

2007 Vermont Adult Tobacco Survey Report

Table of Contents

	Page
Introduction	3
Methods	3
Smoking in Vermont	6
Smoking Cessation	10
Quit Attempts	10
Reasons for Quitting Smoking	12
Cessation Methods	14
Sources for Cessation Information	17
Access to Cessation Assistance	18
Program Awareness and Utilization	21
Awareness and Use of VDH Smoking Cessation Programs	22
Second Hand Smoke	27
Health Care Providers and Smoking Interventions	35
Attitudes Toward Smoking	38
Media Campaign Awareness	41
Appendix A	A-1
Appendix B	B-1

Introduction

This report updates previous Vermont Adult Tobacco Survey (VTATS) data reports completed by Research Triangle Institute (RTI), by incorporating 2007 VTATS data. Survey methodology is discussed in the next section; this section provides a brief overview of the Vermont Tobacco Control Program and the VTATS survey itself.

The Vermont Tobacco Control Program (VTCP) has a comprehensive structure and includes seven components recommended by the Centers for Disease Control (CDC). These are: community-based coalitions, school prevention curricula and policies, quit-smoking services, statewide training, mass media and public education, enforcement of youth access laws, and evaluation.

The VTCP set the goal of reducing the adult smoking rate from 20% in 2000 to 11% by 2010. Reducing youth smoking rates has also been a priority for the VTCP. Progress has been made in attaining both of these milestones. However, achieving the adult goal still remains ambitious as the 2007 adult smoking rate was 18%. The youth smoking rate has declined sharply in recent years from 31% in 1999 to 16% in 2007. (Note: Adult smoking prevalence is measured by the Behavioral Risk Factor Surveillance System (BRFSS); youth smoking prevalence is measured by the Youth Risk Behavior Survey (YRBS)).

As part of its efforts to help Vermonters stop smoking, the VTCP has implemented cessation programs including the Vermont Smoker's Quit Line and Ready, Set...Stop. The former is a telephone-based intervention while the latter is an in-person, face-to-face program. Each provides service to more than 1,500 Vermonters in a given year.

The VTATS is a telephone survey used to help evaluate the effectiveness of VTCP efforts to reduce smoking and increase awareness and knowledge of smoking related issues among Vermont adults. This evaluation tool has been implemented each year since 2001. However, the VTATS is not part of a national survey and data cannot be compared to that from other states.

Methodology

The VTATS is a telephone-based survey of non-institutionalized Vermont adult (18+) residents over an eight week period during the fall of each calendar year. The survey is conducted among 2,000 respondents each year: 1,000 current smokers and recent quitters and 1,000 never smokers and former smokers who stopped more than one year prior. The survey includes over-sampling of both smokers and 18-24 year olds.

In 2002, the VTATS was redesigned and as a result many questions asked in 2002 were not comparable to those asked in 2001. Following consultation with external partners and the VTCP independent evaluator, RTI, the VTATS was revised again in 2003 to be more comparable to the instrument used in 2001. While changes, additions and deletions have been made to the survey since 2003, there have been no additional major revisions.

Methodology (Continued)

The following table includes various definitions used throughout the 2007 VTATS report:

Table 1: Definitions	
Smoking Status	
Current smoker	Smoked at least 100 cigarettes in life and now smoke every/some days
Former smoker	Smoked at least 100 cigarettes in life and now do not smoke at all (includes recent quitters)
Recent quitter	Former smoker who quit within past 12 months
Smoker	Either current smoker or recent quitter
Nonsmoker	Did not smoke 100 cigarettes in life or former smoker who quit for more than 12 months
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
Mental Health	
Good	Vermonters with 0 days poor mental health in last 30 days
OK	Vermonters with 1 to 13 days poor mental health in last 30 days
Poor	Vermonters with 14 or more days poor mental health in last 30 days

VTATS 2007 data were compared to data from the year directly preceding (2006) and the earliest year the data were collected. Unless otherwise noted, the first time a data point was included on the VTATS was 2001. Results for 2007 generally were significantly better in 2007 than those in the earliest years of the survey. Cases where the difference from 2001 to 2007 is not significant or is significantly worse in 2007 are always noted¹. Differences were considered statistically significant when p-values were less than 0.05.

Trend data are included in this report. 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 discussed if there has been a more recent change or the data is different from this general pattern.

VTATS 2007 data was analyzed by demographic subgroup for this report. These analyses utilized the following variables: age, gender, income and mental health status. Smoking among Vermonters with low socio economic status and those with mental illness is a focus of the VTCP and included in its plan to address health disparities.

On the following page (**Table 2**) the un-weighted sample characteristics for 2007 VTATS data are presented. The table breaks out the sample by smoking status, gender, age group, education level, income level and mental health status.

¹Statistical 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.

Also included in **Table 2** is the CASRO response rate for the 2007 VTATS (22%), which decreased from 36% in 2006. The contractor for the survey believes that the cause of the response rate decrease is likely due to an increase in non-working numbers in the sample. The reason more numbers were non-working is difficult to assess, though it may be related to an increase in cell phone only households or temporarily disconnected numbers. Trend data for this information can be found in Appendix A, page A-2.

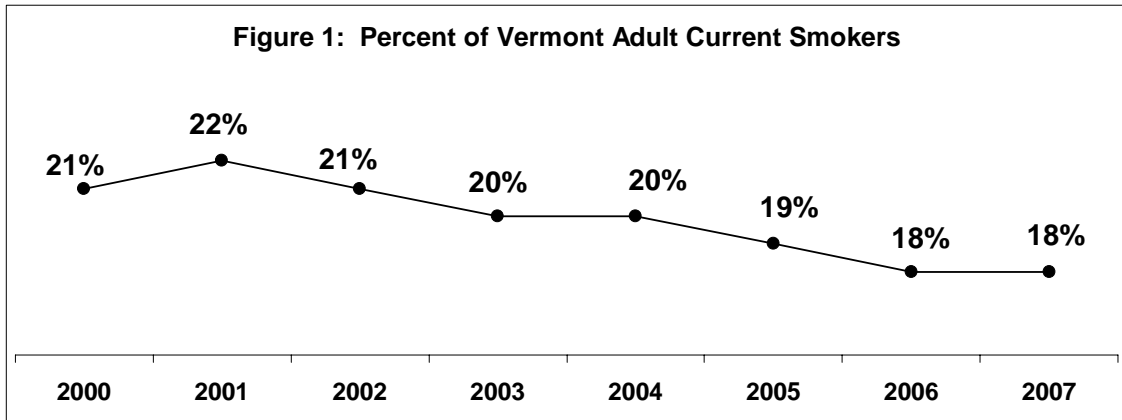
Table 2: Sample Characteristics		2007		
		Number (N)	Un-weighted %	Weighted %
Overall		2,124	100.0	100.0
Gender	Female	1,388	65.3	48.6
	Male	736	34.7	51.4
Age Group	18 to 24 years	279	13.1	12.8
	25 to 44 years	536	25.2	32.0
	45 years and older	1,281	60.3	53.7
Education	Less than high school	170	8.0	6.1
	High school	718	33.8	29.3
	Some college	526	24.8	23.0
	College or higher	702	33.1	41.3
Income*	Low (< \$25,000 / year)	523	24.6	17.7
	Middle (\$25,000 to \$74,999)	885	41.7	40.5
	High (\$75,000 + / year)	399	18.8	26.0
Mental Health:	Good	1,219	57.4	63.1
	OK	601	28.3	27.5
	Poor	276	13.0	8.1
Smoking Status	Current smoker	970	45.7	17.6
	Recent quitter (quit within last year)	51	2.4	2.1
	Former smoker (quit more than year ago)	318	15.0	23.1
	Never smoker	775	36.5	56.6
	Smoker (current smokers/recent quitters)	1,021	48.1	19.7
	Non-Smoker (former/never smokers)	1,093	51.5	79.7
	Overall Response Rate**		21.9	

*Note that in 2007 the income variable does not include imputed data for missing values.

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

Smoking in Vermont, 2007

Since 2000, smoking has decreased from 21% to 18% in 2007. In Vermont, smoking prevalence is measured by the Behavioral Risk Factor Surveillance System (BRFSS), not the VTATS. (See **Figure 1**.)



The next several figures and tables look at level of addiction to cigarettes among Vermont adult smokers. One measure of addictiveness to nicotine is the Fagerström test of nicotine dependence. This test utilizes current smokers responses to six questions in order to create an overall score indicating nicotine dependence. The questions are:

- “Do you smoke more frequently during the first hours after awakening than during the rest of the day?”
- “Which cigarette would you hate most to give up”
- “Do you smoke even if you are so ill that you are in bed most of the day?”
- “Do you find it difficult to refrain from smoking in places where it is forbidden?”
- “How soon after you awake in the morning do you usually smoke your first cigarette?”
- “On the average, on the days when you smoked during the past 30 days about how many cigarettes did you smoke?”.

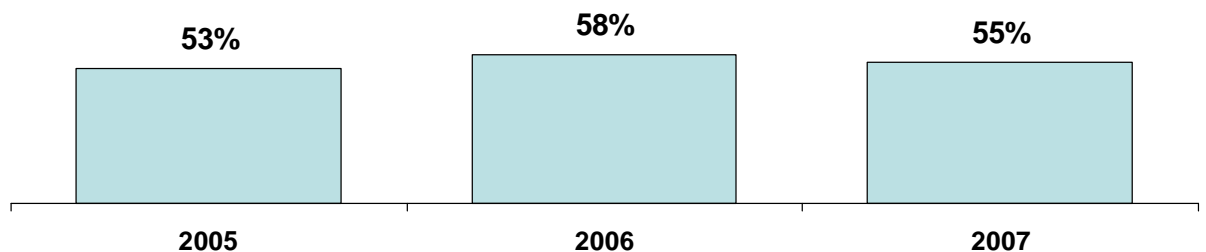
The first year that all necessary questions for the Fagerström test were included on the VTATS was 2005. Table 3 shows the individual questions used in calculating the Fagerström test, the individual category definitions for each item in the measure, and the percent of current smokers in each category for data years 2005-2007. The data in the table are limited to respondents with valid responses to all five questions.

According to the Fagerström nicotine dependence test, since 2005 there has not been significant change in the proportion of current smokers considered dependent on cigarettes. In 2007, 55% of current smokers were considered nicotine dependent using this measure (**Figure 2**).

In addition to Fagerström scores, the proportion of current smokers who report smoking their first cigarette within a half hour of waking is also an important indicator. In 2007, 60% of current smokers said they first smoke within 30 minutes of waking. These data have changed little over time (see page A-3 of Appendix A).

Table 3: Fagerström Test for Nicotine Dependence Category Definitions and Percentage Response				
		2005 (%) (N = 669)	2006 (%) (N = 731)	2007 (%) (N = 794)
Average number of cigarettes smoked per day in past 30 days for days smoked	0 = ≤ 10 cigarettes	38%	35%	43%
	1 = 11–20 cigarettes	50%	41%	44%
	2 = 21-30 cigarettes	8%	13%	9%
	3 = ≥ 31 cigarettes	4%	11%	4%
Smokes more frequently during first waking hours than during the rest of the day	0 = no	68%	66%	68%
	1 = yes	32%	34%	32%
After waking, time before smoking first cigarette	3 = ≤ 5 minutes	19%	21%	17%
	2 = 6-30 minutes	40%	42%	44%
	1 = 31-60 minutes	20%	17%	20%
	0 = > 60 minutes	21%	20%	19%
Would hate giving up the first cigarette in the morning most	0 = no	50%	56%	50%
	1 = yes	50%	44%	50%
Finds it difficult to refrain from smoking in places where it is forbidden	0 = no	82%	80%	80%
	1 = yes	18%	20%	20%
Smokes even if so ill that the participant is in bed most of the day	0 = no	74%	71%	72%
	1 = yes	26%	29%	28%

Figure 2: Current Smokers Who are Nicotine Dependent, as Measured by Fagerström Test of Nicotine Dependence*

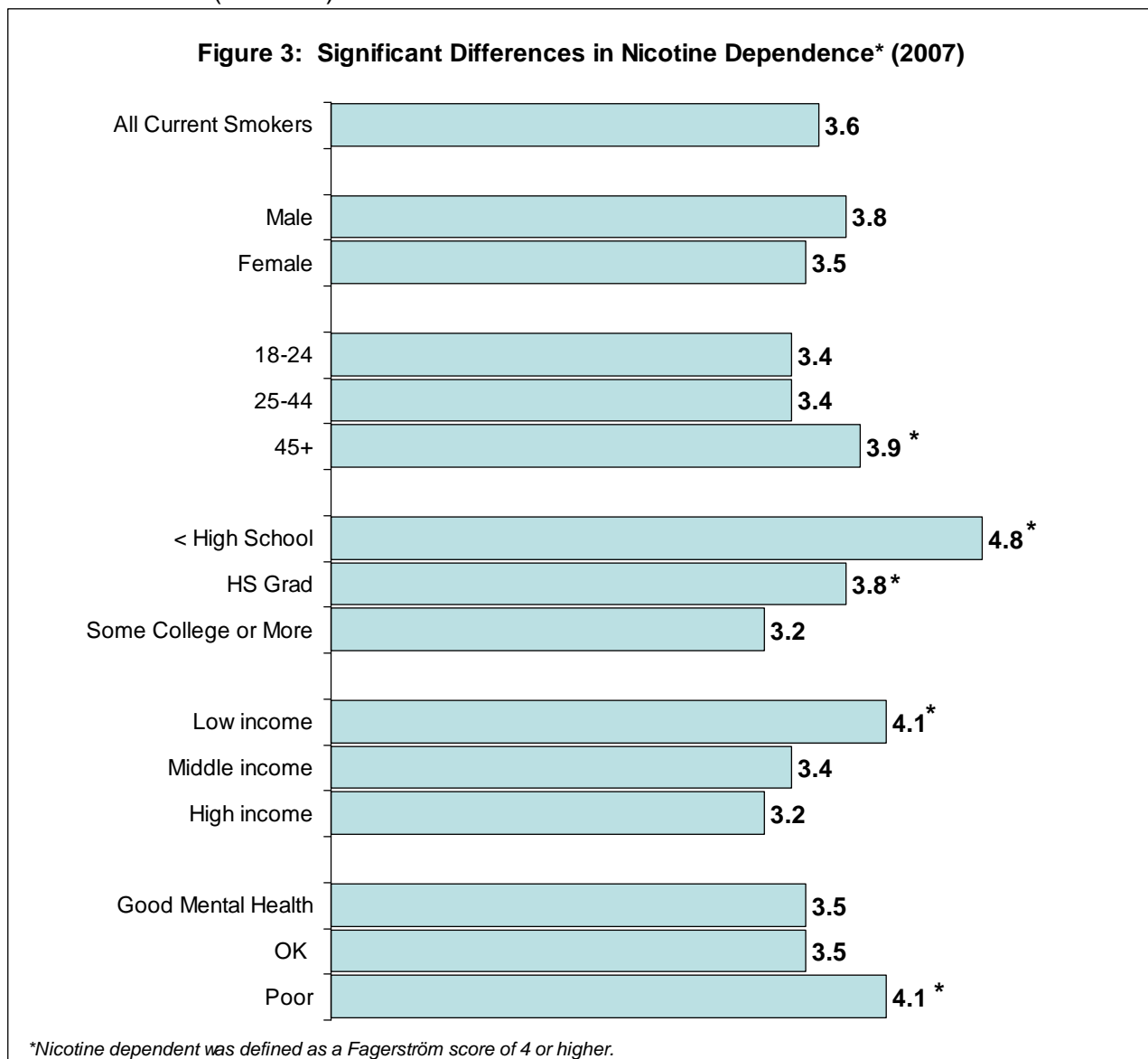


*Nicotine dependent was defined as a Fagerström score of 4 or higher.

Figure 3 shows average Fagerström scores for all current smokers overall and for specific sub-groups. In 2007, the average Fagerström score for adult current smokers was 3.6 (out of 10). Men and women had similar average scores.

Current smokers 45 and older had a score significantly higher than that for those aged 25-44. Those of low SES had significantly higher average scores than both those of middle and high SES. Those with a less than high school education had significantly higher averages than both those with a high school and some college or higher education; high school educated current smokers also had a significantly higher average than those with at least some college education.

Current smokers with self-reported “poor” mental health in the last month (4.1) had a significantly higher score than both those with “good” and “OK” self-reported mental health in the last month (both 3.5).

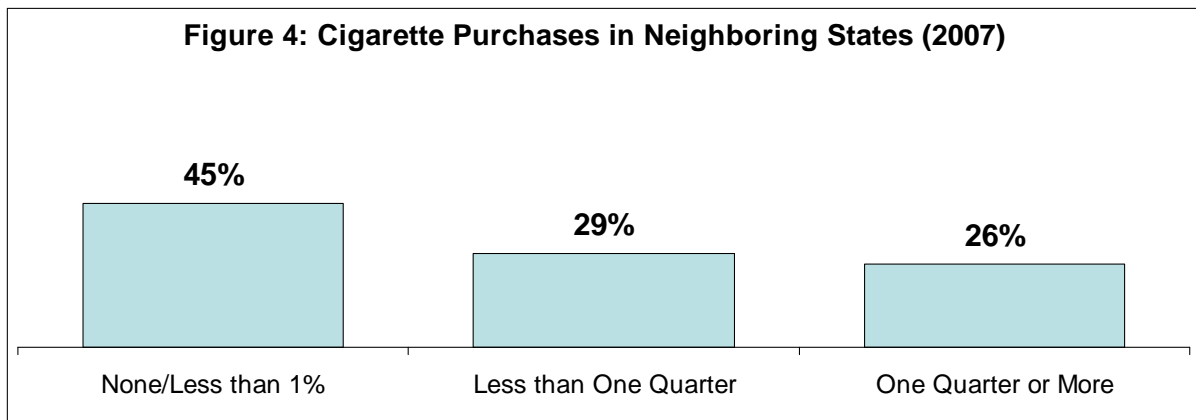


*Significantly higher than at least one other group. Aged 45 and older higher than 25-44, low income higher than middle and high incomes, less than high school education higher than high school and some college or more education, high school higher than some college or more education, and “poor” mental health higher than “good” and “OK” mental health.

In anticipation of cigarette tax increases, three questions were added to the VTATS in 2002. These questions were intended to measure whether current smokers sought less expensive sources of cigarettes, such as from a neighboring state or on the Internet.

In 2007, 57% of current smokers reported buying cigarettes in a neighboring state during the last 12 months. Over time, the proportion of current smokers who reported purchasing any cigarettes in a neighboring state has significantly increased from 51% in 2002 to 57% in 2007, however there was no increase from 2006 to 2007. Younger smokers were more likely to purchase cigarettes in a neighboring state as more than two-thirds of 18-24 year olds (68%) and just slightly fewer 25-44 year olds (63%) bought cigarettes out of state in the last year. Current smokers 45 and older were less likely to cross state lines for cigarettes (47%).

Looking at how much of their cigarettes smokers bought out-of-state, 45% bought none/less than one percent of their cigarettes outside of Vermont. Just less than a third of smokers said they bought between one percent and one-quarter of their cigarettes in a neighboring state (29%); slightly fewer reported buying one quarter or more (26%) in a neighboring state (**Figure 4**). Current smokers who buy one quarter or more of their cigarettes in another state has increased from 17% in 2003 to 26% in 2007. The change from 2006 to 2007 was not significant (see page A-3, Appendix A).



Current smokers rarely purchase cigarettes over the Internet. In 2007, just 4% purchased cigarettes this way. The proportion of current smokers who purchased cigarettes over the internet in the last year has fluctuated between two and four percent and has not significantly increased over time. The proportion of current smokers who reported buying at least one quarter of their cigarettes via the internet has remained about one percent (see page A-4 of Appendix A).

Current smokers who self-identified as “OK” mental health status were significantly more likely to report buying cigarettes online than those with “good” mental health (7% versus 2%). Due to small numbers, no other analysis of internet cigarette purchases by demographic group was conducted.

Smoking Cessation

Quit Attempts

In 2007, nearly half of current smokers reported making a serious quit attempt in the last year (48%). If those who succeeded in quitting in the past year are included, that number increases to 53%. (See **Figure 5**.)

Quit attempts among current smokers are up slightly, though not significantly, since 2006. There have been no significant changes in quit attempts among current smokers or current smokers and recent quitters since 2001.

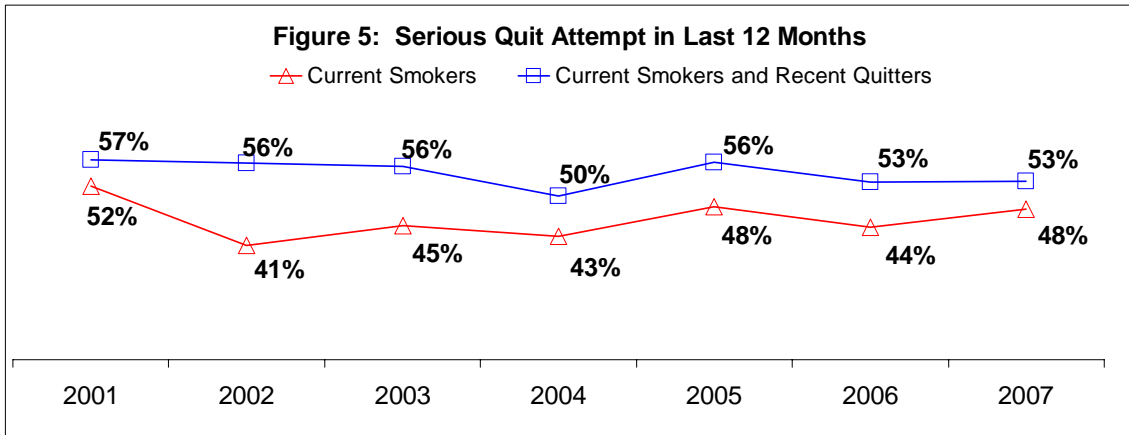
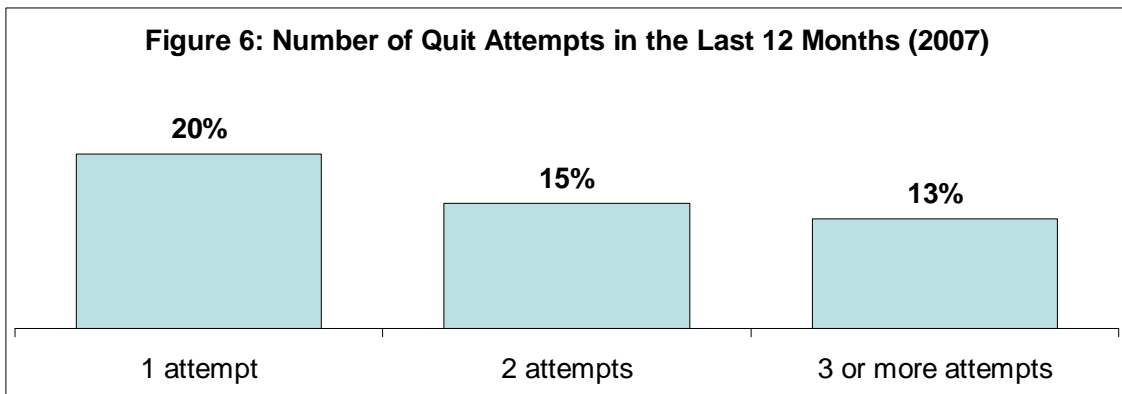
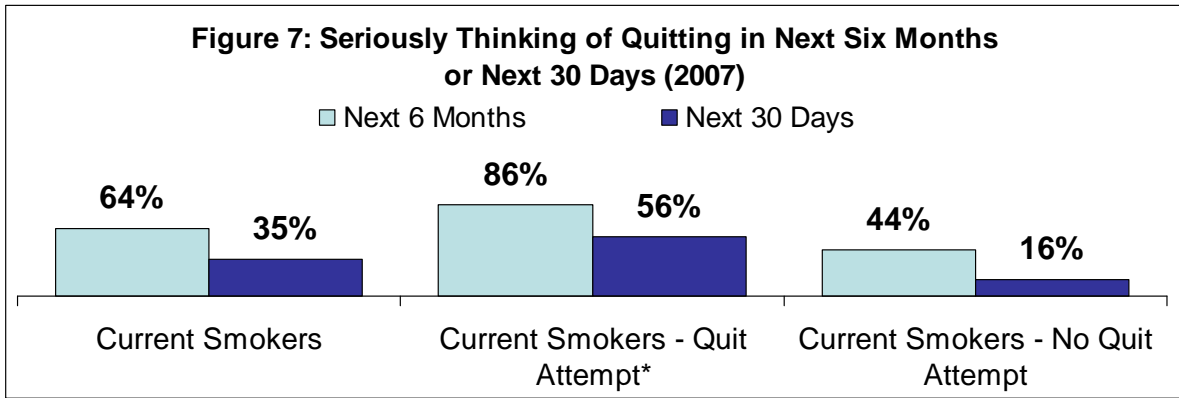


Figure 6 shows how many serious quit attempts current smokers made in the past year. One-fifth made one attempt; 15% made two attempts and 13% made three or more attempts to quit smoking. There has not been any change in the distribution of quit attempts since 2001 (see page A-4 of Appendix A).



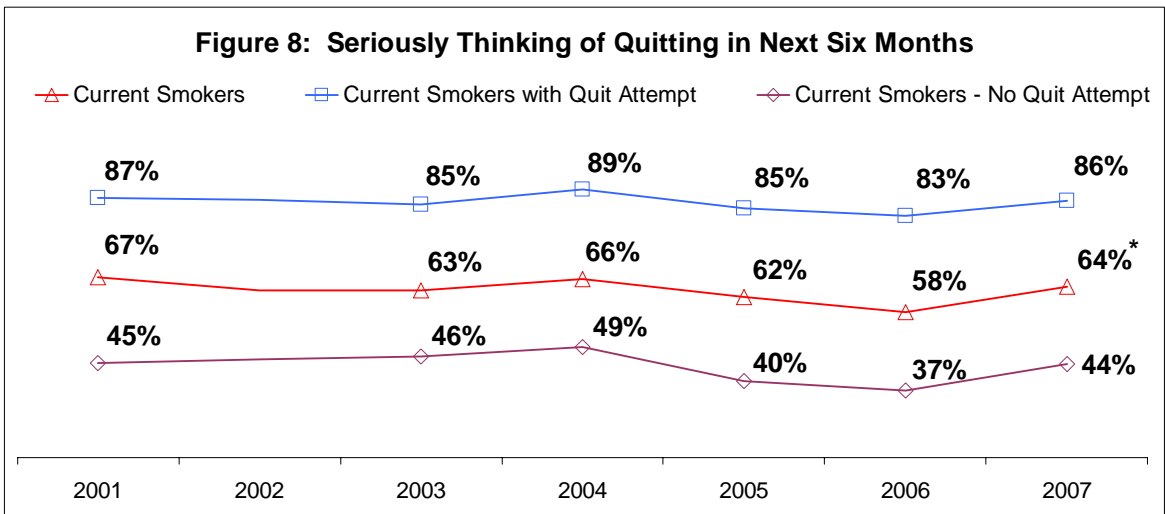
Overall, nearly two-thirds of Vermont's current smokers were seriously thinking of quitting soon. Those who did not make a serious quit attempt were significantly less likely than those who did to be considering quitting in the next six months. Despite this, nearly half were thinking of quitting in the next six months (**Figure 7**).



*With a serious quit attempt significantly more likely to report thinking of quitting in the next six months and 30 days than those without a serious quit attempt.

