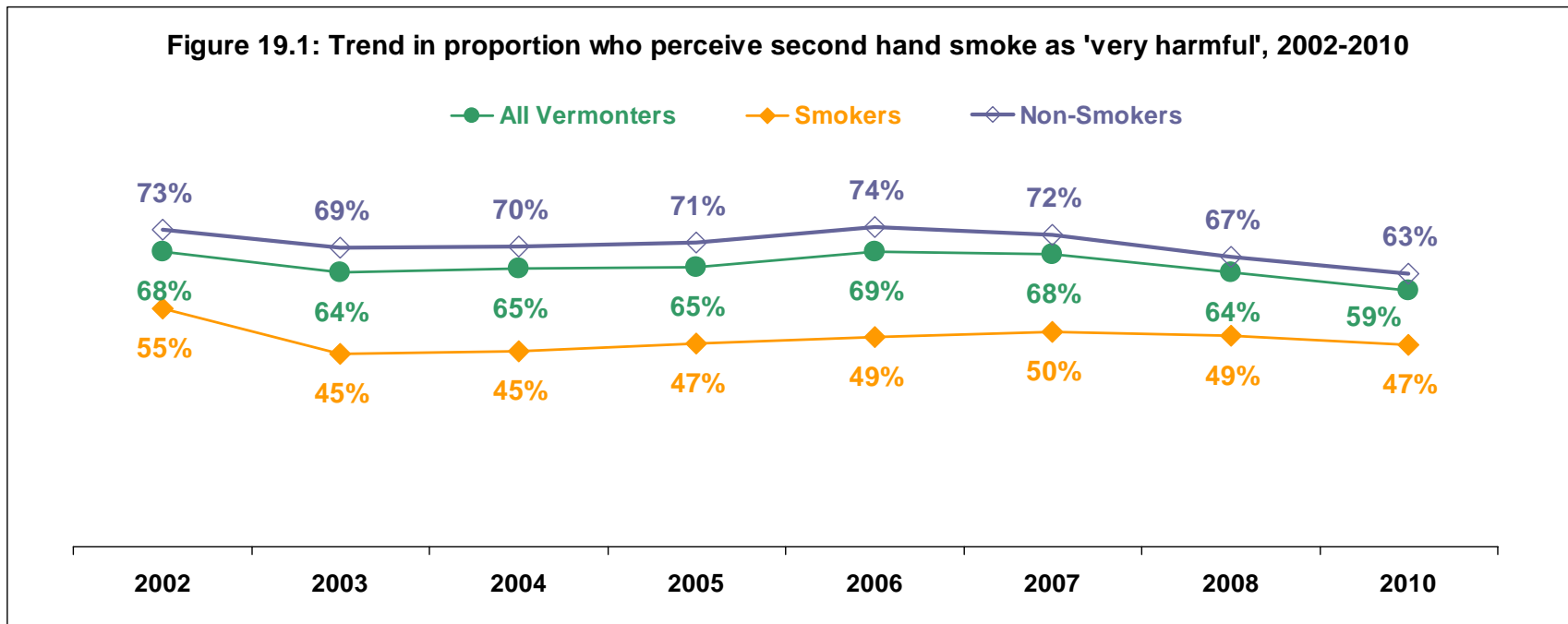
A majority of Vermont adults said they thought breathing smoke from other people's cigarettes is 'very harmful' to one's health (59%). Non-smokers said secondhand smoke is 'very harmful' significantly more often than smokers (63% vs. 47%) (**Figure 19**).

While at least nine out of ten smokers and non-smokers believe secondhand smoke is 'very' or 'somewhat harmful,' non-smokers were significantly more likely to report this than smokers (95% versus 90%).



Perceived Harm - Trend

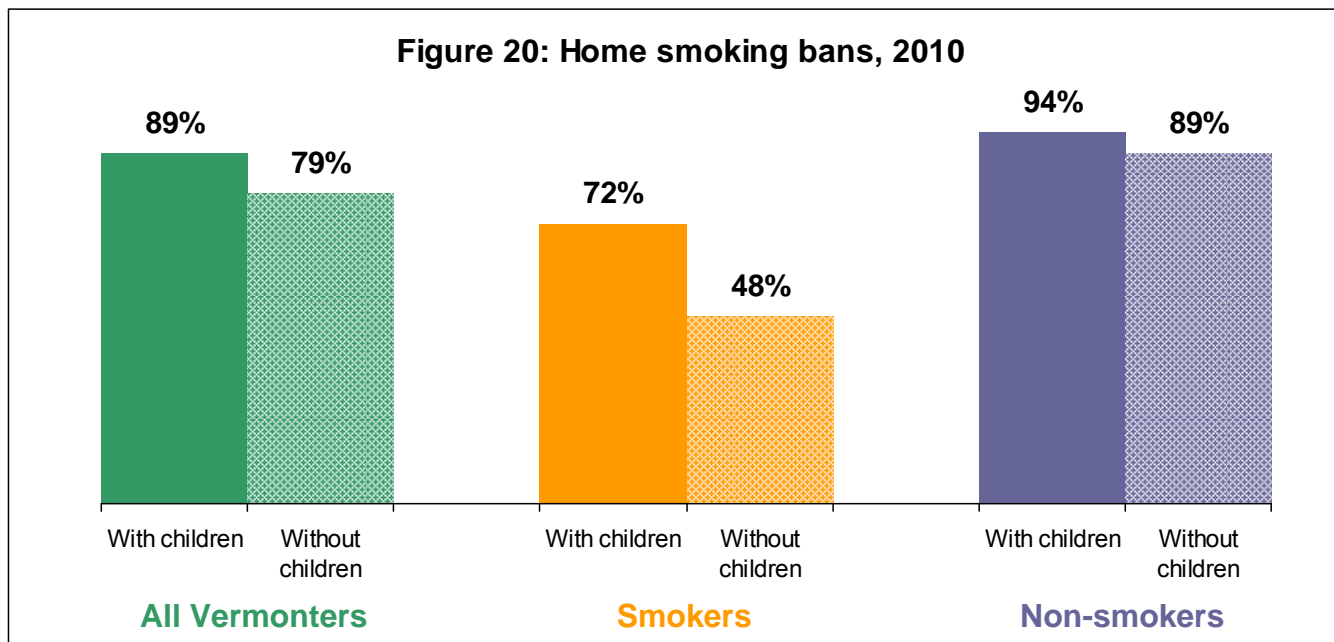
Significantly fewer Vermonters perceived secondhand smoke as 'very harmful' in 2010 compared to 2002. This trend is significant in all Vermonters (9% decline), smokers (8% decline), and non-smokers (10% decline) (**Figure 19.1**).



Home smoking bans

Eighty-two percent of Vermonters did not allow smoking anywhere inside their home. Non-smokers were significantly more likely than smokers to ban smoking in the home.

Vermonters with children and smokers with children were statistically more likely than those without children to ban smoking (**Figure 20**).



Note: Respondents were considered to have a home smoking ban if they did not allow any smoking anywhere in their home. They were considered to allow smoking if smoking was permitted in some places or at some times in their home or that there were no rules about smoking in their home.

Home smoking bans - Demographics

Overall, Vermonters with home smoking bans were significantly more likely to be younger, have high education levels, and higher household incomes:

- Younger adults 18-24 years (87%) and 25-44 years (87%) vs. older adults (78%)
- Less than high school education (62%), high school education (73%) vs. some college (85%) and college or more education levels (91%)
- Low household income (66%) vs. middle (85%) and high (91%) household income levels

Among smokers, education level was not significantly associated with likelihood of having a home smoking ban; age and income were significant:

- Younger adults 18-24 years (65%) and 25-44 years (70%) vs. older adults (45%)
- Low household income (46%) vs. middle (63%) and high (69%) household income levels

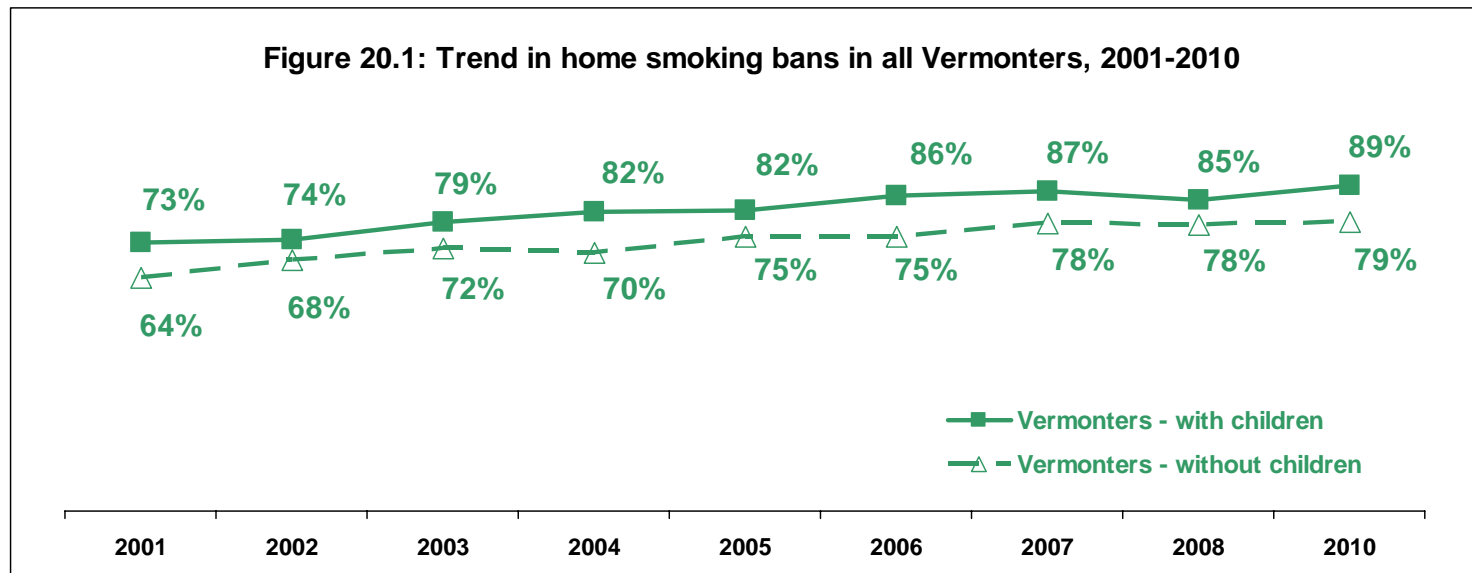
Among smokers with children, age, education, and income were significant:

- Adults 25-44 years old (61%) vs. adults 45 and older (41%)
- High school (42%) vs. college or more (60%) education levels
- Low household income (33%) vs. middle (56%) and high (63%) household income levels

Home smoking bans - Trend

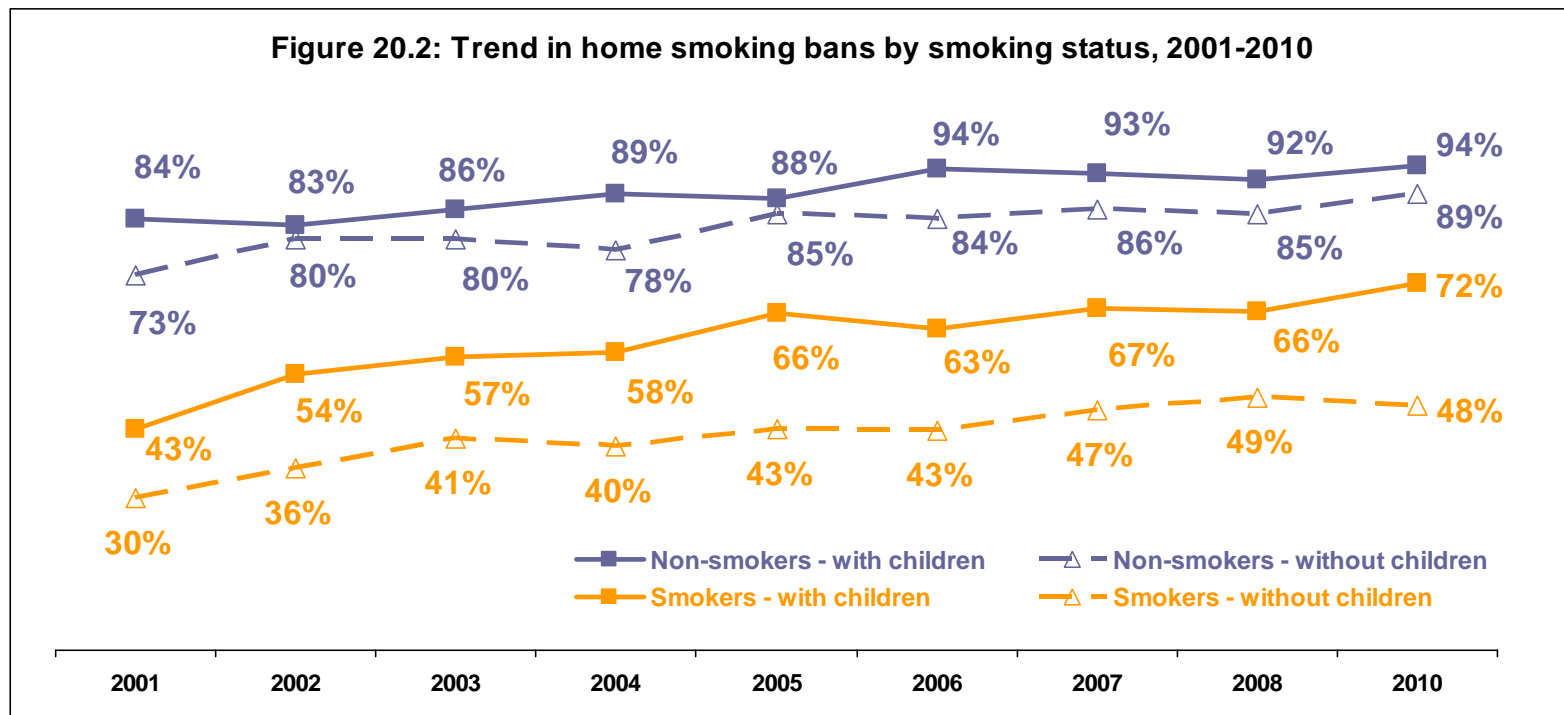
Over time, there have been significant increases in household smoking bans among Vermonters. **Figure 20.1** shows the changes from 2001 to 2010 in the proportion of Vermont adults, with and without children, who did not allow smoking anywhere inside their home.

Since 2006, there has been little change in these proportions, however, the proportions were significantly higher in 2010 than in 2001.



Home smoking bans - Trend

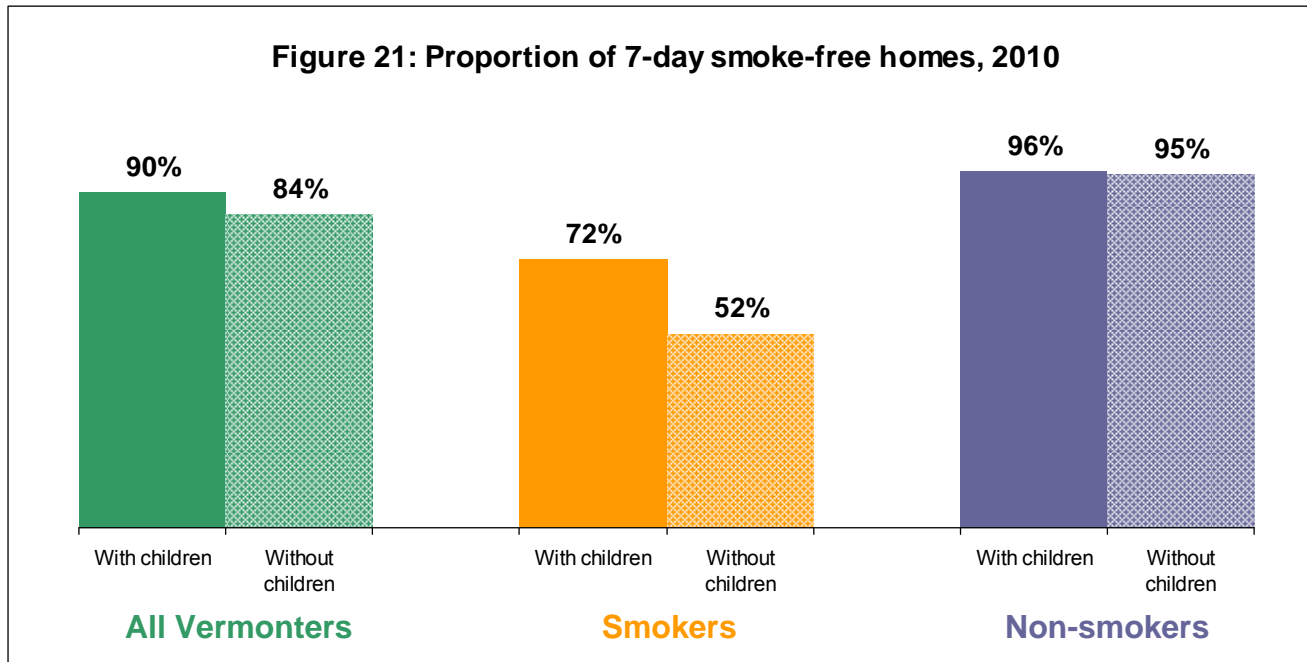
Figure 20.2 shows that non-smokers with and without children were significantly more likely to ban smoking in their home than smokers with and without children, and this has been consistent over time. Similar to Figure 20.1, the proportion of home smoking bans increased significantly from 2001 to 2010 in smokers and non-smokers alike. The largest increase in smoking bans was among smokers with children (up 29%).



Home Exposure

Overall, 86% of adults said no one had smoked in their home in the last seven days.*

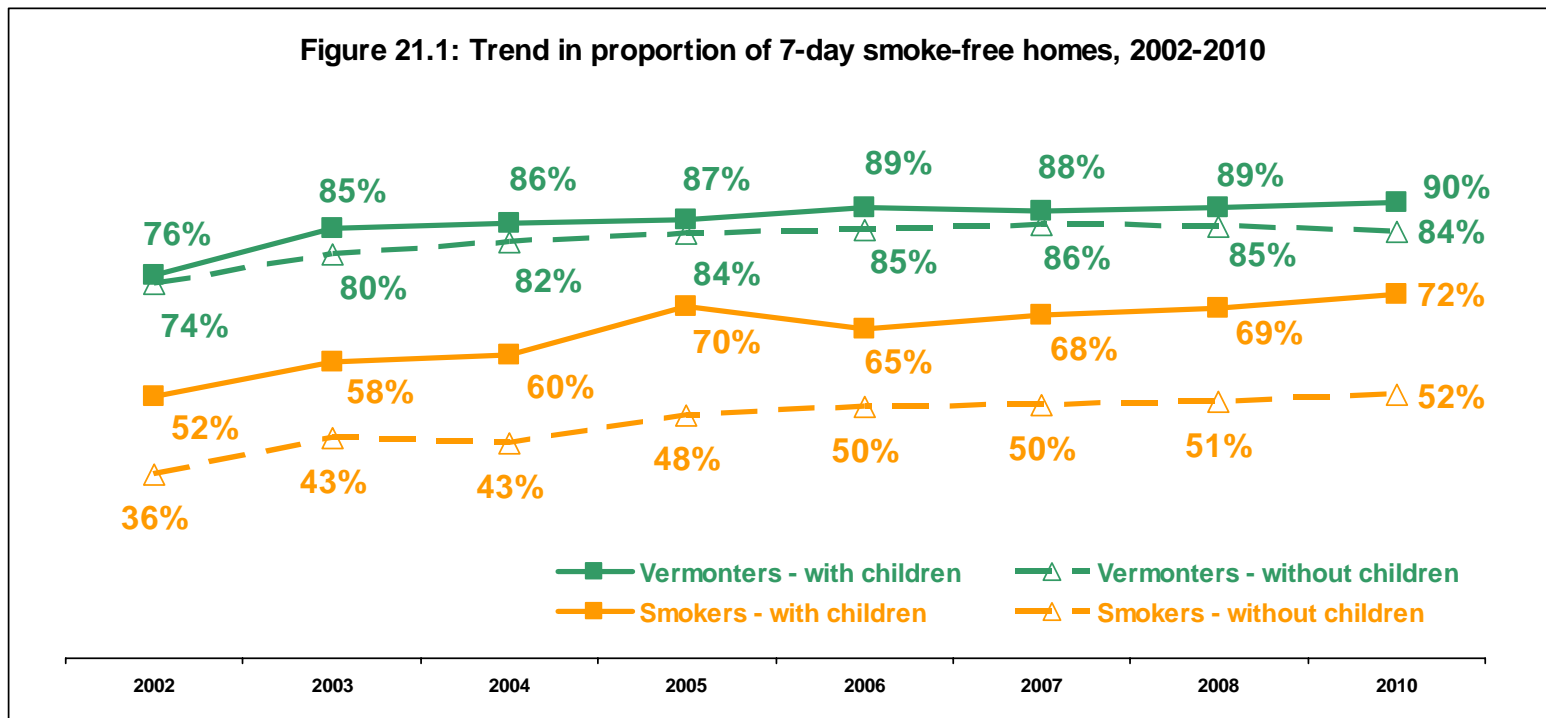
Nearly all non-smokers and three-quarters of smokers with children had smoke-free homes in the last week. Only half of smokers without children had smoke-free homes in the last week (**Figure 21**).



* In addition to home smoking bans, the VTATS also asks respondents the number of days, out of the last seven, that anyone smoked cigarettes, cigars, or pipes anywhere inside their home.

Home Exposure - Trend

Figure 21.1 shows a significant increase between 2002 and 2010 in the proportion of smoke-free homes during the last week. The increase was largest in smokers with children, which rose 20% in that time.



Home Exposure

More than 8 in 10 Vermont households reported being smoke-free in the last week. Non-smoker households were significantly more likely than smoker households to report this (**Figure 22**). Nearly all households with home smoking bans were smoke-free in the last week, regardless of the presence of children (98%, data not shown).

One third of households with children that *allow* smoking in the home reported *none* in that time (**Figure 22.1**). More smokers without children reported a smoke-free past week compared to those with children (16% vs. 9%). Among smokers that allow smoking, most reported at least some smoking in the last week. Nearly one-third of non-smokers with and without children reported smoke in their home every day in the last week.