In 2005 and 2006, fewer current smokers were thinking of quitting soon. In 2007, it appears this trend was halted as the proportion increased for both those with and without a recent quit attempt were seriously thinking of quitting in the next six months (Figure 8). Those who are thinking of quitting in the next 30 days is a smaller proportion, but follows similar trends (See page A-5 of Appendix A)

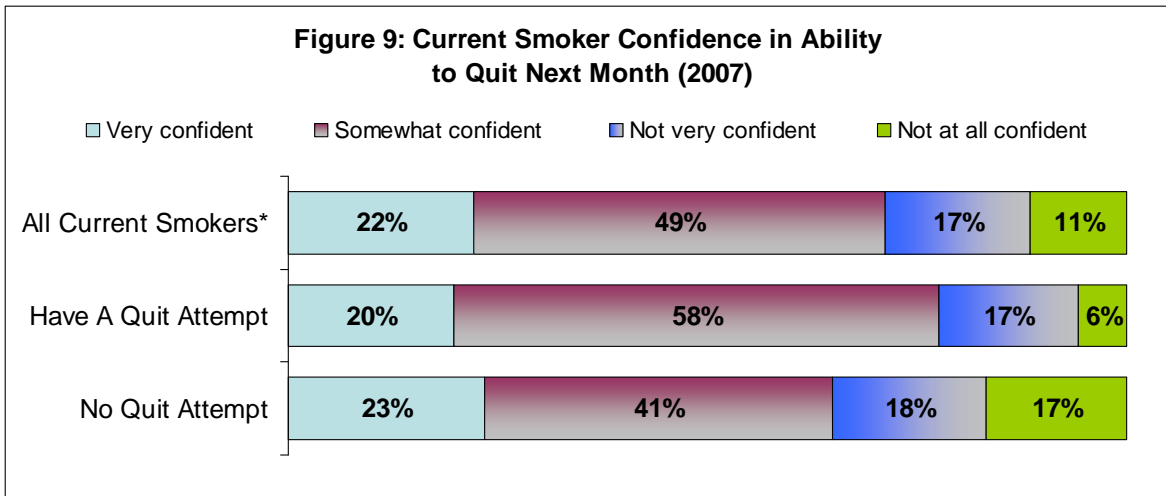
From 2006 to 2007, there has been a significant increase in those who were seriously thinking of quitting. However, the proportions thinking of quitting in 2007 are not statistically better than those measured in 2001. The proportion of current smokers who made a recent quit attempt that said they were thinking of quitting in the next 30 days did significantly increase from 46% in 2001 to 56% in 2007 (see page A-5 of Appendix A).



*Significantly higher in 2007 than in 2006.

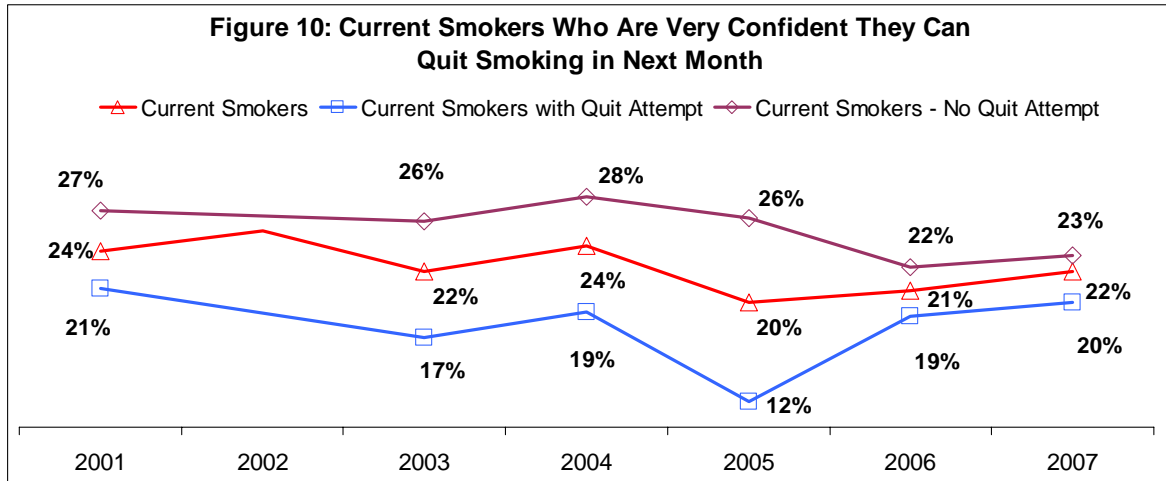
Despite large proportions of current smokers who were thinking about quitting, few reported they were *very confident* in their ability to quit in the next month (Figure 9). Those who have tried to quit before were more likely to express confidence than are those who have not tried to quit (78% vs. 64%).

There has been little change in the proportion of all current smokers who were *very confident* in their ability to quit. However, the percentage of all current smokers who were *very and somewhat confident* has increased significantly from 64% in 2001 to 71% in 2007.



*Proportion very or somewhat confident in their ability to quit significantly increased from 64% in 2001 to 71% in 2007.

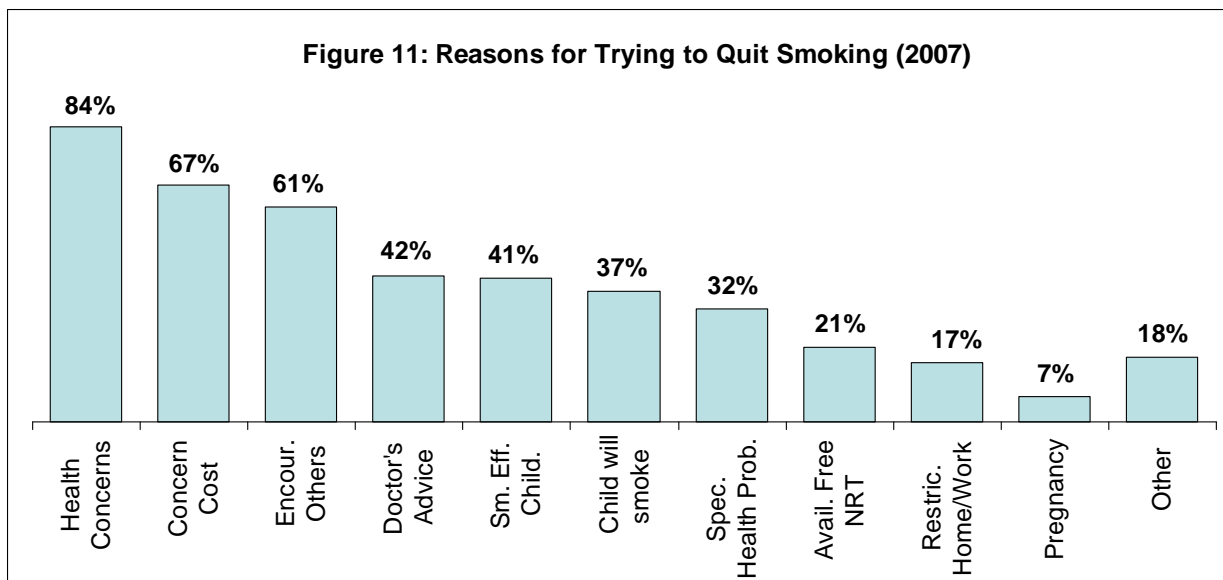
Changes to current smoker's confidence in their ability to quit smoking have been minimal over time (**Figure 10**).



Reasons for Quitting Smoking

Current smokers indicated many reasons for trying to stop smoking. Concern over the health effects of smoking has consistently been the top reason given for trying to stop smoking (84% in 2007). This was closely followed by concerns over the cost of smoking and encouragement from others (67% and 61% respectively). Approximately two-fifths tried to quit on their doctor's advice (42%) or due to concerns of how smoking will effect children (either directly effecting them (41%) or encouraging them to smoke (37%)). One-third cited a specific health problem (32%) and one fifth cited the availability of free Nicotine Replacement Therapy (NRT) (21%) (See **Figure 11**).

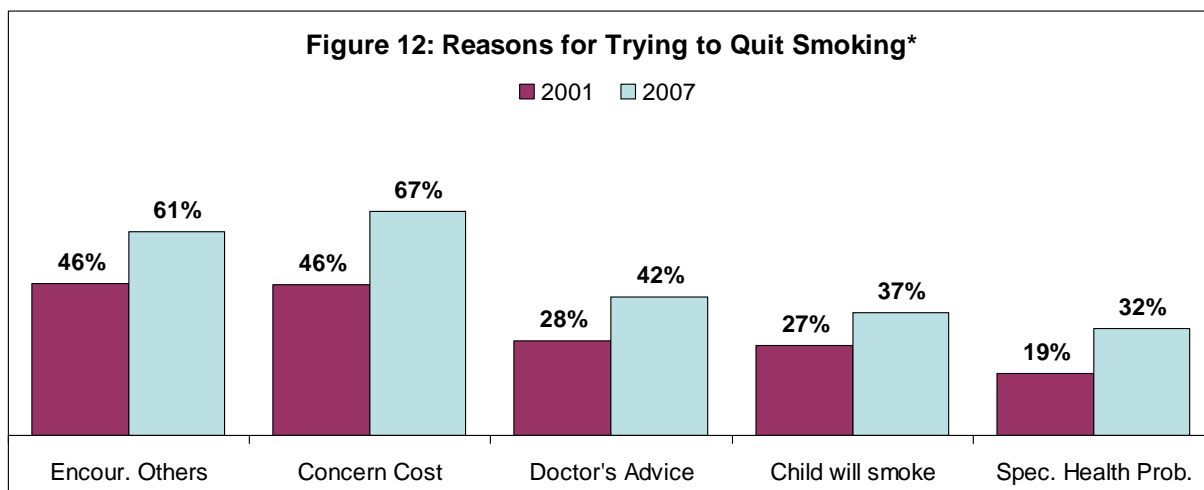
Figure 11: Reasons for Trying to Quit Smoking (2007)



Smokers cited all reasons more often in 2007 than in 2001, but the increases were only significant for five reasons (**Figure 12**). Concern about cost and encouragement from others increased the most (21% and 15% respectively).

As compared with 2006, the only reason for quitting given significantly more often in 2007 was a specific health problem (21% in 2006 and 32% in 2007) (see page A-5 of Appendix A).

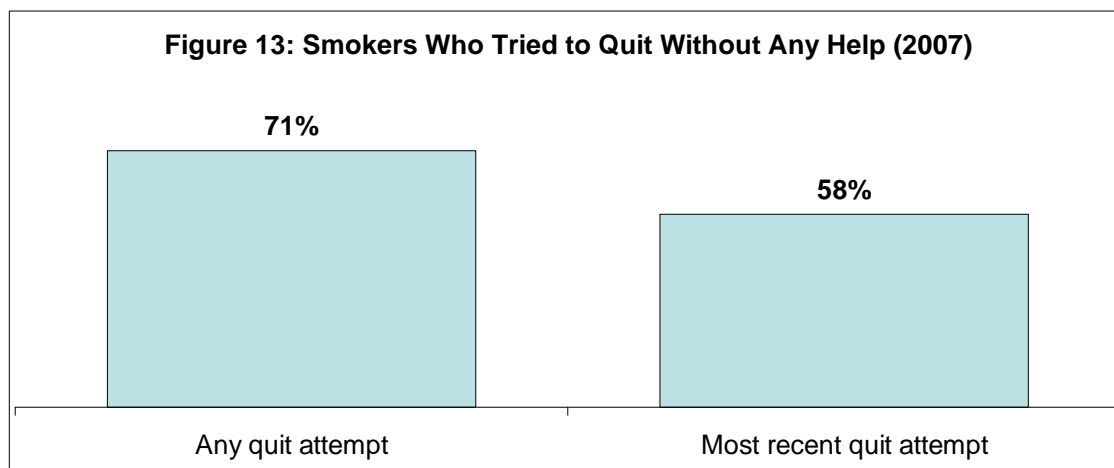
Figure 12: Reasons for Trying to Quit Smoking*



*Reasons in this figure were reported significantly more often in 2007 than in 2001; no other reasons were cited significantly more often in 2007.

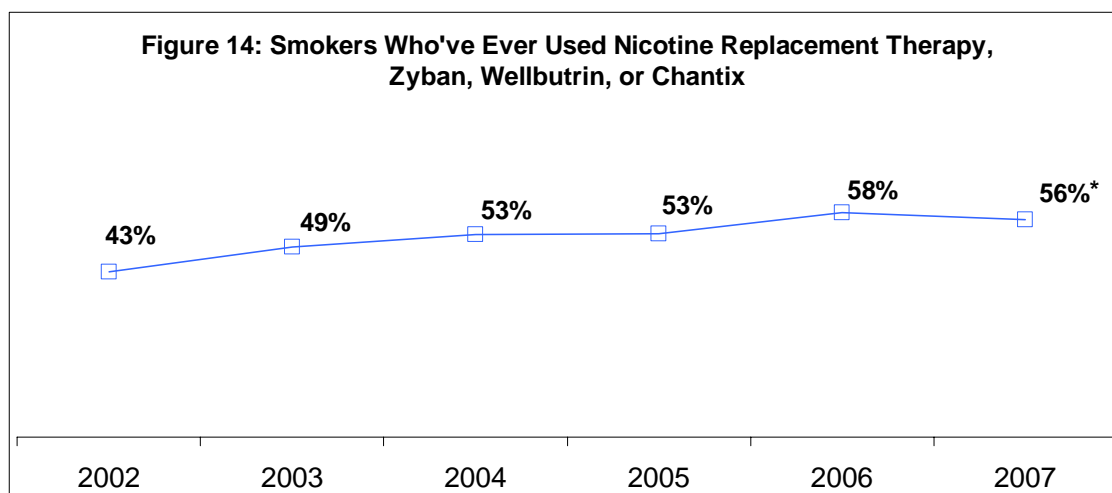
Cessation Methods

In 2007, 71% of current smokers who tried to quit in the last year or recently quit did so on their own without help during a quit attempt; 58% tried to quit without help in their most recent quit attempt (**Figure 13**). Those quitting on their own, without help in any quit attempt and their most recent attempt decreased from 2006 to 2007 (76% and 64% respectively in 2006 but neither of these changes were significant). Also, the decrease from 2001 to 2007 was also not significant for those quitting on their own in any attempt (76% in 2001).



For those Vermonters quitting smoking, the use of NRT or other medications is suggested. A majority of current smokers (56%) had 'ever' used NRT, Zyban, Wellbutrin or Chantix in an attempt to stop smoking, see **Figure 14**.

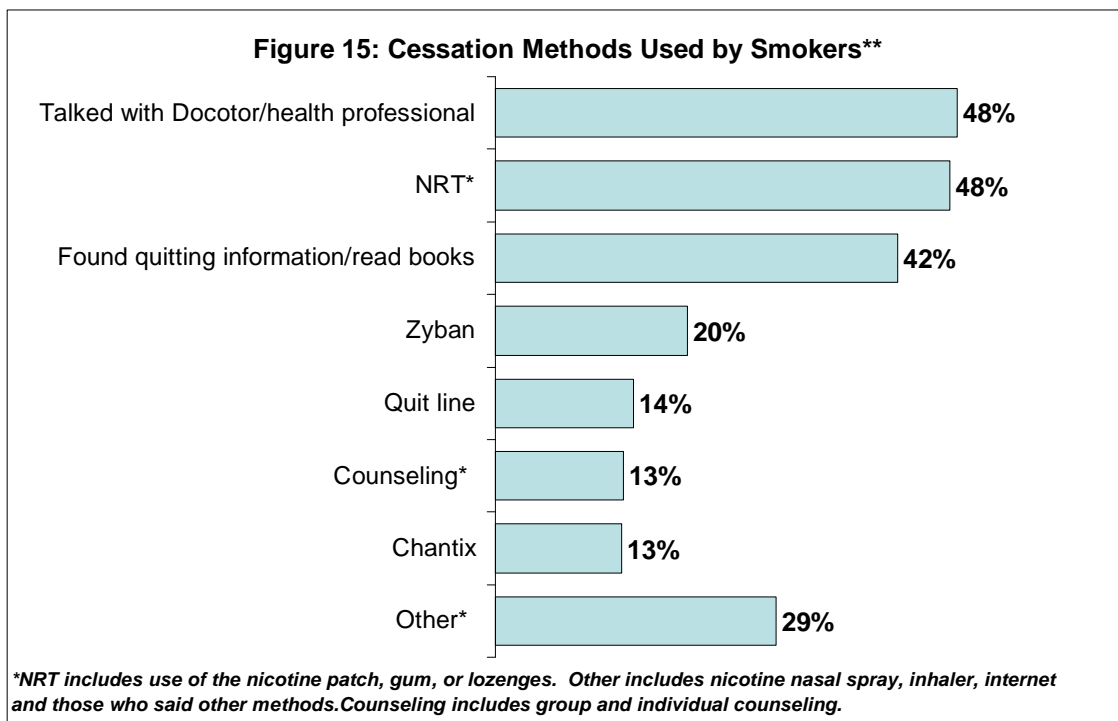
This proportion did not change from 2006 to 2007, however, it has significantly increased from 2002 to 2007. Note that Zyban and Wellbutrin were added to this question in 2003 and Chantix in 2006.



*Significantly higher in 2007 versus 2002.

Since 2001, the three most popular cessation assistance methods have been: talking with a doctor/health care provider, NRT, or simply finding quit information or reading books. In 2007, these methods were utilized twice as often as any other method (see **Figure 15**). Nearly half talked with a health care professional or used NRT (48% each). Just slightly fewer found quitting information or read books (42%). Nearly a third said they used “other” cessation methods (29%), while a fifth used Zyban (20%). The three cessation methods reported least often were the Quit Line (14%), counseling and Chantix (13% each).

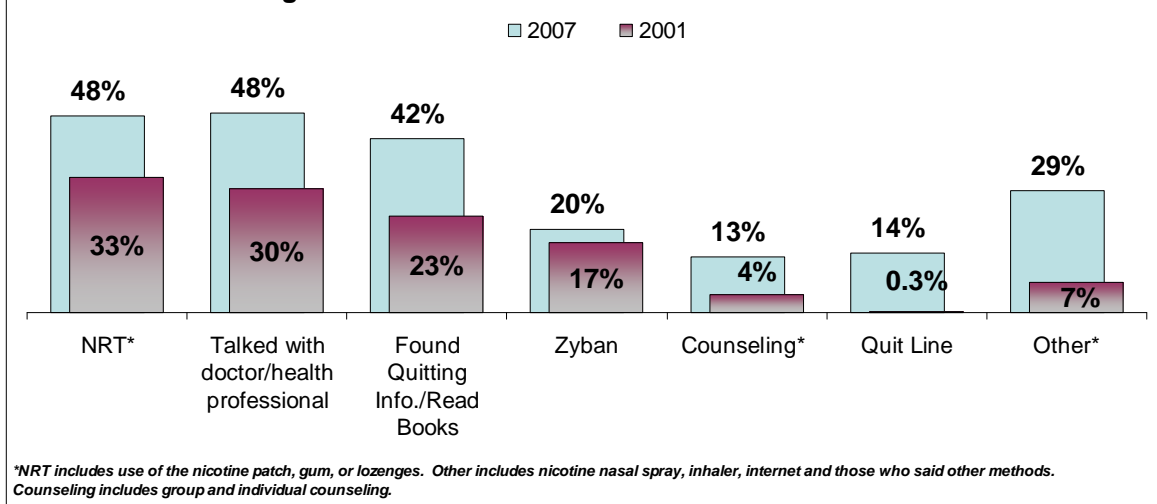
Though not shown separately in **Figure 15**, the Internet as a source shows up within the ‘other’ category (15%). All use of cessation methods data from 2001, 2006 and 2007 can be found on page A-6 in Appendix A.



**Chantix was added to the survey in 2006; its use was the only method to significantly increase from 2006 to 2007. From 2001 to 2007, all methods except Zyban were reported significantly more often.

When compared to data from 2001, use of nearly all cessation methods was significantly higher in 2007 (**Figure 16**). Only the use of Zyban did not significantly increase. Chantix was not asked about in 2001; therefore, no comparisons are available between 2001 and 2007. Respondents were asked about Chantix use for the first time in 2006. At that time, only two percent said they had used Chantix to try and quit smoking. The percentage who report using Chantix increased sharply and significantly in 2007 to 13%. This was the only significant difference in method utilization from 2006 to 2007.

Figure 16: Cessation Methods Utilized Over Time**



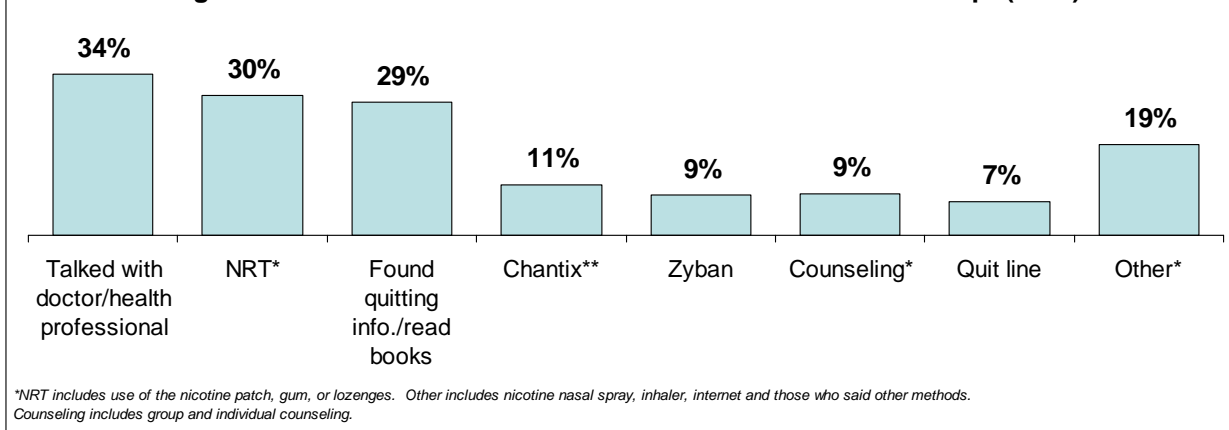
**All cessation methods except Zyban were reported significantly more often in 2007 than 2001.

Cessation methods used in the *most recent* quit attempt have similar proportions to those ever used (Figure 17). In 2007, approximately one-third used the three most common cessation methods in their most quit attempt: talked with doctor/health care provider (34%), NRT (30%) and found information about quitting and read books (29%). A fifth used “other” methods in their most recent quit attempt and approximately 10% reported using the remaining cessation methods.

Chantix was the only cessation method whose use during the most recent quit attempt changed significantly from 2006 to 2007 (2% to 11%).

VTATS 2006 data for cessation methods used in most recent quit attempt are on page A-6 of Appendix A.

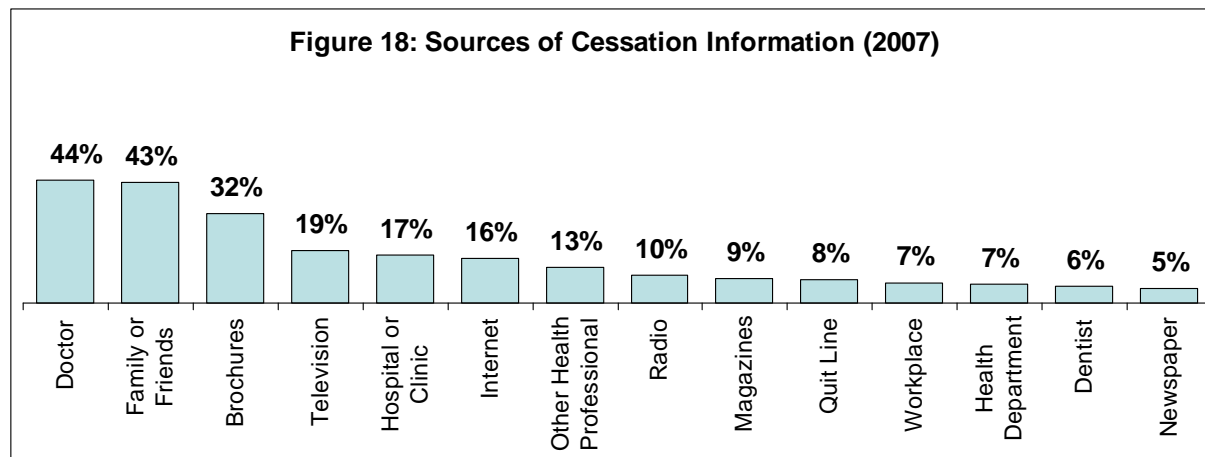
Figure 17: Cessation Methods Used in *Most Recent* Quit Attempt (2007)



**Use of Chantix increased significantly from 2006 to 2007; no other methods changed significantly.

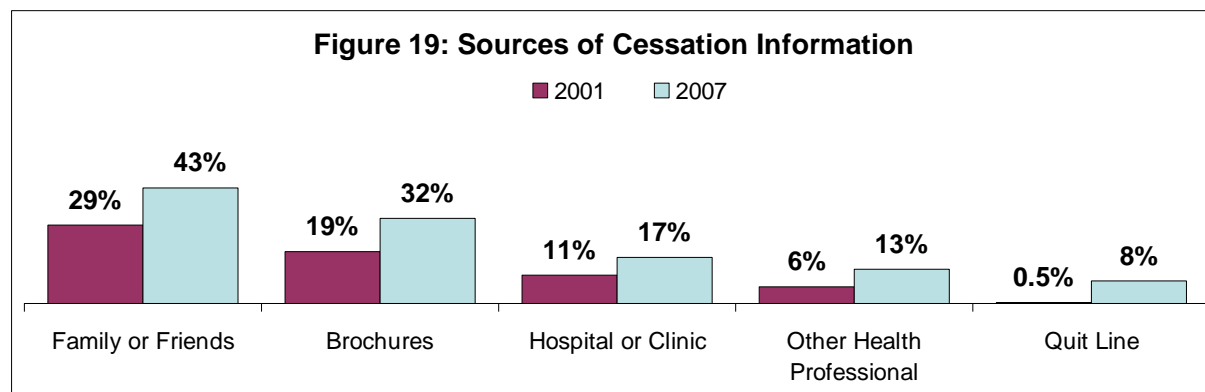
Sources of Cessation Information

Doctors and family or friends were cited most often as sources of smoking cessation information in 2007 (44% and 43% respectively). Approximately one-third got information from brochures and one-fifth reported television (Figure 18).



As compared with 2001, nearly all sources were cited at least as often or more often in 2007. Significant increases were reported in utilization of family or friends (29% to 43%), hospitals or clinics (11% to 17%), other health care professionals (6% to 13%), brochures (19% to 32%), and the Quit Line (0.5% to 8%) as cessation information sources. (See Figure 19).

From 2006 to 2007, the workplace significantly declined as a source for cessation information (from 12% in 2006 to 7% in 2007). However this was not a significant change from 2001, when 7% reported the workplace a source of cessation information. The internet as a source of cessation information was added to the survey in 2006; comparisons to 2001 are not available. Trend data on cessation sources can be found on page A-7 of Appendix A.

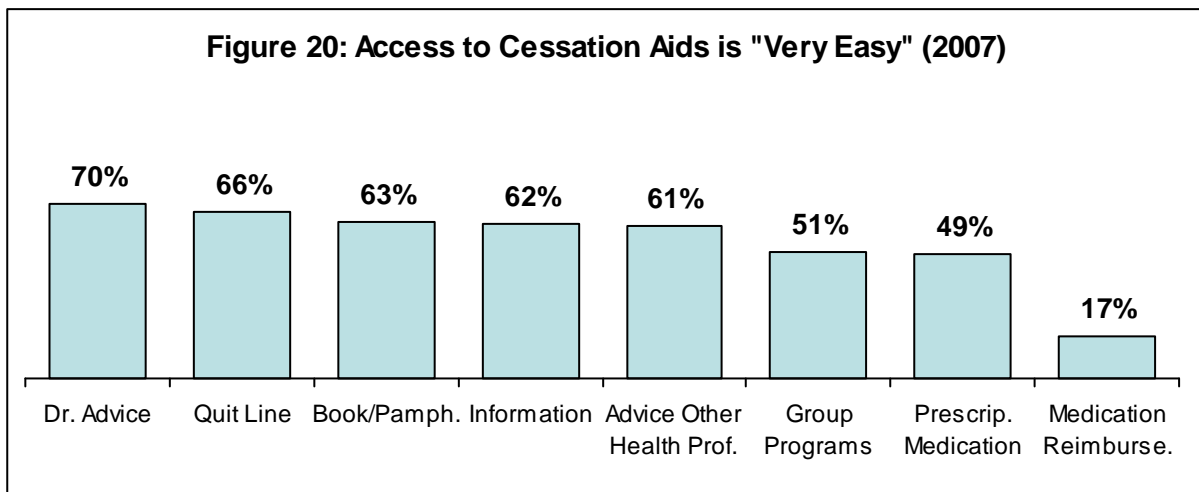


*Only the sources of cessation information listed in this figure were reported significantly more often in 2007 than 2001.

Access to Cessation Assistance

In 2007, at least two-thirds of smokers reported access to a doctor's advice and a smoker's Quit Line as "very easy" (70% and 66% respectively). Slightly less than two-thirds said access to booklets/pamphlets (63%) and information (62%) about quitting and advice from other health professionals (61%) is "very easy". About half of smokers said they thought it was "very easy" to access group programs for people who want to quit (51%) or to get a prescription medication to help them quit (41%).

Perceived ease of access to reimbursement for cessation medications was reported by smokers as 'very easy' much less often (17%) than any other type of cessation help (Figure 20).



In general, female smokers and smokers age 45 and older were more likely to find access to cessation aids *very easy* than male smokers and younger smokers. The youngest smokers (18-24 year olds) were less likely than the older smokers to feel it is *very easy* to access prescription medications (39% versus 56% of smokers 45 and older).