Figure 22: Number of smoke-free days in home by smoking status, 2010

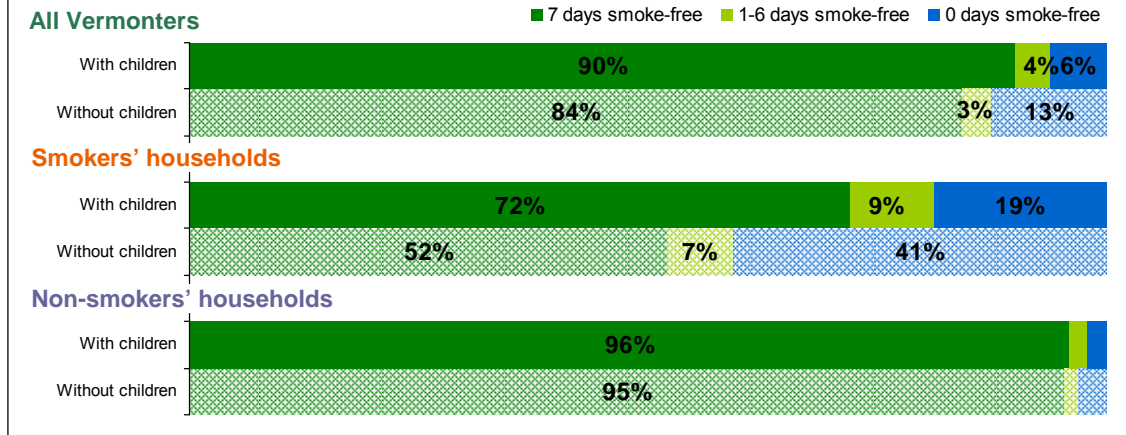
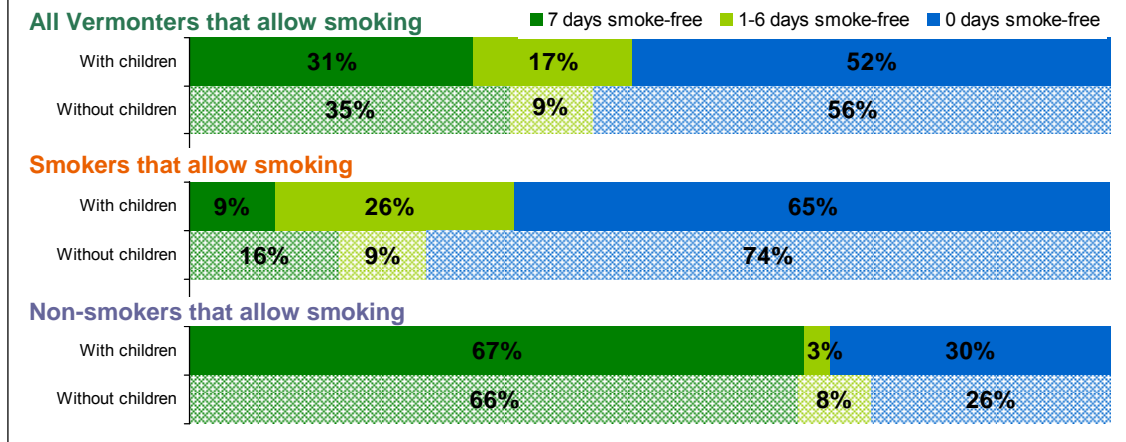


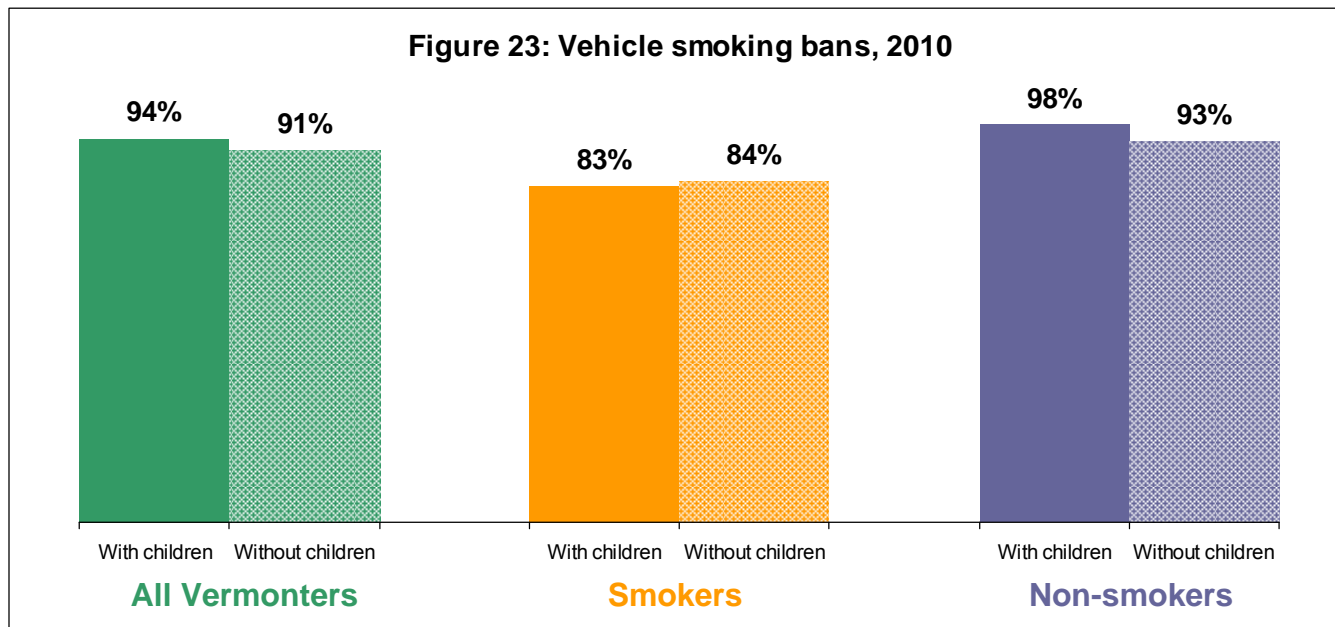
Figure 22.1: Number of smoke-free days in homes that allow smoking, 2010



Vehicle smoking bans

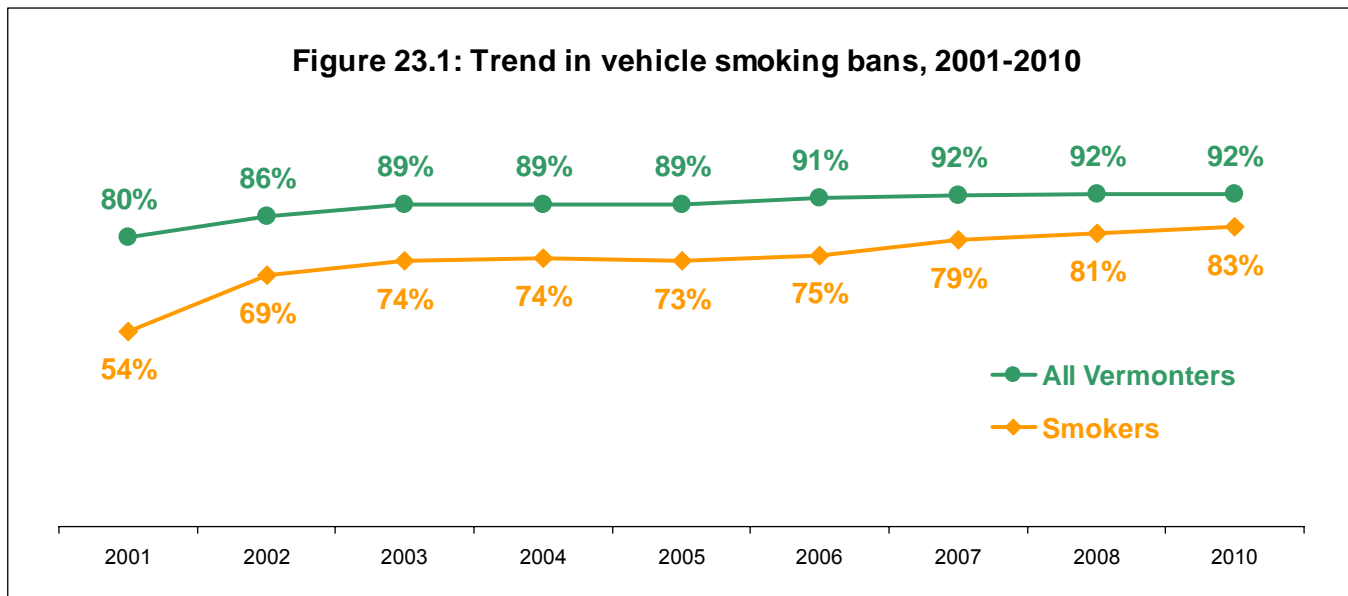
Vehicle smoking bans were common among Vermonters. In 2010, 92% of Vermonters said they did not allow smoking in their car or truck when children are present; over 80% of smokers said the same.

Figure 23 shows the proportions of all Vermonters, smokers, and non-smokers, with and without children, that did not allow smoking in their vehicle. Non-smokers were significantly more likely than smokers to ban smoking in their vehicle, regardless of the presence of children in the home.



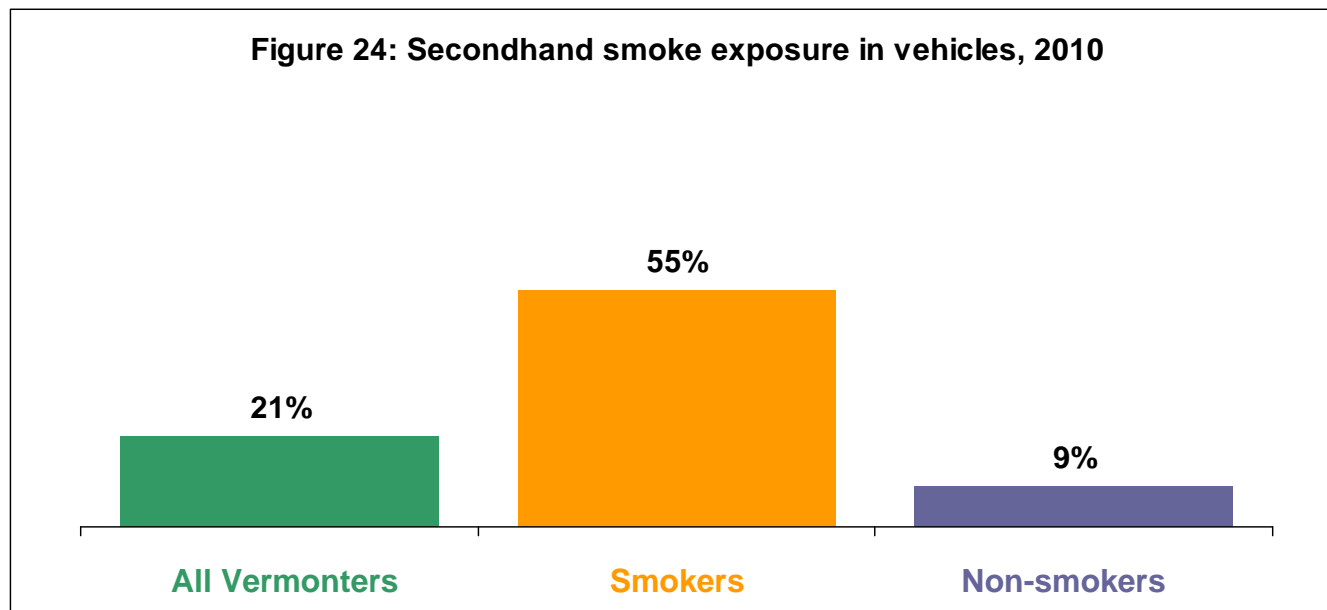
Vehicle smoking bans - Trend

Figures 23.1 shows the increasing proportion of Vermonters overall and of smokers, who have smoking bans in vehicles when children are present. Between 2001 and 2010, the increase was statistically significant for all Vermonters (up 12%), smokers (up 29%), and non-smokers (up 5%, data not shown). As noted in previous slides, there was no significant difference between those with and without children.



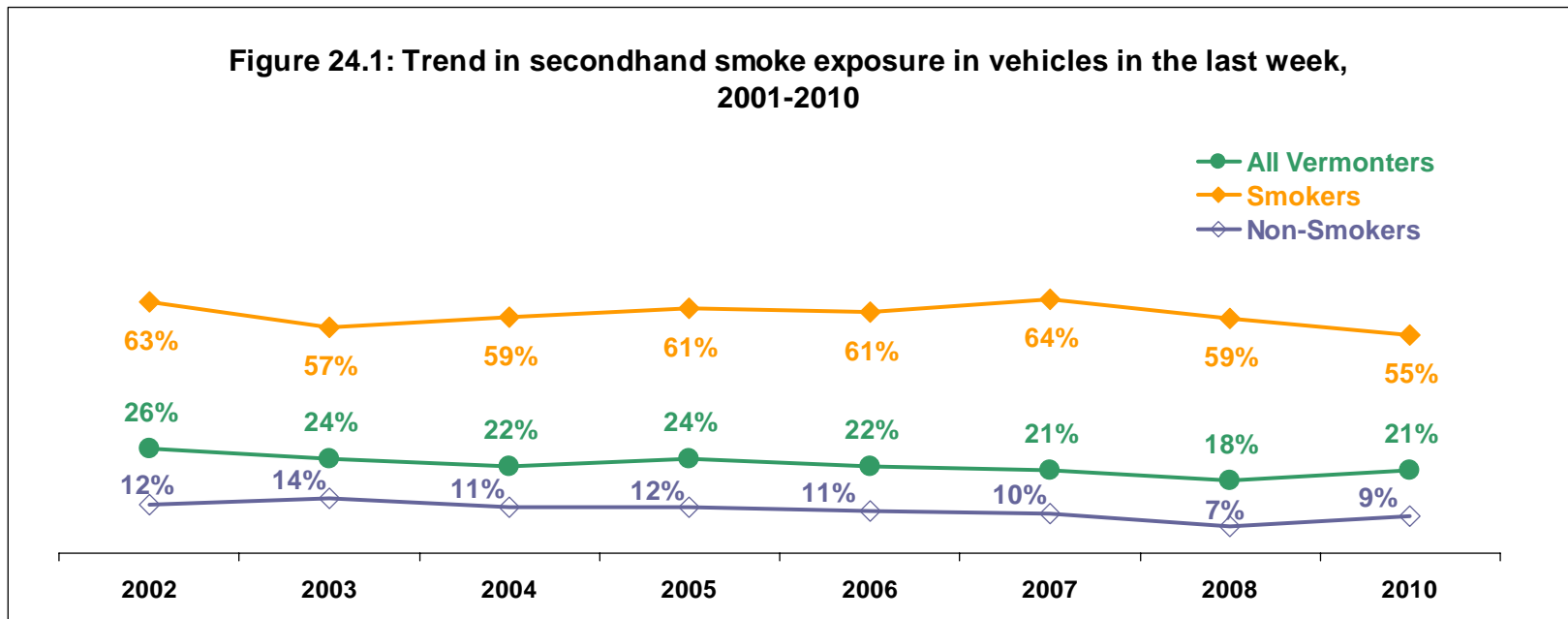
Vehicle Exposure

One in five Vermonters has been in a car with someone who was smoking in the last week. **Figure 24** shows that smokers were much more likely to have reported being in a car with someone who was smoking than non-smokers (55% vs. 9%).



Vehicle Exposure - Trend

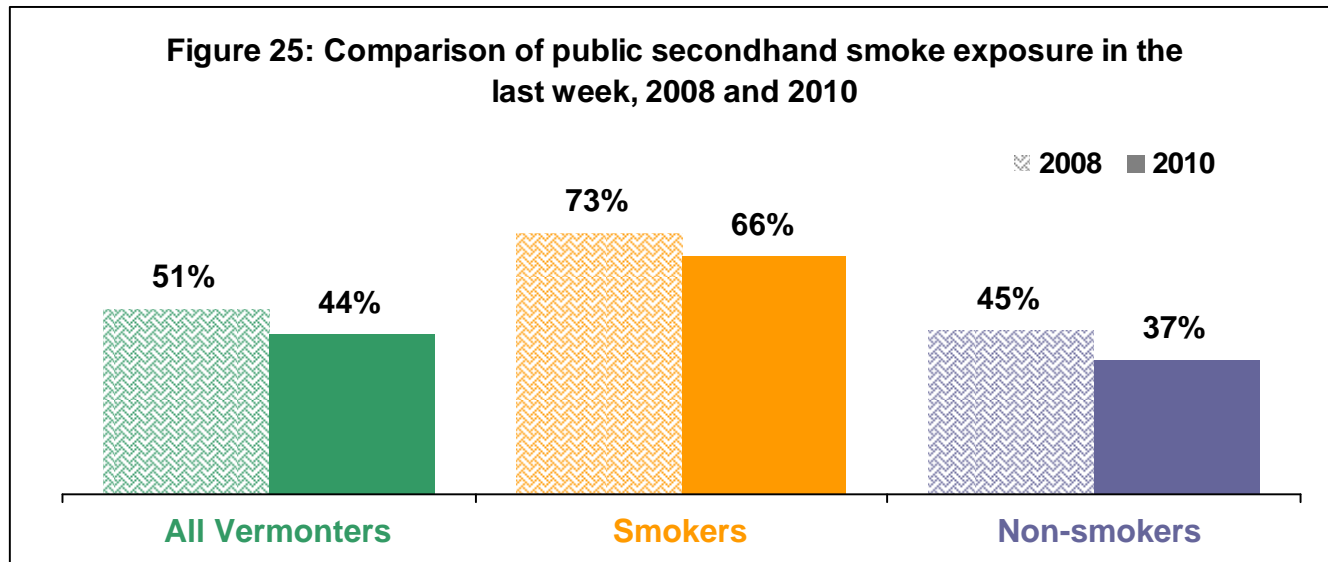
Over time, there has been some progress in reducing the percentage of Vermont adults who reported exposure to secondhand smoke in a car. The overall proportion significantly decreased from 26% in 2002 to 21% in 2010. There has been no statistically significant change in smoker or non-smoker exposure over time (**Figure 24.1**).



Public Exposure

In 2010, on average, Vermonters were exposed to secondhand smoke on 1.5 days in the last week. Smokers reported, on average, 3.2 days of exposure while non-smokers reported exposure on 1.0 days in the last week.

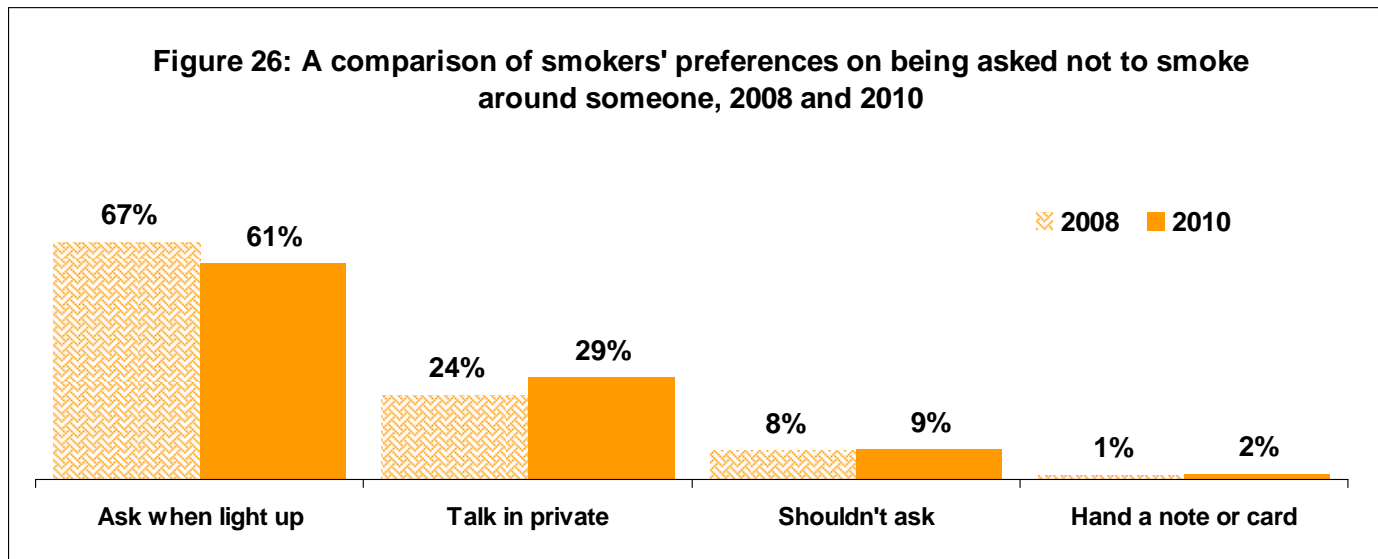
Fewer than half of Vermonters said they were exposed at least one day in the last week (44%). This was significantly less than the 51% who reported exposure in 2008. Smokers were significantly more likely than non-smokers to report breathing smoke from someone else's cigarette in a public place (66% vs. 37%) (**Figure 25**).



Preferences

The VTATS asked current smokers how they would prefer to be asked not to smoke around someone. In 2010, responses varied slightly from 2008 answers (**Figure 26**).

There were no statistically significant differences in these preferences by any demographic group.*



* Due to small numbers, analysis of differences was not conducted for those that said to hand them a note or card and that did not think anyone should ask them not to smoke.

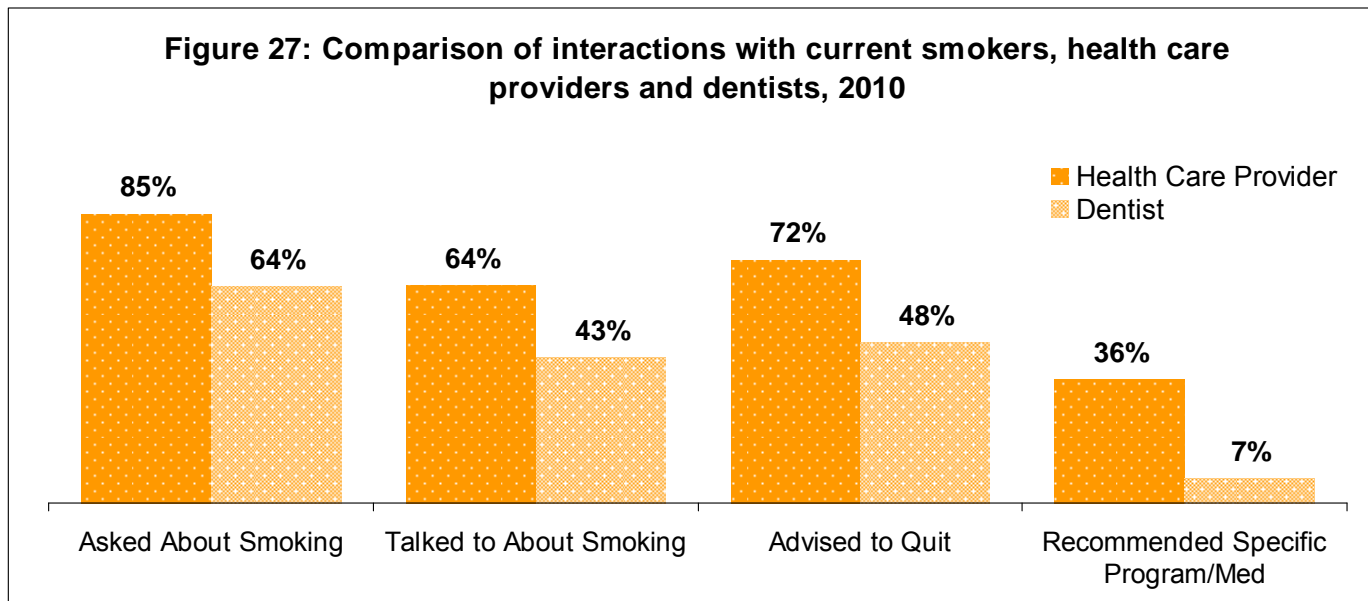
Health Care Providers & Interventions

An important point of intervention for smoking cessation is via health care providers because even brief interventions have been linked with increased success in quitting. VTCP also works to systematize referrals from providers to the **VERMONT QUIT NETWORK** and evidence-based cessation interventions. A key cessation intervention partially assessed by VTATS is “The 5 As.” The 5 As intervention encourages providers to *ask* (their patients) to identify tobacco use, *advise* by strongly urging patients to quit, *assess* willingness to quit, *assist* the patients in quitting by recommending programs or appropriate medication, and to *arrange* follow-up contact.

Provider Interaction

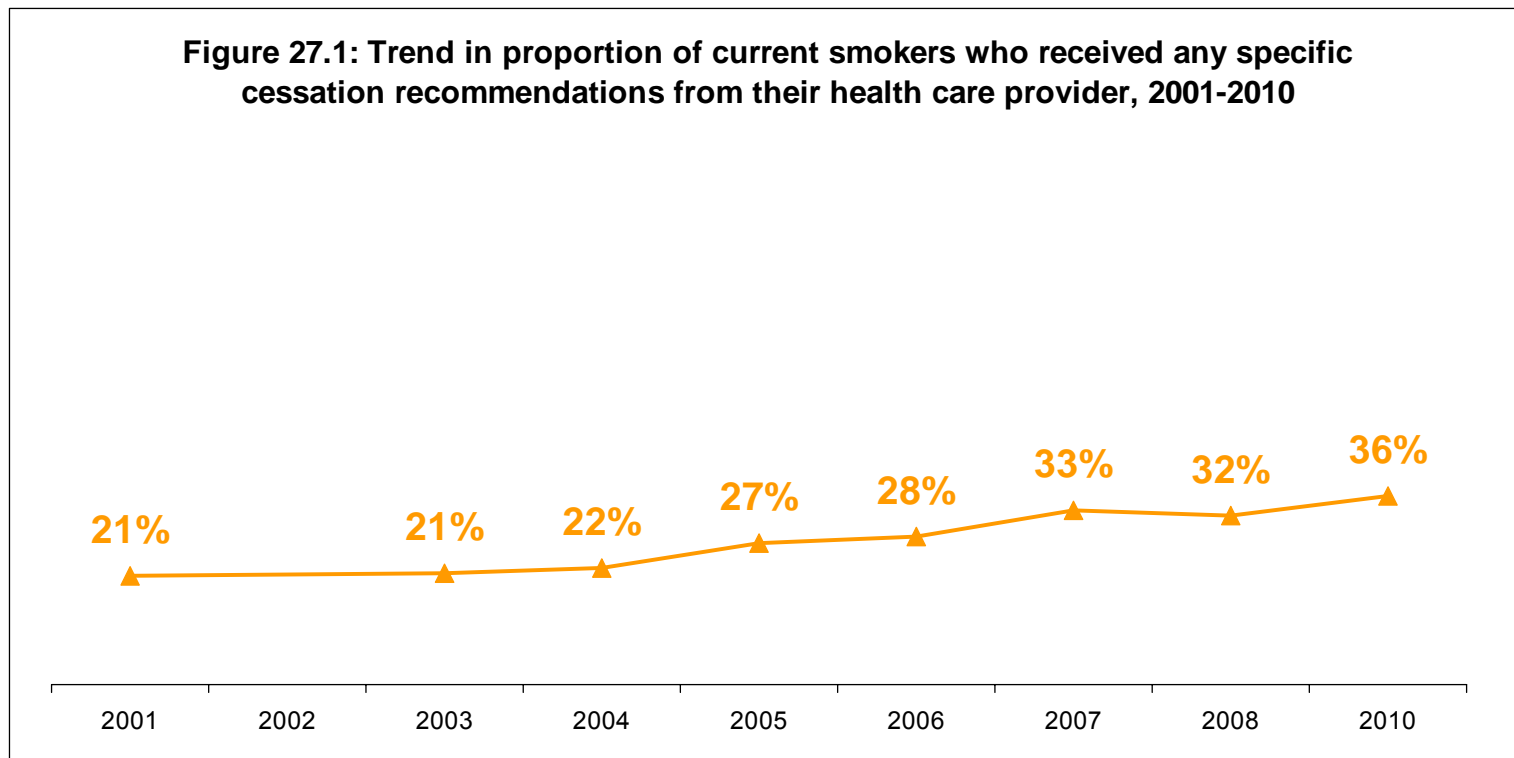
In 2010, three quarters of current smokers had seen a health care provider (77%) and about half had been to the dentist in the last year (51%). Since 2001, the proportions of current smokers who reported visiting health care providers and dentists in the last year increased significantly (50% to 77% and 31% to 51%, respectively).

Figure 27 shows that, in general, fewer current smokers reported conversations about smoking with a dentist than with a health care provider.



Provider Interaction - Trend

Looking specifically at the fourth column of Figure 27, **Figure 27.1** shows the trend in current smokers who reported that their provider gave them a recommendation for a specific cessation program or medication. This corresponds to the *assist* portion of the 5 As and has significantly increased since 2001.



Provider Interaction

From 2005 to 2010, the proportion of current smokers who were asked by their health care providers if they smoked increased significantly from 73% to 85%. The change in proportion asked if they smoke by their dentist also increased but was not significant (55% to 64%). However, the proportion of patients who reported that their dentist discussed cigarette smoking did increase significantly (34% to 43%).