Low income smokers were significantly more likely to find access to booklets and pamphlets about quitting *very easy* to access (68% versus 52% of those with high income). Both low and high income smokers were more likely to feel access to medication reimbursement is *very easy* than were smokers with mid-level incomes (approximately 25% of high and low income smokers, versus 6% of mid-income smokers).

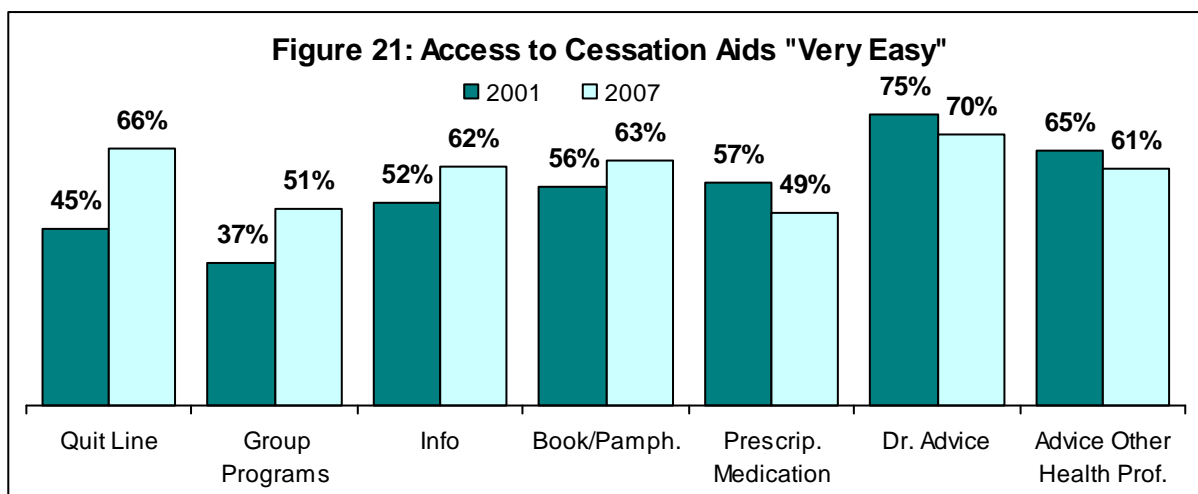
Smokers with self-reported "poor" mental health were more likely to indicate they find access to specific cessation aids *very easy*. Specifically, these include: books and pamphlets, group programs and medication reimbursement. Those with self-reported "OK" mental health were less likely to find cessation access *very easy*.

From 2006 to 2007, only the proportion of smokers that perceived it was *very easy* to get reimbursement for cessation medication increased significantly (9% in 2006 to 17% in 2007). This increase returned it to the same level as 2005 (19%).

Since 2001, perception of easy access to the Quit Line increased 21% (from 45% to 66%). In the same time frame, perception of access to group programs increased by 14% (from 37% to 51%). Ease of access to information about quitting increased 10% and easy access to booklets and pamphlets increased 7%. These are all statistically significant increases (see **Figure 21**).

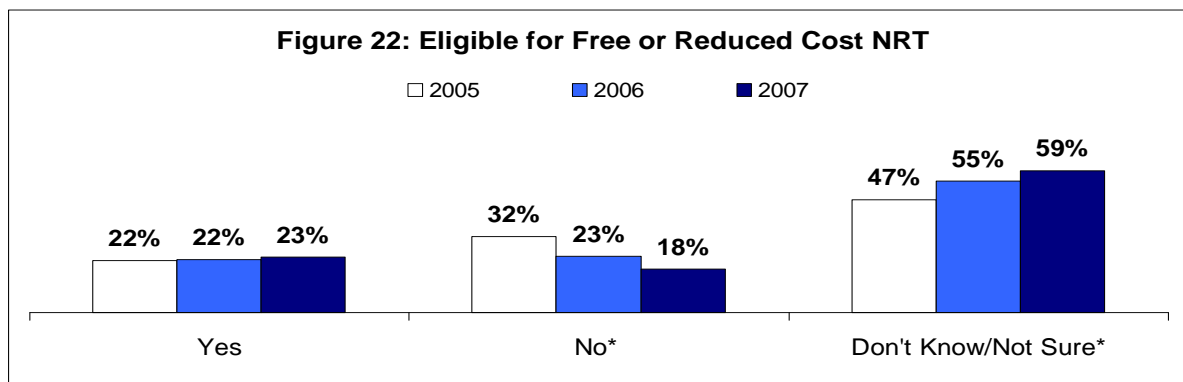
The proportion who feel it is very easy to access prescription medication declined 8% -- from 57% in 2001 to 49% today. This was the only statistically significant decline in perception of access to cessation services. Perception of access to doctors and other health care providers for cessation advice has declined, but not significantly.

Trend data for access to each cessation aid are included on page A-8,9 of Appendix A.



*Perceived access as "very easy" was significantly higher in 2007 than 2001 for all areas listed in this figure; no others changed significantly.

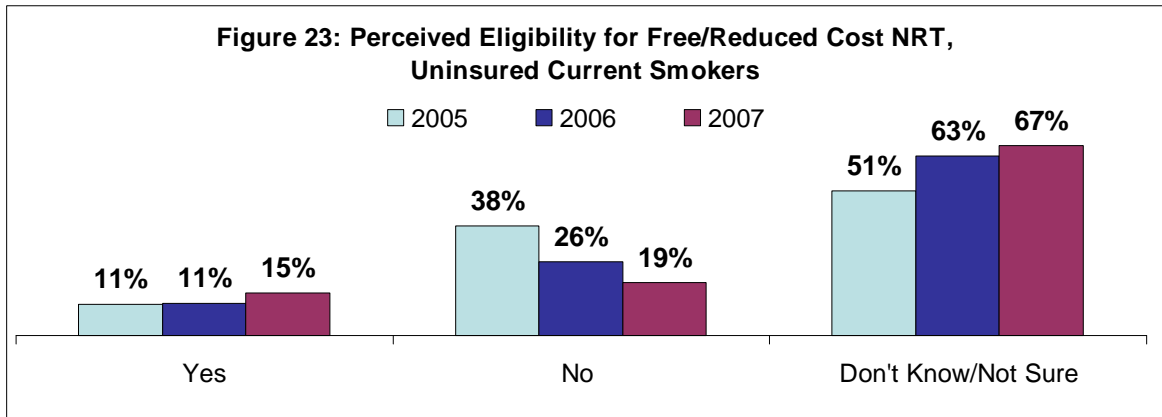
Less than one-quarter of current smokers thought they were eligible for free or reduced cost NRT (23%) and a majority did not know their eligibility status (59%). (See **Figure 22**). Those who knew they were eligible has not changed significantly over time but the proportion who *did not* believe they were eligible has shifted to not being sure about their eligibility. Also those who did not think they were eligible has declined by nearly half and the proportion who are unsure has increased by a similar amount.



*From 2005 to 2007, the proportion saying they are not eligible for free or reduced cost NRT significantly decreased; the proportion who do not know their status significantly increased during this same time frame.

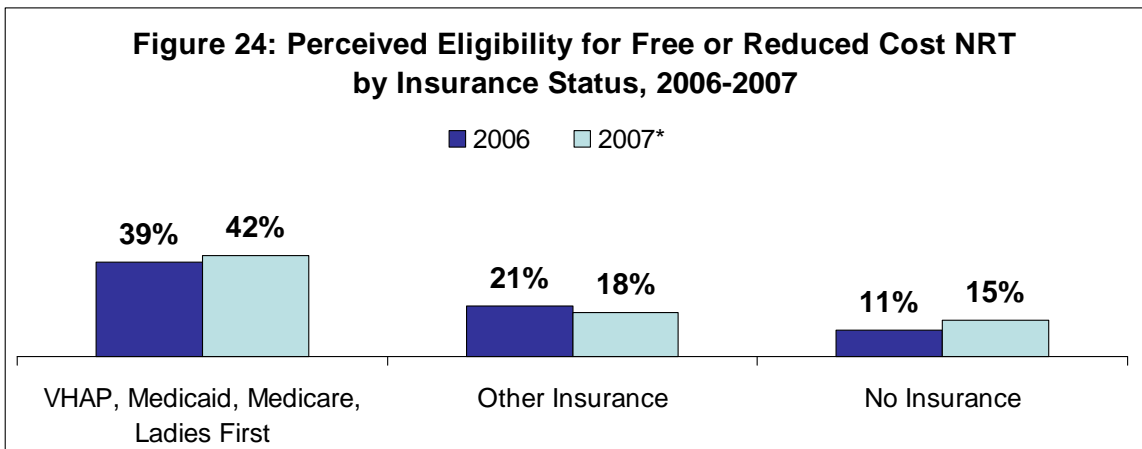
In 2007, low income smokers and smokers with self-reported “poor” mental health were both more likely to believe they were eligible for free or reduced cost NRT (36% and 33%, respectively).

Among current smokers who did *not* have health insurance, only 15% thought they were eligible for free or reduced cost NRT. Two-thirds did not know their eligibility status (67%). (See **Figure 23**).



The data in **Figure 24** looks at perceived eligibility by type of insurance – with Medicaid/Medicare/Vermont Health Access Plan (VHAP)/Ladies First all combined (due to the medication subsidies each provides), and Veteran’s Administration, private insurance and those with supplemental plans to government coverage.

In 2007, current smokers with subsidized insurance were more than twice as likely as other smokers to believe they were eligible for free or reduced cost NRT (42% compared to 18% of those with private/VA and 15% of those who are uninsured). Between 2006 and 2007, the proportions of those with insurance who thought they were eligible increased, while the proportion of those without insurance who thought they were eligible decreased. However, none of these shifts were statistically significant.



*In 2007, those with VHAP, Medicaid, Medicare or Ladies First insurance coverage were significantly more likely to think they’re eligible for free/reduced cost NRT than those with other and no insurance.

Program Awareness and Utilization

Since its inception, the VTATS has included three pairs of questions assessing awareness of tobacco control program efforts to:

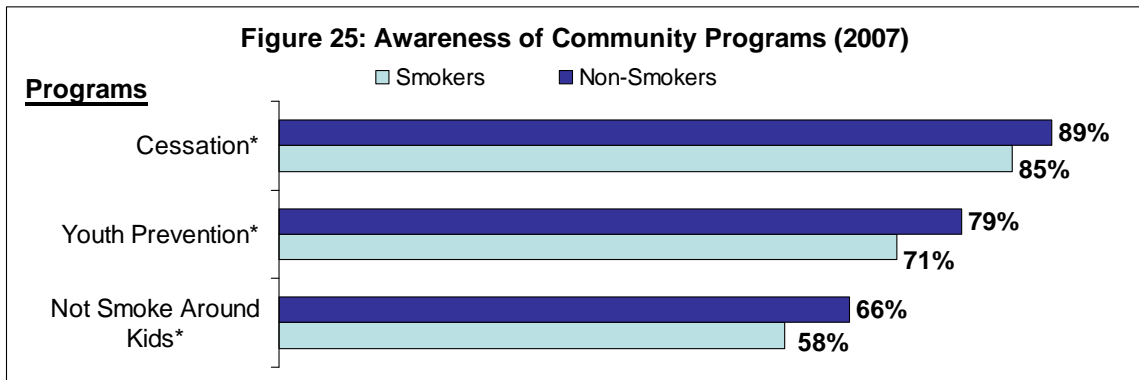
- reduce smoking among adults
- prevent youth from starting to smoke
- encourage people not to smoke around children.

Each pair includes a question about awareness of programs and awareness of events.

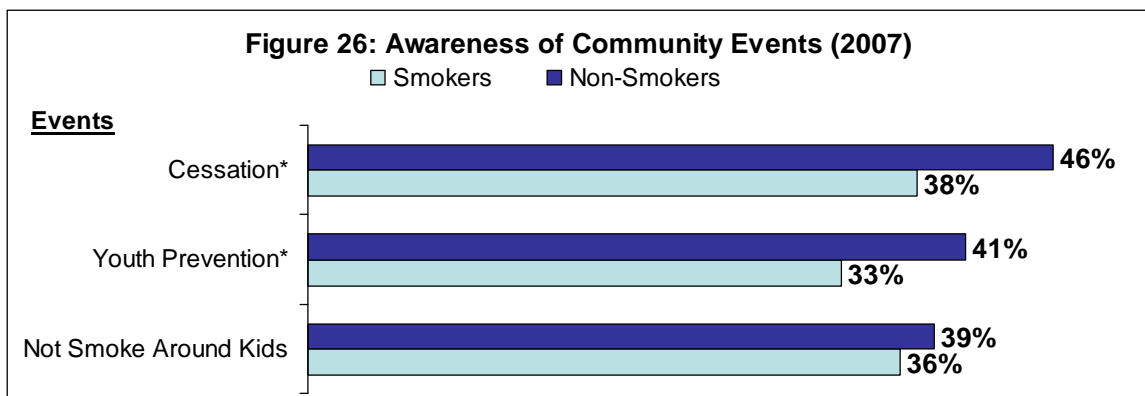
In 2007, respondents consistently reported higher recognition of programs than events. Awareness among Vermonters was highest for programs that help adults quit smoking (nearly nine out of 10). Three-quarters were aware of programs that help prevent youth smoking and two-thirds were aware of programs that encourage people not to smoke around children.

The knowledge of events was substantially lower (about half), but followed a similar pattern; 44% knew of events related to smoking cessation, 39% knew of youth prevention activities and 38% had heard of events to encourage people not to smoke around children.

Figures 25 and 26 look at differences in awareness of programs and events among smokers and non-smokers. In 2007, non-smoker recognition was significantly higher than that among smokers for all programs and events except events that encourage people not to smoke around children.



*Awareness significantly higher among non-smokers than smokers.



*Awareness significantly higher among non-smokers than smokers.

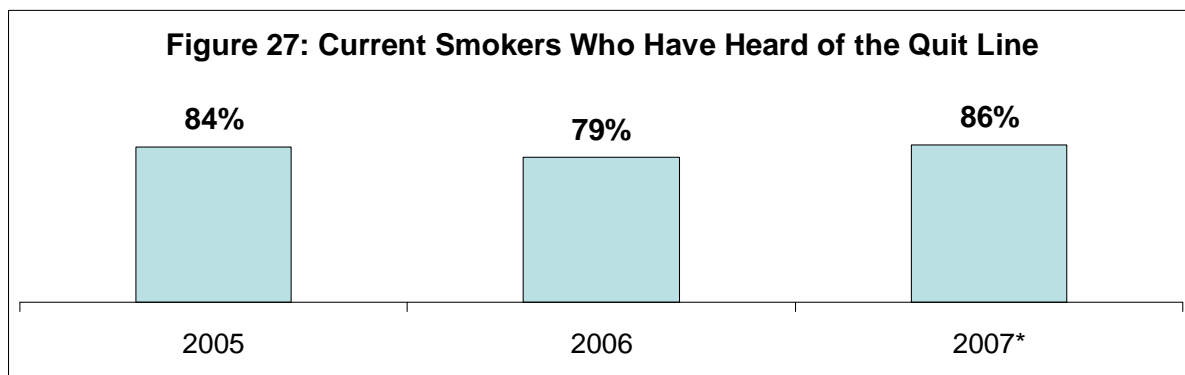
In addition to differences by smoking status, awareness also differed significantly within some demographic groups. Young adults were less likely to be aware of events to help adults quit smoking, but more likely to be aware of events aimed at youth prevention. Those with self-reported “poor” mental health were less likely to be aware of community programs (regardless of the topic). Low income respondents were less likely to be aware of programs to prevent youth smoking.

Following a sharp increase in awareness from 2001 to 2002, knowledge of all programs and events has changed relatively little. Specifically looking at changes from 2006 to 2007, all Vermonters showed a significant increase in awareness of both programs and events related to not smoking around children. Trend data for community program and event awareness can be found on page A-10,11 of Appendix A.

Awareness and Use of VDH Smoking Cessation Programs

More than four out of five current smokers have heard of the Quit Line (86%). This is the highest percentage since 2005 and significantly higher than the 79% who were aware of the Quit Line in 2006 (**Figure 27**).

Current smokers 25-44 were significantly more aware of the Quit Line than those 45 and older (88% vs. 81%). Those with mid-level household incomes were more aware than current smokers with low incomes (89% vs. 79%).

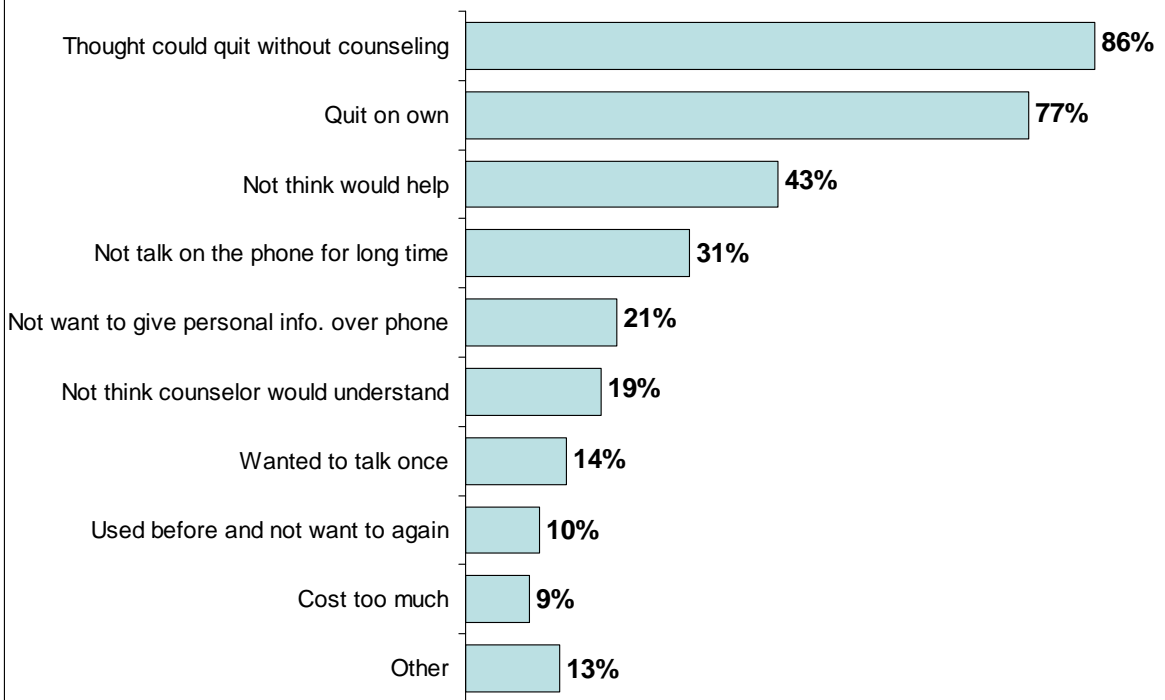


*Awareness of Quit Line significantly higher in 2007 than 2006.

Current smokers who made a quit attempt in the last year and had heard of the Quit Line were asked if they used the Quit Line in their last quit attempt. In 2007, 7% had used Quit Line and there has been no change in the proportion who reported using the Quit Line since 2005 (8%).

Current smokers who've made a quit attempt in the last year and have heard of the Quit Line but *did not* use it were asked why they didn't use the program. In 2007, the most common reasons for not using the Quit Line were “thought could quit on own, without telephone counseling” (86%) and “wanted to quit on own, without help” (77%). Less than half (43%) said “did not think telephone counseling would help” (**Figure 28**).

Figure 28: Reasons Given for Not Using Quit Line During Most Recent Quit Attempt (2007)

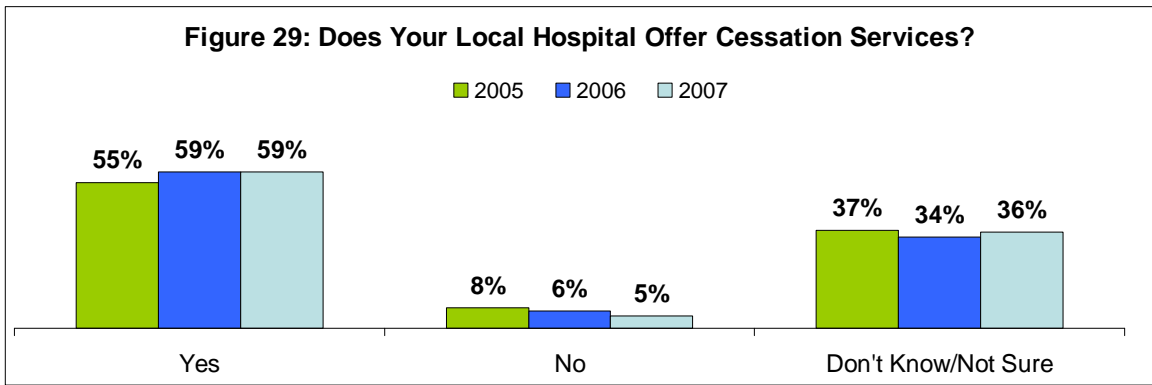


There was little change from 2006 to 2007 in the reasons for not using the Quit Line. The only significant change was in the percentage who said they didn't use the Quit Line because they didn't want to give personal information over the telephone, which decreased from 29% in 2006 to 21% in 2007.

Trend data since 2005 can be found on page A-11 of Appendix A.

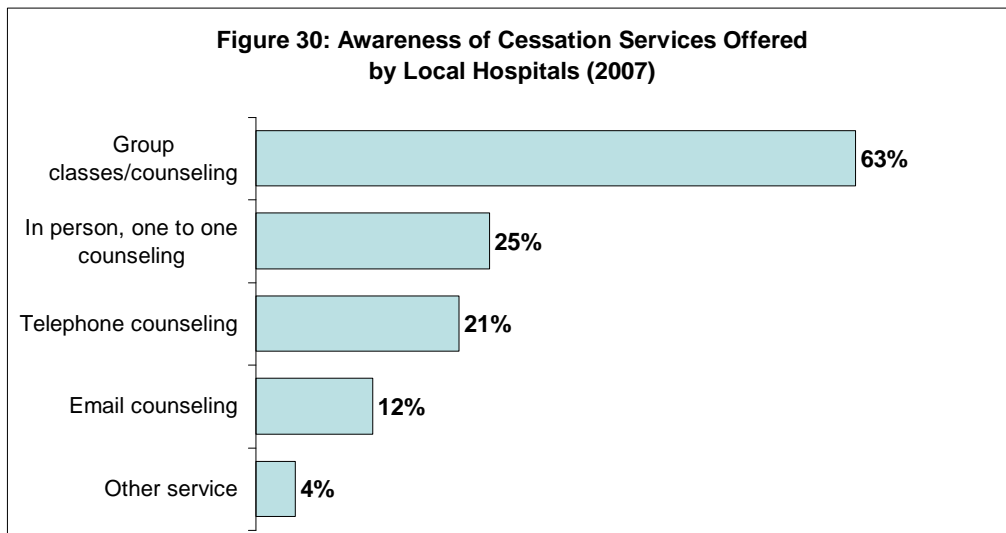
The VTATS also asks about current smoker awareness and use of local hospital cessation programs, the Ready, Set...Stop program. The percentage aware of the Ready, Set...Stop programs has not changed significantly since 2005 (59% in 2007). More than a third of current smokers do not know whether their local hospital offers a cessation program (36%) Five percent said their local hospital does not offer a cessation program (**Figure 29**). In 2007, low income smokers and female smokers reported higher awareness of local hospital smoking cessation services than other smokers

(Note: When analysis is limited to people who said either 'yes' or 'no' when asked about local hospital programs, 93% of those who indicated they were aware their local hospital offers cessation services)



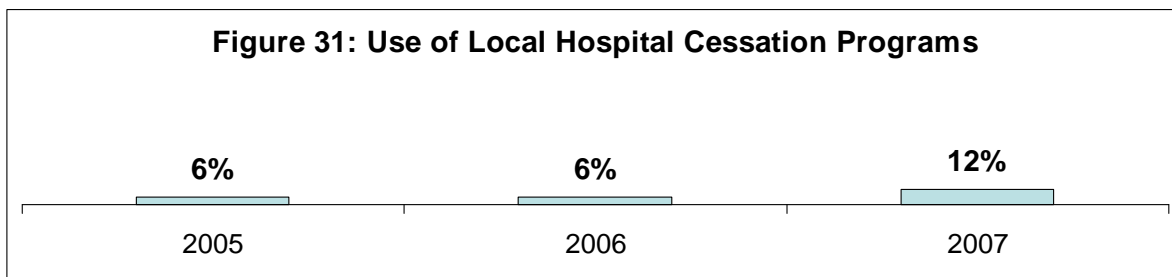
Current smokers who said they knew of cessation programs at their local hospital were asked about specific types of services offered at their hospital.

In 2007, approximately two-thirds of current smokers said their local hospital offered group classes or counseling (63%). This is followed by a distant 25% for one-to-one, in-person counseling and 21% for telephone counseling (21%). (**Figure 30**). There has been no significant change over time in recognition of individual program components by current smokers who knew their hospital offered cessation activities. Trend data for knowledge of specific cessation programs are included in on page A-12 of Appendix A.



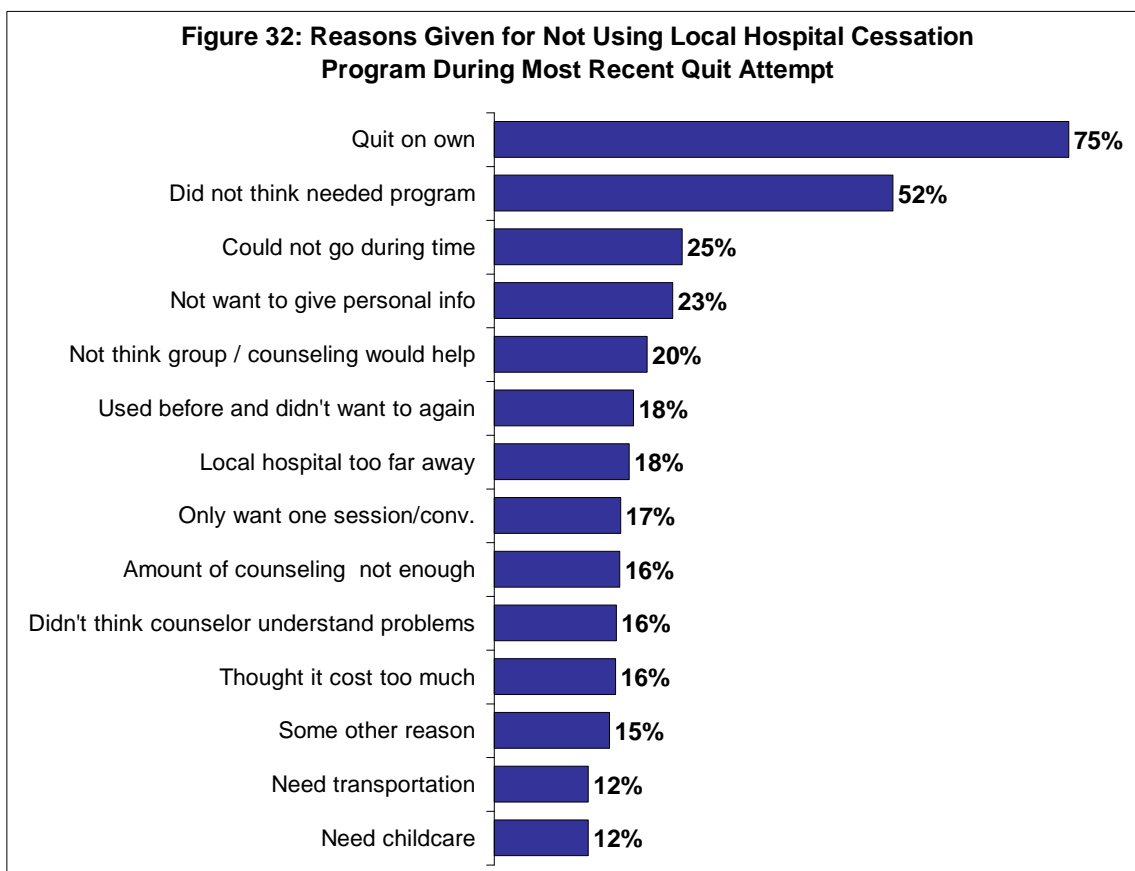
In 2007, 12% of current smokers who made a quit attempt and who know their local hospital offered cessation services used those services (**Figure 31**). This number doubled from six percent in 2005 and 2006, but is not statistically significant.

Figure 31: Use of Local Hospital Cessation Programs



Those who had heard of cessation programs at their local hospital but did not use them were asked why not. The reason given most often was wanting to quit on their own (75%). Over half (52%) said they did not think this kind of program was what they needed to quit. Other reasons given were: could not go during the time classes were offered (25%), did not want to give personal information to a counselor or group (23%), and did not think counseling would help (20%). (Figure 32).

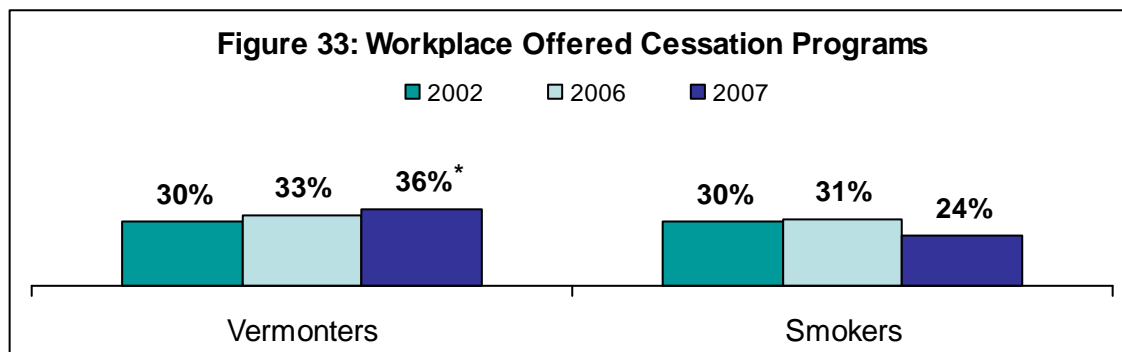
Figure 32: Reasons Given for Not Using Local Hospital Cessation Program During Most Recent Quit Attempt



There was little change from 2006 to 2007 in how often each of the reasons for not using local hospital cessation programs were cited. All responses from 2005-2007 can be found on page A-13 of Appendix A.

One third of all survey respondents employed for wages reported their workplace supported programs to help or encourage employees to quit smoking in the last year (36%). However, one quarter of smokers employed for wages reported workplace cessation programs (24%). (See **Figure 33.**)

From 2006 to 2007, the proportion who indicated their workplace offered cessation support for employees increased from 33% to 36%. Among smokers the proportion *decreased* from 31% to 24%. Neither of these shifts were statistically significant. However, when compared to 2002, significantly more Vermonters said their workplace offered smoking cessation help in 2007 (30% in 2002). These trend data are included on page A-14 of Appendix A.

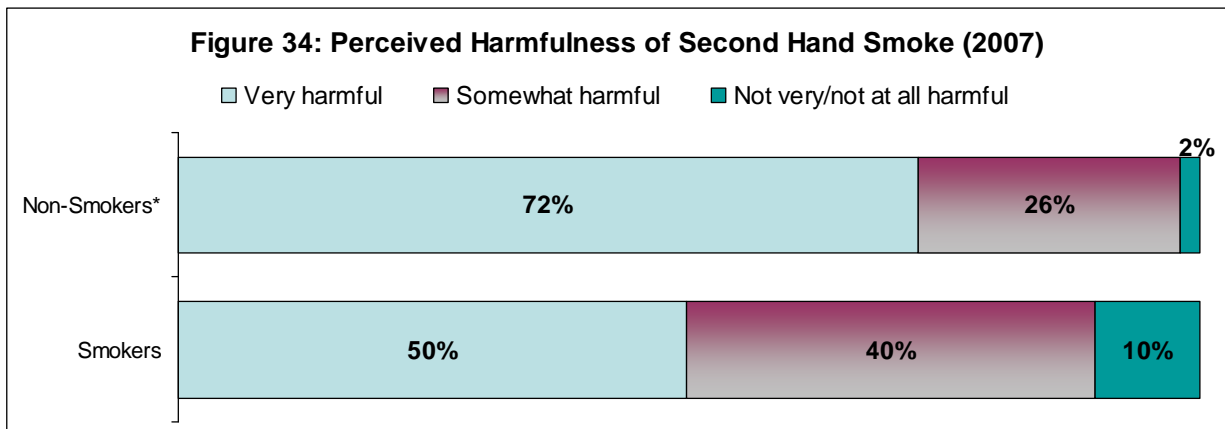


*Significantly higher in 2007 than 2002.

Second Hand Smoke

The Vermont Department of Health (VDH), Tobacco Control Program (TCP), has consistently placed an emphasis on affecting attitudes and behaviors to reduce second hand smoke exposure. Progress has been made in recent years to increase awareness of second hand smoke dangers and reduce exposure to second hand smoke. This is particularly true for the allowance of smoking in the home or in vehicles when children are present.

In 2007, more than two-thirds of Vermont adults said they thought breathing smoke from other people's cigarettes is *very harmful* to one's health (68%). Three out of four non-smokers said the same, while just half of smokers believed this to be true (72% and 50% respectively). Although nine out of ten or more smokers and non-smokers believe second hand smoke is *very* or *somewhat harmful*, non-smokers were more likely to say it is (98% versus 90%). These differences between smokers and non-smokers were statistically significant. (See **Figure 34**.)



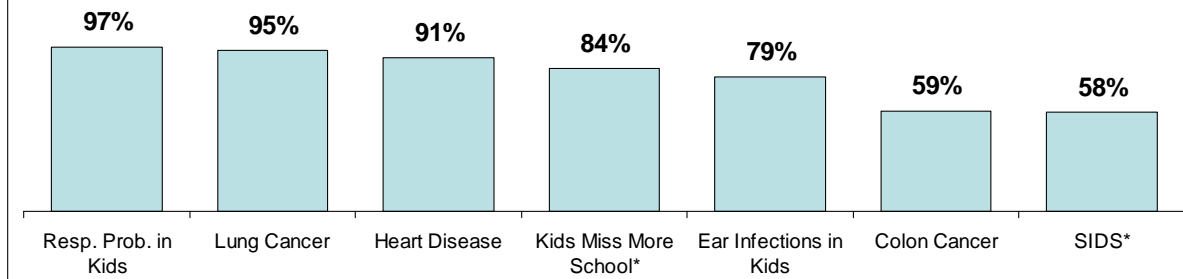
*Non-smokers said second hand smoke is very harmful significantly more often than smokers; same is true for responses of very or somewhat harmful.

When looking at 2007 VTATS perceptions of second hand smoke by demographic category, the only significant difference was by gender. Males were significantly *less* likely than females to think smoke from another's cigarette is "very harmful" (56% vs. 80%).

Since 2002, there has been no significant change in the proportion of Vermonters (smokers and non-smokers) who believe that breathing smoke from another's cigarette is *very harmful*. Trends for perception of harmfulness of second hand smoke data can be found on page A-14 of Appendix A.

In 2007, nearly all Vermonters were aware that second hand smoke is related to respiratory problems in children (97%), lung cancer (95%) and heart disease (91%). Approximately four-fifths were aware second hand smoke is also related to children missing school and ear infections in children (84% and 79% respectively). Also, more than half were aware of the relationships between second hand smoke and colon cancer (59%) and SIDS (58%). (See **Figure 35**.)

Figure 35: Knowledge of Specific Health Risks Related to Second Hand Smoke (2007)



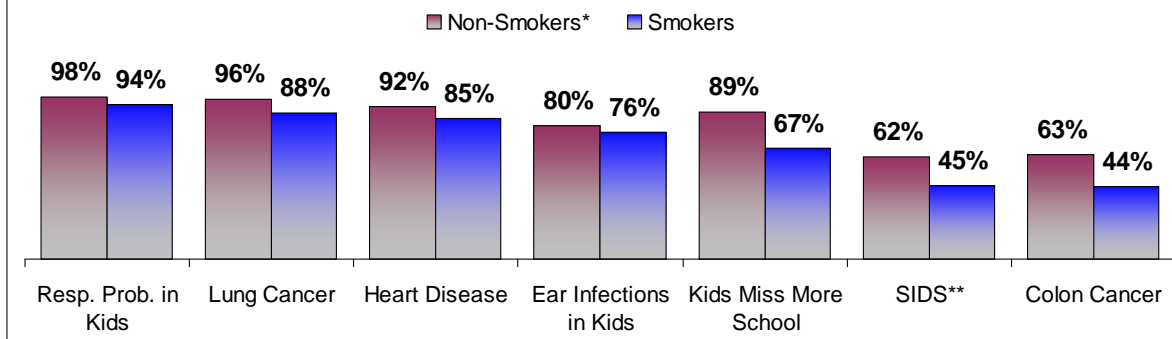
*SIDS – Significantly lower in 2007 than 2002; Kids missing more school days – significantly higher in 2007 than 2003 (first year asked).

The proportion of Vermont adults who reported that second hand smoke can lead to SIDS significantly decreased from 64% in 2002 to 58% in 2007. Those who said children miss more school days due to second hand smoke increased significantly from 80% in 2003 to 84% in 2007. These were the only statistically significant changes over time. Trend data are on page A-15 of Appendix A.

Figure 36 shows that smokers were less inclined to believe that smoking is related to various health consequences. All differences were statistically significant except for ear infections among children.

While smokers were less likely to believe second hand smoke is related to many health issues, three-quarters or more do believe it is related to respiratory problems in children, lung cancer, heart disease and children’s ear infections. Only two-thirds believe second hand smoke is related to children missing school and fewer than half saw the connection with SIDS and colon cancer.

Figure 36: Knowledge of Specific Health Risks Related to Second Hand Smoke (2007)

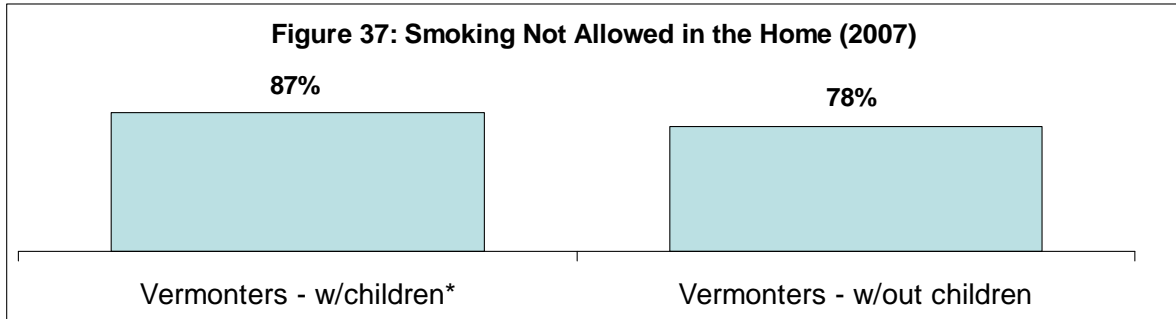


*Non-smoker knowledge significantly higher than that of smokers except for causing ear infections in children.

**SIDS as a result of second hand smoke exposure significantly decreased from 2002 to 2007..

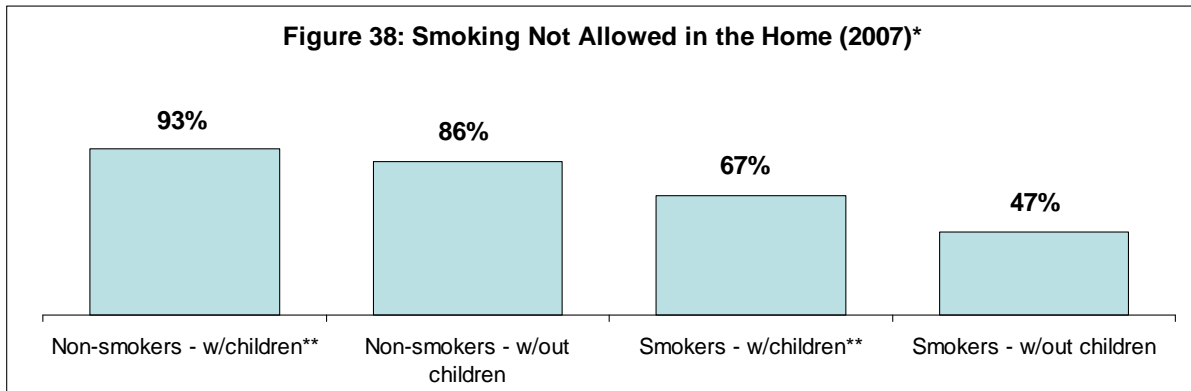
When looking at smoker and non-smoker responses over time, between 2002 and 2007 fewer non-smokers said they thought second hand smoke exposure led to SIDS (70% in 2002 and 62% in 2007). This was the only statistically significant change over time.

VDH has been promoting smoke-free zones, specifically at home or in the car. Nearly nine out of 10 Vermonters with children said they do not allow smoking anywhere inside their home (87%). In households without children, three out of four do not allow smoking in the home (78%). (See **Figure 37.**)



*Significantly higher proportion of Vermonters with children than those without reported not allowing smoke in their home.

Non-smokers were most likely to ban smoking in the home, regardless of the presence of children. However, both smokers and non-smokers with children were significantly more likely to ban smoking than those without children. (See **Figure 38.**)



*Non-smokers with and without children do not allow smoking in their home significantly more often than smokers with and without children, respectively.

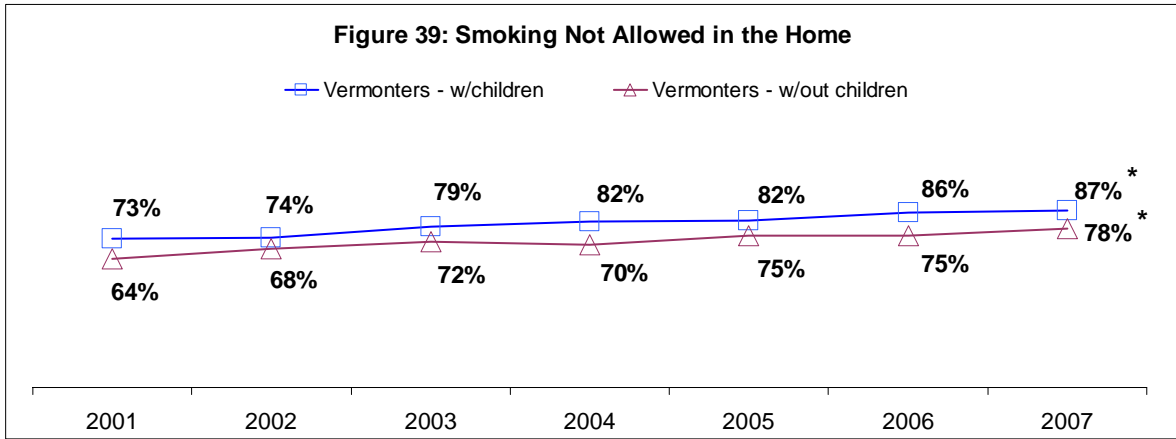
**Non-smokers with children do not allowing smoking in their home significantly more often than non-smokers without children. The same is true for smokers with children as compared to smokers without children.

Vermonters in low income households and those with self-reported “poor” mental health were less likely to ban smoking in their home. This is the case for those with and without children.

Approximately three-quarters of low income Vermonters with children banned smoking in their home in 2007 (74%), compared to 85% of those with middle incomes and 94% of those with high household incomes. Those with children and self-reported “poor” mental health banned smoking in their home less often than those with “good” mental health (79% versus 90%).

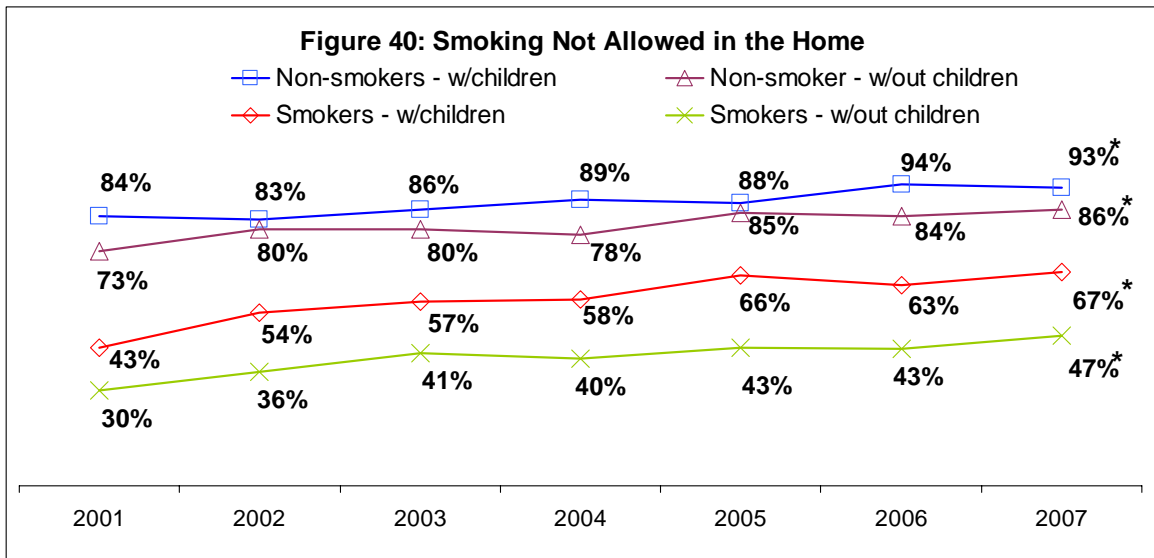
Similarly, in low income households without children, just more than two-thirds banned smoking in their home (69%) compared to nearly nine out of ten high income households without children (89%). Those with self-reported “poor” mental health banned smoking significantly less often than those with “good” mental health (67% versus 79%).

Over time, there have been significant and consistent increases in household smoking bans among Vermonters. **Figure 39** shows the proportion of Vermont adults, with and without children, who do not allow smoking anywhere inside their home from 2001 through 2007. Changes from 2006 to 2007 were not significant, but 2001 compared to 2007 were significant.



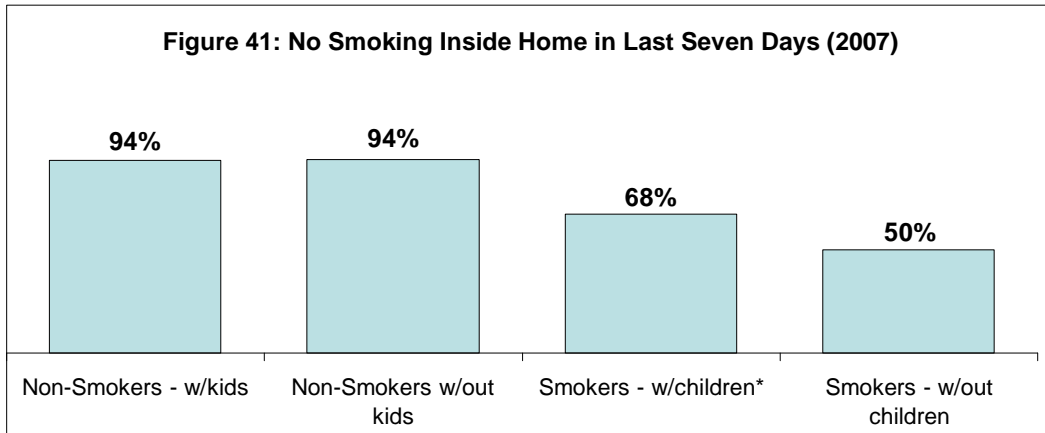
*Significantly higher in 2007 than 2001.

Figure 40 shows home smoking ban data broken out by smoking status. As with all Vermont adults, the proportions that report not allowing smoking in their home increased significantly from 2001 to 2007.



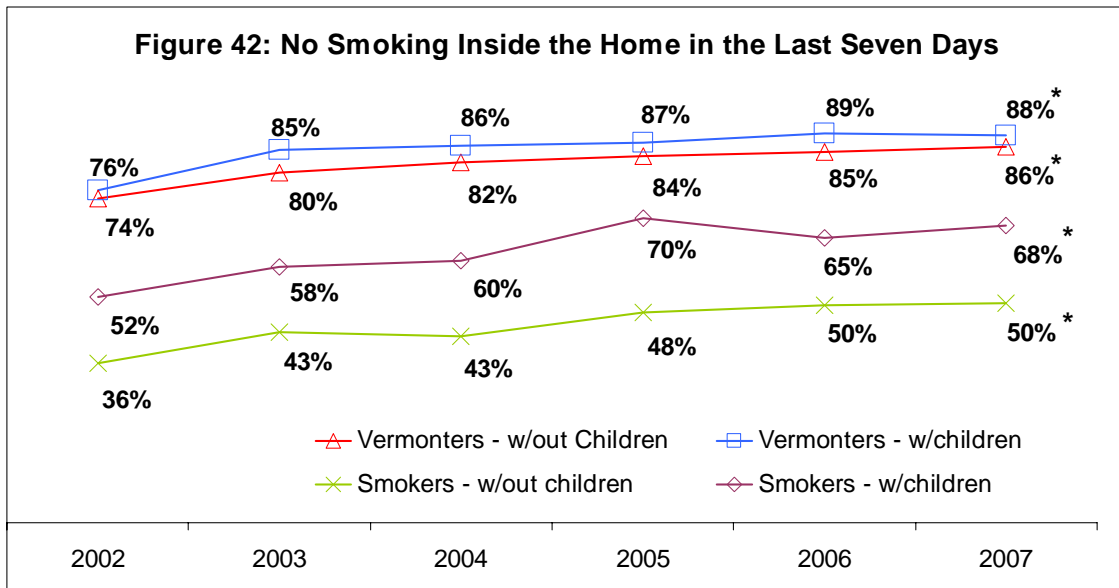
*Significantly higher in 2007 than 2001.

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. Nearly 90% of adults in households with and without children said no one had smoked in their home in the last seven days in 2007 (88% and 86% respectively). Among smokers, those with children were significantly more likely to report no smoking in their home in the last week than those without children (**Figure 41**).



*Rate among smokers with children significantly higher than that among smokers without children.

Figure 42 shows a significant increase in no smoking in the home during the last week between 2002 and 2007. The increase was largest in smokers with children, which saw a change of 16 percentage points during that time. Smokers without children increased 14 percent. Both of these increases are larger than those seen among Vermonters where the increase was 12 percent for those with and without children.



*Significantly higher in 2007 than 2002.

Overall, more than 80% of households in Vermont reported that no one has smoked inside their home in the past seven days (**Figure 43**). As expected, nearly all households that reported a ban on smoking in their home did not experience smoking in their home in the last seven days, regardless of the presence of children. However, nearly half of households without children that allow smoking also reported no one smoking in their home during the past week.

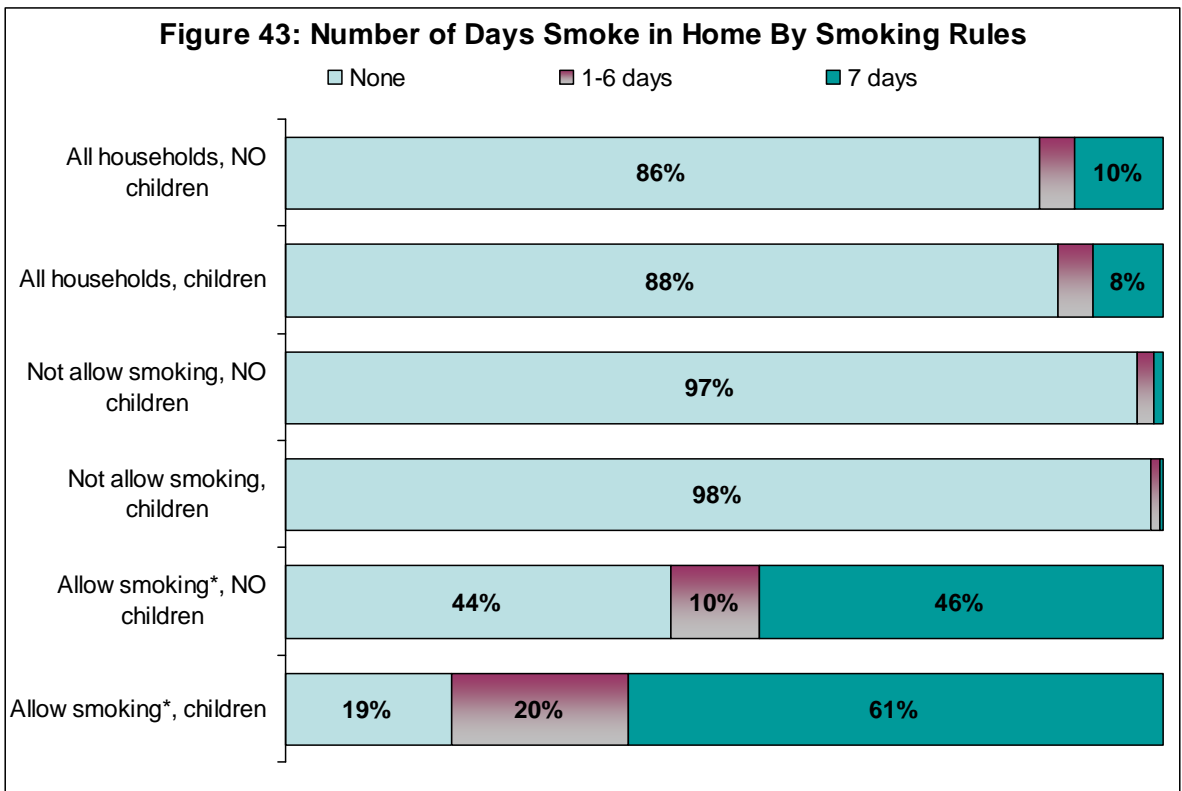
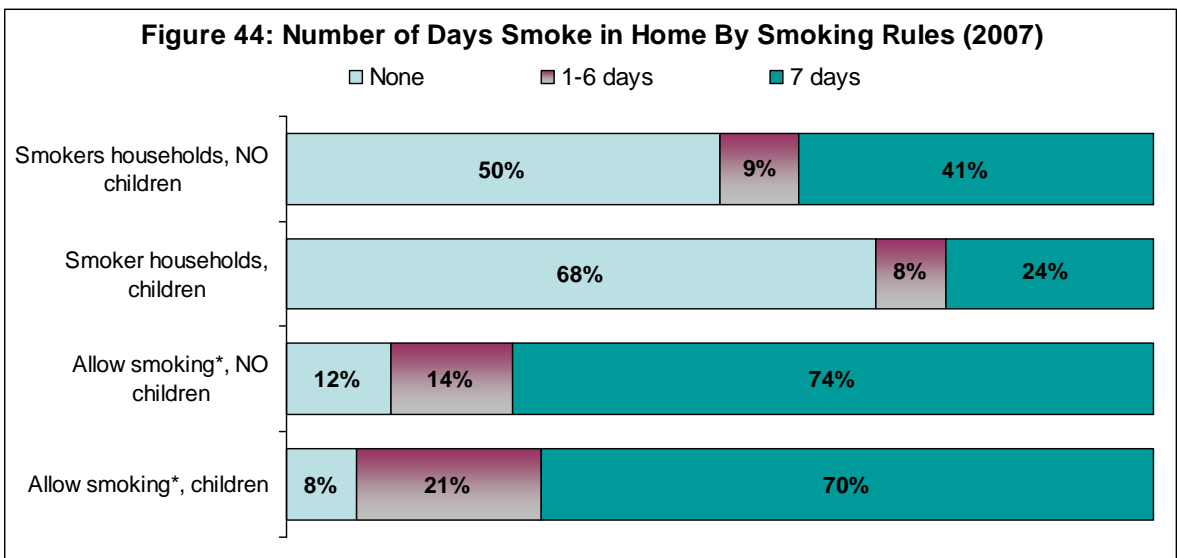


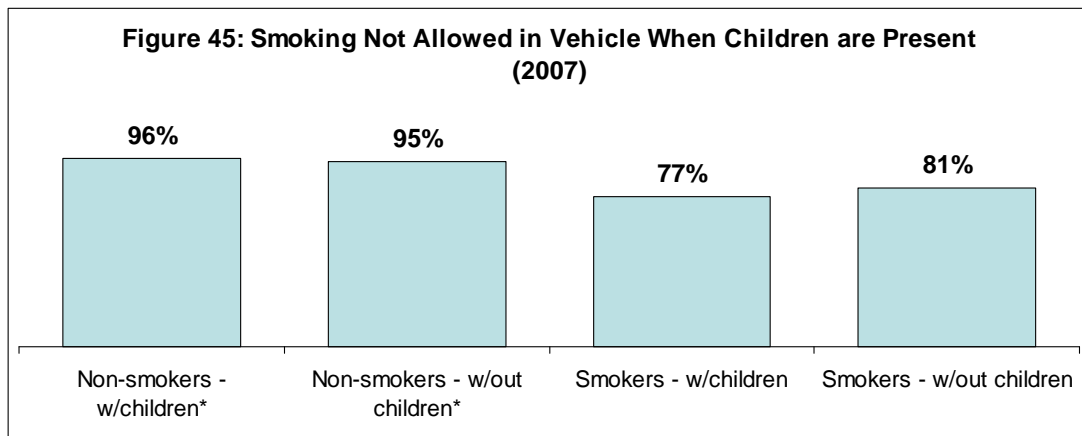
Figure 44 reports data similar to that in **Figure 43**, except it is limited to households with smokers. As with Vermont adult data combined, in households that reported a smoking ban few said anyone smoked in their home in the last week.