For both health care providers and dentists, current smokers reported significant increases in being advised to quit. In 2001, half of current smokers reported that health care providers advised them to quit (50%); a quarter reported that dentists advised them to quit (27%). This significantly increased to 72% of health care providers and 48% of dentists in 2010, respectively. See Appendix A, page 84-85 - Figures 27.2 and 27.3 for trend data on conversations with health care providers and/or dentists.

There were no significant differences in health care provider interactions with current smokers by demographic characteristics. However, there were significant demographic differences for reported dentist interactions. Males were more likely than females to report that their dentist asked if they smoked and advised them to quit (71% vs. 57% and 57% vs. 39%). Similarly, 25-44 year olds were more likely than those 45 or older to report that their dentist asked if they smoked and advised them to quit (73% vs. 56% and 57% vs. 40%). Finally, those with a high school education or less than a high school education were more likely than those with college or more to report that their dentist asked if they smoked (81% and 70% vs. 53%) and advised them to quit (63% and 52% vs 35%).

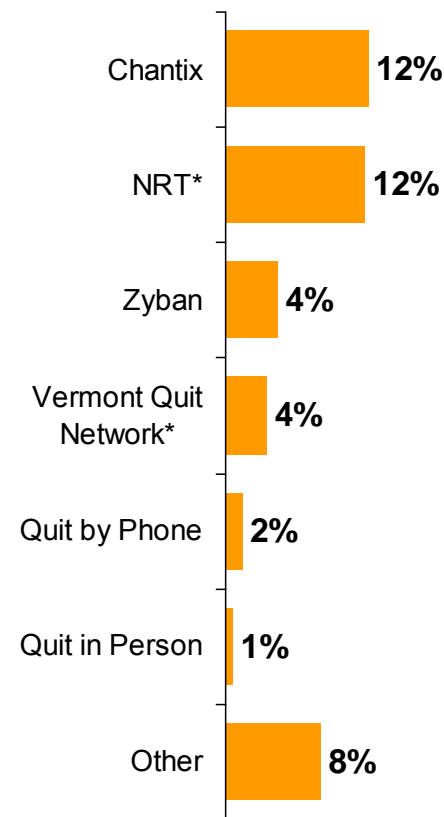
Provider Recommendations

Those who were given a recommendation were asked what those suggestions were. The most frequently suggested methods were Chantix and various nicotine replacement therapies (12% each). All other programs were reported by less than five percent of respondents. (**Figure 28**).

**NRT includes nicotine patches, gum and lozenges. Other includes nicotine nasal spray, nicotine inhaler, and other reported quitting methods including use of the Internet or unspecified methods. Vermont Quit Network refers generally to the entire program and includes the online Your Quit Your Way program.*

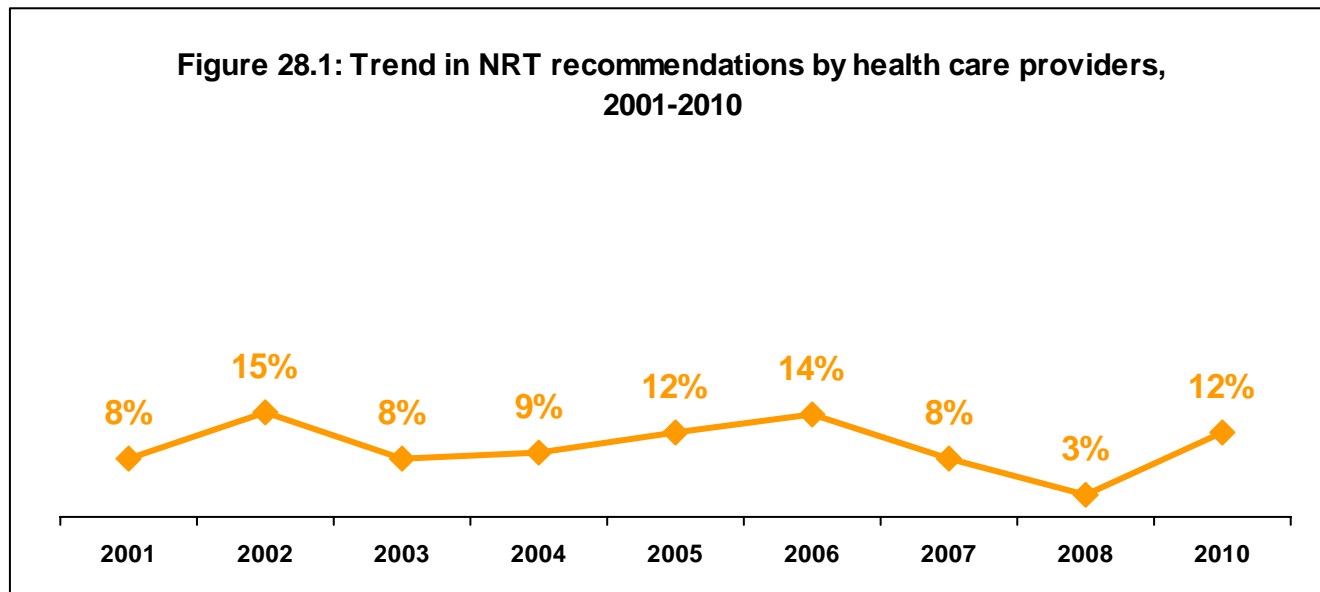
NOTE: The wording of this question changed between 2008 and 2010 to adequately reflect the current programs and the way they are marketed. For example, in 2008, the question referred to the Quit Line whereas in 2010 the question refers to the Quit by Phone program.

Figure 28: Cessation methods and programs recommended to current smokers by health care providers, 2010



Provider Recommendations

The only statistically significant change in recommendations between 2008 and 2010 was an increase in NRT recommendations. **Figure 28.1** shows the fluctuation over time in the proportion of current smokers receiving NRT recommendations from their health care providers. Additional trend data for other recommendations can be found in Appendix A on page 86 - Figures 28.2.

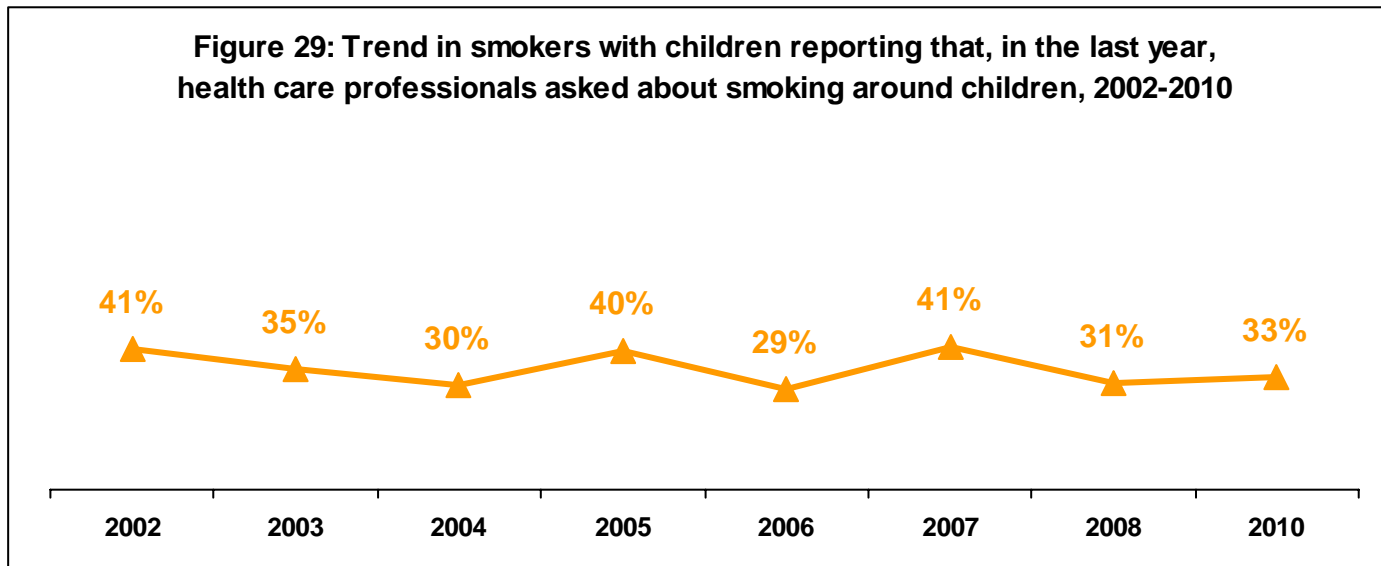


* NRT includes nicotine patches, gum and lozenges. Nicotine nasal sprays and nicotine inhalers are included in the 'Other methods' category mentioned on the previous page.

Provider Interaction

In 2010, one in three current smokers with children reported that their health care provider asked if they smoke around their children. **Figure 29** illustrates that there has been no significant change over time.

There were no differences by gender, education, or income level in the proportion of current smokers with children who reported that their health care provider asked about smoking around children. However, those 25-44 years old were significantly more likely than those 45 or older to report this (41% vs. 17%).

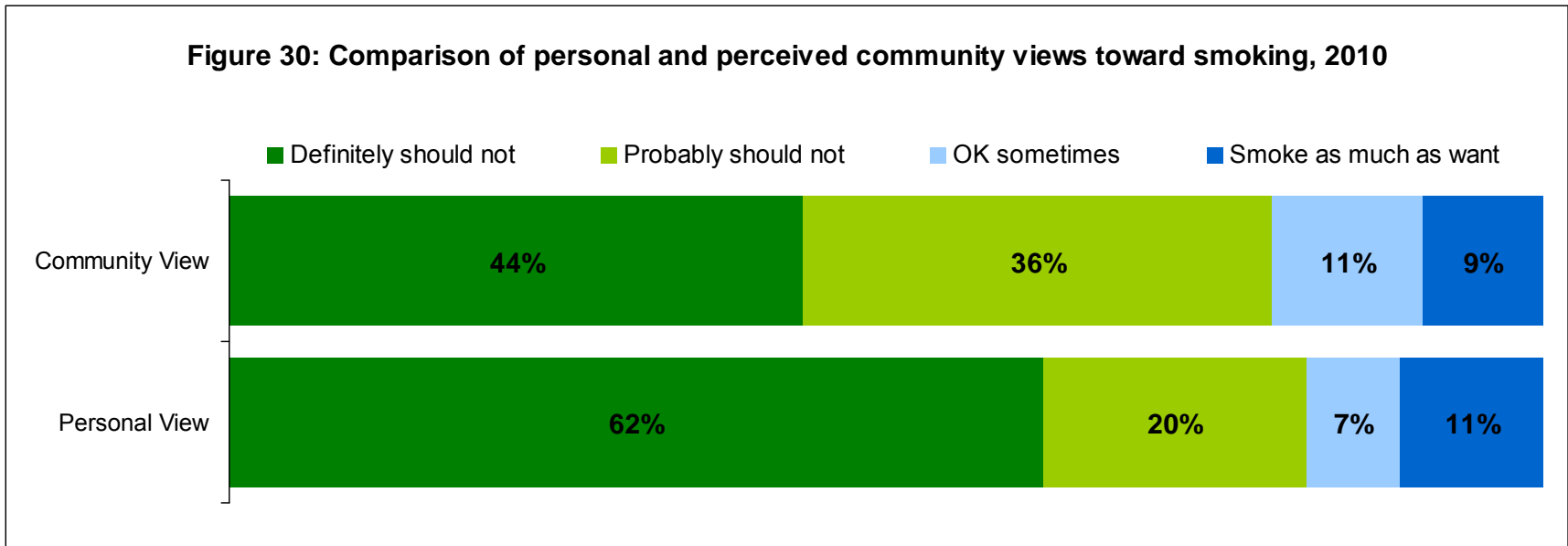


Attitudes toward Smoking

Changing social norms around tobacco is an underlying goal of VTCP. Measuring attitudes toward smoking is important in understanding smoking norms and behavior. Changes in attitude tend to precede change in behaviors and are therefore important indicators in planning prevention and intervention strategies.

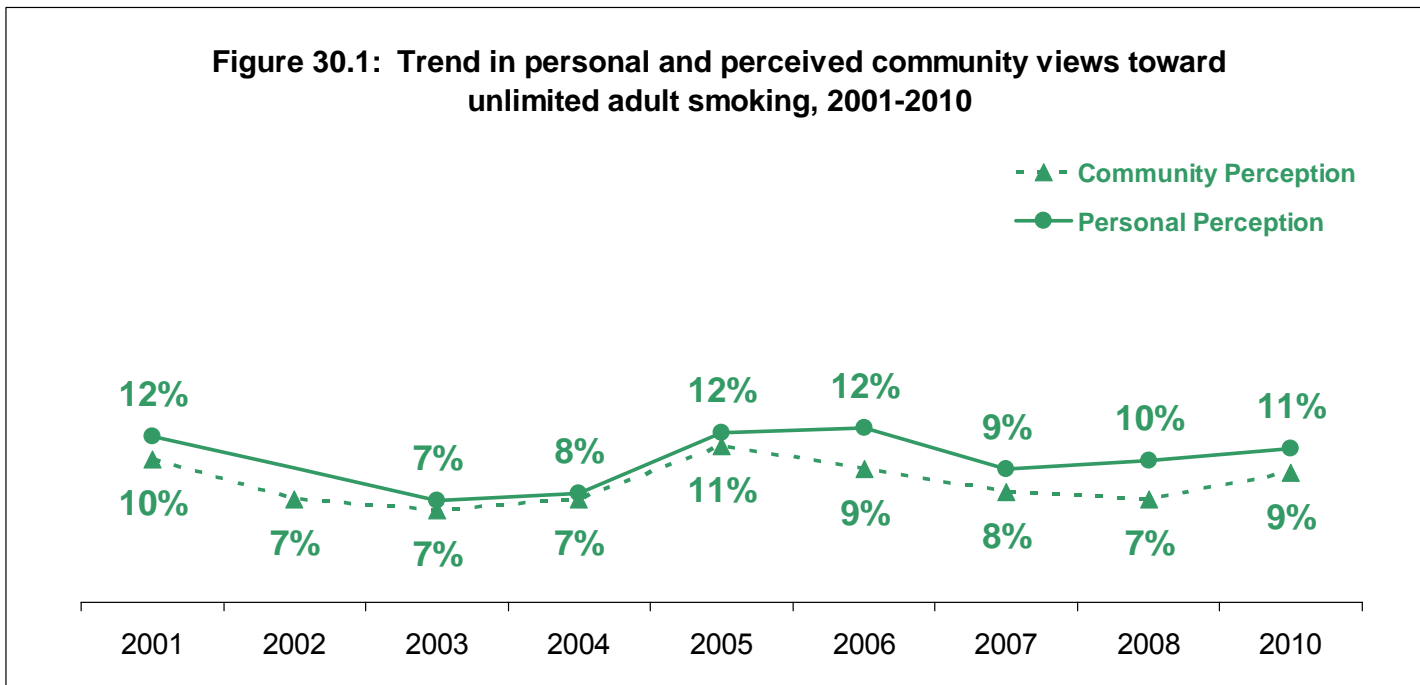
Is smoking OK?

Three out of five Vermonters believed that adults 'definitely should not' smoke (62%), while only two out of five believed that the community thought the same (44%). One in ten think it is okay for adults to smoke as much as they want (**Figure 30**).



Perception - Trend

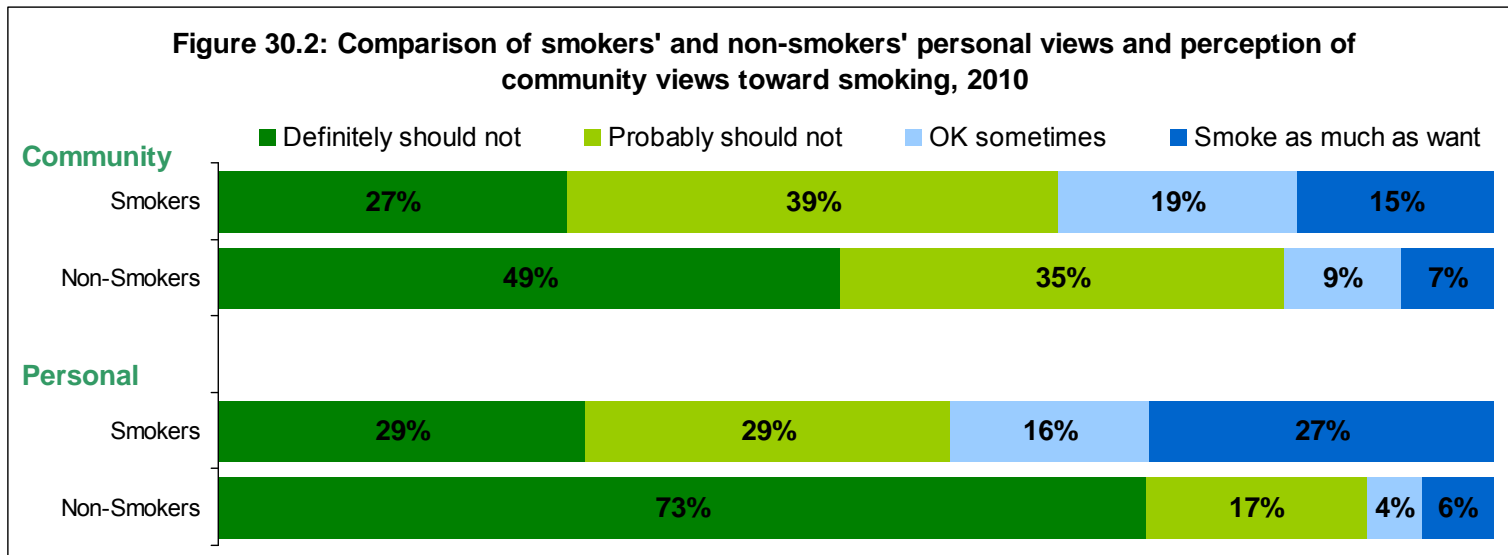
Ideally, over time the proportion of people who think it is OK for adults to smoke as much as they want would decrease. **Figure 30.1** shows that in 2010, the proportion increased slightly for both personal and perceived community views. Neither of these changes was statistically significant.



Perception

Figure 30.2 shows 2010 data on perceptions of smoking for smokers and non-smokers. Smokers were twice as likely to believe members of their community think it is OK for adults to smoke as much as they want. They were four times more likely than non-smokers to personally think it is OK for adults to smoke as much as they want. In both cases, the differences were statistically significant.

Also striking was that 73% of non-smokers personally believe that adults should definitely not smoke, but just 29% of smokers said the same. All differences between smokers and non-smokers were statistically significant.



Perception - Demographics

Those who were significantly more likely to think that their **community** members believe it is OK for adults to smoke as much as they want included:

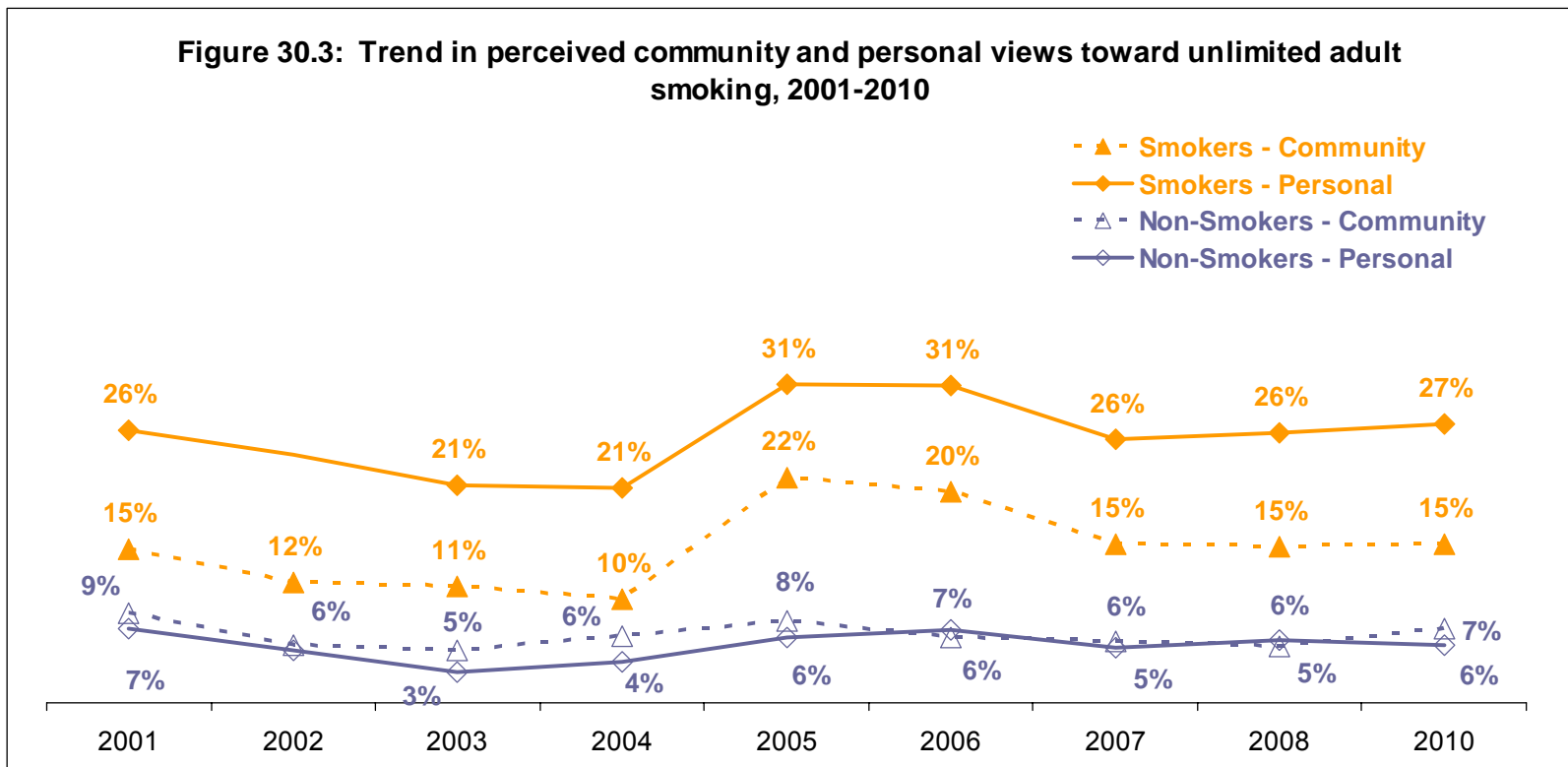
- Low income households (18%) vs. middle (7%) and high income households (4%)
- High school education (15%) vs. some college (8%) and college or more education levels (4%)

When it comes to **personal** views of smoking, Vermonters with lower education and income levels were significantly more likely to think it is OK for adults to smoke as much as they want:

- Low income households (20%) vs. middle (9%) and high income households (7%)
- High school education (17%) vs. some college (10%) and college or more education levels (5%)

Perception - Trend

Figure 30.3 shows the trend in the proportion of smokers who said it is OK for adults to smoke as much as they want. This remained level from 2007 to 2010 – both for smokers who personally felt that way and those who believed the community feels that way.

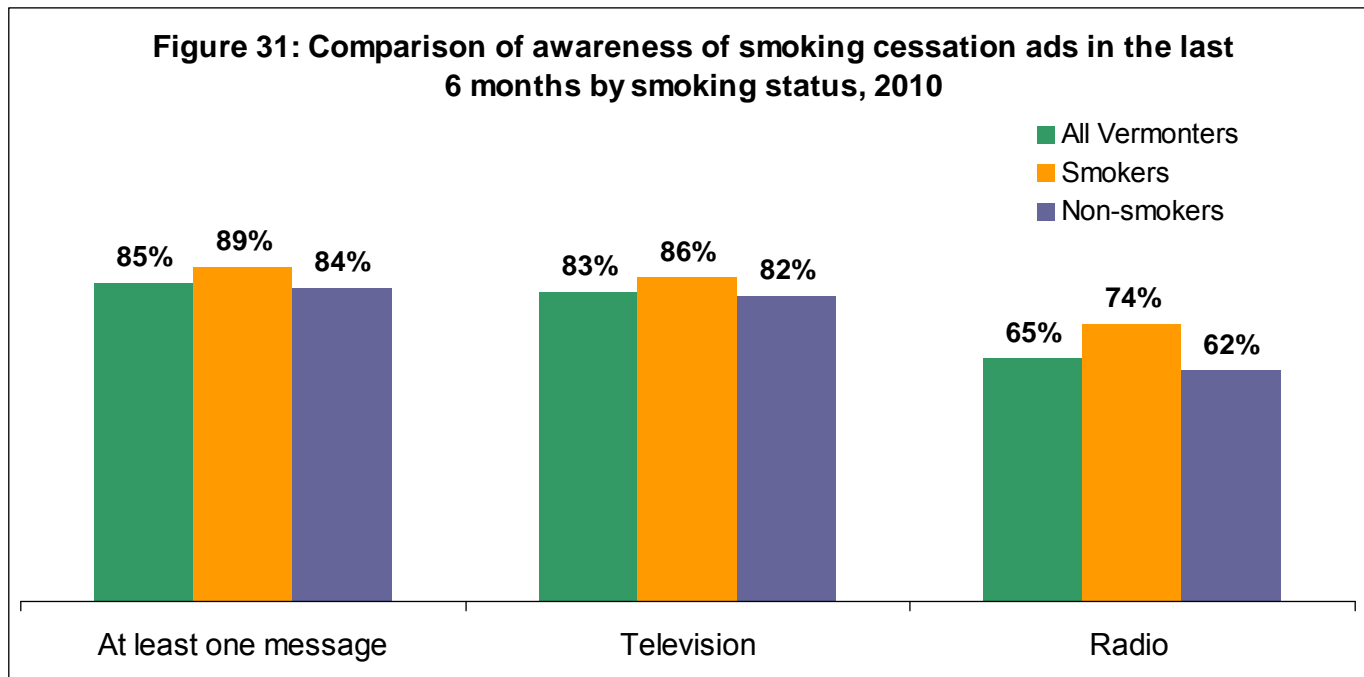


Media Campaign Awareness

Mass media and public education are a component of the CDC's recommended comprehensive structure for tobacco control programs. Given Vermont's geography, radio is the primary mass medium for adult cessation and secondhand smoke campaigns. In 2010, VTCP undertook social marketing efforts, including developing branded media, radio spots, and television commercials, to *decrease* demand for tobacco products. Each year the VTATS includes questions that attempt to assess Vermonter awareness of these anti-tobacco and cessation program media messages. Respondents who confirm their awareness of specific messages are then asked a series of questions aimed at gauging the impact of these media messages. While the VTATS attempts to assess overall awareness, media-specific evaluation tools are better suited to measure reach and penetration.