Among smokers that allow smoking in their home, those with and without children were equally likely to smoke in the home everyday in the last week. In those households with children, slightly fewer said there was no smoking in their home.



**Note: Respondents were considered to allow smoking if they said they allow smoking in their home in some places or or at some times, anywhere in their home or there are no rules about smoking in their home.*

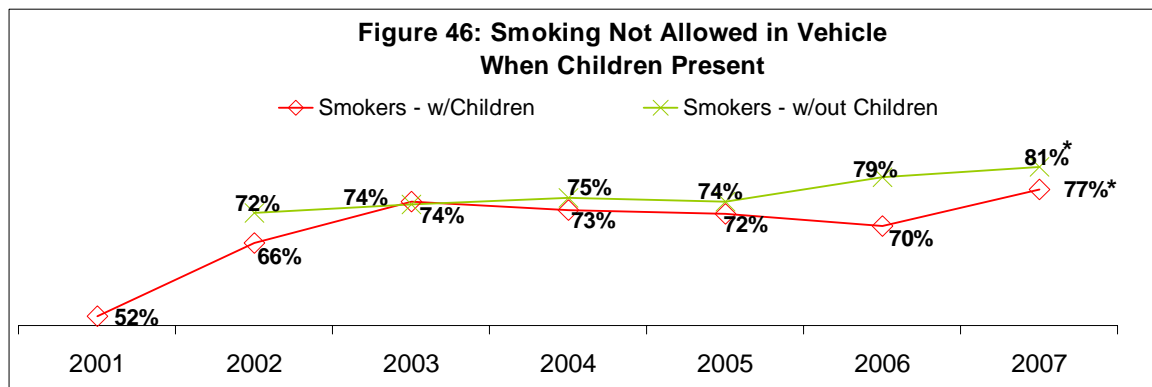
In 2007, 92% of Vermonters with and without children said they do not allow smoking in their car or truck when children are present. **Figure 45** shows that virtually all non-smokers ban smoking in their car when children are present (96% and 95%). Eight in 10 smokers without children do not allow smoking in their car or truck when children are present (81%); for smokers with children the proportion dropped to three-quarters (77%). Differences in vehicle smoking bans when children are present between smokers and non-smokers were statistically significant, for both those households with and without children.



*Rate is significantly higher among non-smokers with children as compared with smokers with children; the same is true when comparing non-smokers without children and smokers without children.

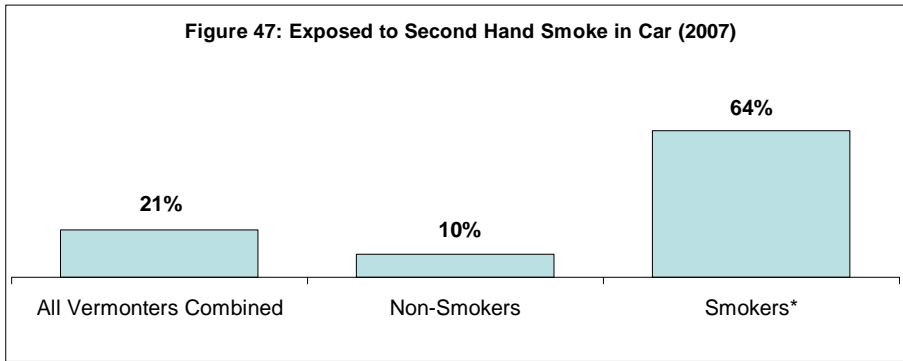
Among Vermonters with children, smoking was prohibited more often by those 45 and older (96%) as compared to 18-24 (87%) and 25-44 (91%) year olds. Those with “good” mental health also banned smoking more often than those with self-reported “poor” mental health (94% vs. 84%). Vermonters with low annual income ban smoking less often than those with high incomes. This was true among low income Vermonters both with and without children.

Nine out of ten Vermont adults with and without children report they do not allow smoking in their vehicle when children are present. (Trend data related to prohibiting smoking in the car for all Vermont adults can be found on page A-16 of Appendix A.) **Figure 46** shows the increasing proportion of Vermonters who have smoking bans in vehicles when children are present. Between 2002 and 2007, the increase was statistically significant.



*Significantly higher in 2007 than in 2002.

One-fifth of Vermonters have been in a car with someone who was smoking in the last week. Smokers were much more likely to have reported being in a car with someone who was smoking in the last week (64% vs. 10% of non-smokers). (See **Figure 47.**)

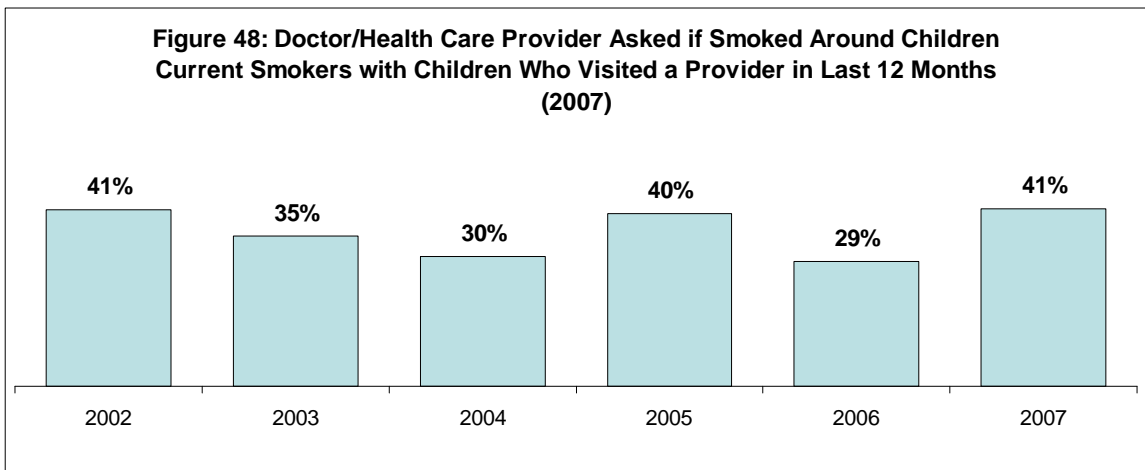


*Significantly higher among smokers than non-smokers.

Over time, there has been some progress in reducing the percentage of Vermont adults who reported being exposed to second hand smoke in a car. The proportion significantly decreased from 26% in 2002 to 21% in 2007. Trend data related to car exposure can be found on page A-16 of Appendix A.

Forty-one percent of current smokers said their health care provider asked if they smoke around their children. From 2006 to 2007, there was a large increase in those who reported being asked if they smoked around their children (from 29% to 41%). This increase was not statistically significant. (See **Figure 48.**)

Current smokers with high incomes were *less* likely to be asked by their health care provider if they smoked around their children. Thirteen percent of current smokers with a high annual income reported being asked in 2007, compared to 55% of those with middle income and 41% of those with low incomes.

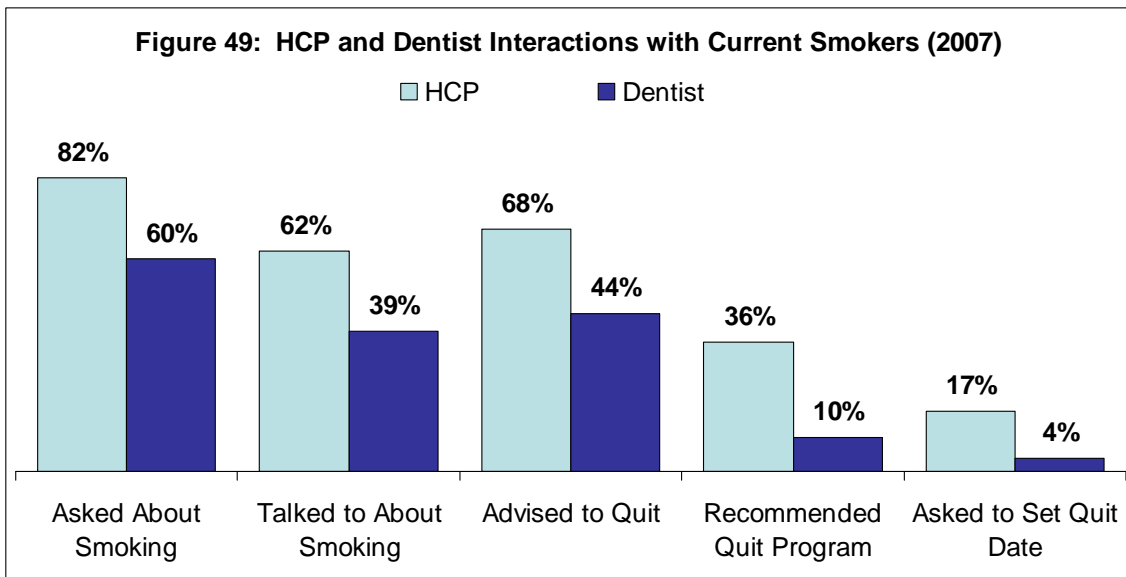


Health Care Providers and Smoking Interventions

An important point of intervention for smoking cessation is via health care providers. Nearly three out of four current smokers had seen a health care professional in the last year (71%), and a majority had been to the dentist in the previous 12 months (55%).

More than four out of five current smokers who saw a physician said they were asked whether they smoke (82%). Approximately two-thirds reported their health care professional talked with them about smoking (62%) and/or advised them to quit (68%). Only 36% were recommended a specific quit program by their doctor and 17% were asked to set a quit date by their health care provider.

Figure 49 includes dentists for this data. In general, fewer current smokers reported conversations about smoking with a dentist, but the responses follow a similar pattern to those of the health care provider.



Due to the small number of 18 to 24 year old current smokers, subgroup analysis by age could not be performed. Current smokers with self-reported “OK” mental health reported that they were asked to set a quit date by their health care provider more often than smokers with “good” mental health (28% vs. 12%).

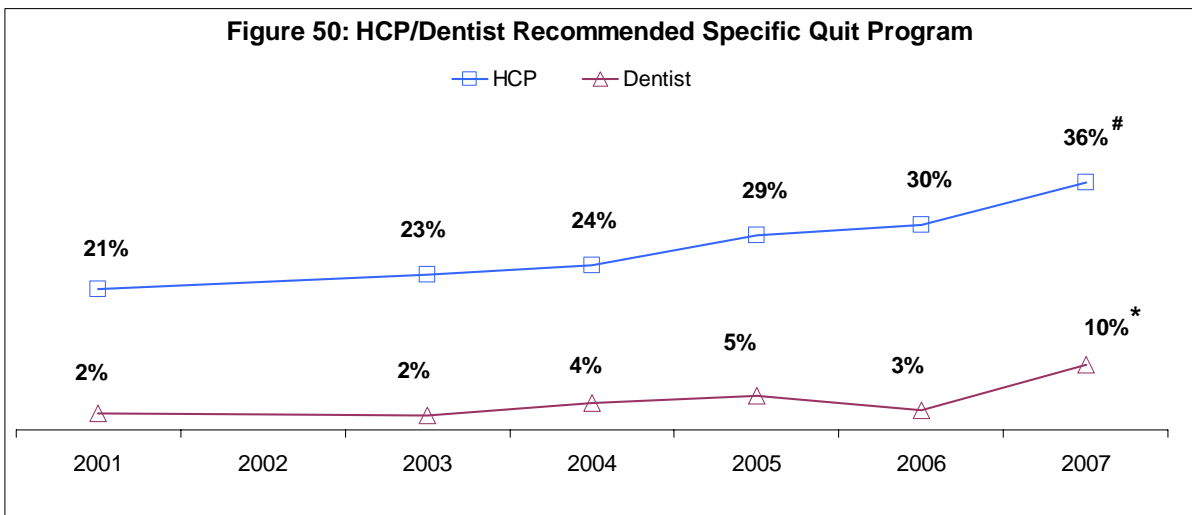
High income smokers were *less* likely to report being asked about their smoking status by a dentist (44% versus about 70% of middle and low income smokers). Also, they were less likely to report being advised to quit (31% versus 54% of low income smokers).

Men were more likely than women to report being spoken to by a dentist about smoking (47% versus 32%), advised to quit smoking (51% vs. 38%), and recommended a specific quit program (15% versus 5%).

Since 2001, there have been increases in the proportion of current smokers who reported conversations with their health care providers and dentists about smoking and smoking cessation. From 2006 to 2007, current smokers who reported being asked if they smoke, talked to about smoking, advised to quit smoking, recommended specific quit smoking programs, or asked to set a quit date all have improved. However, none of these increases were statistically significant. (See **Figure 50**.)

Among current smokers who saw a dentist in the last year, there were increases in reported conversations about smoking and smoking cessation. Only one increase was significant – being given a cessation program recommendation. In 2006, 3% of current smokers who recently saw a dentist said they were given a recommendation. This more than tripled to 10% in 2007.

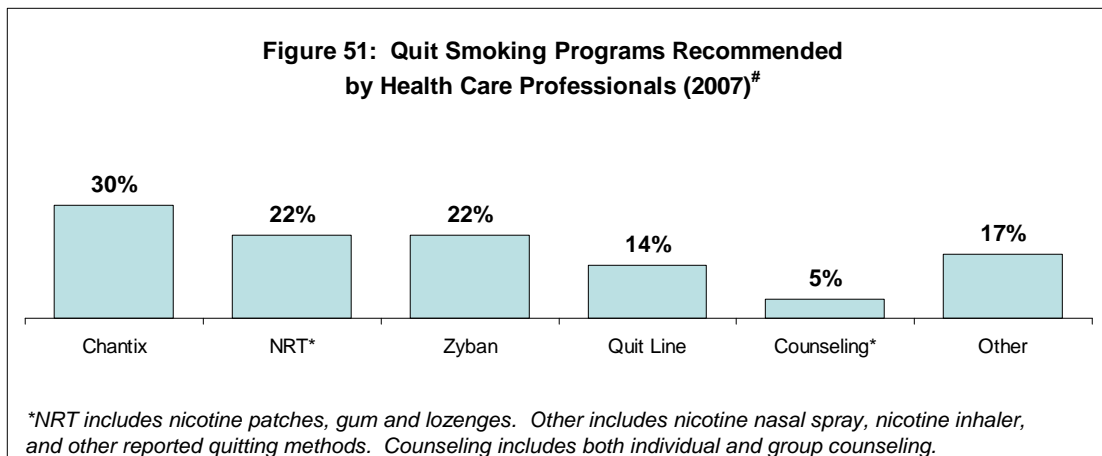
Trend data for all other conversations with health care providers and/or dentists is included on page A-17 of Appendix A.



[#]Significantly higher in 2007 than in 2001.

^{*}Significantly higher in 2007 than in 2001 and 2006.

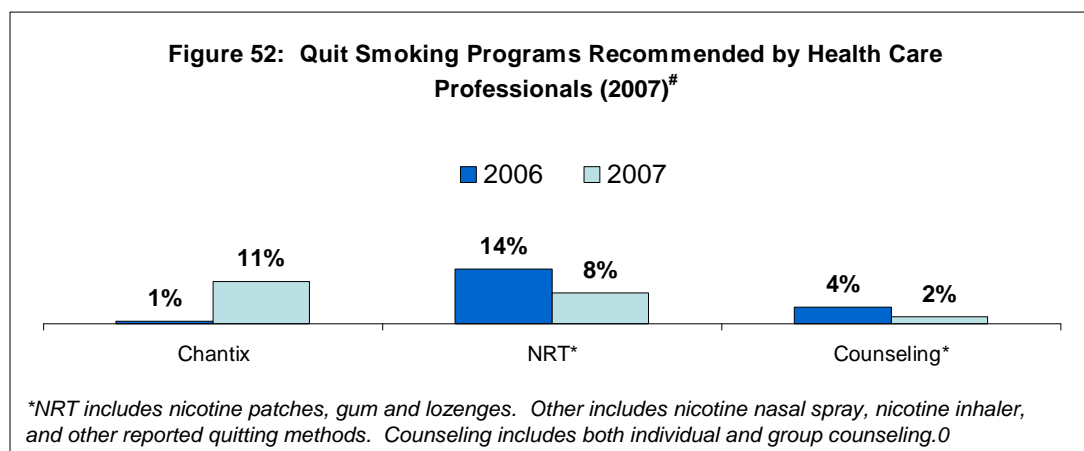
Overall, two-thirds of all current smokers were not given a recommendation by their health care provider for a specific cessation program (67%). Those who were given a recommendation were asked what those suggestions were. The most recommended in program in 2007 was Chantix (30%). One quarter reported that NRT or Zyban were recommended (22% each) (See **Figure 51**).



#Chantix recommendations significantly increased from 2006 to 2007; those for Zyban and NRT significantly decreased during the same time. From 2001 to 2007, reported recommendations for “other” methods and a quit line significantly increased. All other changes were not statistically significant.

Recommendations for Chantix as a cessation program increased sharply from 1% in 2006 to 11% in 2007. Correspondingly, the proportion who were recommended NRT products and counseling significantly decreased (from 14% to 8% for NRT and from 4% to 2% for counseling). This halts the increasing trend of referrals to NRT since 2001 (See **Figure 52**).

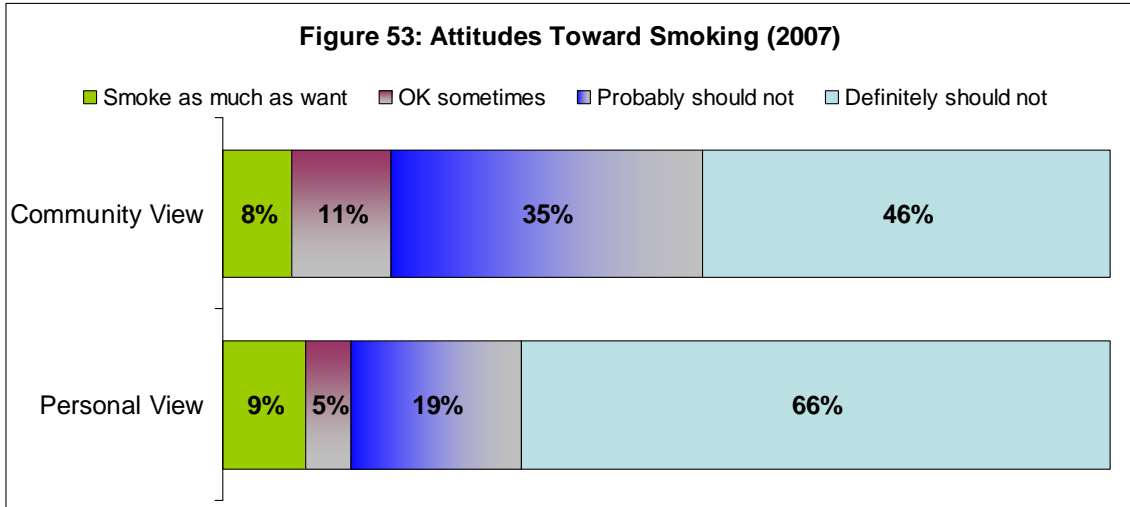
One other point worth noting (although not statistically significant) is the number of current smokers who reported doctors made quit line referrals for cessation. This number increased to five percent after dropping to two percent in 2006.



#Chantix recommendations significantly increased from 2006 to 2007; those for Zyban and NRT significantly decreased during the same time. From 2001 to 2007, reported recommendations for “other” methods and a quit line significantly increased. All other changes were not statistically significant.

Attitudes Toward Smoking

Very few Vermonters think it is OK for adults to smoke. Two-thirds believed that adults *definitely should not* smoke (66%). Nearly half believed that the community thinks the same (46%). One in five Vermonters said the community thinks it is OK to smoke sometimes or as much as one wants (19%), but only 14% personally believed that. (See **Figure 53**.)

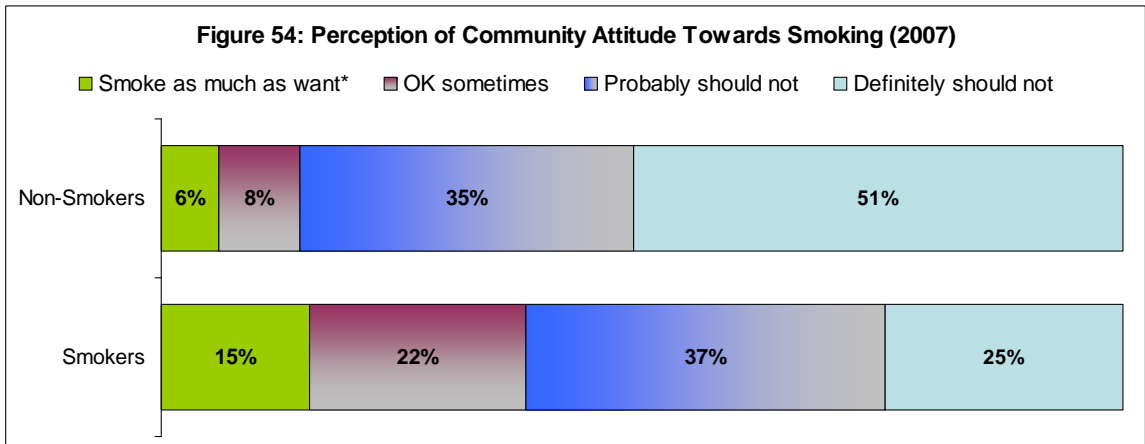


Figures 54 and 55 show 2007 data on perceptions of smoking for smokers and non-smokers. As might be expected, smokers were more likely than non-smokers to personally think it is OK for adults to smoke as much as they want. Also they were more likely to believe members of their community think it is OK for adults to smoke as much as they want. In both cases, the differences were statistically significant.

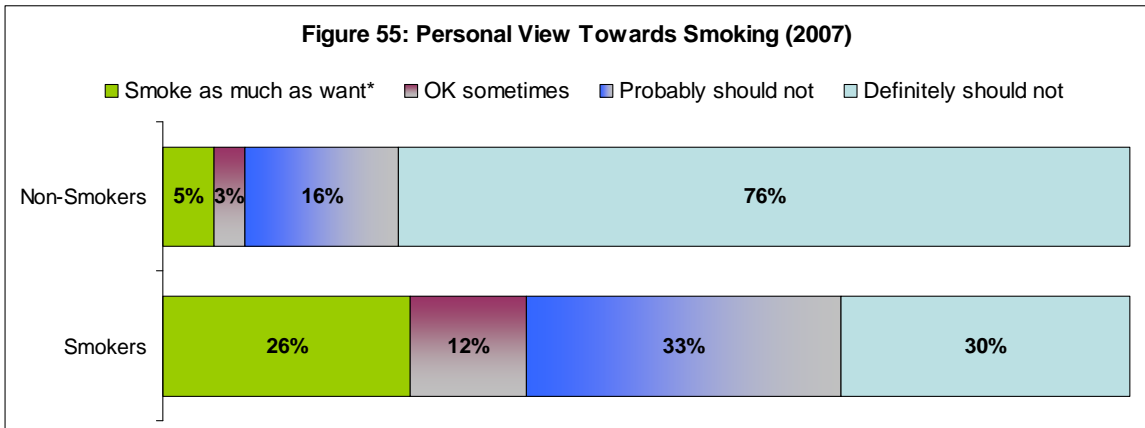
Also striking was that three-quarters of non-smokers think adults should definitely not smoke (76%), but just 30% of smokers said the same.

Those who were more likely to think that their *community* members believe it is OK for adults to smoke as much as they want include: 18-24 year olds (15%); those with self-reported “poor” mental health (17%); and those with middle and low income (approximately 10%).

When it comes to *personal* views of smoking, men, 18-24 year-olds and those with low incomes were more likely to think it is OK for adults to smoke as much as they want (12% of men, 18% of 18-24 year olds and 13% of low income Vermonters).

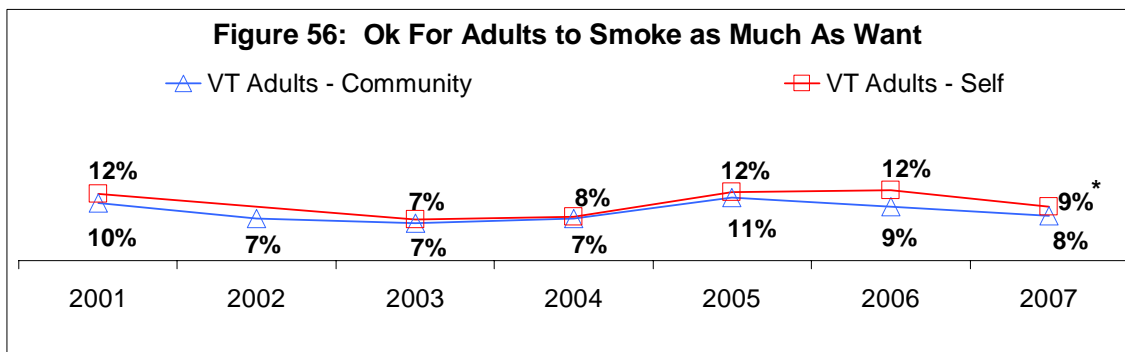


*Smokers significantly more likely than non-smokers to give this response.



*Smokers significantly more likely than non-smokers to give this response.

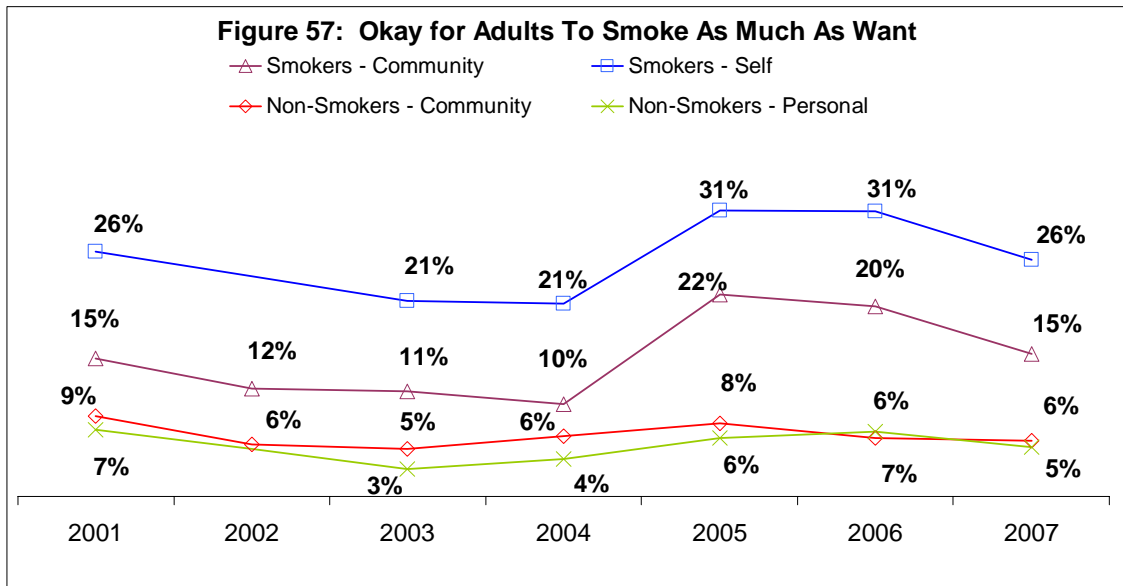
Ideally, over time the proportion of people who think it is OK for adults to smoke as much as they want would decrease. **Figure 56** shows that in 2007, the proportion decreased again for the first time since 2005. The decline from 2006 to 2007 was statistically significant.



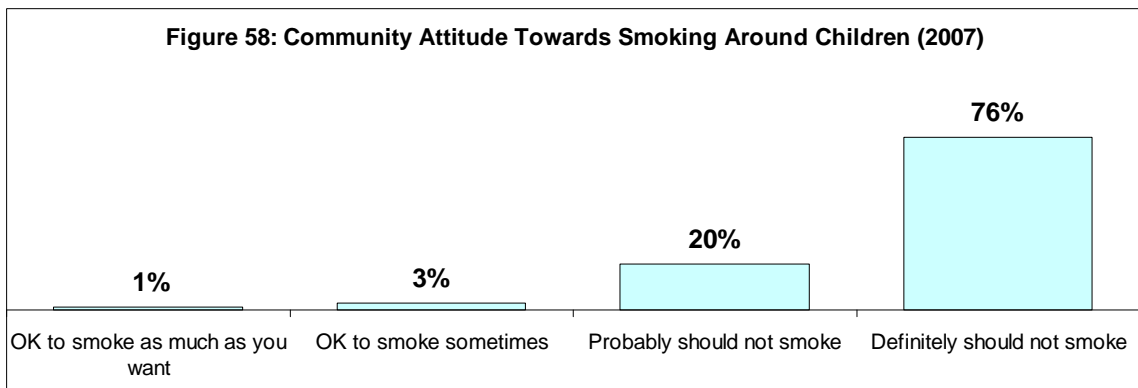
*Significantly lower in 2007 than in 2001 and 2006.

Figure 57 includes trend data on the proportion of smokers and non-smokers who think it is OK for adults to smoke as much as they want and who believe members of their community feel it is OK for adults to smoke as much as they want. Smokers were more likely to personally believe and to think that the community believes it as well.

The proportion of smokers who said it is OK for adults to smoke as much as they want decreased in 2007 – both for smokers who personally felt that way and those who believed the community feels that way. Neither of these changes were statistically significant.



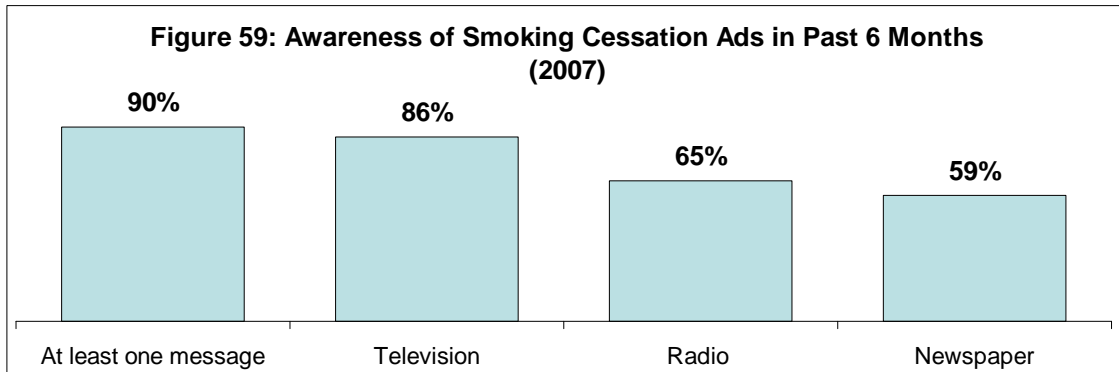
In 2005, the VTATS began asking respondents how most people in their community feel about smoking when young children are nearby. Very few respondents (1% in 2007), regardless of smoking status, have ever said their community feels it is OK to smoke as much as you want in this situation. (See **Figure 58**.) There were virtually no differences among smokers and non-smokers.



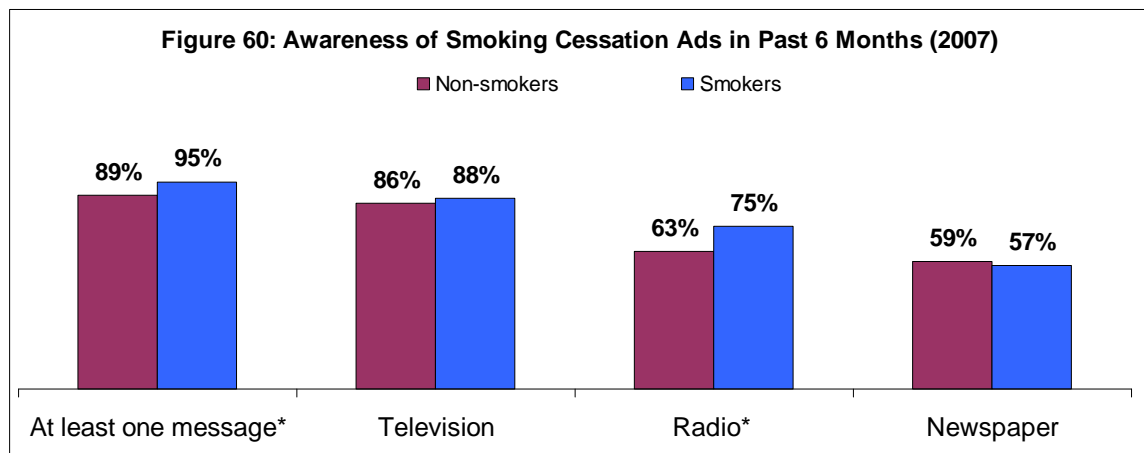
Media Campaign Awareness

Each year the VTATS includes questions that attempt to assess Vermonter's awareness of anti-tobacco and Vermont cessation program media messages. Respondents who confirm their awareness of specific television, radio, and or newspaper messages are then asked a series of questions aimed at gauging the impact of the media.

An overwhelming majority of Vermonters were aware of stop smoking media messages (90% in 2007). Awareness of messages by specific mediums was high: television ads (86%), radio messages (63%), and newspaper ads (57%) (**Figure 59**).



Awareness of media messages among non-smokers was similar to that seen among all Vermonters. Smokers generally reported higher awareness overall of media messages than non-smokers. However, only the overall awareness (95% vs. 89%) and recall of radio messages (75% vs. 63%) were significantly higher (**Figure 60**).



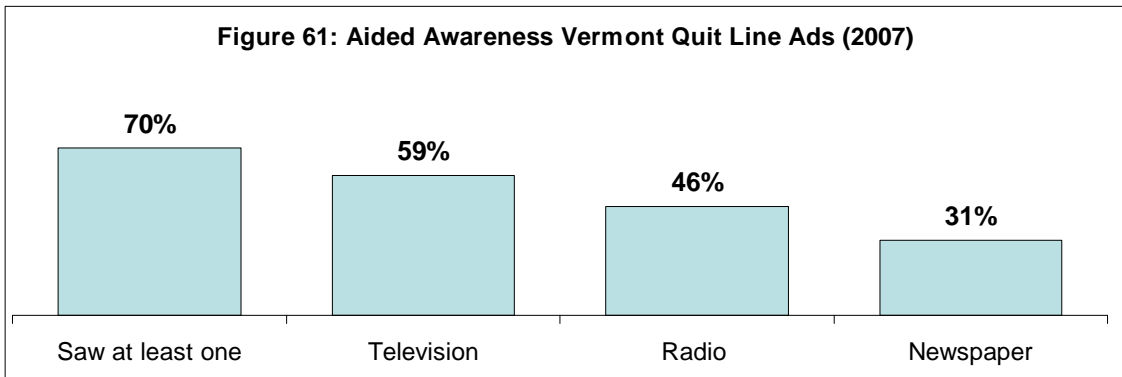
*Awareness significantly higher among smokers than non-smokers.

Low income Vermonters were *less* likely to report having seen any media (87% aware). However, more than four-fifths of low income Vermonters *have* seen an anti-tobacco ad in the last six months. Younger adults (18-24) and those with self-reported "OK" mental health were more likely than other Vermonters to report seeing at least one radio or television ad; younger adults were also less likely to have seen newspaper messages.

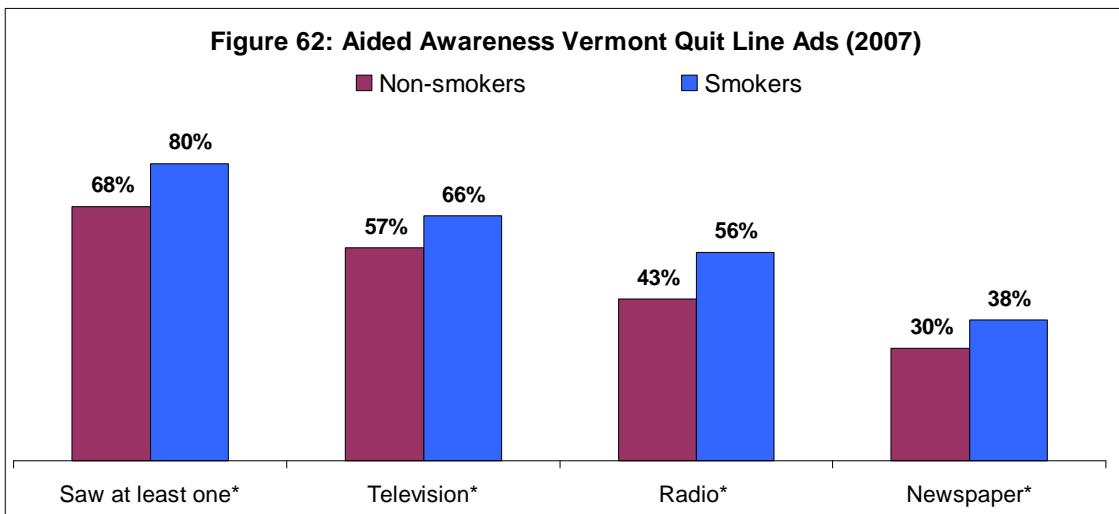
Awareness of all types of media messaging has significantly improved since 2002. From 2006 to 2007, the only statistically significant change was the increase in awareness of radio advertising (59% in 2006 to 65% in 2007).

Among smokers, overall awareness of media messages increased significantly in the past year (from 91% to 95%), but there were not statistically significant increases in awareness of any specific medium. Among nonsmokers, radio messaging awareness significantly increased (55% to 63%). Trend data for these measures can be found on page A-18 of Appendix A.

When asked specifically about Quit Line media messages, 70% of Vermonters reported seeing at least one Vermont Quit Line ad in the previous six months. A majority recalled Quit Line television ads (59%), but less than half recalled radio ads (46%) and only one-third remembered seeing newspaper ads (31%) (**Figure 61**).



Smokers were significantly more aware of Quit Line ads, regardless of the medium, than non-smokers. Eight out of 10 smokers recalled seeing or hearing at least one ad (80% versus 68% of non-smokers), two thirds of smokers saw an ad on television (66% versus 57%), more than half of smokers heard a Quit Line ad on the radio (56% versus 43%), and about 40% of smokers saw a newspaper ad (38% versus 30%). (See **Figure 62**.)



*Awareness significantly higher among smokers than non-smokers.

Younger Vermonters were *more* likely to report having seen Quit Line advertisements. Those 18-24 years old (84%) and 25-44 year old (75%) saw at least one Quit Line ad more often than those 45 and older (63%). This was also true for awareness of radio and/or television ads. Low income Vermonters were *less* likely to report seeing or hearing Quit Line ads overall, and on television or the radio.

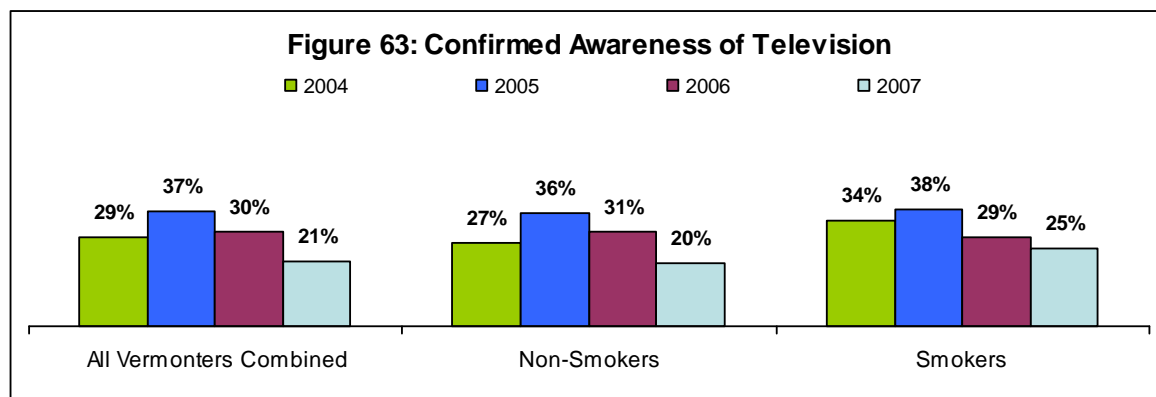
Since 2003, awareness of all Quit Line media has significantly increased among all Vermonters (including smokers and non-smokers). However, changes between 2006 to 2007 among all Vermonters are not statistically significant.

The proportion of non-smokers that reported awareness of radio Quit Line messages significantly increased from 38% in 2006 to 43% in 2007. Among smokers, only the proportion who said they saw at least one Quit Line media message in the previous six months significantly increased from 74% in 2006 to 80% in 2007. These trend data are on page A-19 of Appendix A.

In 2007, there were two secondhand smoke radio ads: “Peter” and “Safety Stuff”. The ATS question does not differentiate between the two advertisements, and as such the measure of confirmed awareness includes both ads together.

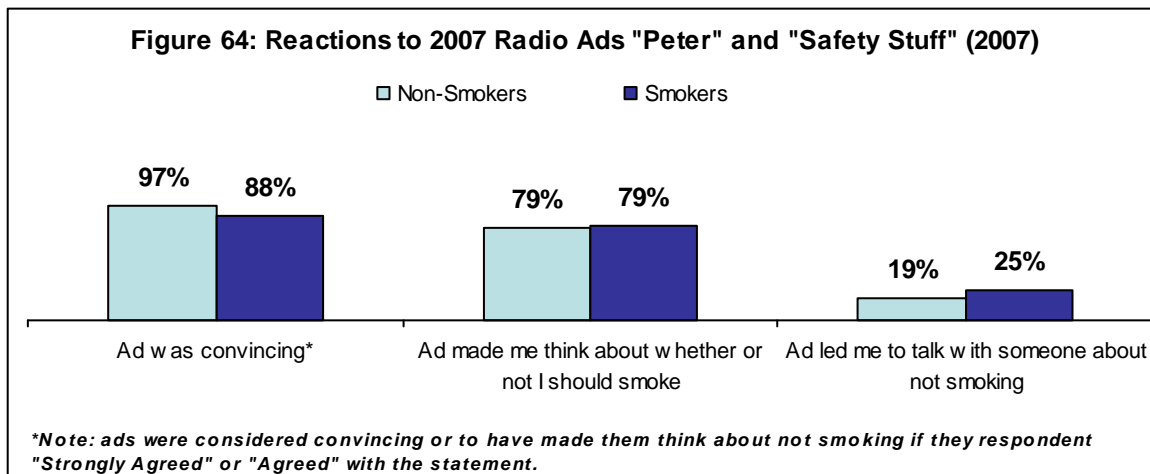
Only one-fifth of all Vermonters recalled hearing ads about second hand smoke (21%). One-quarter of smokers recalled hearing the ads (25%), which is similar to the one-fifth of non-smokers who remembered hearing the ads (21%) (**Figure 63**).

Confirmed recall of television ads was lower in 2007 than in previous years. This may have to do with when ads were run (time of year), how often and on which medium they ran, as well as the ads themselves.



In 2007, there were significant differences by age and mental health status. Among Vermonters, younger adults (18-24) were more likely to remember one of the advertisements (34%) than those 25-44 and 45 and older (25% and 16% respectively). Those with self-reported “OK” mental health in the last month were more likely to have confirmed the television ad than were those with “good” mental health (27% vs. 18%).

Respondents who remembered an advertisement were asked about their reaction to the ads. Nearly all found the ad to be convincing (95%). Smokers found the ads slightly less convincing (88%) than non-smokers (97%, a statistically significant difference). Smokers have a slightly higher proportion who indicate the ads led them to discuss smoking with someone (25% versus 19% of non-smokers). However, the difference was not statistically significant (25% vs. 19%) (See **Figure 64**).



*A significantly higher proportion of non-smokers than smokers found the ad convincing.

Appendix A

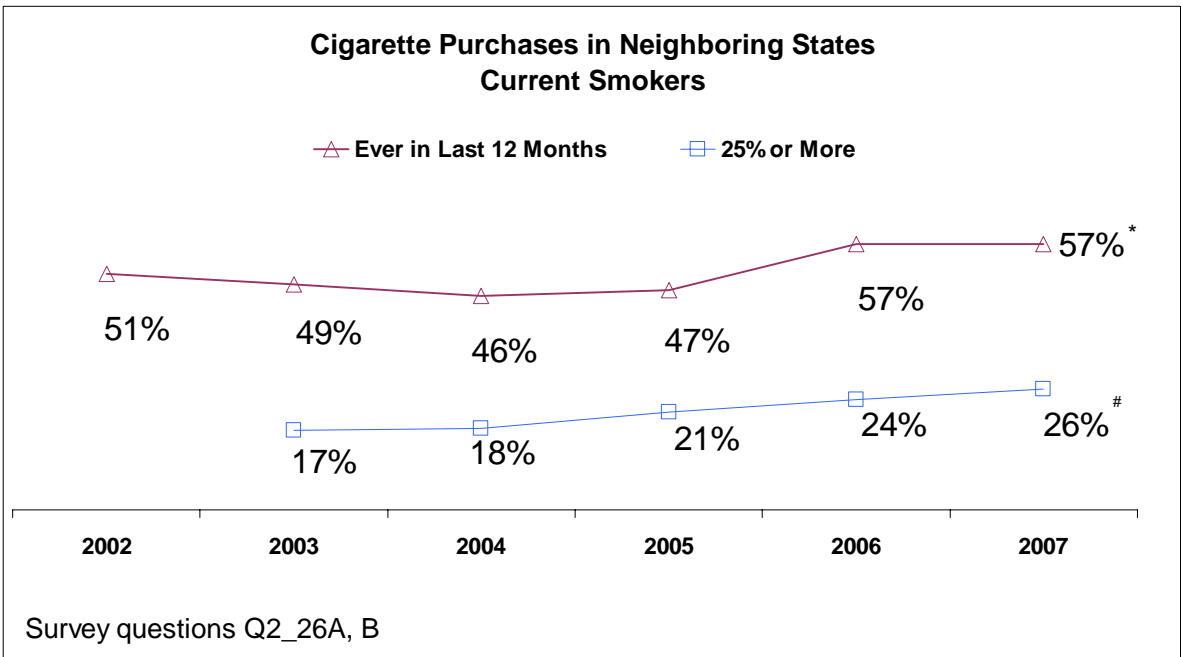
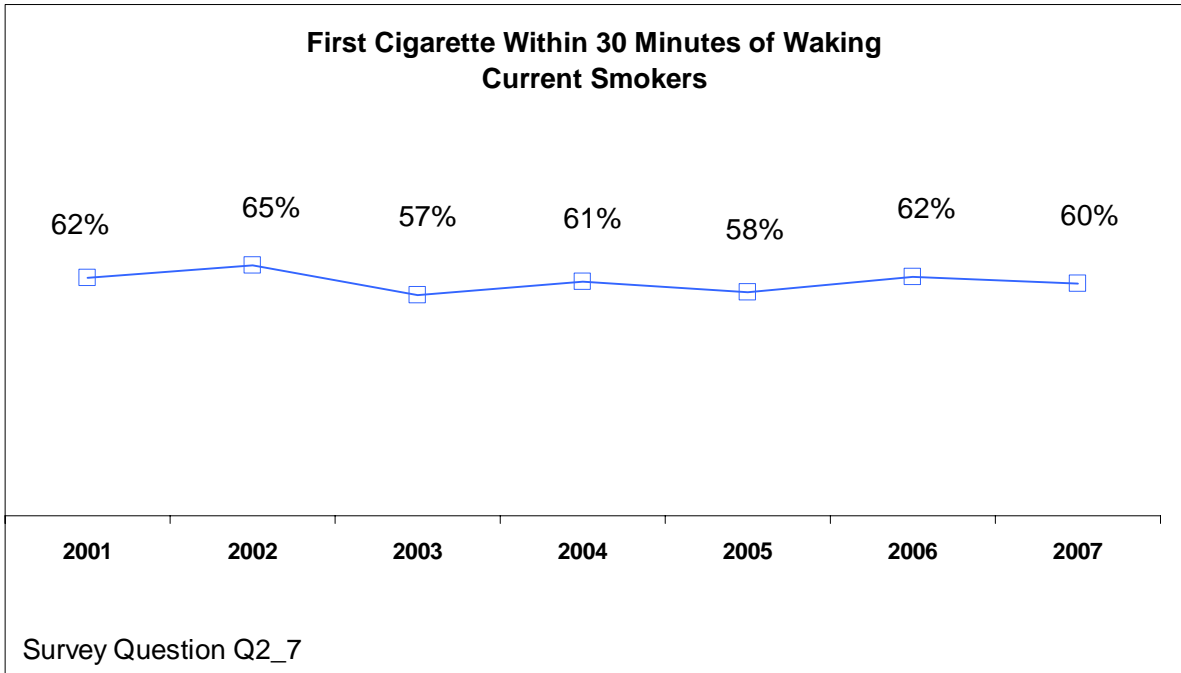
Vermont Adult Tobacco Survey Trend Data

Sample Characteristics by Year

Characteristic Groups	2001		2002		2003		2004		2005		2006		2007	
	N	%*	N	%*	N	%*	N	%*	N	%*	N	%*	N	%*
Overall	2,241	100.0	2,059	100.0	2,268	100.0	2,027	100.0	2,069	100.0	2,057	100.0	2,124	100.0
Gender														
Female	1,291	57.6	1,192	57.9	1,387	61.2	1,249	61.6	1,284	62.1	1,287	62.6	1,388	65.3
Male	950	42.4	867	42.1	881	38.8	778	38.4	785	37.9	770	37.4	736	34.7
Age Group (yrs)														
18-24	336	15.0	141	6.8	309	13.6	338	16.7	288	13.9	291	14.1	279	13.1
25-44	769	34.3	807	39.2	738	32.5	625	30.8	589	28.5	555	27.0	536	25.2
45 and older	1,100	49.1	1,071	52.0	1,173	51.7	1,031	50.9	1,163	56.2	1,181	57.4	1,281	60.3
Education Level														
Less than high school	229	10.2	127	6.2	185	8.2	136	6.7	158	7.6	132	6.4	170	8.0
High school	835	37.3	697	33.9	756	33.3	698	34.4	701	33.9	727	35.3	718	33.8
Some college	549	24.5	518	25.2	554	24.4	548	27.0	531	25.7	497	24.2	526	24.8
College or higher	594	26.5	693	33.7	750	33.1	632	31.2	668	32.3	691	33.6	702	33.1
Income Level*														
Low	589	26.3	468	22.7	511	22.5	513	25.3	498	24.1	464	22.6	523	24.6
Middle	1,042	46.5	1,045	50.8	1,120	49.4	932	46.0	961	46.4	877	42.6	885	41.7
High	266	11.9	250	12.1	337	14.9	304	15.0	346	16.7	380	18.5	399	18.8
Mental Health Status														
Good													1,219	57.4
OK													601	28.3
Poor													276	13.0
Smoking Status														
Current smoker	1,015	45.3	637	30.9	829	36.6	884	43.6	854	41.3	906	44.0	970	45.7
Recent quitter	41	1.8	224	10.9	110	4.9	74	3.7	86	4.2	69	3.4	51	2.4
Former smoker	433	19.3	466	22.6	397	17.5	317	15.6	370	17.9	349	17.0	318	15.0
Never smoker	742	33.1	718	34.9	920	40.6	745	36.8	745	36.0	724	35.2	775	36.5
Smoker	1,056	47.1	861	41.8	939	41.4	958	47.3	940	45.4	975	47.4	1,021	48.1
Non-smoker	1,175	52.4	1,184	57.5	1,317	58.1	1,062	52.4	1,115	53.9	1,073	52.2	1,093	51.5
Overall Response Rate**		37.0		33.0		50.9		44.0		46.1		35.7		21.9

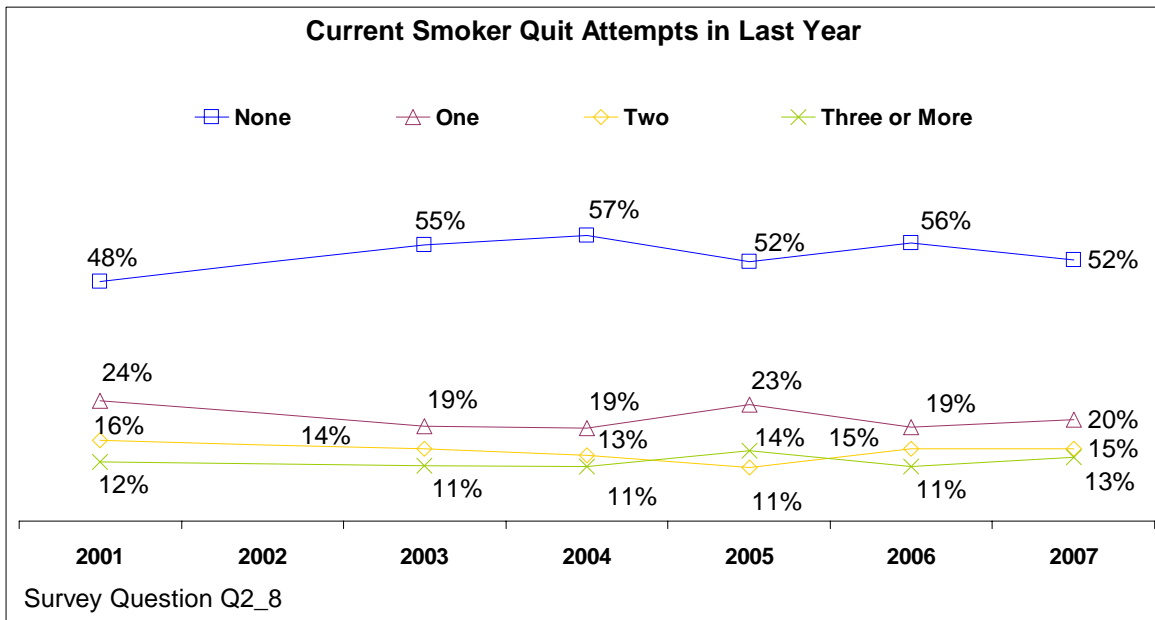
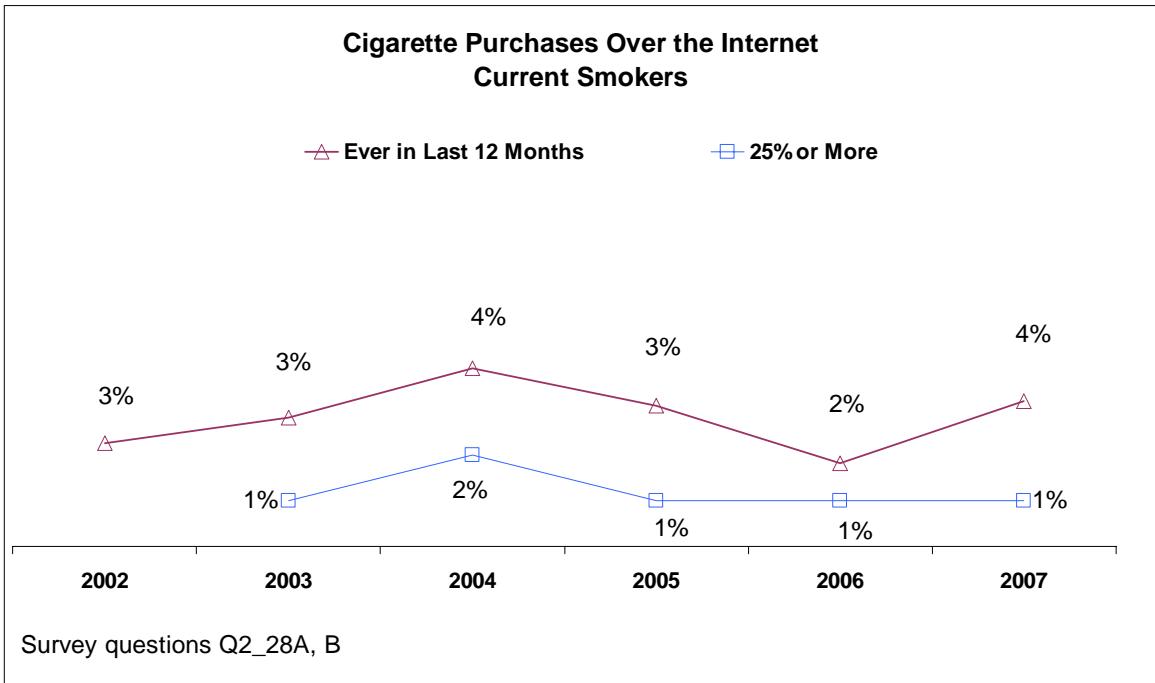
*Note that the income variable does not include imputed data for missing values. Though not presented, missing values are included in denominator of all percents.