Cessation Campaigns

The majority of Vermonters were aware of stop smoking media messages (85%). Awareness of media messages among non-smokers was similar to that of all Vermonters. Smokers generally reported higher overall awareness of media messages than non-smokers but the only statistically significant difference was recall of radio messages (74% vs. 62%) (**Figure 31**).



Note: Respondents who reported not using a specific medium were not included in the above calculations.

Cessation Campaign Awareness

There were significant differences by age and education levels in overall cessation ad awareness and radio ads in particular. There were no significant differences in awareness by gender or household income.

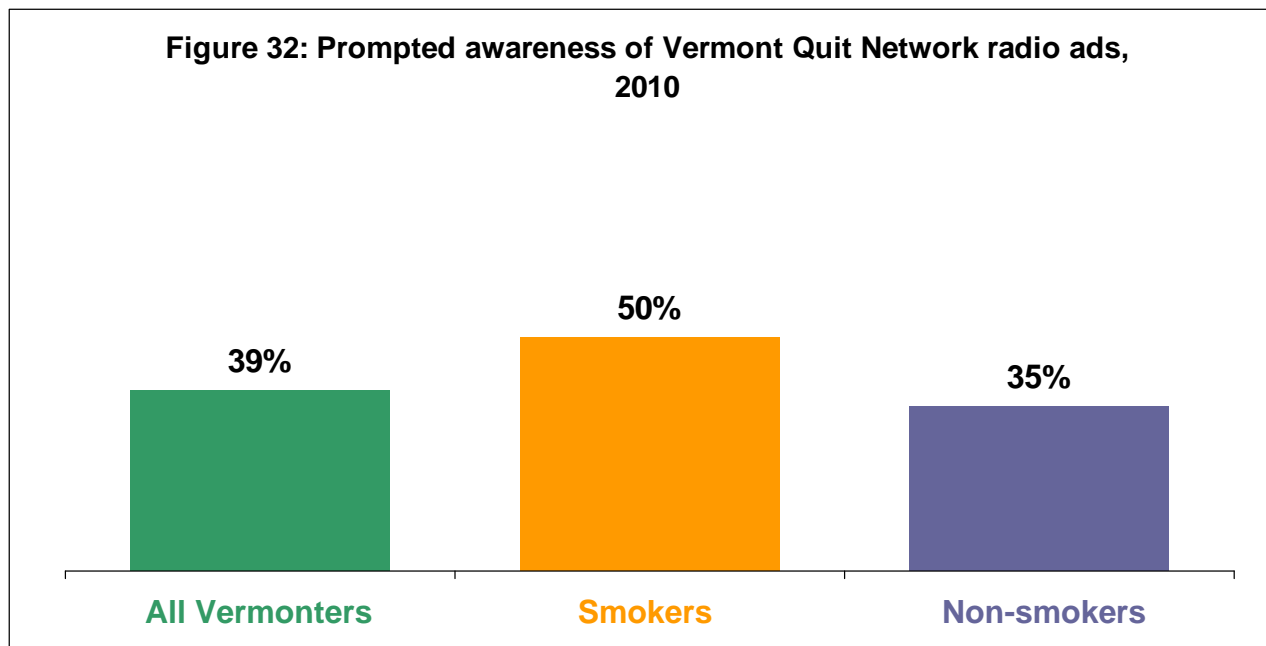
Younger adults 18-24 (93%) and 25-44 (91%) years of age were more likely than adults 45 and older (81%) to have seen or heard at least one smoking cessation message. Specifically, younger adults were significantly more likely than older adults to be aware of radio messages (83% and 73% vs. 55%) and TV messages (90% and 88% vs. 79%).

Adults with a high school (88%) or some college education (91%) were more likely than those with a college degree or more (79%) to have seen or heard at least one smoking cessation message. For radio messages this relationship was significant (72% and 70% vs. 56%). There were no significant differences in TV awareness by education level.

For trend data on cessation campaign awareness, please see Appendix A, pages 87-89 - Figures 31.1-31.3.

Vermont Quit Network Awareness

When asked specifically about Vermont Quit Network radio messages, 39% of Vermonters reported hearing at least one ad in the previous six months. **Figure 32** shows that smokers were significantly more likely than non-smokers to recall hearing the ads (50% vs. 35%).



Vermont Quit Network Awareness

There was some variation in awareness of the Vermont Quit Network's (VQN) radio ads by demographic characteristics. In general, females, younger adults, and those with more education were more likely to be aware of VQN ads than males, older adults, and respondents with less than a high school degree. The gender differences were not significant nor were there any significant differences by household income.

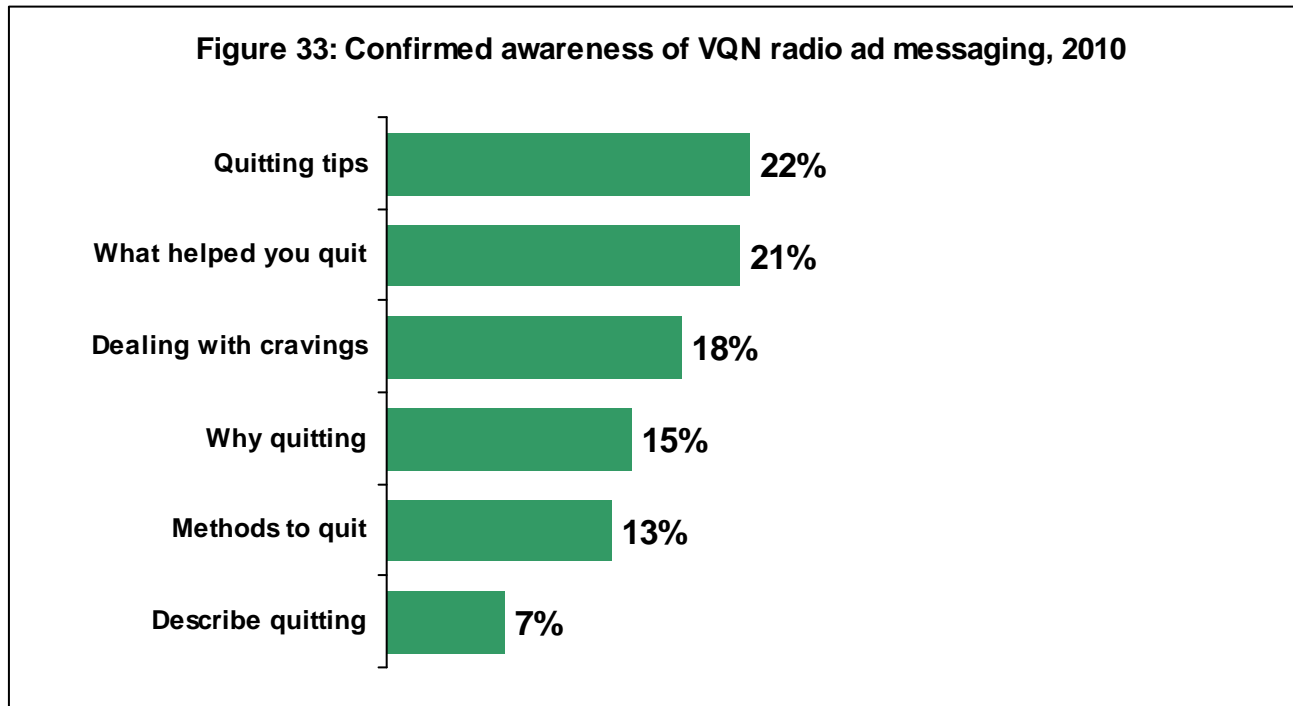
Younger adults (less than 45 years old) were more likely than older adults (45 and older) to be aware of VQN ads (54% vs. 27%). This was also true among younger current smokers and recent quitters (61%) compared to older current smokers and recent quitters (41%).

Smokers with less than a high school education were less likely to be aware (29%) than smokers with a high school degree or more (53%).

Among VTCP's target audience of current smokers 25-35 years old, 58%, an estimated 14,900 Vermont adults, were aware of VQN ads. There were no significant differences in awareness by gender, education, or income within this subgroup.

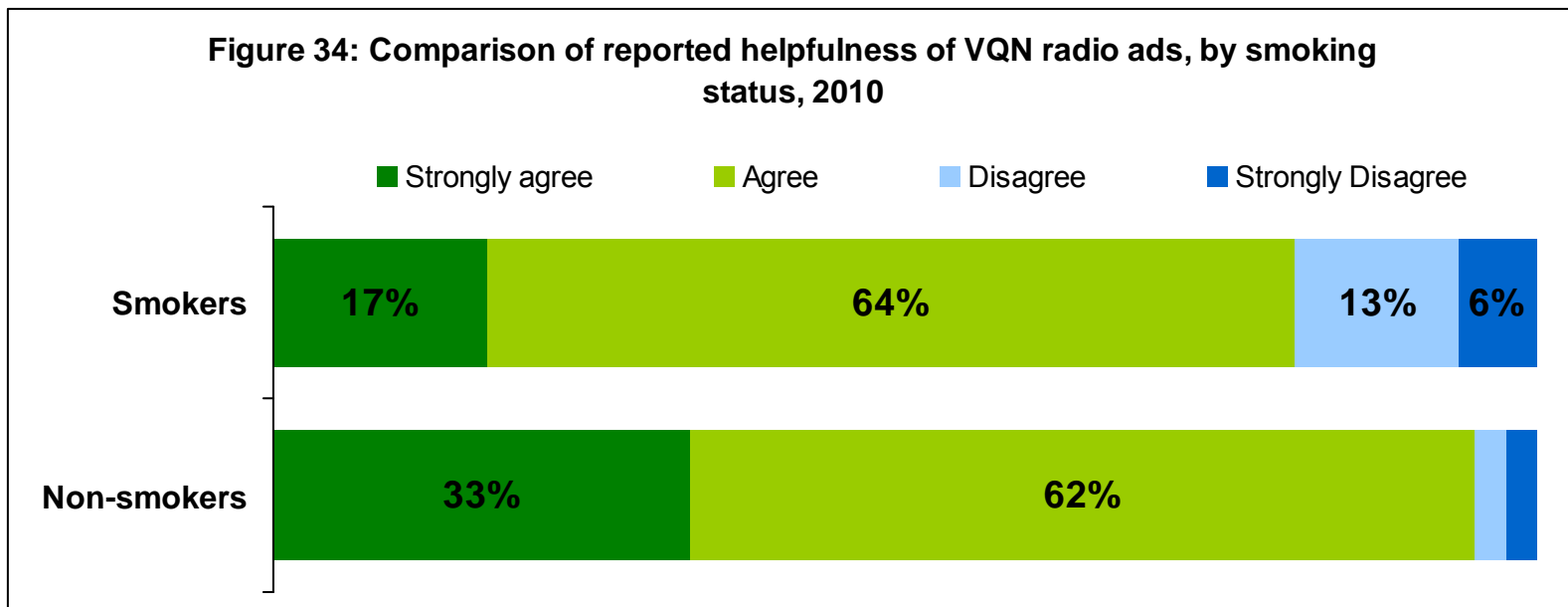
Vermont Quit Network Confirmed Awareness

Among Vermonters who had heard VQN radio ads in the last 6 months, listeners were able to confirm several smoking cessation themes (**Figure 33**). There were no statistically significant differences between smokers and non-smokers in awareness of these themes.



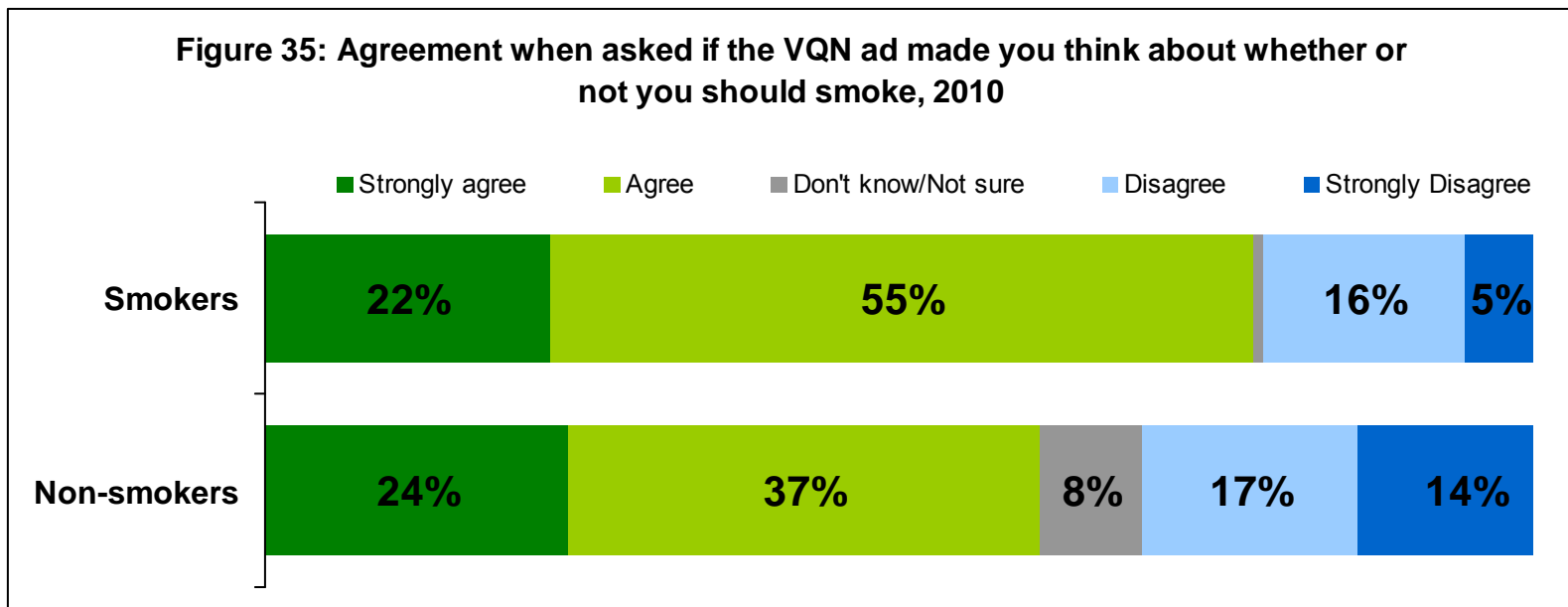
Helpfulness

The majority of Vermonters, smokers and non-smokers alike, who heard the VQN radio ads agreed or strongly agreed that they were helpful (**Figure 34**). Smokers were significantly less likely than non-smokers to strongly agree that the ads were helpful (17% vs. 33%).



Thinking about smoking

The majority of Vermonters who heard the VQN radio ads agreed that the ad made them think about whether or not they should smoke. Smokers were significantly more likely than non-smokers to agree they thought about this (55% vs. 37%) **(Figure 35)**.



'Make Children a Smoke Free Zone' Campaign

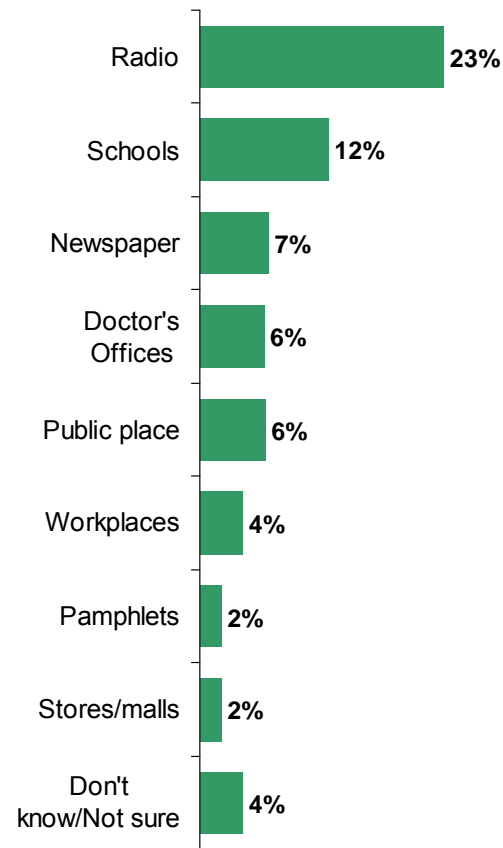
In 2010, 65% of Vermonters reported awareness of the smoke free zone messaging. **Figure 36** shows the most commonly reported mechanisms of this awareness.

When looking specifically at radio, smokers were significantly more likely than non-smokers to be aware of the smoke free zone messages (30% vs. 20%).

Of note, a majority of respondents offered other ways they knew of the smoke free zone message. The most common answer among these other responses was television (83%).

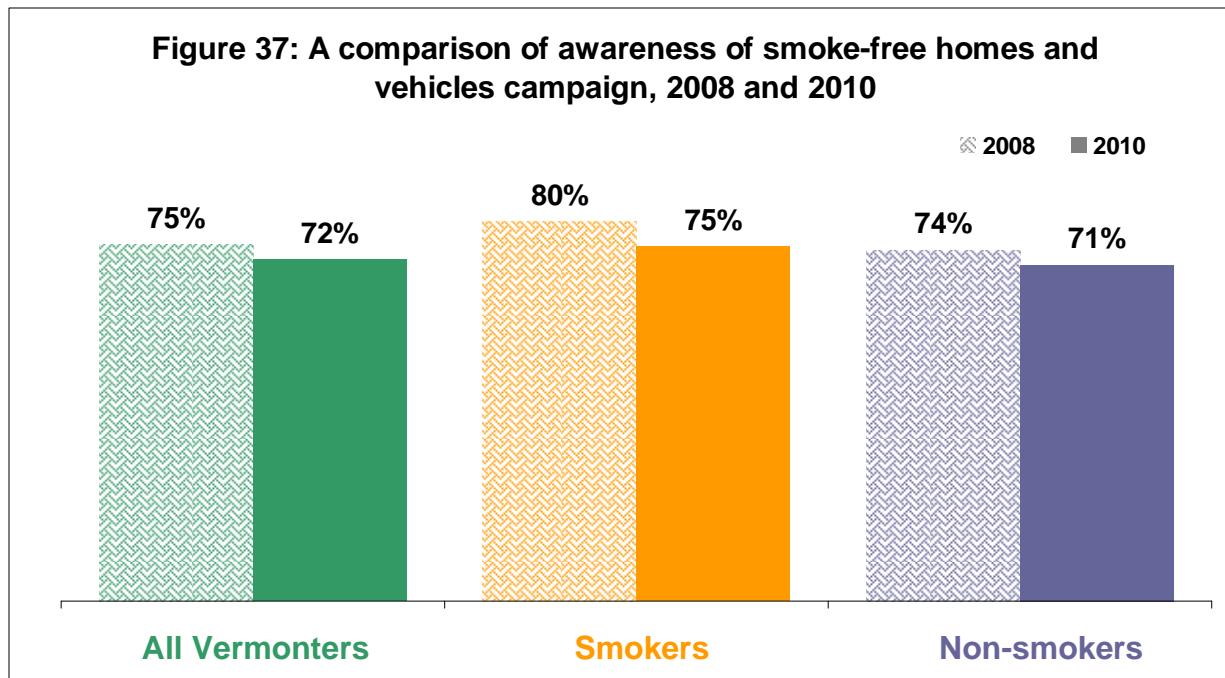
Note: Awareness of these messages may have been influenced by the time they aired as opposed to when the survey was conducted, how often they ran, and the ads themselves, as well as the questions used to confirm respondent awareness.

Figure 36: Awareness of 'Make Children a Smoke Free Zone' Message, 2010



'Smoke Free Zone' in Homes & Vehicles

Figure 37 shows that a high proportion of Vermonters (72%), smokers (75%), and non-smokers (71%) alike, are aware of the campaign promoting smoke-free homes and vehicles for children. There was no statistically significant change between 2008 and 2010.



Appendix A

Appendix A – Trend Data

Sample Characteristics by Survey Year

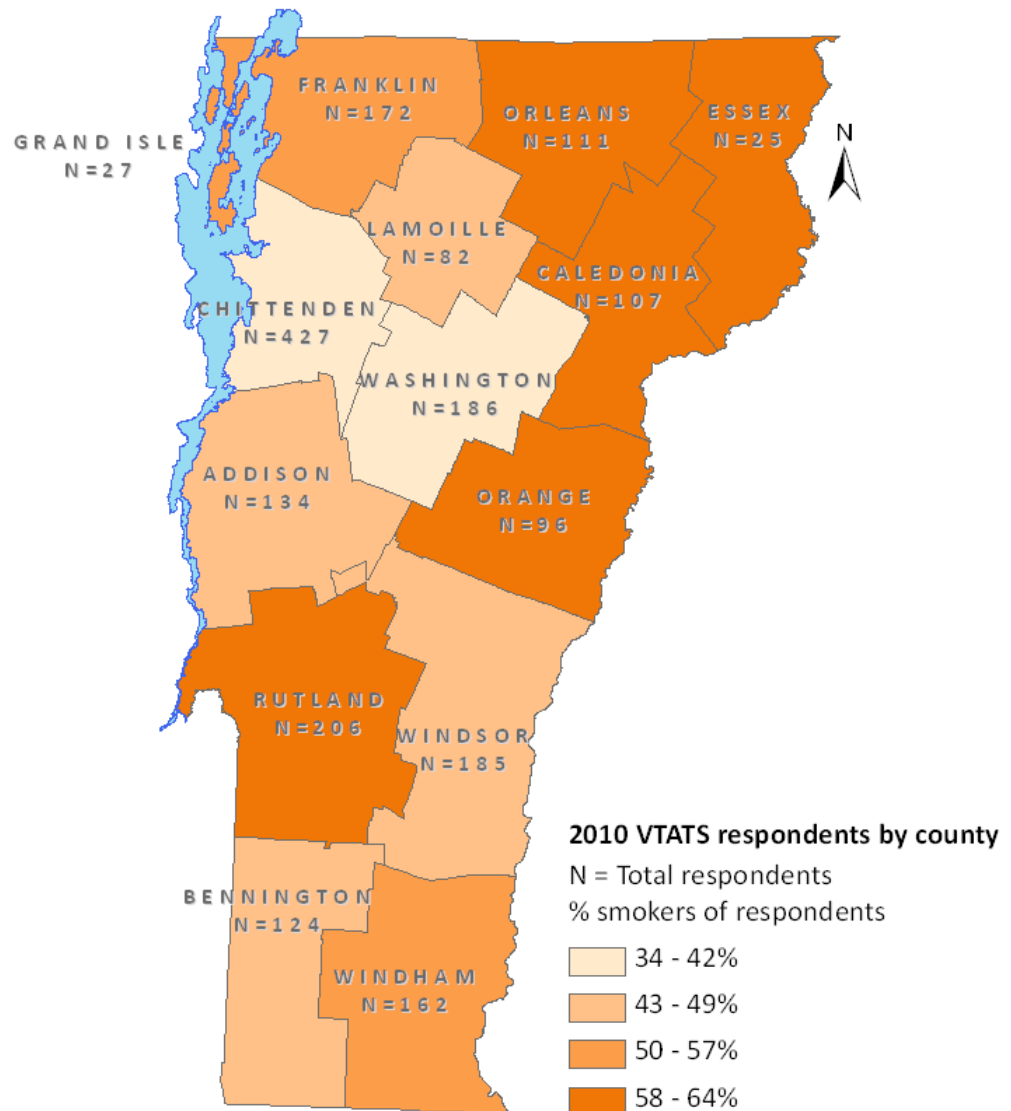
| | | 2001 | | 2005 | | 2006 | | 2007 | | 2008 | | 2010 | |
|--|-----------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------|
| | | N | % | N | % | N | % | N | % | N | % | N | % |
| Overall | | 2,241 | 100% | 2,069 | 100% | 2,057 | 100% | 2,124 | 100% | 1,880 | 100% | 2,044 | 100% |
| Gender | Female | 1,291 | 58% | 1,284 | 62% | 1,287 | 63% | 1,388 | 65% | 1,078 | 57% | 1,091 | 53% |
| | Male | 950 | 42% | 785 | 38% | 770 | 37% | 736 | 35% | 802 | 43% | 953 | 47% |
| Age Group | 18 to 24 years | 336 | 15% | 288 | 14% | 291 | 14% | 279 | 13% | 204 | 11% | 468 | 23% |
| | 25 to 44 years | 769 | 34% | 589 | 28% | 555 | 27% | 536 | 25% | 471 | 25% | 466 | 23% |
| | 45 years and older | 1,100 | 49% | 1,163 | 56% | 1,181 | 57% | 1,281 | 60% | 1,172 | 62% | 1,074 | 53% |
| Education | Less than high school | 229 | 10% | 158 | 8% | 132 | 6% | 170 | 8% | 109 | 6% | 155 | 8% |
| | High school | 835 | 37% | 701 | 34% | 727 | 35% | 718 | 34% | 558 | 30% | 710 | 35% |
| | Some college | 549 | 25% | 531 | 26% | 497 | 24% | 526 | 25% | 432 | 23% | 601 | 29% |
| | College or higher | 594 | 27% | 668 | 32% | 691 | 34% | 702 | 33% | 765 | 41% | 570 | 28% |
| Income* | Low | 589 | 26% | 498 | 24% | 464 | 23% | 523 | 25% | 390 | 21% | 529 | 26% |
| | Middle | 1,042 | 46% | 961 | 46% | 877 | 43% | 885 | 42% | 813 | 53% | 776 | 38% |
| | High | 266 | 12% | 346 | 17% | 380 | 18% | 399 | 19% | 412 | 22% | 356 | 17% |
| Smoking Status | Current smoker | 1,015 | 45% | 854 | 41% | 906 | 44% | 970 | 46% | 524 | 28% | 917 | 45% |
| | Recent quitter | 41 | 2% | 86 | 4% | 69 | 3% | 51 | 2% | 54 | 3% | 52 | 3% |
| | Former smoker | 433 | 19% | 370 | 18% | 349 | 17% | 318 | 15% | 433 | 23% | 259 | 13% |
| | Never smoker | 742 | 33% | 745 | 36% | 724 | 35% | 775 | 37% | 862 | 46% | 810 | 40% |
| | Smoker | 1,056 | 47% | 940 | 45% | 975 | 47% | 1,021 | 48% | 578 | 31% | 969 | 48% |
| Non-Smoker | 1,175 | 52% | 1,115 | 54% | 1,073 | 52% | 1,093 | 52% | 1,295 | 69% | 1,069 | 52% | |
| Overall CASRO Response Rate (see page 7) | Landline | -- | 37% | -- | 46% | -- | 36% | -- | 22% | -- | 33% | -- | 38% |
| | Cell phone | -- | -- | -- | -- | -- | -- | -- | -- | -- | 27% | -- | 27% |

* Note that in 2008 and 2010 the income variable did not include imputed data for missing values. Though not presented, missing values were included in denominator of all percents.