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

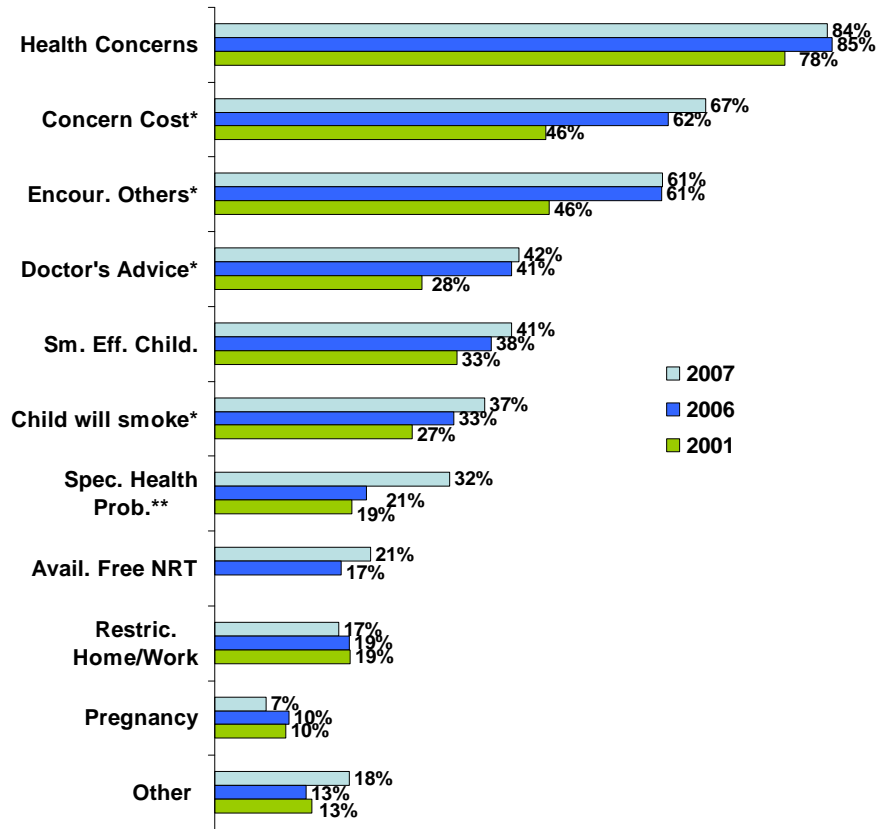


*Significantly higher in 2007 than 2002.

#Significantly higher in 2007 than in 2003.



Reasons for Trying to Quit Smoking (2007) Current Smokers Who Seriously Tried to Quit or Recently Quit Smoking in Last Year

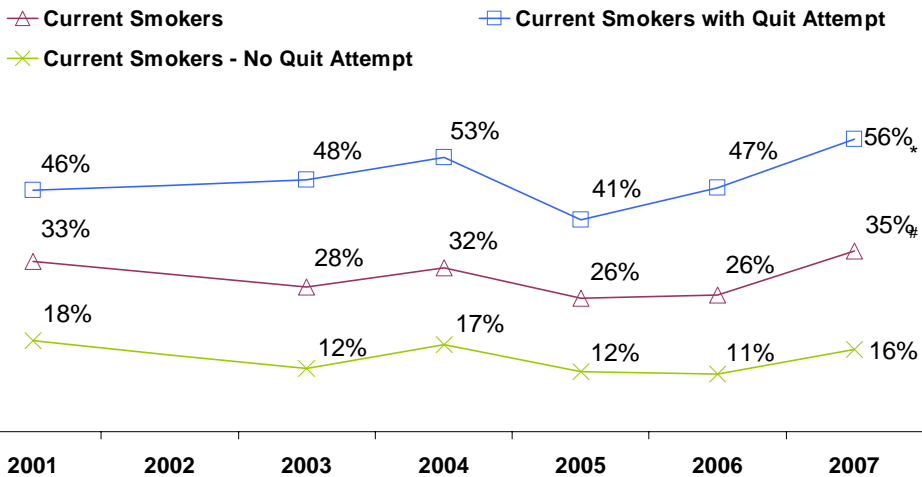


Survey Questions Q2_10 and Q3_32

*Significantly different in 2007 and 2001.

**Significantly different in 2007 versus survey years 2001 and 2006.

Seriously Thinking of Quitting in Next 30 Days

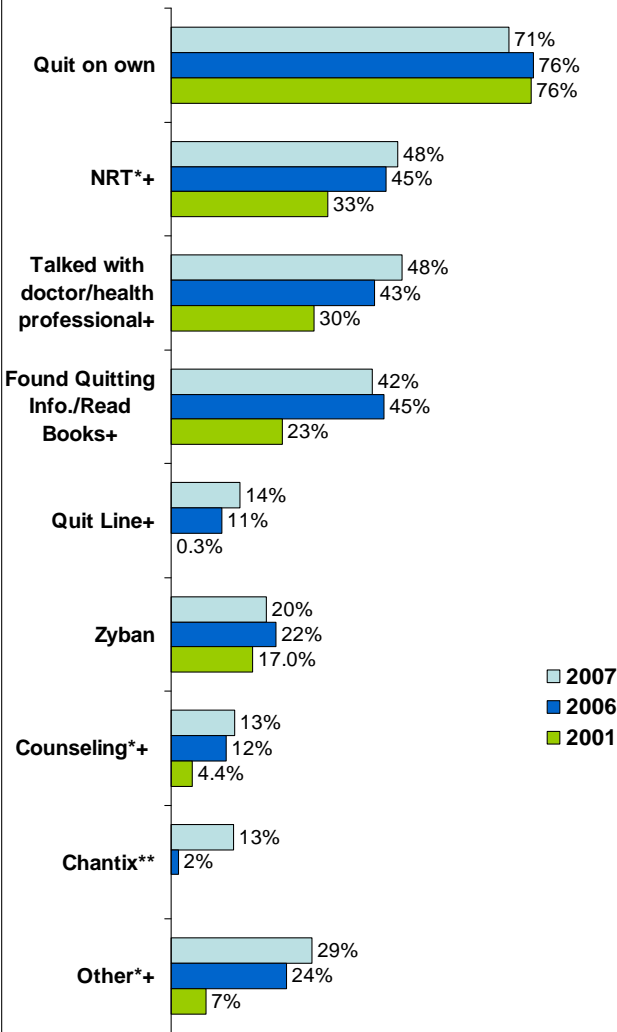


Survey Questions Q2_14b and Q2_8

*Significantly higher in 2007 than in 2001.

**Significantly higher in 2007 than in 2006.

Cessation Methods Used by Vermont Smokers Who Seriously Tried to or Recently Quit Smoking in Past Year (2007)



*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. Survey Questions Q2_11 and Q3_33

+Significantly different in 2007 and 2001.

**Significantly different in 2007 and 2006.

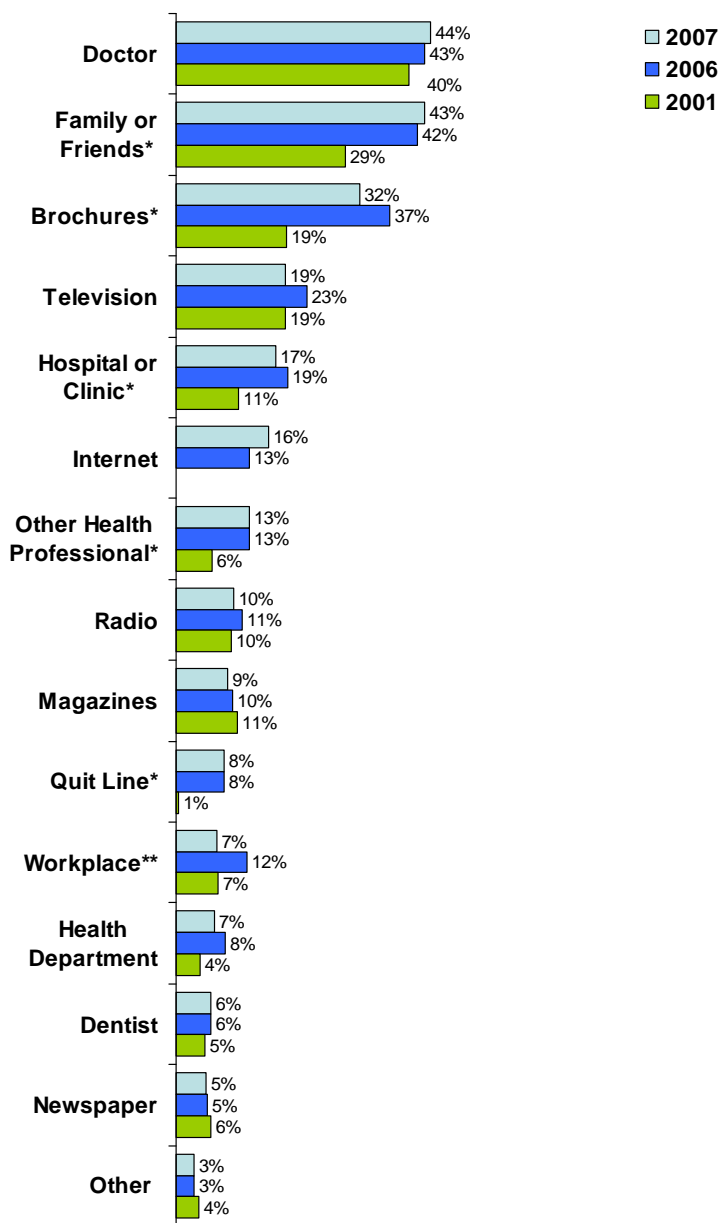
Cessation Methods Used in Most Recent Quit Attempt by Vermont Smokers Who Seriously Tried to or Recently Quit Smoking in Past Year (2007)



*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. Survey Questions NQ20063 and NQ20064

**Significantly different in 2007 and 2006.

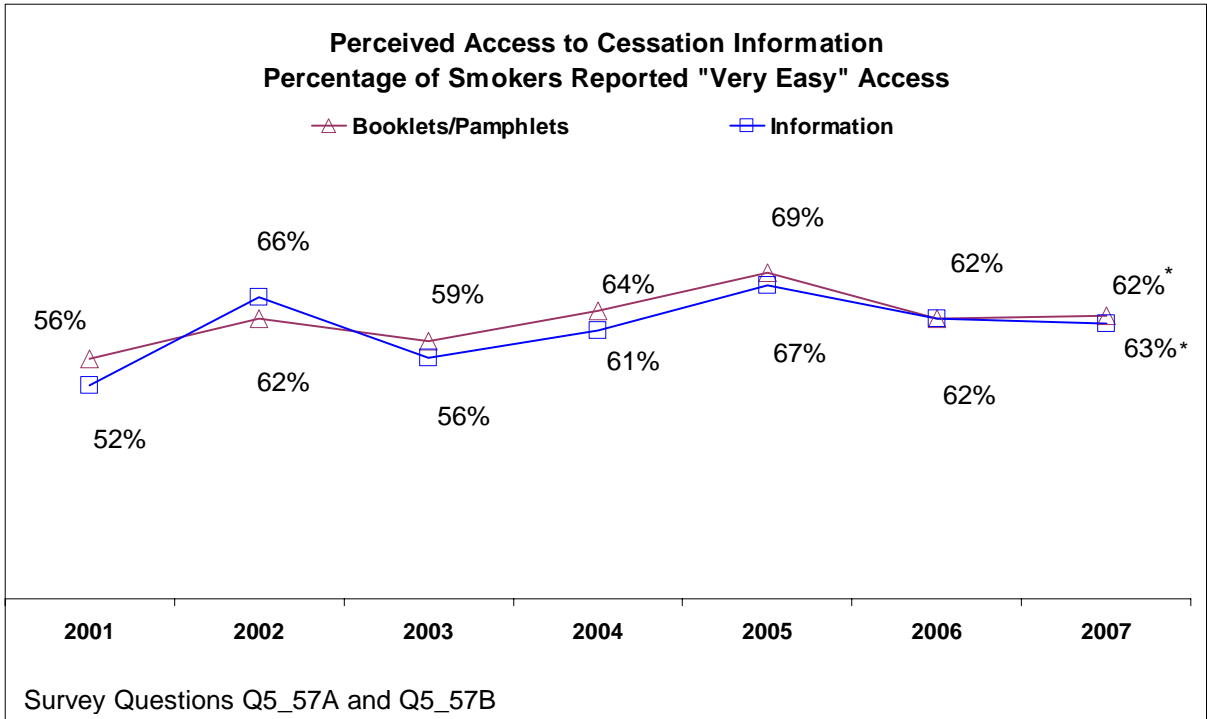
Sources of Cessation Information Smokers Who Tried to Quit or Recently Quit in Last Year (2007)



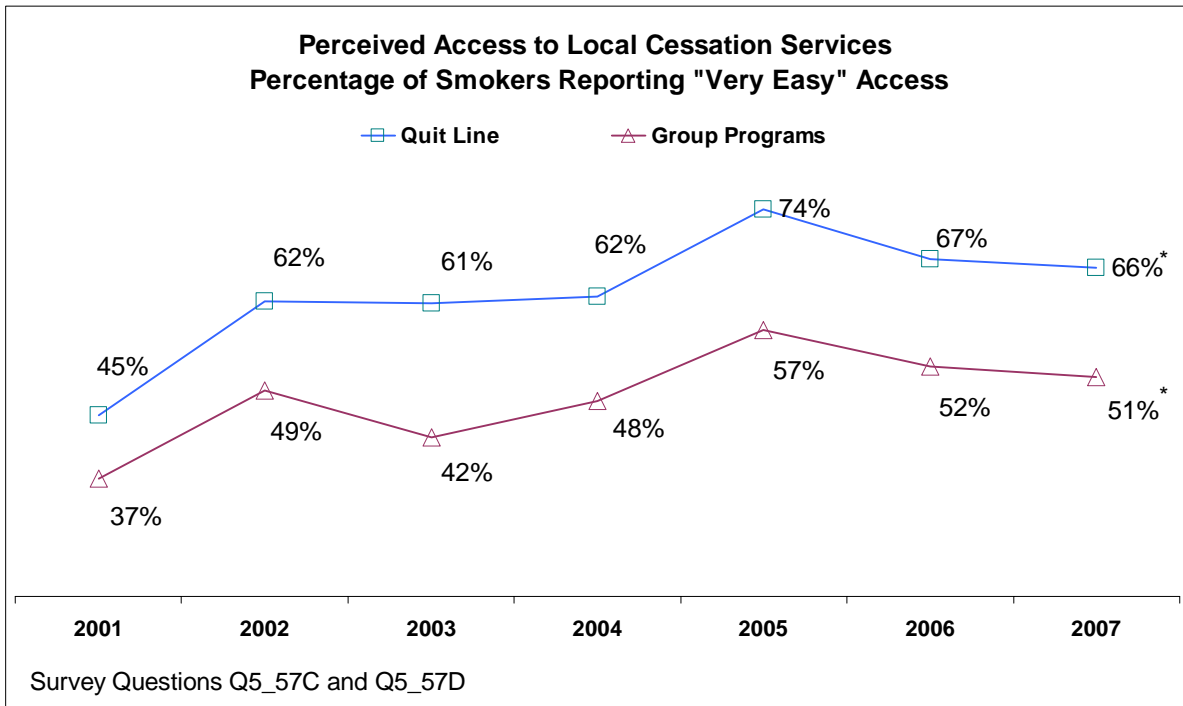
Survey Questions Q2_13 and Q3_35

*Significantly different in 2007 than in 2001.

**Significantly different in 2007 than in 2006.



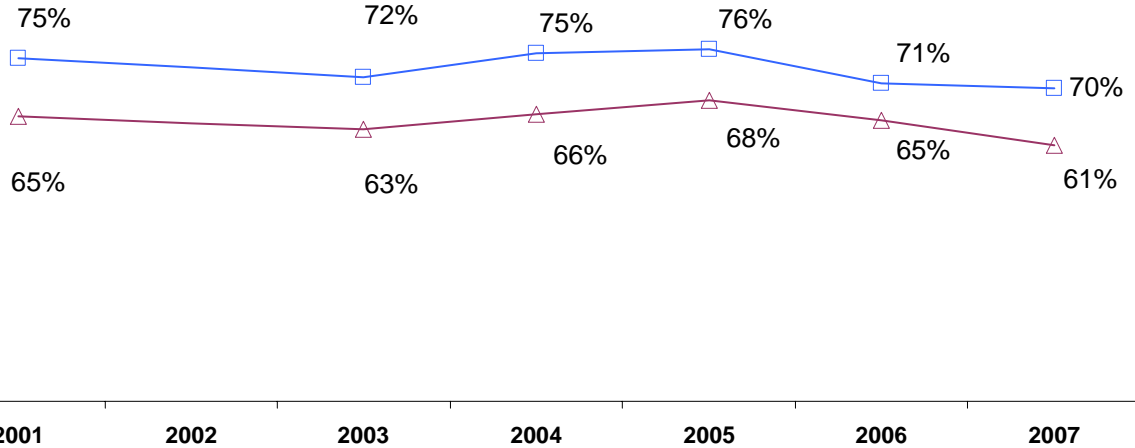
*Significantly higher in 2007 than in 2001.



*Significantly higher in 2007 than in 2001.

**Perceived Access to Advice from Health Professionals
Percentage of Smokers Reporting "Very Easy" Access**

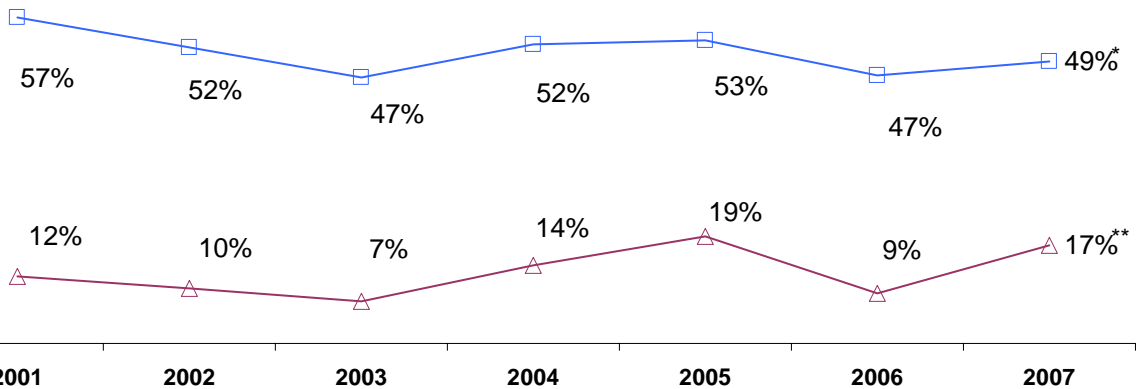
—□— Dr. Advice —△— Advice Other Health Prof.



Survey Questions Q5_57E and Q5_57F

**Perceived Access to Cessation Medications: Prescription and Reimbursement
Percentage of Smokers Reporting "Very Easy" Access**

—□— Prescrip. Medication —△— Medication Reimburse.

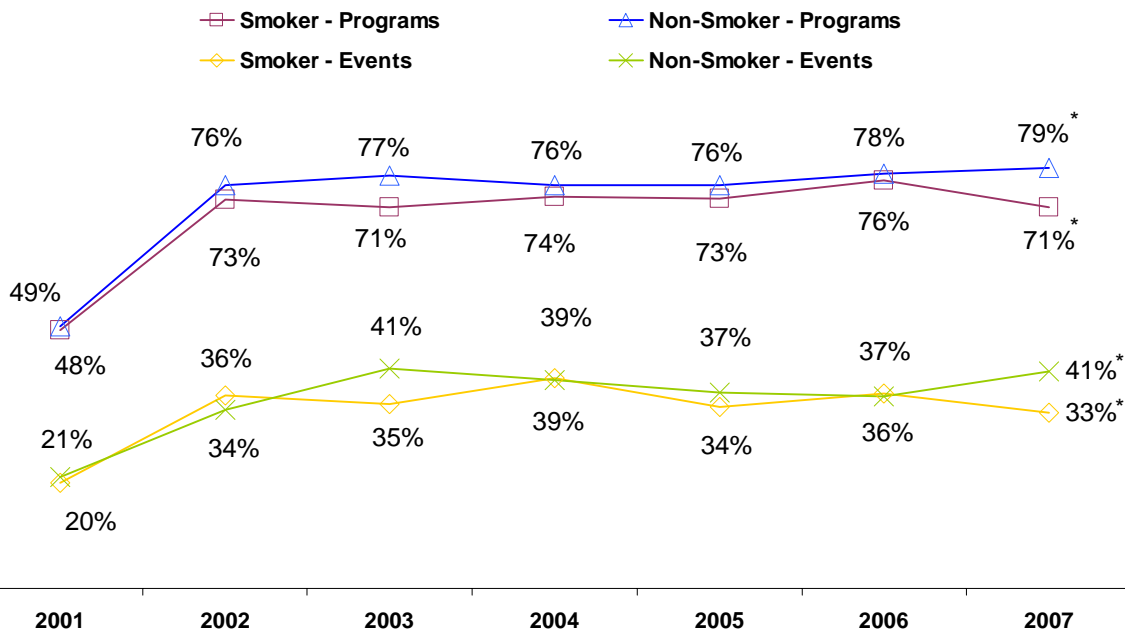


Survey Questions Q5_57G and Q5_57H

*Significantly higher in 2007 than in 2001.

**Significantly higher in 2007 than in 2006.

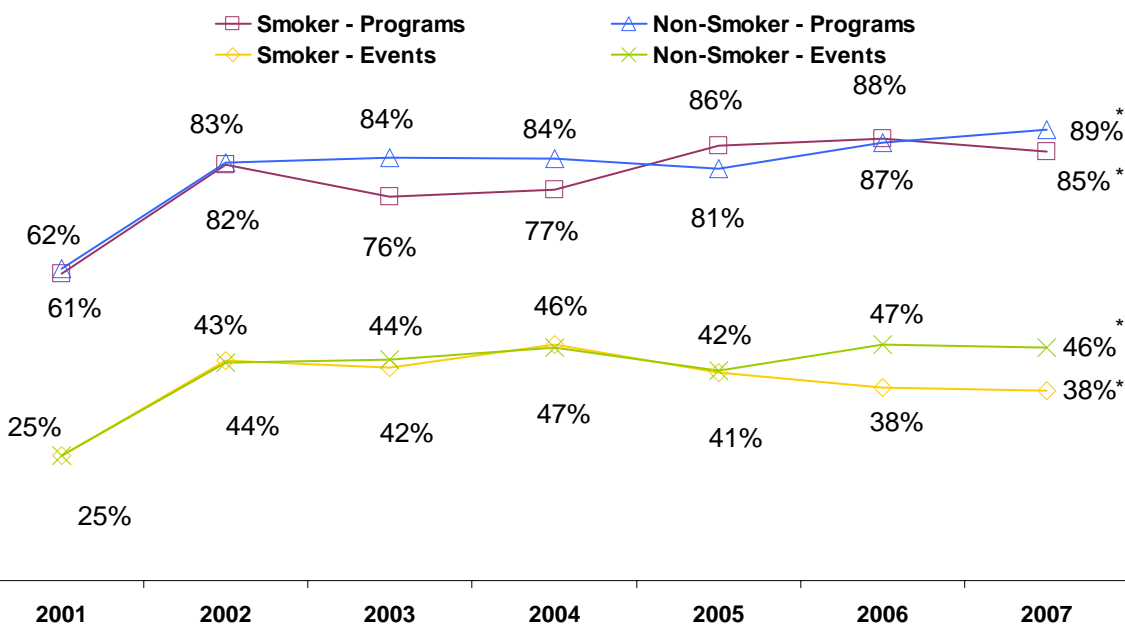
Awareness of Programs and Events in Area to Help Young People Avoid Smoking



Survey questions Q5_58C and Q5_58D

*Significantly higher in 2007 than in 2001.

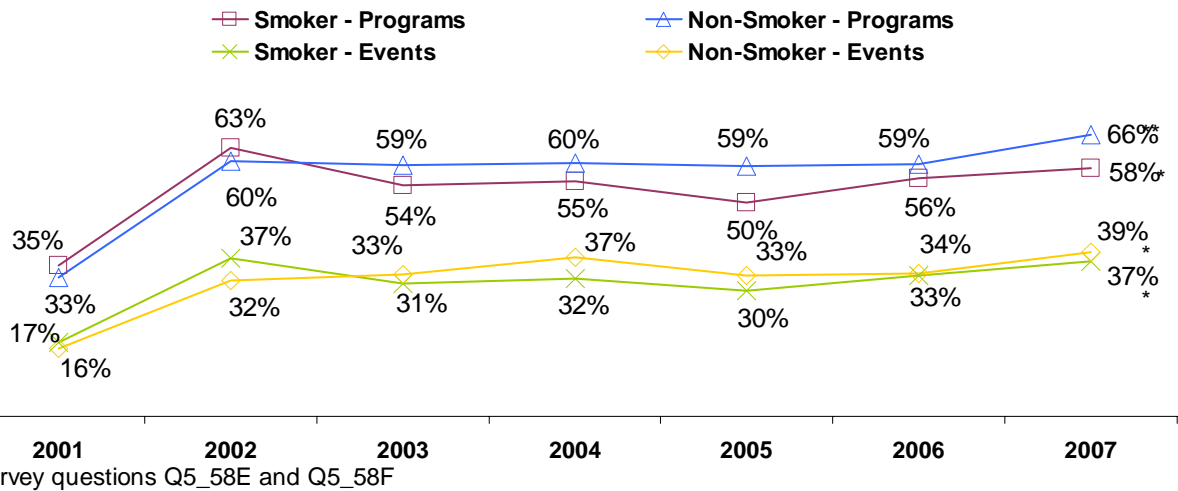
Awareness of Programs and Events in Area to Help People Quit Smoking



Survey questions Q5_58a and Q5_58B

*Significantly higher in 2007 than in 2001.

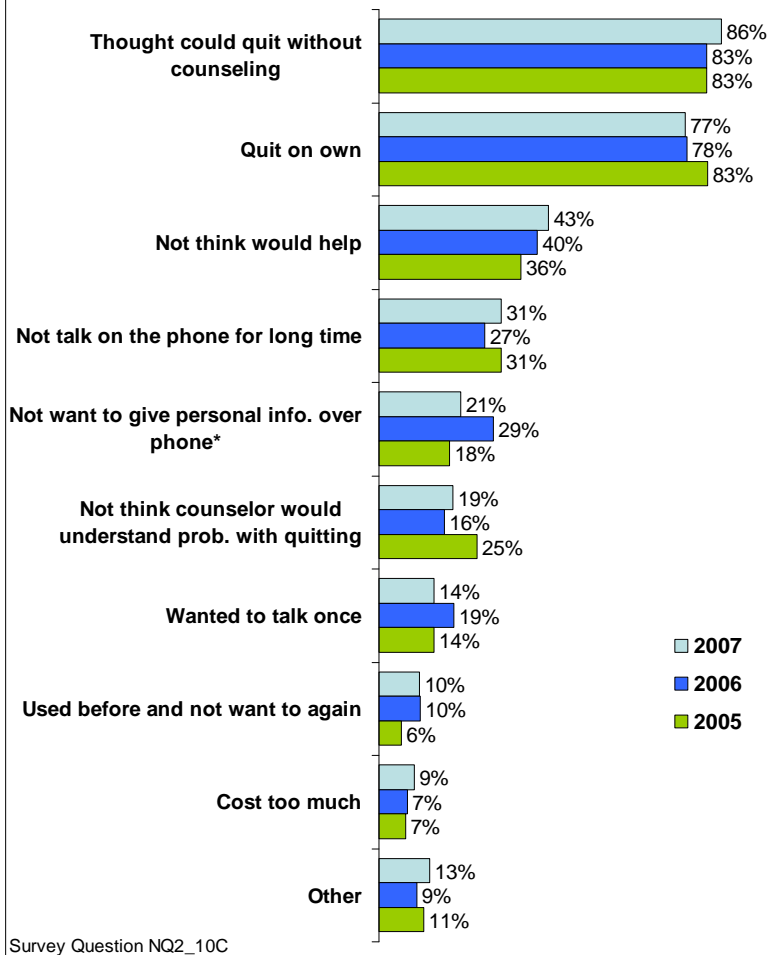
Awareness of Programs and Events that Encourage People Not to Smoke Around Children



*Significantly higher in 2007 than in 2001.