VTATS Respondents

Map 4 displays total survey respondents by county and illustrates the proportion of smoker respondents by county.

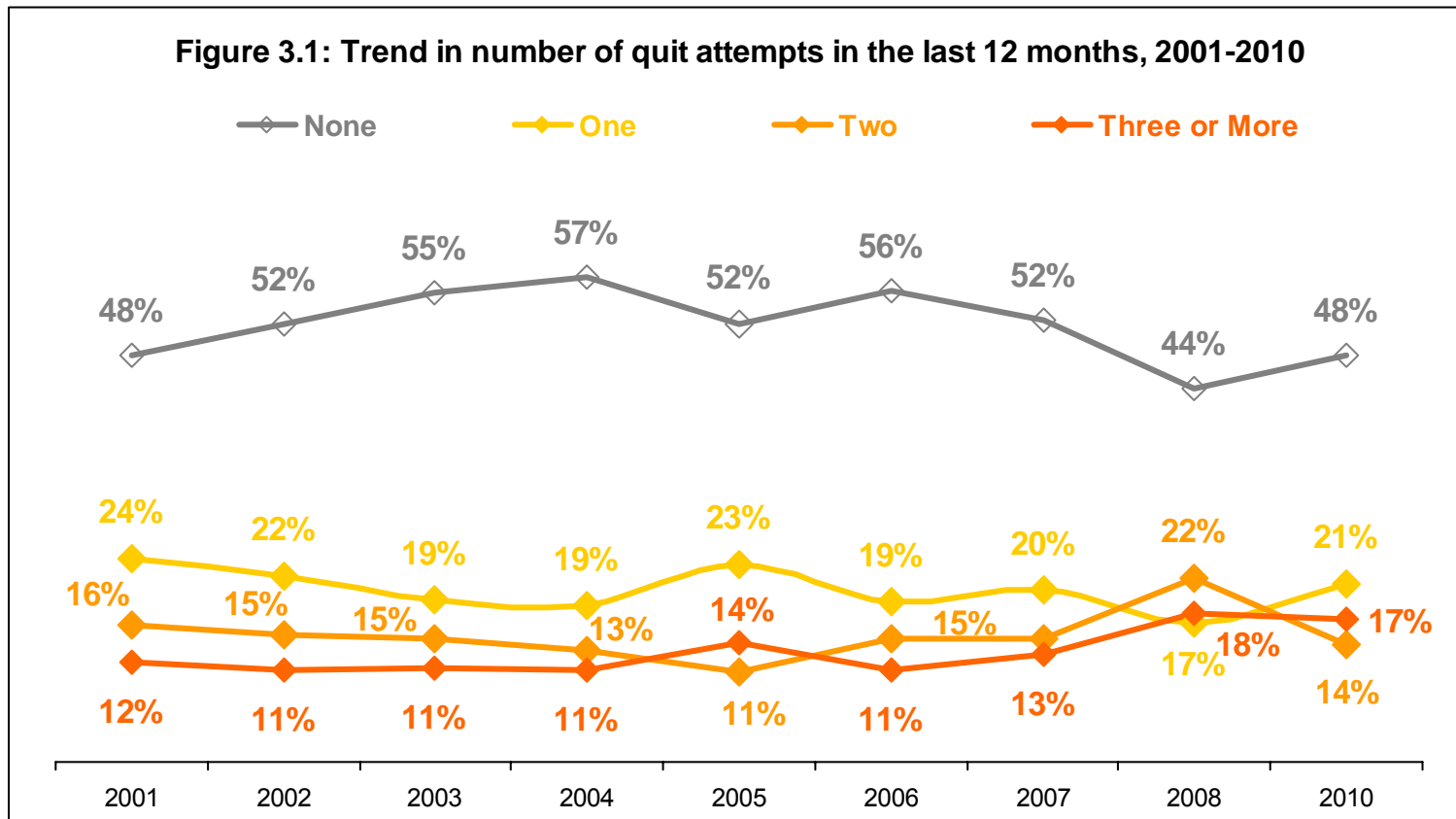
Respondents ranged from 27 in Grand Isle County to 427 in Chittenden County. Smokers constituted between 34% and 64% of the survey respondents from each county. Darker orange indicates a higher proportion of smokers than lighter orange.



Note: Smokers and young adults were over-sampled in this survey design (see page 6).

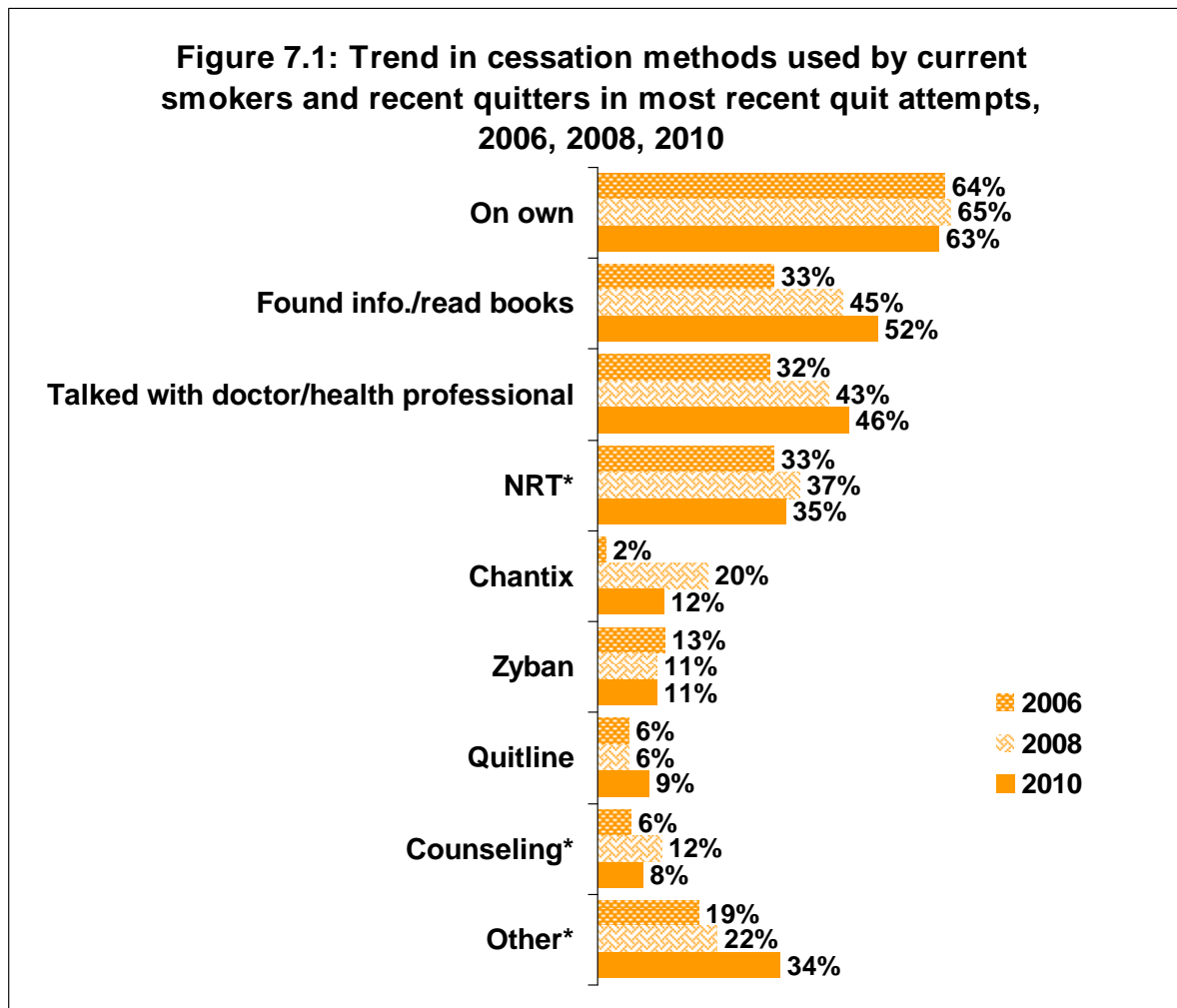
Smoking Cessation

See Figure 3, page 17.



Smoking Cessation

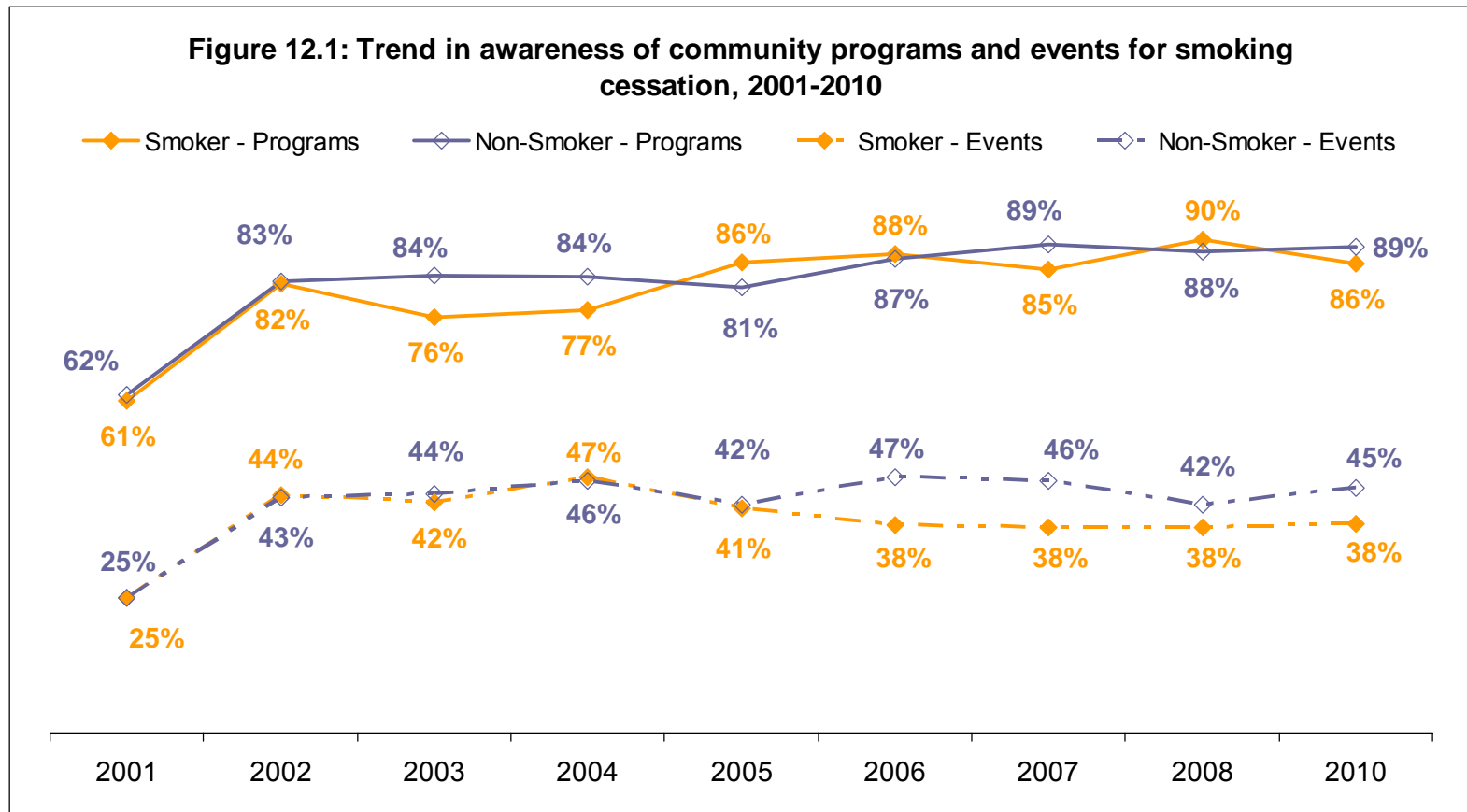
See Figure 7, page 22.



* NRT includes use of the nicotine patch, gum, or lozenges. Other includes nicotine nasal spray, inhaler, internet and those who said other methods. Counseling includes group and individual counseling.

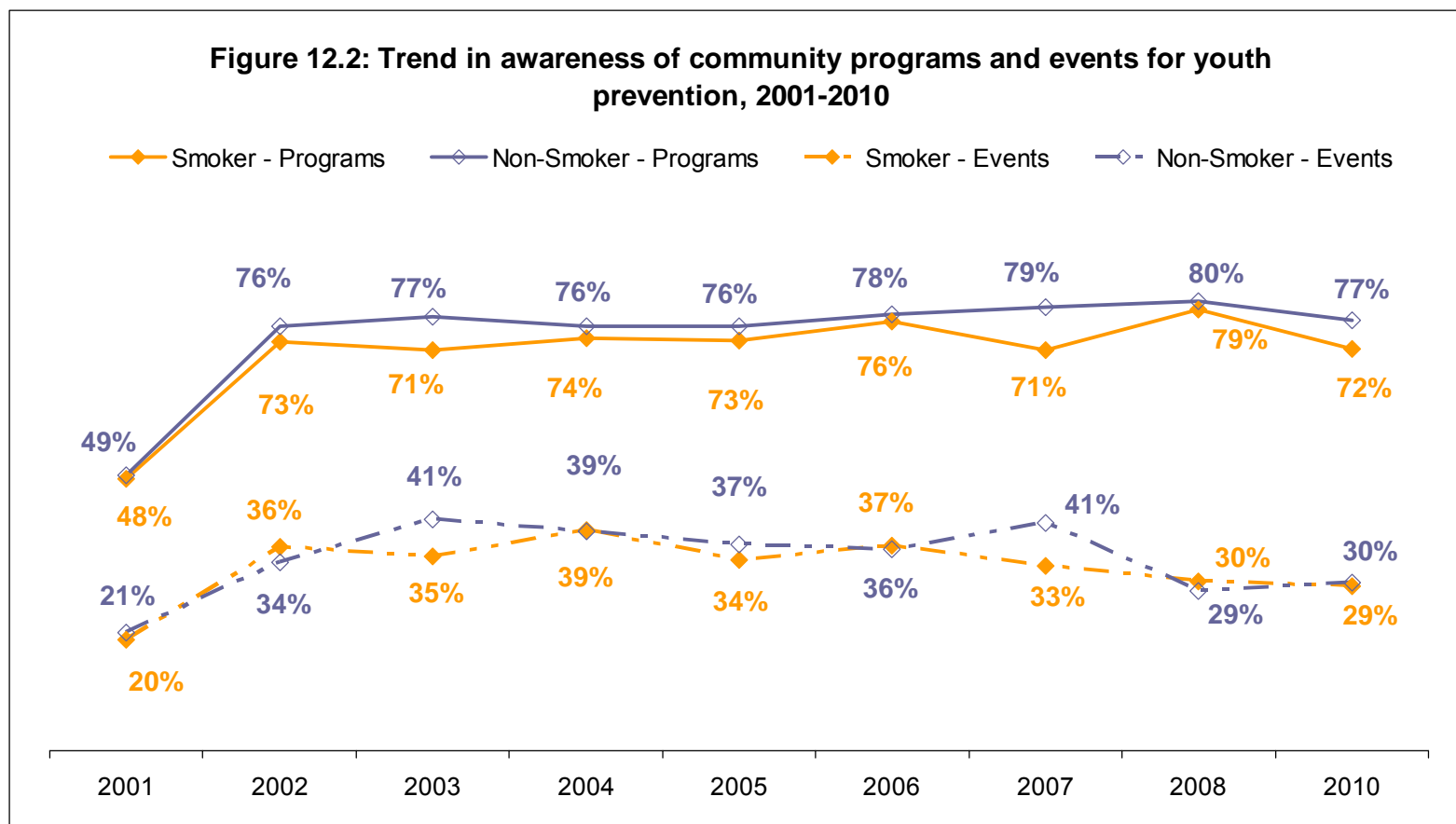
Program Awareness & Utilization

See Figures 12 & 13, page 28.



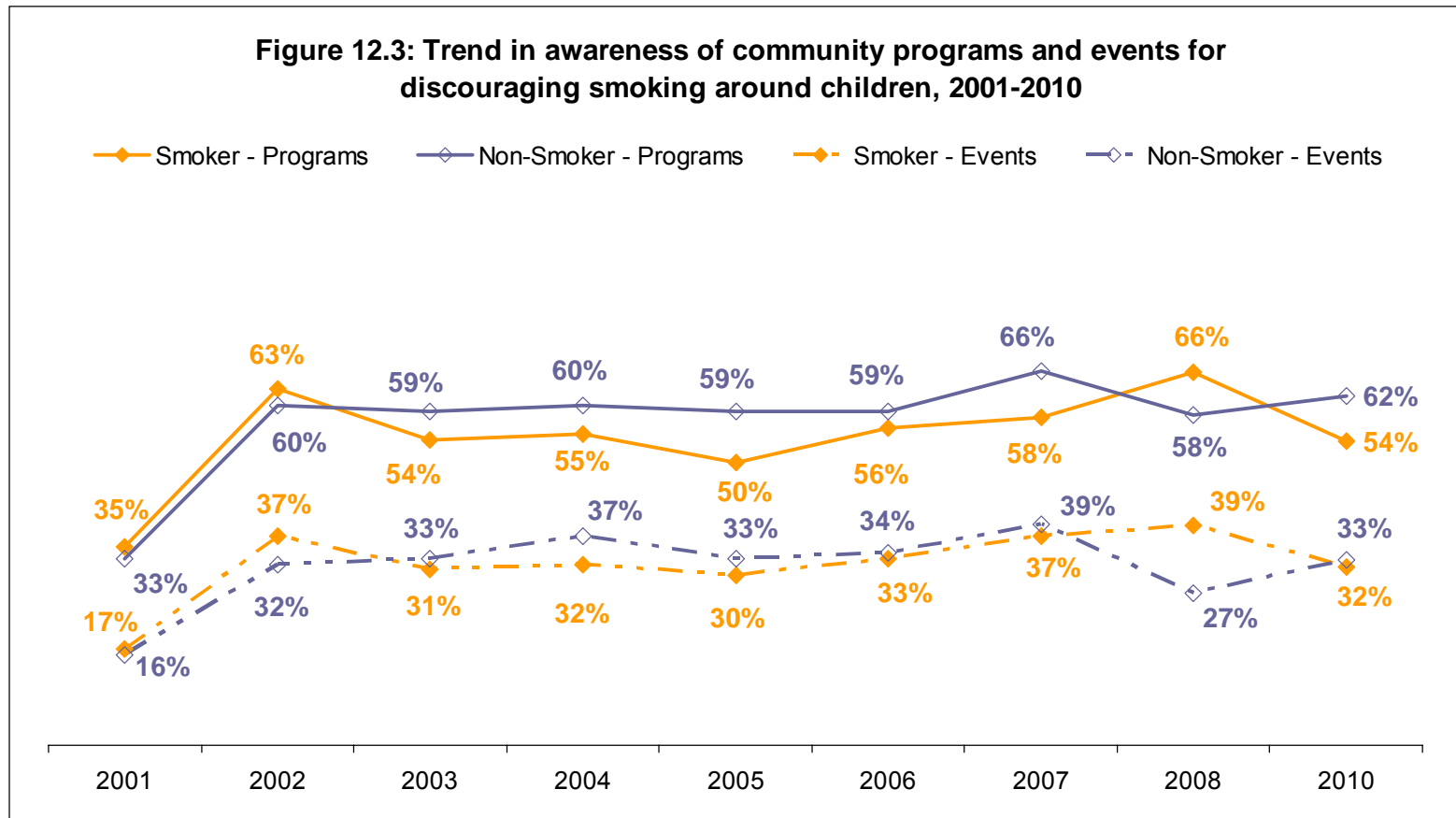
Program Awareness & Utilization

See Figures 12 & 13, page 28.



Program Awareness & Utilization

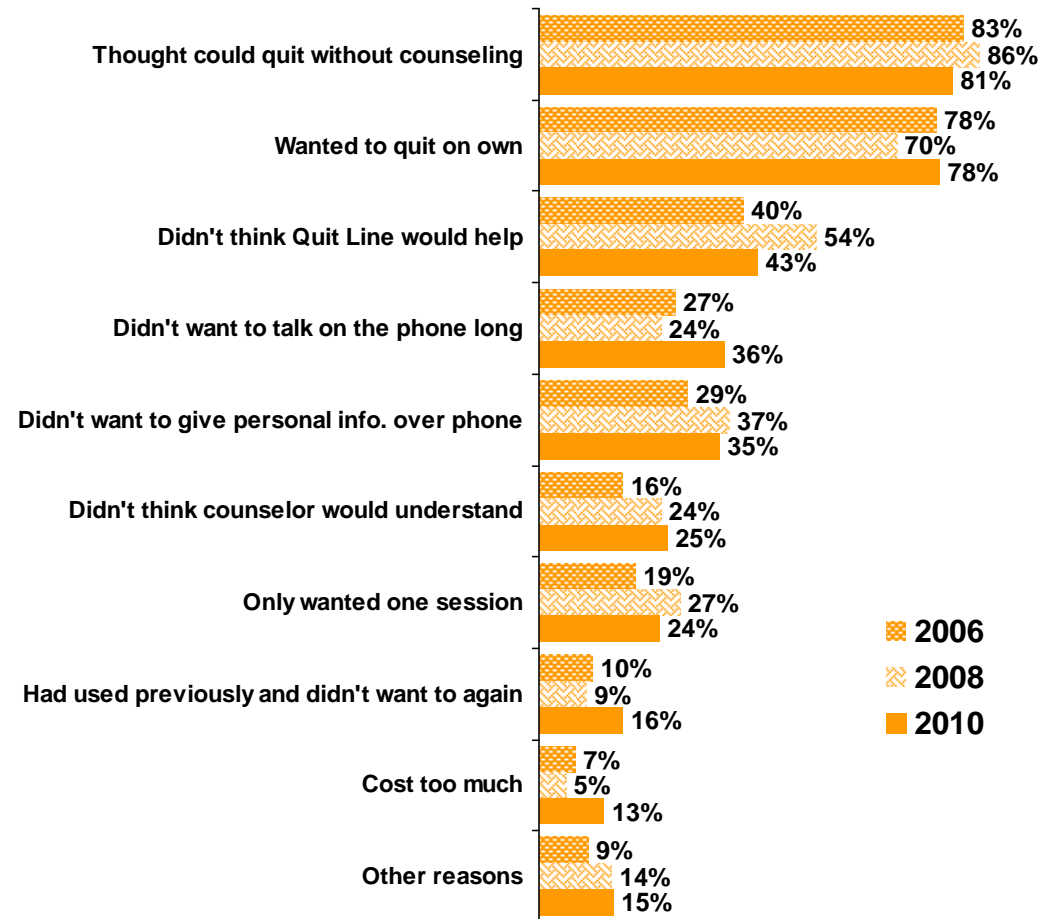
See Figures 12 & 13, page 28.



Program Awareness & Utilization

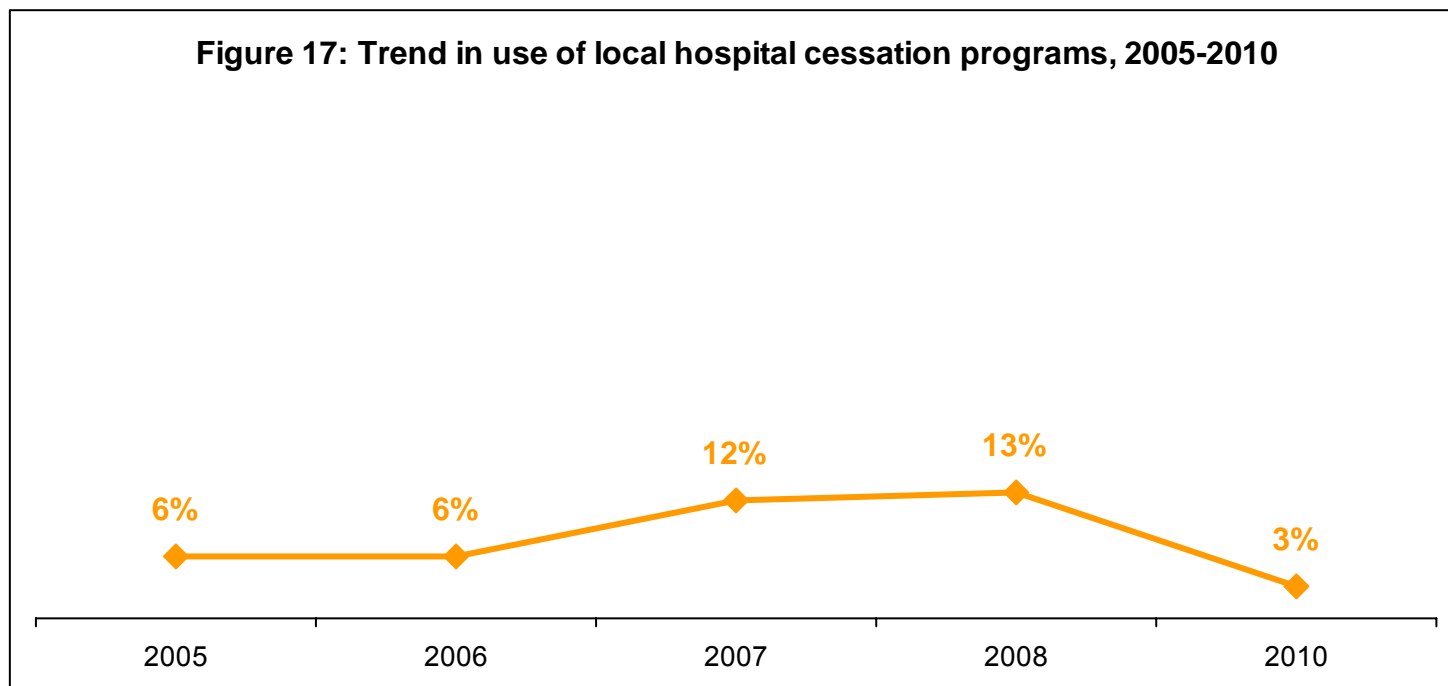
See Figure 15, page 31.

Figure 15.1: Trend in reasons for not using the Quit Line during most recent quit attempt, 2006, 2008, 2010



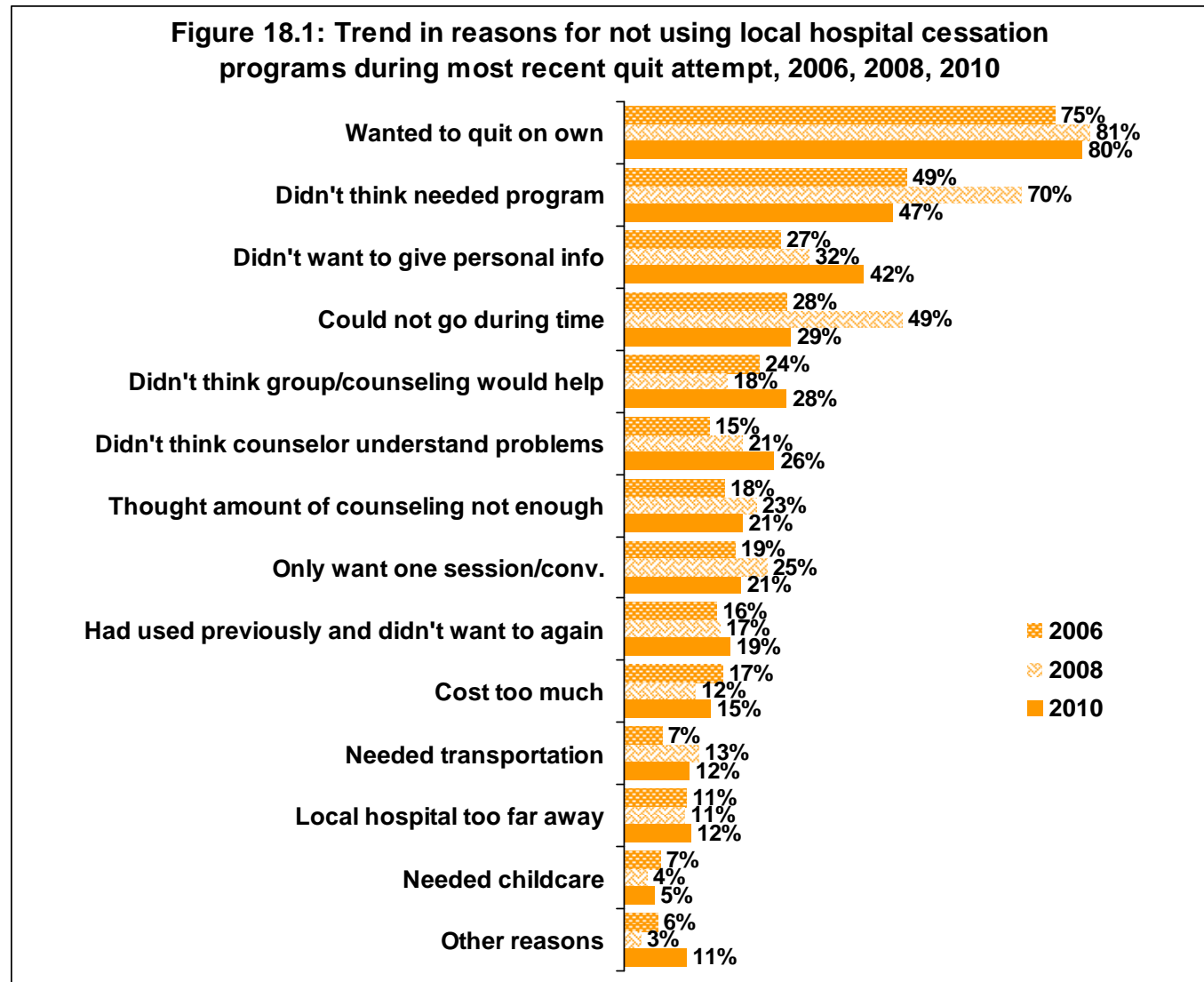
Program Awareness & Utilization

See page 32. Though there has been a decline in use from 13% in 2008 to 3% in 2010, the change is not statistically significant.



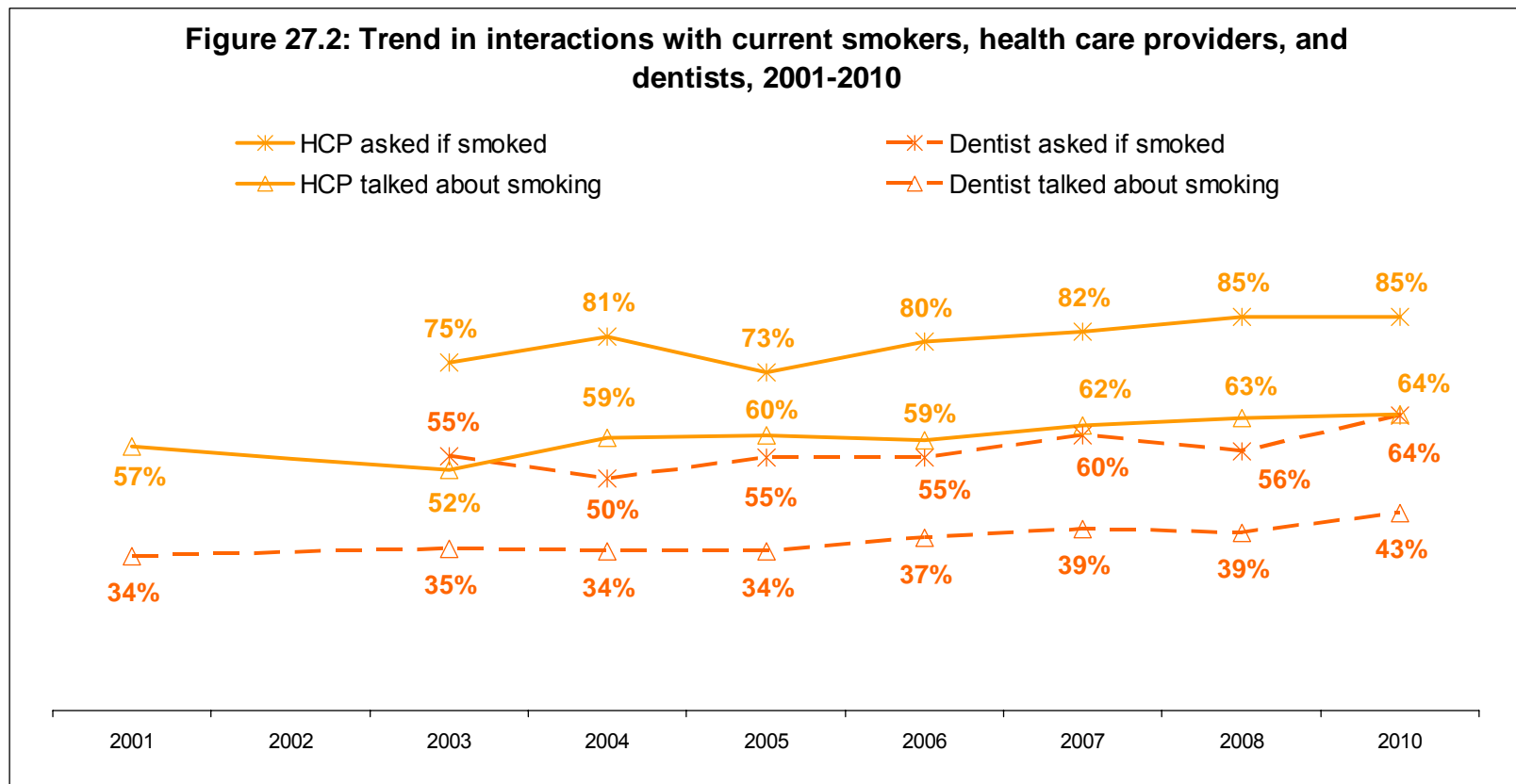
Program Awareness & Utilization

See Figure 18, page 33.



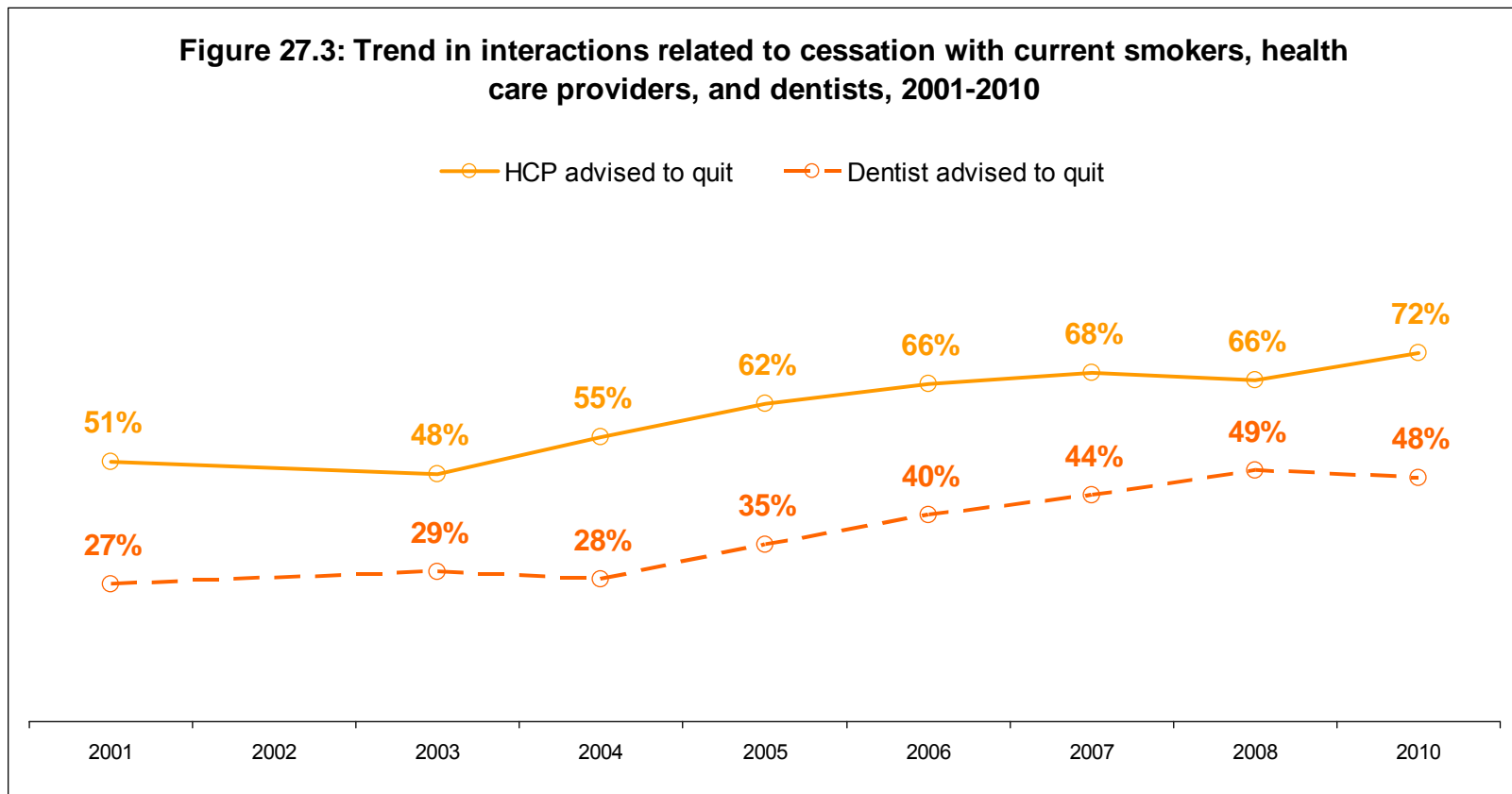
Health Care Providers & Interventions

See Figures 27 and 27.1, pages 51-53.



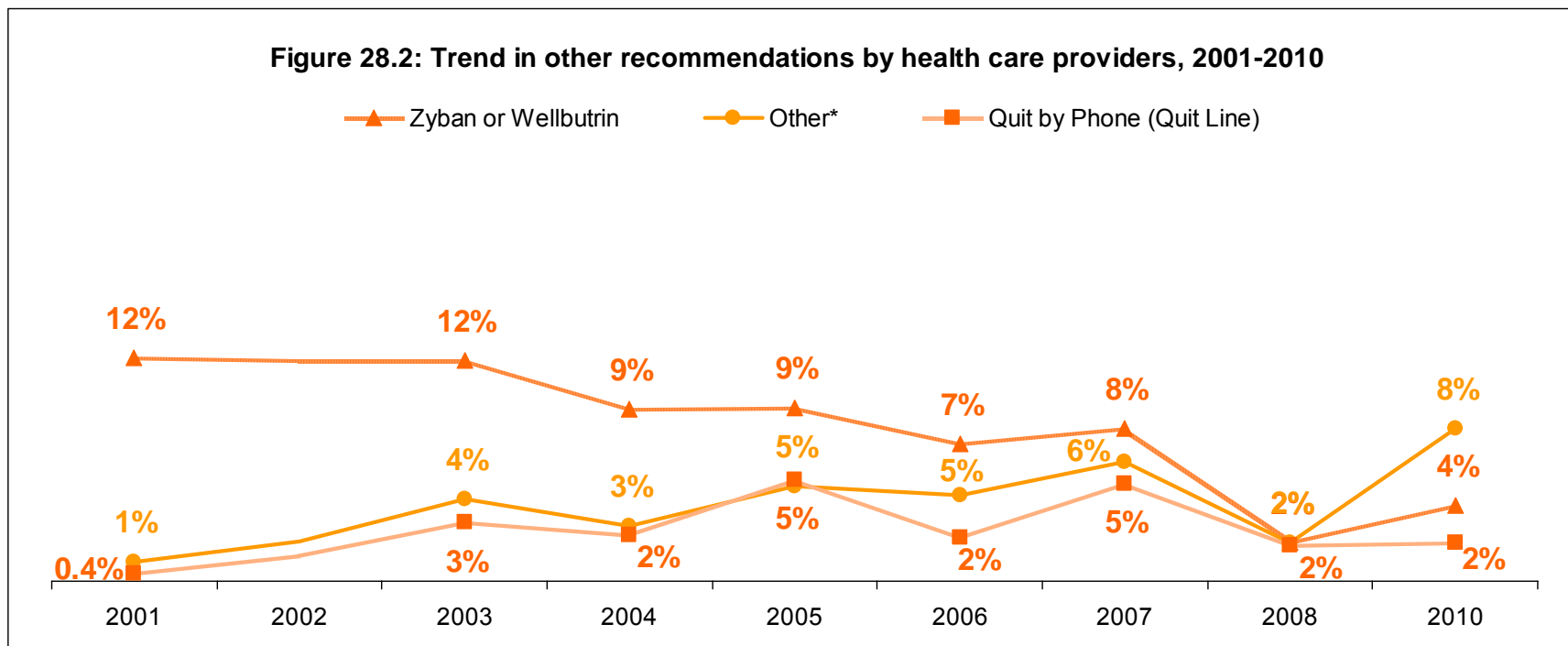
Health Care Providers & Interventions

See Figures 27 and 27.1, pages 51-53.



Health Care Providers & Interventions

See Figures 28 and 28.1, pages 54-55.

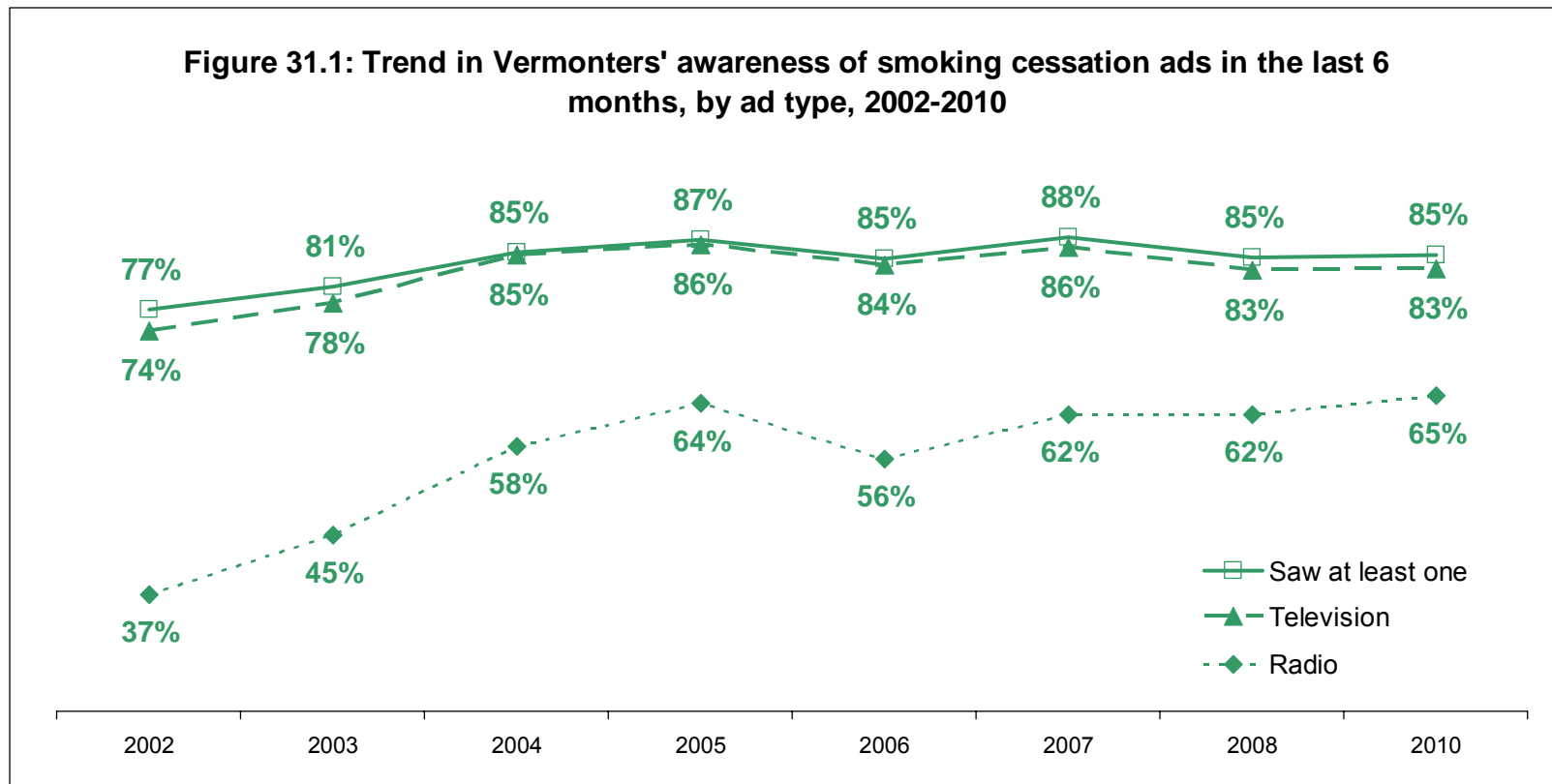


* Other includes nicotine nasal spray, nicotine inhaler, and other reported quitting methods including use of the Internet or unspecified methods. Vermont Quit Network refers generally to the entire program and includes the online Your Quit Your Way program.

Note: The wording of this question changed between 2008 and 2010 to adequately reflect the current programs and the way they are marketed. For example, in 2008, the question referred to the Quit Line whereas in 2010 the question refers to the Quit by Phone program.

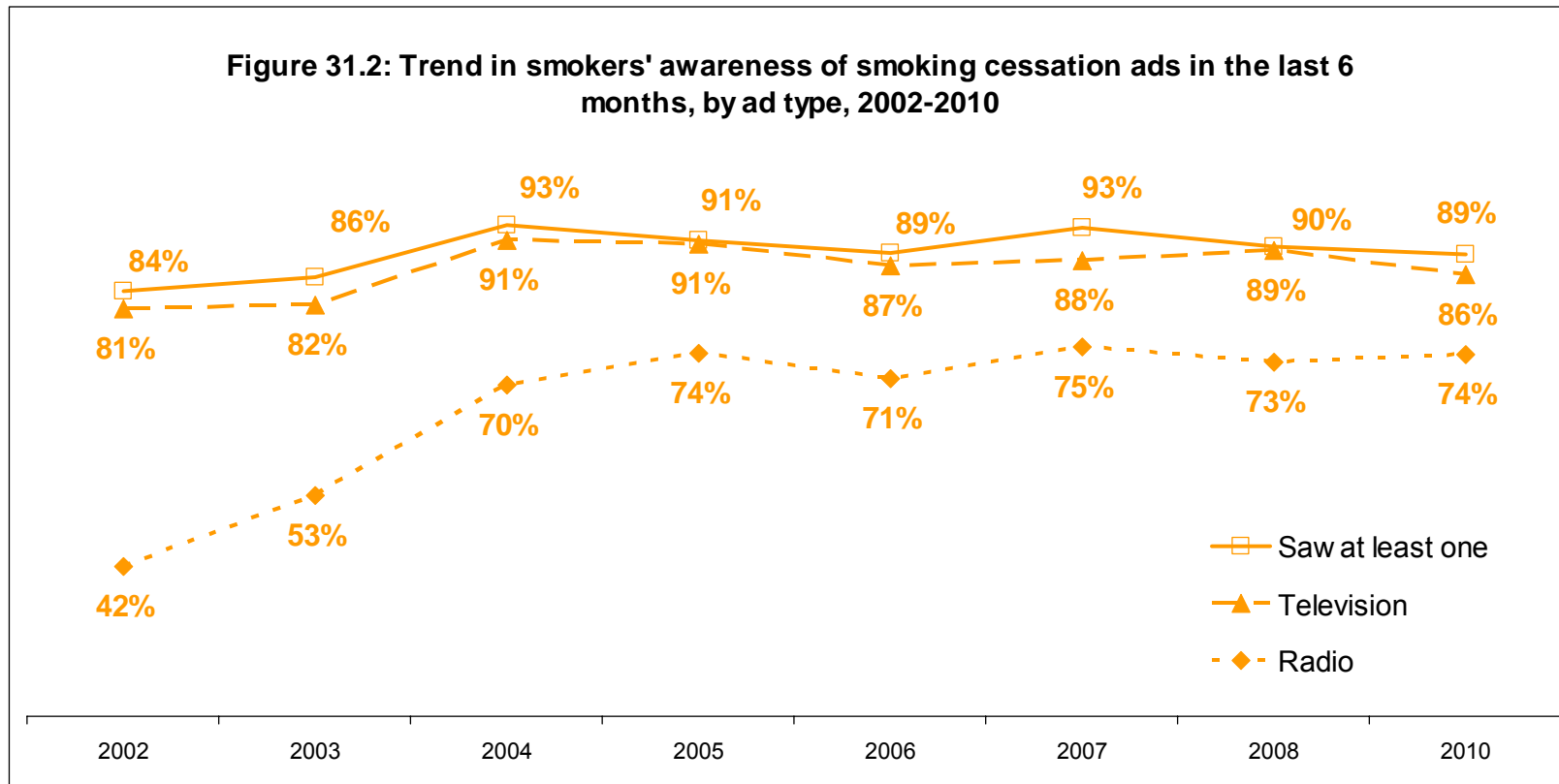
Media Campaign Awareness

See Figure 31, pages 64-65.



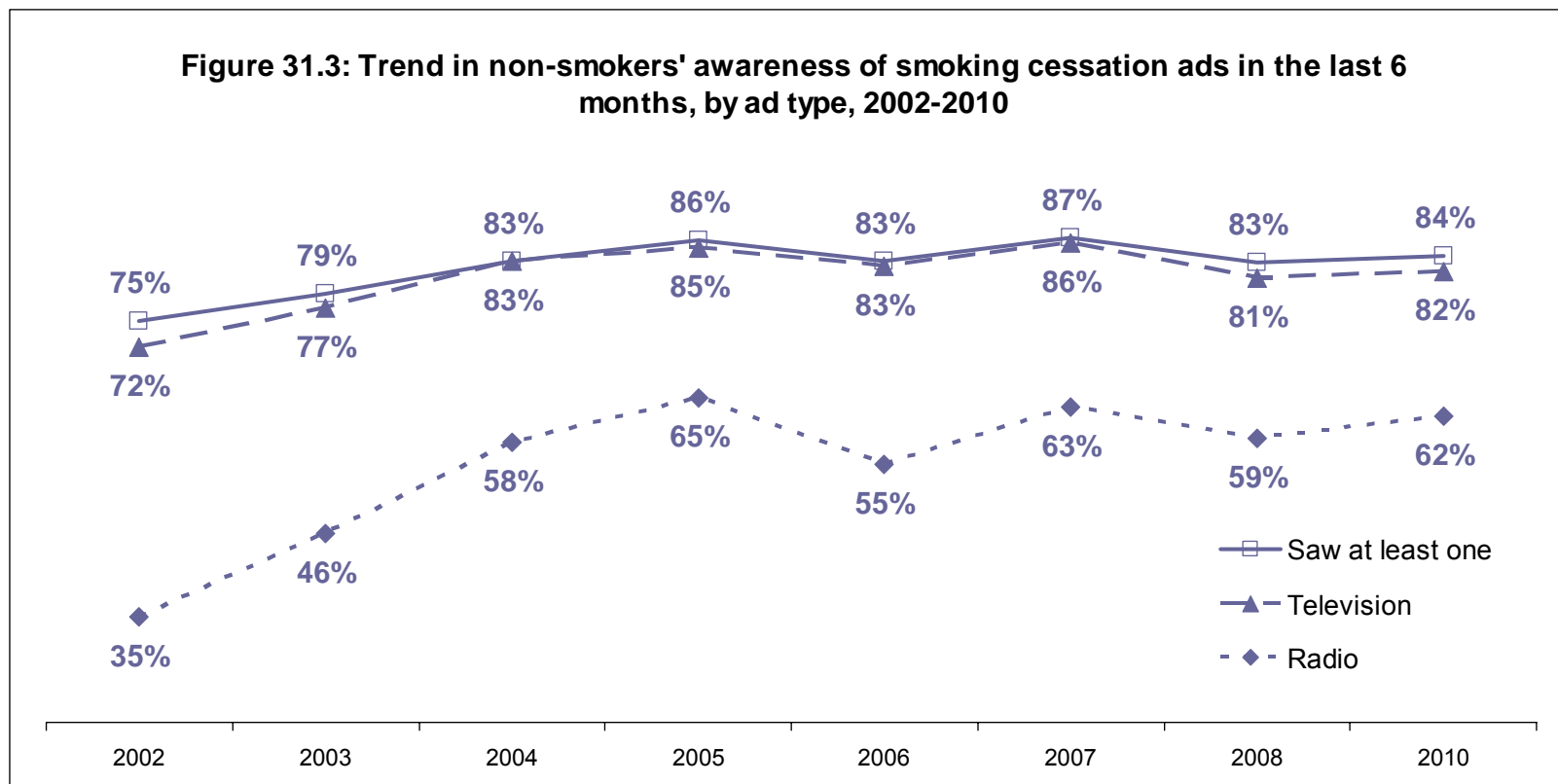
Media Campaign Awareness

See Figure 31, pages 64-65.



Media Campaign Awareness

See Figure 31, pages 64-65.



Appendix B

**VERMONT DEPARTMENT OF HEALTH
ADULT TOBACCO SURVEY
2010 Survey**

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Introductory Section

/ //ASK ALL//

NQ20071. In general, would you say your health is:

[READ LIST]

- 01 Excellent
- 02 Very good
- 03 Good
- 04 Fair
- 05 Poor
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //ASK ALL//

NQ20072. 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?

____ Number of Days [Range: 0 – 30]

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

/ //ASK ALL//

NQ20073. 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?

____ Number of Days [Range: 0 – 30]

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

Section 1: SMOKING STATUS

/ //ASK ALL//

Q1_1. Have you smoked at least 100 cigarettes in your entire life?

- 01 YES
- 02 {GO TO NQ20082} {SET XSMOKER=NO (22)} NO
- 77 {GO TO NQ20082} {SET XSMOKER= NO (22)} DON'T KNOW/NOT SURE
- 99 {GO TO NQ20082} {SET XSMOKER= NO (22)} REFUSED

/ //ASK IF Q1_1 = 1//

Q1_2. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for at least 30 days?

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ **//ASK IF Q1_1 = 1//**
 Q1_3. Do you now smoke cigarettes every day, some days, or not at all?
 01 {SET SMOKER=YES} EVERY DAY
 02 {SET SMOKER=YES} SOME DAYS
 03 {GO TO NQ20082} {SET XSMOKER=EX (33)} NOT AT ALL
 77 {GO TO NQ20082} {SET XSMOKER=EX (33)} DON'T KNOW
 99 {GO TO NQ20082} {SET XSMOKER=EX (33)} REFUSED

/ **//ASK IF q1_3 in (01,02)//**
 Q1_4. Now I'd like you to think about the past 30 days. On how many of the past 30 days did you smoke?

__ {RANGE 01-30} [ENTER RESPONSE]
 88 {GO TO NQ20082} NONE
 77 {GO TO NQ20082} DON'T KNOW/NOT SURE
 99 {GO TO NQ20082} REFUSED

/ **//ASK IF Q1_4 (1-30) //**
 We are interested in the actual number of cigarettes that people smoke in a day.
 Q1_5. On the average, on days when you smoked during the past 30 days about how many cigarettes did you smoke a day?

[1 PACK =20 CIGARETTES]
 [ENTER '100' FOR 100 OR MORE CIGARETTES A DAY.]
 ___ {RANGE 000-100} [ENTER RESPONSE]
 777 DON'T KNOW/NOT SURE
 999 REFUSED

/ **//ASK ALL//**
 NQ20082: Do you currently use chewing tobacco or snuff every day, some days, or not at all?

01 EVERY DAY
 02 SOME DAYS
 03 NOT AT ALL
 77 DON'T KNOW
 99 REFUSED

/ **ASK ALL//**
 NQ20101 This next question is about electronic cigarettes, or e-cigarettes. E-cigarettes are battery-operated devices designed to look like and be used like conventional cigarettes. They typically contain a cartridge filled with nicotine, flavoring and other chemicals in a liquid or gel form. Have you ever tried an electronic cigarette?"

01 YES
 02 NO
 77 DON'T KNOW
 99 REFUSED

//Current smokers GO TO SECTION 2//
 //Former smokers GO TO SECTION 3//
 //Never smokers GO TO SECTION 4//

Section 2: CIGARETTE SMOKING PRACTICES: CURRENT SMOKERS

/ //ASK Q1_3 IN (01,02)//
Q2_6. How old were you when you first started smoking cigarettes regularly?
-- {RANGE 01-96} [ENTER RESPONSE]
97 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK q1_3 in (01,02)AND Q2_6 is, ≤05//
Q2_6CHK I just want to make sure that I recorded this information correctly. You indicated you started smoking at //insert answer from Q2_6// years of age. Is this correct?
01 YES, CORRECT
02 {RESET Q2_6} INCORRECT

/ //ASK q1_3 in (01,02)//
Q2_8. How many times in the past 12 months have you made a serious attempt to quit smoking cigarettes?
[OVER 95 =95]
-- {RANGE 00-95} [ENTER RESPONSE]
97 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK q1_3 in (01,02)AND (Q2_8 >= 1 OR Q2_8 = 97 or 99)//
NQ20063. In your most recent attempt to quit smoking cigarettes, did you.. ..

/ //ASK q1_3 in (01,02) AND (Q2_8 >= 1 OR Q2_8 = 97 or 99)//
NQ20063A. Quit on your own with no help.
01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK q1_3 in (01,02)AND (Q2_8 >= 1 OR Q2_8 = 97 or 99)//
NQ20063B. Find information about a treatment for smoking
01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK Q1_3 IN (01,02) AND (Q2_8 >= 1 OR Q2_8 = 97 or 99)//
NQ20063C. Read books, brochures, or pamphlets to prepare for quitting
01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK Q1_3 IN (01,02) AND (Q2_8 >= 1 OR Q2_8 = 97 or 99)//
NQ20063D. Call a smokers' quit line for help
01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK Q1_3 IN (01,02) AND (Q2_8 >= 1 OR Q2_8 = 97 or 99)//
NQ20063E. Talk with a doctor or other health professional
01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK Q1_3 IN (01,02) AND (Q2_8 >= 1 OR Q2_8 = 97 or 99)//
NQ20063F. Attend group sessions or classes
01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK Q1_3 IN (01,02) AND (Q2_8 >= 1 OR Q2_8 = 97 or 99)//
NQ20063G. Receive individual counseling
01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK Q1_3 IN (01,02) AND (Q2_8 >= 1 OR Q2_8 = 97 or 99)//
NQ20063H. Use the nicotine patch
01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK Q1_3 IN (01,02) AND (Q2_8 >= 1 OR Q2_8 = 97 or 99)//
NQ20063I. Use nicotine gum
01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK Q1_3 IN (01,02) AND (Q2_8 >= 1 OR Q2_8 = 97 or 99)//
NQ20063J. Use a nicotine inhaler
01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK Q1_3 IN (01,02) AND (Q2_8 >= 1 OR Q2_8 = 97 or 99)//

NQ20063K. Use nicotine nasal spray

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //ASK Q1_3 IN (01,02) AND (Q2_8 >= 1 OR Q2_8 = 97 or 99)//

NQ20063L. Use nicotine lozenges or tablets

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //ASK Q1_3 IN (01,02) AND (Q2_8 >= 1 OR Q2_8 = 97 or 99)//

NQ20063M. Use zyban or wellbutrin

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //ASK Q1_3 IN (01,02) AND (Q2_8 >= 1 OR Q2_8 = 97 or 99)//

NQ20063N. Use Chantix or Varenicline

[PRONOUNCED: SHAN tix and ver EN e kleen]?

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //ASK Q1_3 IN (01,02) AND (Q2_8 >= 1 OR Q2_8 = 97 or 99)//

NQ20063O. Use the internet

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK Q1_3 IN (01,02) AND (Q2_8 >= 1 OR Q2_8 = 97 or 99)//

NQ20063P. Did you use any methods in your most recent quit attempt that I didn't mention?

- 01 YES,
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ if nq20063p in (01)

NQ20063X. What other method did you use in your most recent quit attempt SPECIFY:

/ //ASK Q1_3 IN (01,02)//

Q2_14B. Are you seriously thinking of quitting smoking cigarettes in the next 30 days?

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK Q1_3 IN (01,02)//

Q2_15. If you decided to quit smoking cigarettes completely during the next month, how confident are you that you could do it?

[PLEASE READ LIST]

- 01 Not At All Confident
 - 02 Not Very Confident
 - 03 Somewhat Confident
 - 04 Very Confident
- [PLEASE DO NOT READ]
- 77 DON'T KNOW/NOT SURE
 - 99 REFUSED

/ //ASK Q1_3 IN (01,02)//

Q2_19. Have you EVER used a nicotine skin patch, gum, inhaler, nasal spray, lozenges, Zyban, Wellbutrin, Chantix, or Varenicline?

[PRONOUNCED: (ver EN e kleen) and (SHAN tix)]

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //ASK Q1_3 IN (01,02)//

NQ20103. Have you heard of the Vermont Quit Network?

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //ASK Q1_3 IN (01,02), MULTIPUNCH {MUL=6}//

NQ20104. Have you heard of the following Vermont Quit Network services...

[READ LIST][Check all that apply]

[INTERVIEWER, OPTIONS 01 THROUGH 03 SHOULD BE READ TO THE RESPONDENT. DO NOT READ OTHER RESPONSES, BUT OK TO CHOOSE MULTIPLE RESPONSES ACROSS 01-06]

- 01 Quit by Phone
 - 02 Quit in Person
 - 03 Quit Online
- [DO NOT READ]
- 04 QUIT LINE
 - 05 QUIT NET
 - 06 HOSPITAL GROUP/HOSPITAL QUIT PROGRAM
 - 77 DON'T KNOW
 - 99 REFUSED

/ //ASK Q1_3 IN (01,02)//

NQ201014. Have you ever gone to the website VTQUITNETWORK.ORG?

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //ASK Q1_3 IN (01,02) AND (NQ20104 = 1 or NQ20104 = 4) AND (Q2_8 ≥ 1)//

NQ20105. In your most recent quit attempt, did you call the Vermont Quit Network's Quit by Phone service?

[Note to interviewer: If respondent says they called the Quit Line, code this question as yes]

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ //ASK NQ20105 = 2//

NQ20106. I'm going to read you a list of reasons why some people don't call the Vermont Quit Network's Quit by Phone service. Please answer yes or no to each of the statements.

/ //ASK NQ20105 = 2//

//ROTATE NQ20106A Through NQ20106I//

/ //DP and programming USE RQ20106A through RQ20106I Which Will hold the position (1-9) In the rotation of the corresponding question/

NQ20106A. You wanted to quit on your own, without help

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK NQ20105 = 2//

NQ20106B. You didn't think telephone counseling would help

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK NQ20105 = 2//

NQ20106C. You didn't think a counselor could understand your problems with quitting

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK NQ20105 = 2//

NQ20106D. You didn't want to give personal information over the telephone

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK NQ20105 = 2//

NQ20106E. You only wanted to talk to someone once or only wanted one session

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK NQ20105 = 2//

NQ20106F. You had used a quit line before and didn't want to do it again

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK NQ20105 = 2//

NQ20106G. You thought it cost too much

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK NQ20105 = 2//

NQ20106H. You didn't like to or couldn't talk on the telephone for long amounts of time

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK NQ20105 = 2//

NQ20106I. You thought you could quit without telephone counselling

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK NQ20105 = 2//

NQ20106J. Was there any other reason I didn't read?

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ **if nq20106j in (01)**

NQ20106X What was the other reason?

SPECIFY:

/ **//ASK Q1_3 IN (01,02) AND (NQ20104 in (02,06)) AND (Q2_8 ≥1)//**

NQ20107. In your most recent quit attempt, did you use the Vermont Quit Network's Quit in Person service?

- 01 YES
- 02 NO
- 77. DON'T KNOW
- 99. REFUSED

/ **//ASK NQ20107 = 2//**

NQ20108. I'm going to read you a list of reasons why some people don't use the Vermont Quit Network's Quit in Person service. Please answer yes or no to each of the statements.?

/ **//ASK NQ20107 = 2//**

/ **//ROTATE NQ20108A Through NQ2010M//**

/ **//DP and programming USE RQ20108A through RQ20108M Which Will hold the position (1-13) In the rotation of the corresponding question//**

/

NQ20108A. You wanted to quit on your own, without help

- 01 YES
- 02 NO
- 77. DON'T KNOW
- 99. REFUSED

/ **//ASK NQ20107 = 2//**

NQ20108B. You didn't think this kind of program is what you needed to quit

- 01 YES
- 02 NO
- 77. DON'T KNOW
- 99. REFUSED

/ **//ASK NQ20107 = 2//**

NQ20108C. You didn't think a counselor could understand your problems with quitting

- 01 YES
- 02 NO
- 77. DON'T KNOW
- 99. REFUSED

/ **//ASK NQ20107 = 2//**

NQ20108D. You didn't think group or individual counselling would help

- 01 YES
- 02 NO
- 77. DON'T KNOW
- 99. REFUSED

/ //ASK NQ20107 = 2//

NQ20108E. You didn't want to give personal information to a group or counselor

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20107 = 2//

NQ20108F. You didn't think the amount of counseling would be enough to help

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20107 = 2//

NQ20108G. You only wanted to talk to someone once or only wanted one session

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20107 = 2//

NQ20108H. You had used groups or counseling before and didn't want to do it again

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20107 = 2//

NQ20108I. You thought it cost too much

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20107 = 2//

NQ20108J. You needed child care

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20107 = 2//

NQ20108K. You needed transportation

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20107 = 2//

NQ20108L. You couldn't go during the time of day the program was offered

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20107 = 2//

NQ20108M. Your local hospital was too far away

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20107 = 2//

NQ20108N. Was there any other reason I didn't read?

01 YES

02 NO

77 DON'T KNOW

99 REFUSED

/ IF NQ20108N IN (01)

NQ20108X What was the other reason?

SPECIFY:

/ //ASK Q1_3 IN (01,02) AND (NQ20104 in (03,05)) and (Q2_8 ≥ 1)//

NQ2010109. In your most recent quit attempt, did you use the Vermont Quit Network's Quit Online service?

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20109 = 2//

NQ201010. I'm going to read you a list of reasons why some people don't use the Vermont Quit Network's Quit Online service. Please answer yes or no to each of the statements.

/ //ASK NQ20109 = 2//

/ //ROTATE NQ1010A Through NQ1010I//

/ //DP and programming USE RQ1010A through RQ1010I Which Will hold the position (1-9) In the rotation of the corresponding question//

NQ1010A. You wanted to quit on your own, without help

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20109 = 2//

NQ1010B. You didn't think this kind of program is what you needed to quit

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20109 = 2//

NQ1010C. You have no or limited internet access

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20109 = 2//

NQ1010D. Your internet connection is too slow

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20109 = 2//

NQ1010E. You didn't understand how the online program works.

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20109 = 2//

NQ1010F. You didn't think the amount of counseling would be enough to help

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20109 = 2//

NQ1010G. You had used online counseling before and didn't want to do it again

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20109 = 2//

NQ1010H. You didn't want to give personal information over the internet

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20109 = 2//

NQ1010I. You thought it cost too much

01 YES

02 NO

77. DON'T KNOW

99. REFUSED

/ //ASK NQ20109 = 2//

NQ1010J. Was there any other reason I didn't read? [Specify:_____]

01 Yes

02 No

77 Don't know

99 Refused

/ if nq20100j in (01)

NQ1010X What was the other reason?

SPECIFY:

/ //ASK Q1_3 IN (01,02)//

NQ20102. Are you eligible to get free or reduced cost nicotine patches, gum or lozenges from the Vermont Quit Network, through your health insurance provider, through both **organizations**, or are you NOT eligible?

01. Vermont Quit Network

02. Health Insurance Provider

03. Both

04. Neither/Not eligible

77. DON'T KNOW

99. REFUSED

/ //ASK Q1_3 IN (01,02)//

The next question asks about the cost of buying cigarettes.

NQ2_12: How concerned are you about the cost of cigarettes?

[PLEASE READ LIST]

01 Not At All Concerned

02 Slightly Concerned

03 Moderately Concerned

04 Very Concerned

05 Extremely Concerned

[PLEASE DO NOT READ]

77 DON'T KNOW/NOT SURE

99 REFUSED

/GO TO Section 4/

Section 3. CIGARETTE SMOKING PRACTICES -FORMER SMOKERS

/ //ASK q1_3 in (03,77,99) //

Q3_29. How old were you when you first started smoking cigarettes regularly?
__ {RANGE 02-95} [ENTER RESPONSE]
96 {GO TO Section 4, SET SMOKER=22} NEVER SMOKED REGULARLY
97 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK AND Q3_29 is <05 //

Q3_29CHK: I just want to make sure that I recorded this information correctly. You indicated you started smoking at //insert answer from Q3_29/ years of age. Is this correct?

01 YES
02 {RESET Q3_29} NO
97 DON'T KNOW
99 REFUSED

/ //ASK q1_3 in (03,77,99) and q3_29 ne (96) smoker=33//

Q3_30A. Have you had a cigarette in the last 12 months?

01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ //ASK q1_3 IN (03,77,99) and q3_29 NE (96)

Q3_30B. About how long has it been since you last smoked cigarettes regularly?

1__ HOURS
2__ DAYS
3__ WEEKS
4__ MONTHS
5__ YEARS
777 DON'T KNOW/NOT SURE [skip to section 4]
999 REFUSED [skip to section 4]

/ //ASK if Q3_30B >= 1 HOUR AND <= 1 YEAR//

Q3_30BCHK. [LABELED AS Q3_30BCK IN PROGRAM] Just to make sure I've entered the information correctly, you said you last smoked cigarettes regularly XX minutes/hours/days/weeks/months/ years ago?

01 YES, CORRECT
02 {RESET Q3_30B} INCORRECT

[If q3_30b > 5 years; smoking status changes from smoker to non-smoker. These respondents skip to section 4.]

/ //ASK q3_30b ≤ 505

Q3_32. I am going to read a list of reasons some people have for quitting cigarettes. For each, tell me if it was a reason why you tried to quit.

/ **//ASK q3_30b ≤ 505**
Q3_32A. Concern about health effects of smoking
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ **//ASK q3_30b ≤ 505**
Q3_32B. Concern about the cost of smoking
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ **//ASK q3_30b ≤ 505**
Q3_32C. Encouragement to quit from other people
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ **//ASK q3_30b ≤ 505**
Q3_32D. Restriction on smoking at home or at work
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ **//ASK q3_30b ≤ 505**
Q3_32E. Advice from doctor or other health professional
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ **//ASK q3_30b ≤ 505**
Q3_32F. Pregnancy or partner is pregnant
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ **//ASK q3_30b ≤ 505**
Q3_32G. Because of a specific health problem
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ //ASK q3_30b ≤ 505
Q3_32H. Because of smoke effects on my child/children
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ //ASK q3_30b ≤ 505
Q3_32I. Concern that my child will become a smoker
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ //ASK q3_30b ≤ 505
Q3_32J. Availability of free or reduced cost nicotine patches, gum or lozenges?
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ //ASK q3_30b ≤ 505
Q3_32K. Is there another reason i didn't read?
01 YES, SPECIFY _____
02 NO
77 DON'T KNOW
99 REFUSED

/ if q_32k in (01)
Q3_32KX What was the other reason?
SPECIFY:

NQ20065: In your most recent attempt to quit smoking cigarettes, did you.. ..

/ //ASK q3_30b ≤ 505//
NQ20065A. Quit on your own with no help.
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ //ASK q3_30b ≤ 505 //
NQ20065B. Find information about a treatment for smoking
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ //ASK q3_30b ≤ 505//

NQ20065C. Read books, brochures, or pamphlets to prepare for quitting

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK q3_30b ≤ 505//

NQ20065D. Call a smokers' quit line for help

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK q3_30b ≤ 505//

NQ20065E. Talk with a doctor or other health professional

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK q3_30b ≤ 505//

NQ20065F. Attend group sessions or classes

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK q3_30b ≤ 505//

NQ20065G. Receive individual counseling

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK q3_30b ≤ 505//

NQ20065H. Use the nicotine patch

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK q3_30b ≤ 505//

NQ20065I. Use nicotine gum

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ **//ASK q3_30b ≤ 505//**
NQ20065J. Use a nicotine inhaler
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ **//ASK q3_30b ≤ 505//**
NQ20065K. Use nicotine nasal spray
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ **//ASK q3_30b ≤ 505//**
NQ20065L. Use nicotine lozenges or tablets
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ **//ASK q3_30b ≤ 505//**
NQ20065M. Use zyban or wellbutrin
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ **//ASK q3_30b ≤ 505//**
NQ20065N. Use Chantix or Varenicline
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ **//ASK q3_30b ≤ 505//**
NQ20065O. Use the internet
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ **//ASK q3_30b ≤ 505//**
NQ20065P. Did you use any methods in your most recent quit attempt that I didn't mention?
01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ if nq20065p in (01)

NQ20065X What other methods did you use in your most recent quit attempt?

SPECIFY:

/Go to Section 4/

Section 4: HEALTH CARE VISITS IN LAST 12 MONTHS

/ **//ASK ALL//**

The next set of questions are about visits you may have had with health care professionals in the past 12 months. By health care professional I mean, doctor, nurse, physician's assistant, or nurse practitioner.

/ **//ASK ALL://**

Q4_39A. Have you visited a health care professional for health care in the past 12 months?

- 01 YES
- 02 NO -- {GO TO Q4_40A}
- 77 DON'T KNOW/NOT SURE -- {GO TO Q4_40A}
- 99 REFUSED --{GO TO Q4_40A}

/ **//Ask Q4_39A = 1//**

Q4_39B. Thinking about your last visit, were you asked if you currently smoke?

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

//IF SMOKER = NO GO TO Q4_40A//

/ **//(ASK if (Q1_3 IN (01,02) or 101 ≤ q3_30b ≤ 505) and Q4_39A = 1//**

Q4_39C. Thinking about your last visit, did your health care professional talk with you about cigarette smoking?

- 01 {IF SMOKER=EX, GO TO Q4_40A} YES
- 02 {IF SMOKER=EX, GO TO Q4_40A} NO
- 77 {IF SMOKER=EX, GO TO Q4_40A} DON'T KNOW/NOT SURE
- 99 {IF SMOKER=EX, GO TO Q4_40A} REFUSED

/ **//ASK Q1_3 IN (01,02) AND Q4_39A = 1//**

Q4_39D. Did your health care professional advise you to stop smoking cigarettes?

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK Q1_3 IN (01,02) AND Q4_39A = 1//

Q4_39E. Did your health care professional recommend any specific program or medicine to help you quit cigarettes?

01 YES
02 {GO TO Q4_39F} NO
77 {GO TO Q4_39F} DON'T KNOW/ NOT SURE
99 {GO TO Q4_39F} REFUSED

/ //ASK Q1_3 IN (01,02) AND Q4_39A = 1 AND Q4_39E = 1//

Q4_39E1. What program did your health care professional recommend to help you quit cigarettes?
[Note to interviewer: if respondent says they were referred to the Quit Line, code this as 09-Quit by Phone

If respondent says they were referred to the hospital program, code this as 10-Quit in Person and if they say they were referred to Quit Net, code this as 11-Quit in Person]

[PLEASE DO NOT READ]

[Check all that apply]

{MUL=12}

01 NICOTINE PATCH
02 NICOTINE GUM
03 NICOTINE INHALER
04 NICOTINE NASAL SPRAY
05 NICOTINE LOZENGES OR TABLETS
06 ZYBAN OR WELLBUTRIN
07 CHANTIX or VARENICLINE
08 VERMONT QUIT NETWORK
09 QUIT BY PHONE
10 QUIT IN PERSON
11 QUIT ONLINE
12 YOUR QUIT YOUR WAY
88 NONE OF THE ABOVE
77 DON'T KNOW
99 REFUSED

/ //ASK ALL//

Q4_40A. Have you visited a dentist or dental hygienist in the past 12 months?

01 YES
02 NO -- {GO TO SKIP BEFORE Q5_42B }
77 DON'T KNOW/NOT SURE -- {GO TO SKIP BEFORE Q5_42B }
99 REFUSED -- {GO TO SKIP BEFORE Q5_42B }

/ //ASK Q4_40A = 1//

Q4_40B. Thinking about your last visit, were you asked if you currently smoke?

01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

//IF SMOKER = NO GO TO NQ20083//

/ **//(ASK if (Q1_3 IN (01,02) or 101 ≤ q3_30b ≤ 505) AND Q4_40A = 1//**

Q4_40C. Thinking about your last visit, did your dentist or dental hygienist talk with you about cigarette smoking?

01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ **//ASK Q1_3 IN (01,02) AND Q4_40A = 1//**

Q4_40D. Did your dentist or dental hygienist advise you to stop smoking cigarettes?

01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ **//ASK Q1_3 IN (01,02) AND Q4_40A = 1//**

Q4_40E. Did your dentist or dental hygienist recommend any specific program or medicine to help you quit cigarettes?

01 YES
02 NO
77 DON'T KNOW
99 REFUSED

/ **//ASK Q1_3 IN (01,02) AND Q4_40A = 1 AND Q4_40E = 1//**

Q4_40E1. What program did your [dentist or dental hygienist] recommend to help you quit cigarettes?

{MUL=12}

//DATA PROCESSING PLEASE DELIVER EACH RESPONSE AS A UNIQUE VARIABLE WITH 01 OR 02 (YES OR NO) RESPONSES/

[Note to interviewer: if respondent says they were referred to the Quit Line, code this as 09-Quit by Phone

If respondent says they were referred to the hospital program, code this as 10-Quit in Person and if they say they were referred to Quit Net, code this as 11-Quit in Person]

[Check all that apply]

[DO NOT READ]

01 NICOTINE PATCH
02 NICOTINE GUM
03 NICOTINE INHALER
04 NICOTINE NASAL SPRAY
05 NICOTINE LOZENGES OR TABLETS
06 ZYBAN OR WELLBUTRIN
07 CHANTIX or VARENICLINE
08 VERMONT QUIT NETWORK
09 QUIT BY PHONE
10 QUIT IN PERSON
11 QUIT ONLINE
12 YOUR QUIT YOUR WAY
88 NONE OF THE ABOVE
77 DON'T KNOW
99 REFUSED

/ //ASK NQ20082 <= 2 AND Q4_40A = 1//

NQ20083. Thinking about your last visit, were you asked if you currently use smokeless tobacco products such as chewing tobacco or snuff)?

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK NQ20082 <= 2 AND Q4_40A = 1//

NQ20084. Did your dentist or dental hygienist advise you to stop using smokeless tobacco products?

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

Section 5: RISK PERCEPTION AND SOCIAL INFLUENCES

/ //ASK ALL//

Now I'm going to ask you some questions about people around you.

Q5_42B. In your opinion, how do most people in your community feel about adults smoking cigarettes? [READ LIST]

- 01 Definitely Should Not Smoke
 - 02 Probably Should Not Smoke
 - 03 Ok To Smoke Sometimes
 - 04 Ok To Smoke As Much As You Want
- [PLEASE DO NOT READ]
- 77 DON'T KNOW
 - 99 REFUSED

/ //ASK ALL//

Q5_42C. How do you feel about adults smoking cigarettes?

- [READ LIST]
- 01 Definitely Should Not Smoke
 - 02 Probably Should Not Smoke
 - 03 Ok To Smoke Sometimes
 - 04 Ok To Smoke As Much As You Want
- [PLEASE DO NOT READ]
- 77 DON'T KNOW
 - 99 REFUSED

/ //ASK ALL//

Q5_44. Which statement best describes the rules about smoking cigarettes inside your home?

- [READ LIST]
- 01 Smoking Is Not Allowed Anywhere Inside Your Home
 - 02 Smoking Is Allowed In Some Places Or At Some Times
 - 03 Smoking Is Allowed Anywhere Inside The Home
 - 04 There Are No Rules About Smoking Inside The Home
- [PLEASE DO NOT READ]
- 77 DON'T KNOW
 - 99 REFUSED

/ **//ASK ALL//**

Q5_45. During the past 7 days, how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

| | | |
|----|---------------|--------------------------------------|
| -- | {RANGE 01=07} | [ENTER RESPONSE] |
| 88 | | LESS THAN 1 DAY PER WEEK/RARELY/NONE |
| 77 | | DON'T KNOW/NOT SURE |
| 99 | | REFUSED |

/ **//ASK ALL//**

Q5_46. Which statement best describes the rules about smoking cigarettes inside your car or truck when there are children in the vehicle?

[PLEASE READ]

| | |
|----|---|
| 01 | Smoking Is Not Allowed When Children Are In The Vehicle |
| 02 | Smoking Is Allowed Sometimes When Children Are In The Vehicle |
| 03 | Smoking Is Allowed Any Time When Children Are In The Vehicle |
| 04 | There Are No Rules About Smoking Inside The Vehicle |

[PLEASE DON'T READ]

| | |
|----|------------|
| 77 | DON'T KNOW |
| 99 | REFUSED |

/ **//ASK ALL//**

Q5_47. In the past seven days, have you been in a car with someone who was smoking?

| | |
|----|---------------------|
| 01 | YES |
| 02 | NO |
| 77 | DON'T KNOW/NOT SURE |
| 99 | REFUSED |

/ **//ASK ALL//**

Q5_49. How many children less than 18 years of age live in your household?

| | | |
|----|---------------|---------------------|
| -- | {RANGE 00-12} | [ENTER RESPONSE] |
| 77 | | DON'T KNOW/NOT SURE |
| 99 | | REFUSED |

/ **//ASK Q1_3 IN (01,02) AND (Q5_49 >= 1 AND Q5_49 <=12)//**

Q5_50. During the past 12 months, did any doctor, or other health professional ask if you smoke around your children?

| | |
|----|---------------------|
| 01 | YES |
| 02 | NO |
| 77 | DON'T KNOW/NOT SURE |
| 99 | REFUSED |

/ **//ASK ALL//**

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

NQ20085. During the past 7 days, that is, since [DATE FILL], on how many days did you breathe the smoke from someone who was smoking in an indoor or outdoor public place?

| | | |
|----|---------------|---------------------|
| -- | {RANGE 01=07} | [ENTER RESPONSE] |
| 88 | | NONE |
| 77 | | DON'T KNOW/NOT SURE |
| 99 | | REFUSED |

/ //ASK ALL//

Q5_54. Do you think that breathing smoke from other people's cigarettes is:

[READ LIST]

- 01 Very Harmful To One's Health
- 02 Somewhat Harmful To One's Health
- 03 Not Very Harmful To One's Health
- 04 Not At All Harmful To One's Health

[PLEASE DO NOT READ]

- 77 NO OPINION/DON'T KNOW
- 99 REFUSED

/ //ASK ALL//

Q5_58A. Is there a program in your area to help adults quit smoking cigarettes?

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK ALL//

Q5_58B. Have you heard of any events in your area to help adults quit smoking cigarettes?

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK ALL//

Q5_58C. Is there a program in your area to help young people avoid smoking cigarettes?

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK ALL//

Q5_58D. Have you heard of any events in your area to help young people avoid smoking cigarettes?

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ //ASK ALL//

Q5_58E. Are there any programs in your area that have encouraged people not to smoke cigarettes around children?

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ **//ASK ALL//**

Q5_58F. Have you heard of events in your area that have encouraged people not to smoke cigarettes around children?

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ **//ASK ALL//**

NQ5_58B1. Have you seen or heard any messages that encouraged people to create a "Smoke-Free Zone" around children?

- 01 YES
- 02 NO
- 77 DON'T KNOW
- 99 REFUSED

/ **//ASK NQ5_58B1 = 1, MULTIPUNCH {MUL=15}//**

NQ5_58B2. Where did you see or hear the "Smoke Free Zone" message?

[PLEASE DO NOT READ RESPONSES]

[Check all that apply]

//DATA PROCESSING PLEASE DELIVER EACH RESPONSE AS A UNIQUE VARIABLE WITH 01 OR 02 (YES OR NO) RESPONSES PLEASE LABEL THESE AS NQ5_58BA, NQ5_58BB, NQ_58BC, ETC.//NOTE: RESPONSES 6 & 7 DELETED ON 2010 SURVEY//

- 01 RADIO
- 02 NEWSPAPER
- 03 NEWSLETTER
- 04 PAMPHLET/BOOKLET
- 05 STICKERS
- 08 SMOKE-FREE PLEDGE
- 09 CHILD CARE CENTER
- 10 SCHOOL
- 11 DOCTOR'S OFFICE
- 12 WORKPLACE
- 13 STORE, MALL, SHOPPING AREA
- 14 COMMUNITY EVENT
- 15 TOTE BAGS
- 17 PUBLIC PLACE OR BUILDING
- 16 OTHER: (Specify) _____
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ **if nq5_58b2 in (16)**

NQ558BOx[ENTER OTHER/SPECIFY]
SPECIFY

/ **//ASK ALL//**

NQ20086: Have you seen or heard any messages that encouraged people to keep secondhand smoke away from children when at home or in the car?

- 01 YES
- 02 NO
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ **//ASK Q1_3 IN (01,02)or q3_30b ≤ 505 /**

NQ20087. [Ask SMOKER = YES] How would you prefer for someone to ask you not to smoke near them? **Or** [Ask SMOKER = FORMER (<= 5 YEARS)] When you used to smoke, how would you have preferred for someone to ask you not to smoke near them?

[READ LIST]

- 01 Talk to me in private.
- 02 Ask me when I light up, even if we are in a group.
- 03 Hand me a note or card with information about the dangers of secondhand smoke
- 04 I do not think anyone should ask me not to smoke near them.
- 77 DON'T KNOW
- 99 REFUSED

/ **//ASK ALL//**

Q5_59. Are you currently..... [READ LIST]

- 01 Employed for wages
- 02 Self-employed
- 03 {GO TO Q5_78} Out of work for more than 1 year
- 04 {GO TO Q5_78} Out of work for less than 1 year
- 05 {GO TO Q5_78} A homemaker
- 06 {GO TO Q5_78} A student
- 07 {GO TO Q5_78} Retired, or
- 08 {GO TO Q5_78} Unable to work
- 77 {GO TO Q5_78} DON'T KNOW
- 99 {GO TO Q5_78} REFUSED

/ **//ASK Q5_59 = 01 or 02//**

Q5_60. About how many people are employed where you work?

Are there...

[IF NECESSARY: Please include employees at your location only, not the entire company]

[READ LIST]

- 01 10 Or Fewer People
- 02 Between 11 And 25
- 03 Between 26 And 100
- 04 Between 101 And 500
- 05 More Than 500

[PLEASE DO NOT READ]

- 77 DON'T KNOW
- 99 REFUSED

/ **//ASK ALL//**

The following questions are about things you may have heard or seen about quitting or not smoking in the media.

Q5_78. In the past six months, that is since [today-6 months] have you seen anything on television about quitting cigarette smoking?

- 01 YES
- 02 {GO TO Q5_78CHK} NO
- 03 DON'T WATCH TV
- 77 DON'T KNOW
- 99 REFUSED

/ **//Ask Q5_78=02//**

Q5_78CHK. Just to clarify, do you mean you did not see anything on television about quitting cigarette smoking or that you did not watch TV in the past 6 months?

- 01 Did not see anything on TV about quitting cigarette smoking
- 02 Did not watch TV in past 6 months

/ **//IF Q5_78CHK=02 RECODE: Q5_78=03/**

/ **//ASK ALL//**

Q5_82. In the past six months, that is since [insert date] have you heard anything on the radio about quitting cigarette smoking?

- 01 {GO TO Q5_84} YES
- 02 {GO TO Q5_82CHK} NO
- 03 {GO TO Q5_84} DIDN'T LISTEN TO THE RADIO IN PAST 6 MONTHS
- 77 {GO TO Q5_84} DON'T KNOW
- 99 {GO TO Q5_84} REFUSED

/ **//Q5_82=02//**

Q5_82CHK. Just to clarify, do you mean you did not hear anything on the radio about quitting cigarette smoking or that you did not listen to the radio in the past 6 months?

- 01 Did not hear anything on the radio about quitting cigarette smoking
- 02 Did not listen to the radio in the past 6 months
- 99 REFUSED

/ **//If Q5_82CHK=02 recode: Q5_82=03/**

/ **//ASK ALL//**

Q5_84. Have you ever heard any radio ads for the Vermont Quit Network?

- 01 {GO TO NQ20089} YES
- 02 {GO TO NQ20089} NO
- 03 {GO TO NQ20089} DON'T LISTEN TO THE RADIO
- 77 {GO TO NQ20089} DON'T KNOW
- 99 {GO TO NQ20089} REFUSED

Confirmed Awareness of Specific Ads:

/ **//ASK ALL//**

NQ20089. In the past six months, that is since [insert date], have you heard any ads on the radio offering tips, tools or strategies to help you quit smoking or with a Vermonter talking about how or why they quit smoking?

- 01 YES
- 02 NO
- 77 DON'T KNOW/ NOT SURE
- 99 REFUSED

/ **//ASK NQ20089 = 1, MULTIPUNCH=7//**

NQ200810. [LABELED AS NQ0810 IN PROGRAM] Please describe the radio ad(s) you heard.
[Check all that apply]

- 01 Person giving quit smoking tips
- 02 Person talking about ways to deal with a cigarette craving
- 03 Person talking about what they did to quit smoking
- 04 Person talking about what it was like to quit smoking
- 05 Person talking about quit smoking help (or services) they used
- 06 Person talking about why they quit smoking
- 07 OTHER. SPECIFY _____
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

/ **if nq200810 in (07)**

NQ0810X [ENTER OTHER SPECIFY]
SPECIFY:

/ **//ASK NQ20089 = 1//**

Q5_92. Tell me how much you agree or disagree with the following statements.....

Q5_92A. This ad was helpful.

[READ LIST]

- 01 Strongly agree
 - 02 Agree
 - 03 Disagree
 - 04 Strongly disagree
- [PLEASE DO NOT READ]
- 77 DON'T KNOW/NOT SURE
 - 99 REFUSED

/ //ASK NQ20089 = 1//

Q5_92B. This advertisement makes me think about whether or not I should smoke.

[READ LIST]

01 Strongly agree

02 Agree

03 Disagree

04 Strongly disagree

[PLEASE DO NOT READ]

77 DON'T KNOW/NOT SURE

99 REFUSED

/ //ASK NQ20089 = 1//

NQ5_7. After hearing this advertisement, did you talk to anyone about not smoking?

01 YES

02 NO

77 DON'T KNOW/NOT SURE

99 REFUSED

Section 6: DEMOGRAPHICS

Finally, I'm going to ask you for some general information about yourself.

/ //ASK ALL//

Q6_93. What is your age?

___ {RANGE 018-099}[ENTER RESPONSE] [099 = 99 AND OLDER]

777 DON'T KNOW

999 REFUSED

/ //ASK ALL//

Q6_94. Are you Hispanic or Latino?

01 YES

02 NO

77 DON'T KNOW

99 REFUSED

/ //ASK ALL//

Q6_95. Which one or more of the following would you say is your race?

{MUL=6}

[READ LIST][Check all that apply]

01 White

02 Black Or African American

03 Asian

04 Native Hawaiian Or Pacific Islander

05 American Indian Or Alaska Native

66 Other: [Enter Response]

[PLEASE DO NOT READ]

77 DON'T KNOW

99 REFUSED

/ **IF Q6_95 IN (66)**
Q6_95X [ENTER OTHER SPECIFY]
ENTER RESPONSE:

/ **//ASK IF MORE THAN ONE RESPONSE TO Q6_95//**
Q6_96. Which one of these groups would you say best represents your race?
[CATI: recall responses from Q6_95 only]

[READ LIST]

- 01 White
 - 02 Black Or African American
 - 03 Asian
 - 04 Native Hawaiian Or Pacific Islander
 - 05 American Indian Or Alaska Native
 - 66 Other //insert text from Q6_95X//
- [PLEASE DO NOT READ]
- 77 DON'T KNOW
 - 99 REFUSED

/ **//ASK ALL //**
Q6_97. INTERVIEWER: INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.
11 MALE
22 FEMALE

/ **//ASK ALL//**
Q6_98. What is the highest grade or year of school that you have completed? (IF CURRENTLY A STUDENT, ASK: What grade are you now in?)
[READ ONLY IF NECESSARY]
01 Never Attended School Or Only Attended Kindergarten
02 Grades 1-8 (Elementary)
03 Grades 9-11 (Some High School)
04 Grade 12 Or Ged (High School Graduate)
05 College 1 Year To 3 Years (Some College Or Technical School)
06 College 4 Years Or More (College Graduate)
[PLEASE DO NOT READ]
77 DON'T KNOW
99 REFUSED

/ **//ASK ALL//**
I'm next going to ask you about types of health insurance. By health insurance, I mean the plan that covers the cost of some or all of your health care.
NQ6_1. Do you have any type of health insurance that covers some or all of your health care costs?
01 YES
02 NO (GO TO Q6_99)
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK IF NQ6_1 = 1 OR NQ6_1 = 77 OR NQ6_1 = 99//
NQ6_2 I am going to read a list of types of health insurance. For each, please tell me if it is part of your health insurance coverage....

/ //ASK IF NQ6_1 = 1 OR NQ6_1 = 77 OR NQ6_1 = 99//
NQ6_2A. Medicaid Or PC Plus Medicaid
01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK IF NQ6_1 = 1 OR NQ6_1 = 77 OR NQ6_1 = 99//
NQ6_2B. Medicare
01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK IF NQ6_1 = 1 OR NQ6_1 = 77 OR NQ6_1 = 99//
NQ6_2C. VHAP (Vermont Health Access Plan) Or PC Plus VHAP
01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK IF NQ6_1 = 1 OR NQ6_1 = 77 OR NQ6_1 = 99 and gender=22//
NQ6_2D. Ladies First [CATI: Asked only of female respondents]
01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK IF NQ6_1 = 1 OR NQ6_1 = 77 OR NQ6_1 = 99//
NQ6_2E. Veterans Administration
01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK IF NQ6_1 = 1 OR NQ6_1 = 77 OR NQ6_1 = 99//
NQ6_2F. Blue Cross Blue Shield
01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK IF NQ6_1 = 1 OR NQ6_1 = 77 OR NQ6_1 = 99//
NQ6_2G. MVP

01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK IF NQ6_1 = 1 OR NQ6_1 = 77 OR NQ6_1 = 99//
NQ6_2H. Cigna

01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK IF NQ6_1 = 1 OR NQ6_1 = 77 OR NQ6_1 = 99//
NQ6_2K. Catamount Blue

01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK IF NQ6_1 = 1 OR NQ6_1 = 77 OR NQ6_1 = 99//
NQ6_2L. MVP Catamount Choice

01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK IF NQ6_1 = 1 OR NQ6_1 = 77 OR NQ6_1 = 99//
NQ6_2I. Other Private Insurance

01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK IF NQ6_1 = 1 OR NQ6_1 = 77 OR NQ6_1 = 99//
NQ6_2J. Are There Any Other Types Of Health Insurance I Didn't Mention?

01 YES
02 NO
77. DON'T KNOW/NOT SURE
99. REFUSED

/ ask if nq6_2j in (01)
NQ6_2X What other type of insurance?
SPECIFY:

/ //LANDLINE ONLY ASK ALL//

I have just a few, final questions left....

Q6_99. 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.

01 YES
02 NO
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //if q6_99 in (01)//

Q6_100. How many of these are residential numbers?

-- {RANGE = 01-05} [ENTER RESPONSE]
06 6 OR MORE
77 DON'T KNOW/NOT SURE
99 REFUSED

//LANDLINE ONLY ASK IF Q6_100 >= 3 AND NOT 77 OR 99) OR (Q6_100 >= TOTL_HH)

Q6_100c - I am sorry, just to double check, you indicated you have \:q6_100:
residential phones in your household.

IS THIS CORRECT?

1 Yes, correct as is\n /

2 No, re-ask question /REASK Q6_100/

/ //ASK ALL multipunch=4//

NQ1011. Please tell me if you use your cell phone or smart phone for each of the following activities:

[Read List] [Check all that apply]

01 Talking
02 Texting
03 Surfing the internet
04 Using applications
05 Don't have a mobile device
[DO NOT READ]
77 DON'T KNOW/NOT SURE
99 REFUSED

/ //ASK ALL//

NQ201012. How often do you access the internet?

[READ LIST]

01 Once a month or less
02 Once a week
03 Several times a week (not everyday)
04 Everyday
05 Several times a day
[DO NOT READ]
77 DON'T KNOW/NOT SURE
99 REFUSED

/ **//Ask if NQ201012 >= 2, MULTIPUNCH=08//**

NQ1013. Please tell me if you use the internet for any of the following activities:

[Read List]

[Check all that apply]

01 Work

02 Research

03 Shopping

04 Reading

05 Games

06 Entertainment

07 Social networking (Facebook, MySpace)

08 Anything else? {Specify:_____}

[DO NOT READ]

77 DON'T KNOW

99 NOT SURE

/ **if nq1013 in (08)**

NQ1013X [ENTER OTHER/SPECIFY]

SPECIFY:

/ **//ASK ALL//**

Q6_103. What town do you live in?

[PROGRAMMING SEE APPENDIX A AT END OF THIS DOCUMENT FOR FULL LIST OF TOWNS]

____ TOWN CODE

88888 OTHER_____ [SPECIFY, LENGTH = 70]

77777 DON'T KNOW

99999 REFUSED

/ASK IF Q6_103=88888/

Q6_103o ENTER OTHER SPECIFY [LENGTH=70]

/ASK IF Q6_103 NE 77777 OR 99999/

Q6_VER I want to make sure that I got it right.

You said that you live in /INSERT TOWN FROM q6_103 /

Is that correct?

11 Yes, correct as is...

22 No, re-ask question /GO BACK TO Q6_103/

/ **//ASK ALL//**

Q6_104. How long have you lived in [/FILL IN FROM PREVIOUS QUESTION, IF 77 OR 99, FILL IN "your current town of residence"/]?

[DO NOT READ]

01 LESS THAN ONE YEAR

02 ONE TO LESS THAN TWO YEARS

03 TWO TO LESS THAN THREE YEARS

04 THREE TO LESS THAN FOUR YEARS

05 FOUR TO LESS THAN FIVE YEARS

06 FIVE OR MORE YEARS

77 DON'T KNOW

99 REFUSED

/ //ASK ALL//

Q6_102 Is your annual household income from all sources—(120-121)

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

Q6_102A [04] Less than \$25,000 [If "no," ask 05; if "yes," ask 03]
(\$20,000 to less than \$25,000)
01 Yes
02 No
77 Don't Know
99 Refused

/ **//ask if Q6_102A = 1//**

Q6_102B [03] Less than \$20,000 [If "no," code 04; if "yes," ask 02]
(\$15,000 to less than \$20,000)
01 Yes
02 No
77 Don't Know
99 Refused

/ **//ask if Q6_102B = 1//**

Q6_102C [02] Less than \$15,000 [If "no," code 03; if "yes," ask 01]
(\$10,000 to less than \$15,000)
01 Yes
02 No
77 Don't Know
99 Refused

/ **//ask if Q6_102C=1//**

Q6_102D [01] Less than \$10,000 [If "no," code 02]
01 Yes
02 No
77 Don't Know
99 Refused

/ **//ask if Q6_102A = 2//**

Q6_102E [05] Less than \$35,000 [If "no," ask 06]
(\$25,000 to less than \$35,000)
01 Yes
02 No
77 Don't Know
99 Refused

/ **//ask if Q6_102E = 2//**

Q6_102F [06] Less than \$50,000 [If "no," ask 07]
(\$35,000 to less than \$50,000)
01 Yes
02 No
77 Don't Know
99 Refused

/ **//ask if Q6_102F = 2//**
 Q6_102G [07] Less than \$75,000 [If "no," code 08]
 (\$50,000 to less than \$75,000)
 01 Yes
 02 No
 77 Don't Know
 99 Refused
 [08] \$75,000 or more

/ **//ask if Q6_102A- Q6_102G ne 9//**
 Q6_102AA Your Annual Household Income is [enter range from code in s12q10A-G]
 Is This Correct?
 1 No, re-ask question [GO TO Q6_102A]
 2 Yes, correct as is. [CONTINUE]

CLOSING - LANDLINE

/ **ask all**
 That's my last question. Everyone's answers will be combined to give us information to guide state health policies. Thank you very much for your time and cooperation.

CLOSING - CELL PHONE

/ **ask all**
 CLOSEC Those are all the questions I have for you. **Everyone's answers will be combined to give us information to guide state health policies.** In appreciation for the time you have spent answering our questions, we would like to give you a \$5 Amazon.com® gift certificate code. Would you like the number of the Amazon.com® gift certificate now?