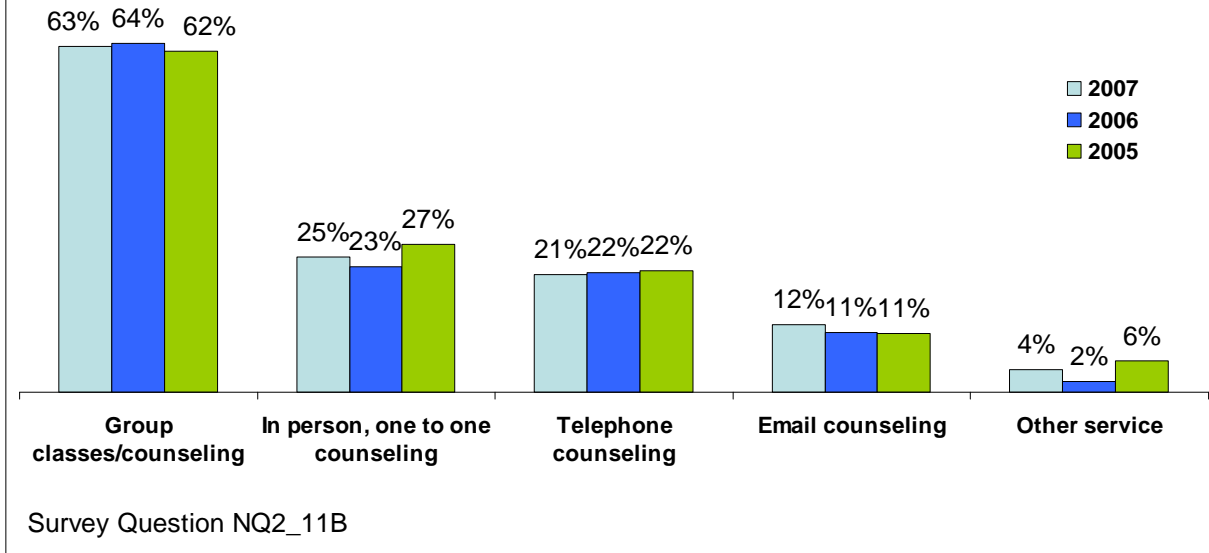
**Significantly higher in 2007 than in both 2001 and 2006.

Reasons for Not Using Quit Line During Most Recent Quit Attempt

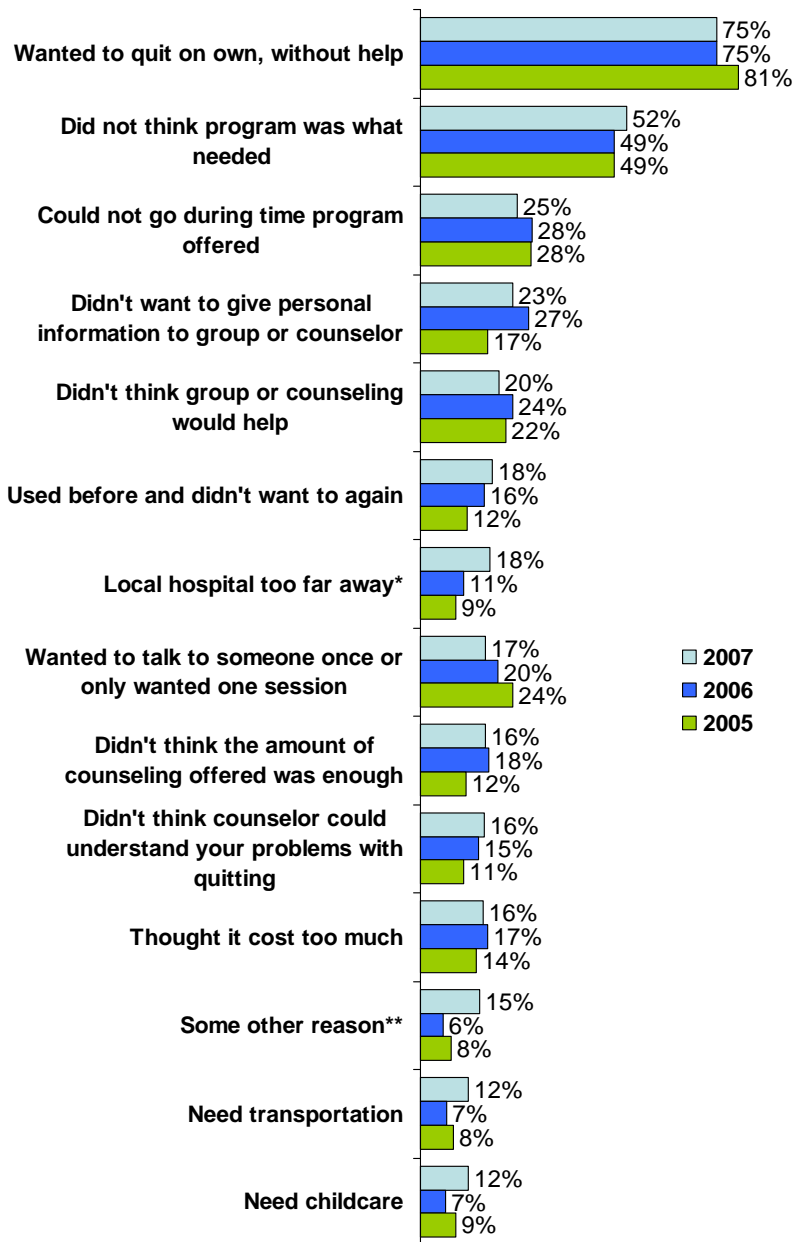


*Significantly higher in 2007 than in 2006.

Awareness of Cessation Services Offered by Local Hospitals



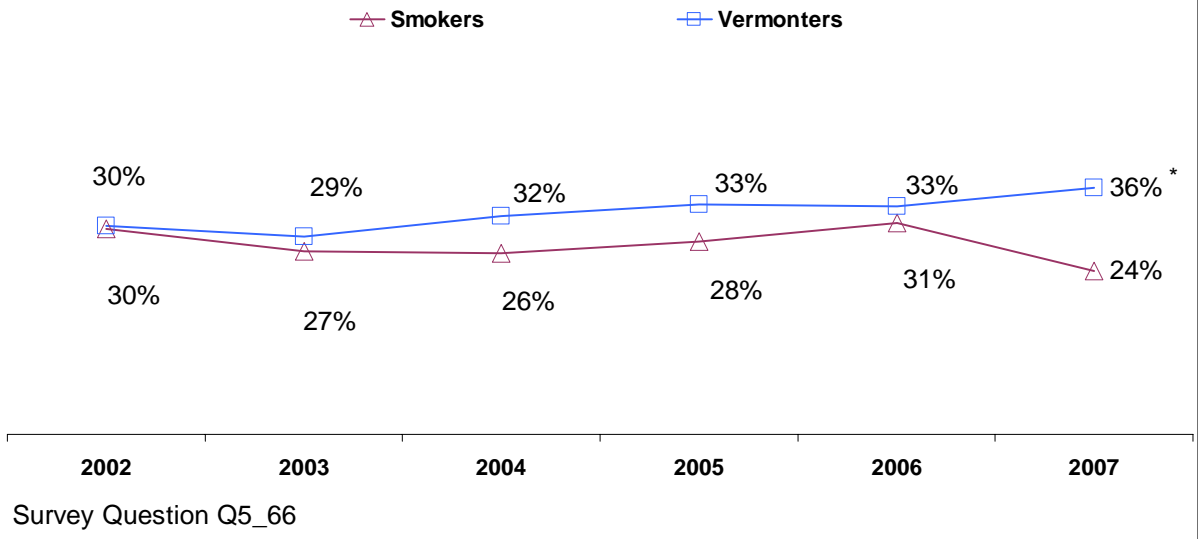
Reasons for Not Using Local Hospital Cessation Program During Most Recent Quit Attempt (2007)



*Significantly higher in 2007 than 2005.

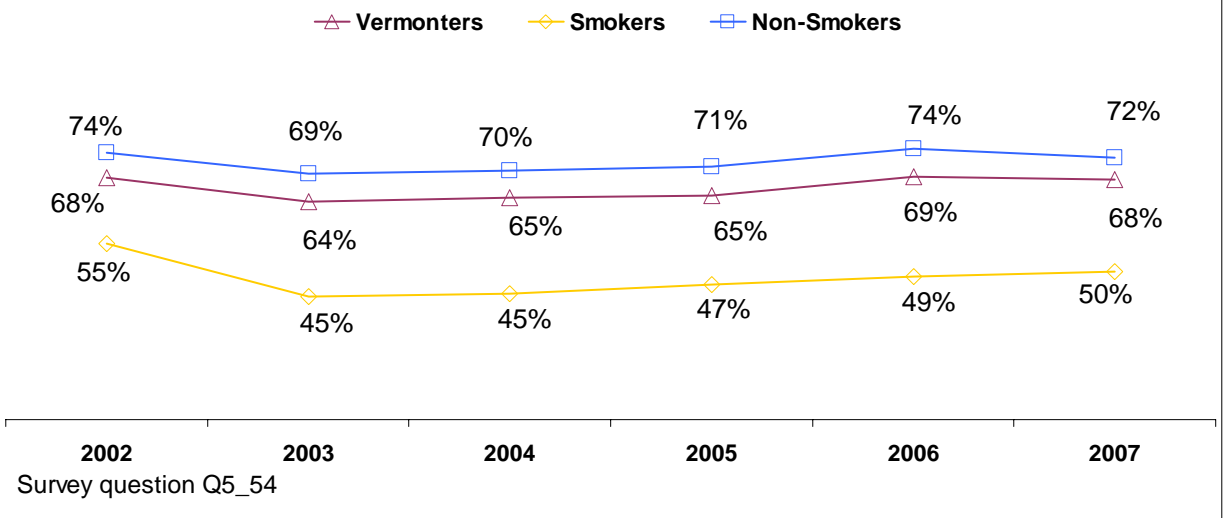
**Significantly higher in 2007 than in 2006.

Workplace Offered Quit Smoking Programs in the Past 12 Months Among Vermonters and Smokers Employed for Wages

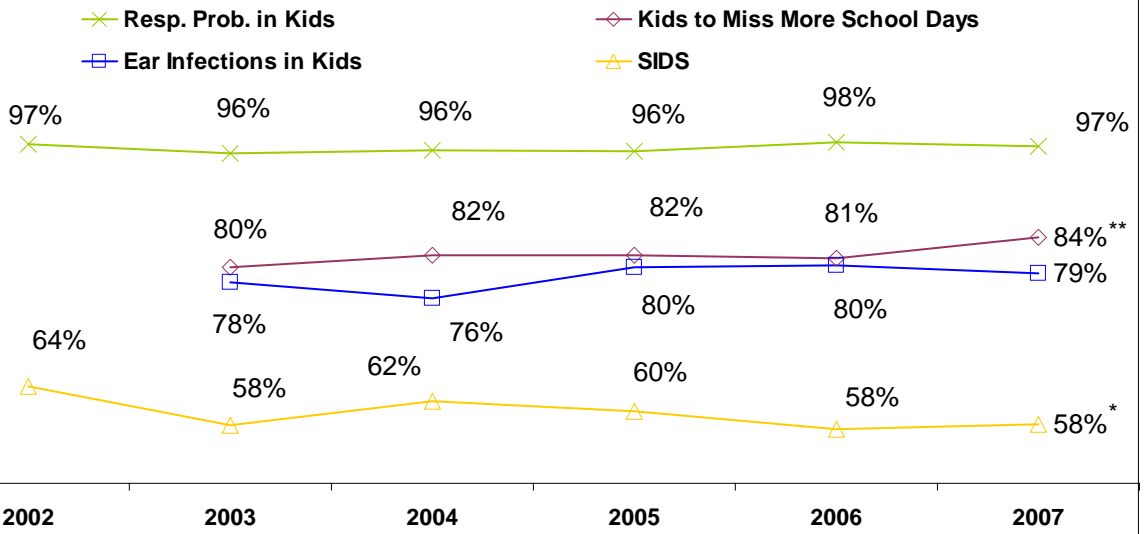


*Significantly higher in 2007 than in 2002.

Breathing Smoke from Other People's Cigarettes is "Very Harmful"



Vermonters Who Agree Second Hand Smoke Causes:

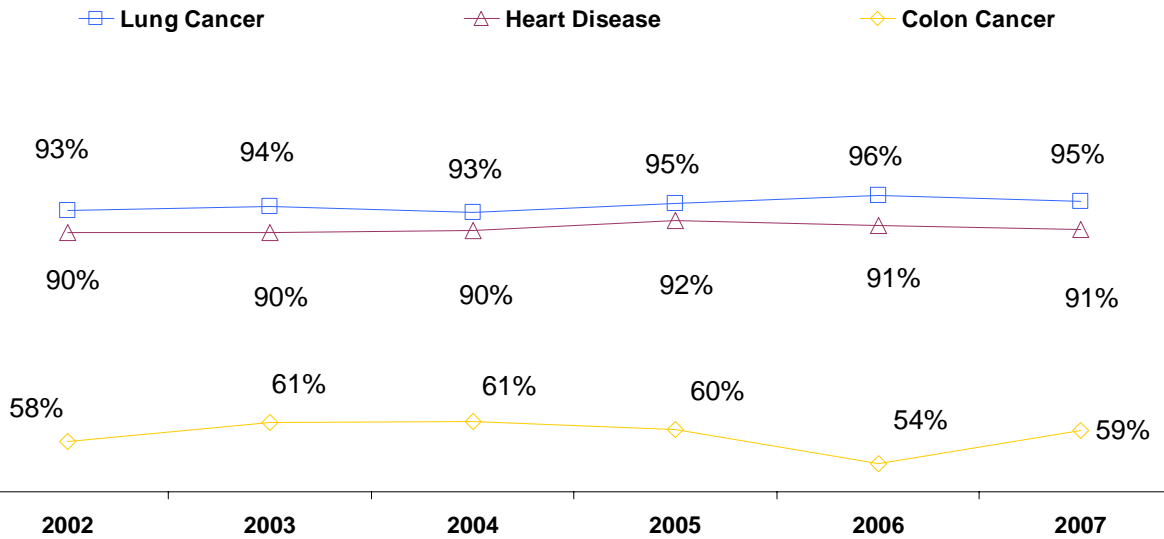


Survey Question: Q5_54

*Significantly lower in 2007 than in 2002.

**Significantly higher in 2007 than in 2003.

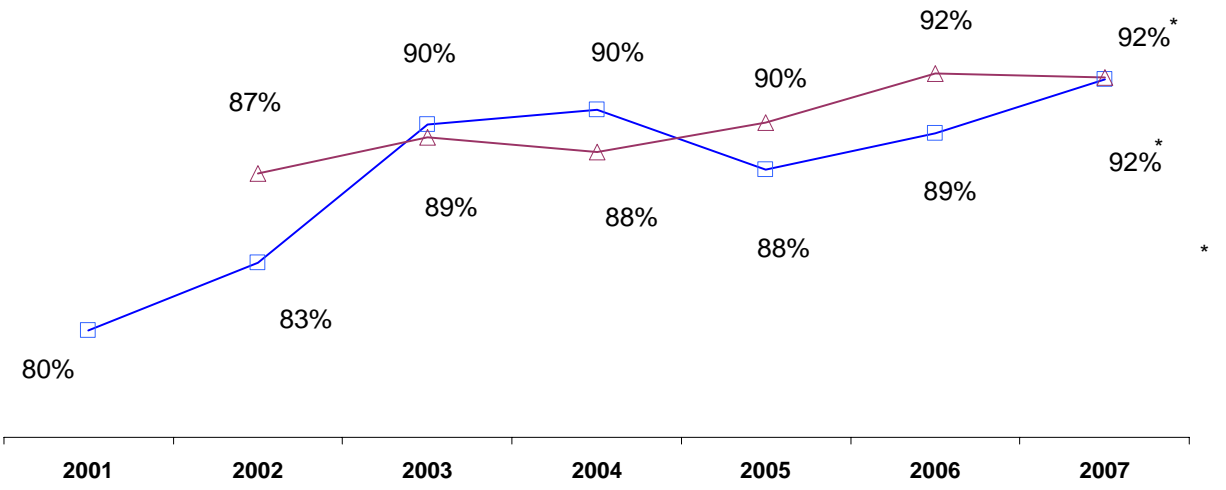
Vermonters Who Agree Second Hand Smoke Causes:



Survey Question: Q5_54

Smoking Not Allowed in Vehicle when Children are Present

■ VTr Households - with children
 ▲ VTr Households - without children

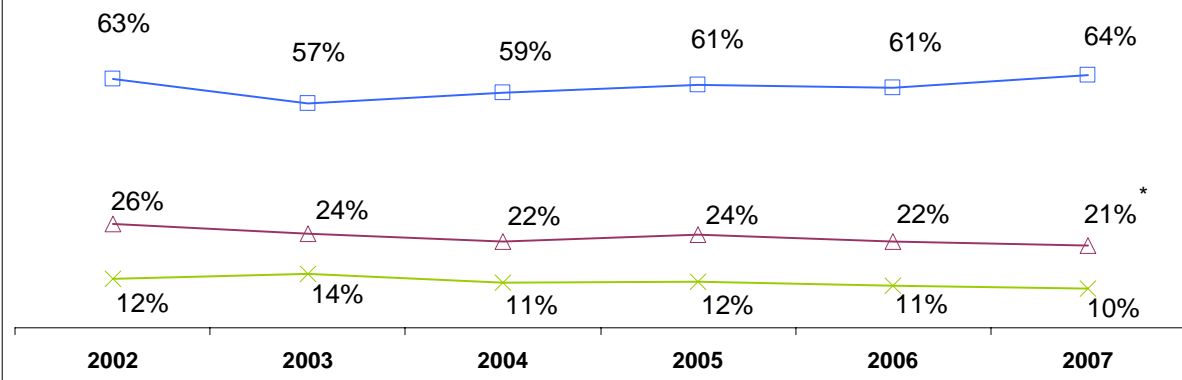


Survey question Q5_46

*Significantly higher in 2007 than in 2001 (with children) and in 2002 (without children).

Exposed to Second Hand Smoke in Car in Past 7 Days

▲ Vermonters
 ■ Smokers
 ✕ Non-Smokers

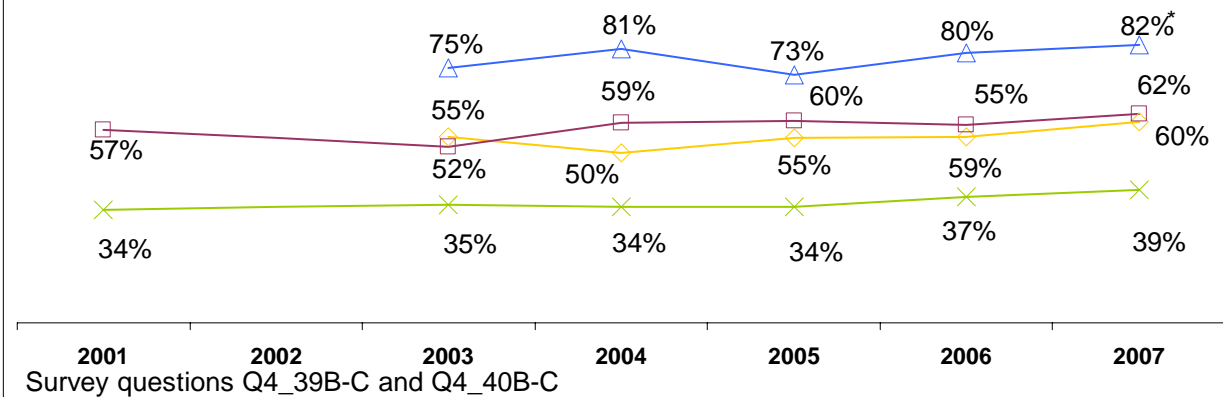


Survey question Q5_47

*Significantly lower in 2007 than in 2002.

Health Care Professional (HCP)/Dentist Asked or Talked About Smoking Current Smokers Who Visited Health Care Professional in Last Year

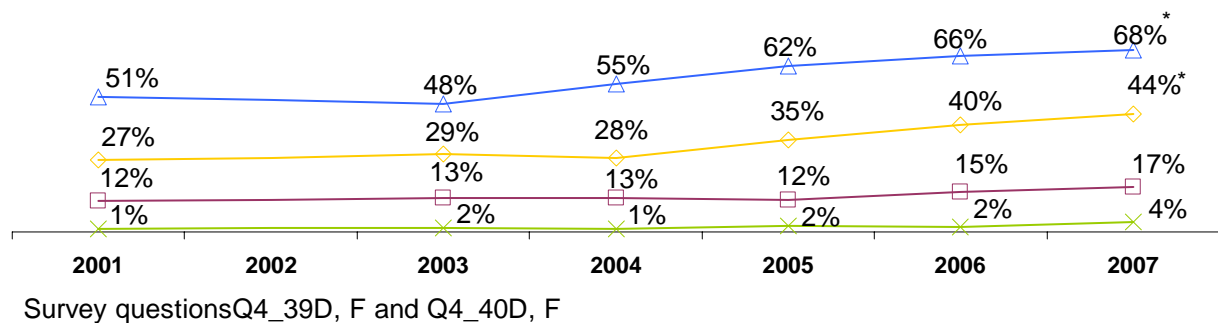
Asked - HCP Asked - Dentist Talked - HCP Talked - Dentist



*Significantly higher in 2007 than in 2001.

Health Care Professional (HCP)/Dentist Advised You to Stop Smoking or Asked to Set a Quit Date Current Smokers Who Visited Health Care Professional in Last Year

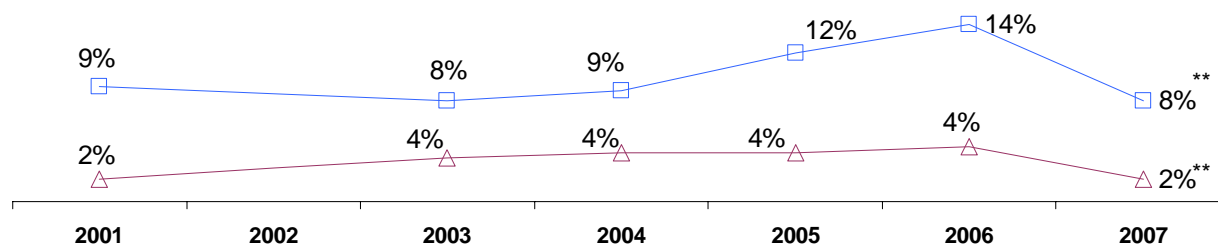
Advised - HCP Advised - Dentist Quit Date - HCP Quit Date - Dentist



*Significantly higher in 2007 than in 2001.

Health Care Providers Recommending Counseling or Nicotine Replacement Therapy to Patients Who Smoke Current Smokers Who Saw a Health Care Professional in Last Year

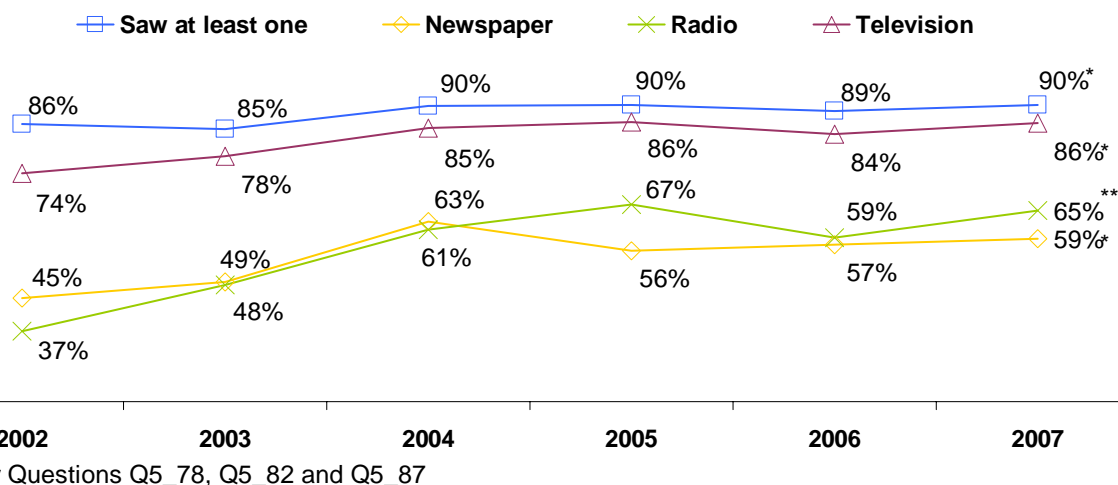
Counseling* NRT*



*Counseling includes those recommended individual and group counseling. NRT includes recommendations for the nicotine patch, gum or lozenges. Survey question Q4_39E1

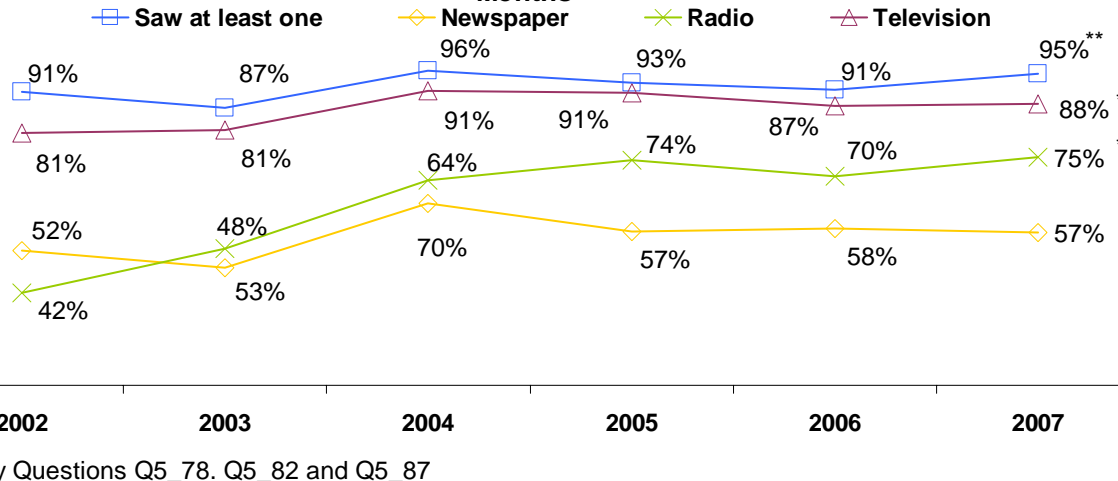
**Significantly lower in 2007 than in 2006.

Vermonter Awareness of At Least One Smoking Cessation Ad in Last 6 Months



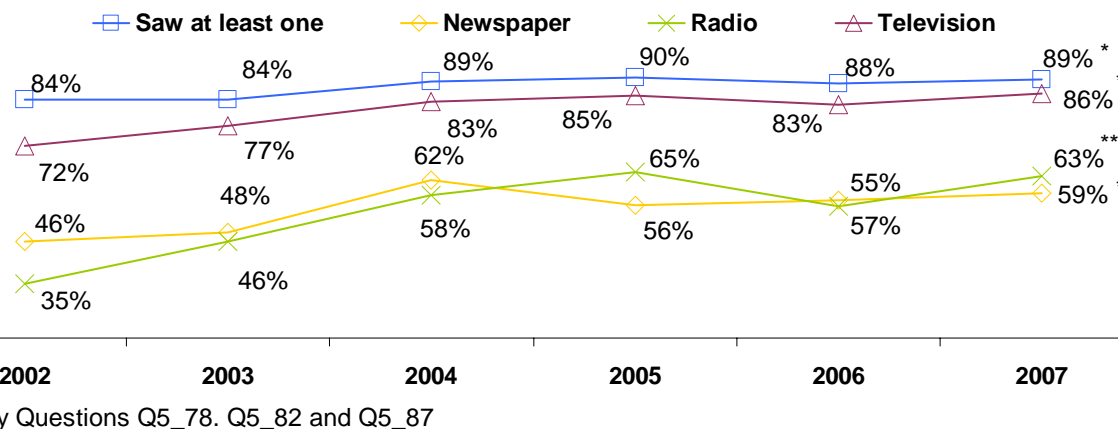
*Significantly higher in 2007 than in 2002.; **Significantly higher in 2007 than in both 2002 and 2006.

Smoker Awareness of At Least One Smoking Cessation Ad in Last 6 Months



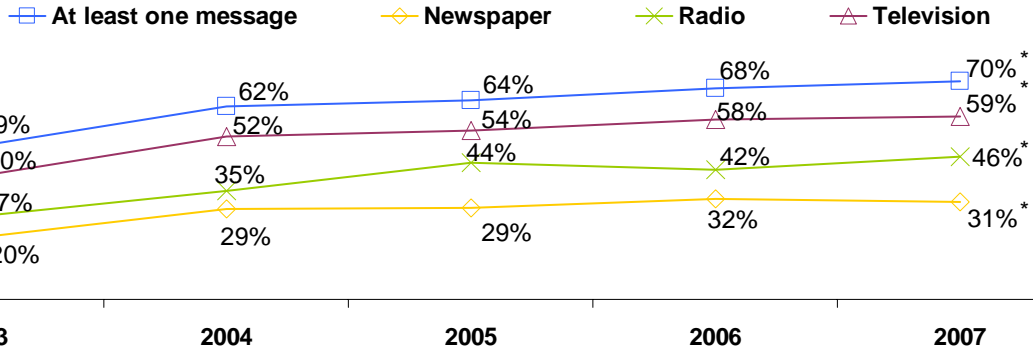
*Significantly higher in 2007 than in 2002.; **Significantly higher in 2007 than in both 2002 and 2006.

Non-Smoker Awareness of At Least One Smoking Cessation Ad in Last 6 Months



*Significantly higher in 2007 than in 2002.; **Significantly higher in 2007 than in both 2002 and 2006.

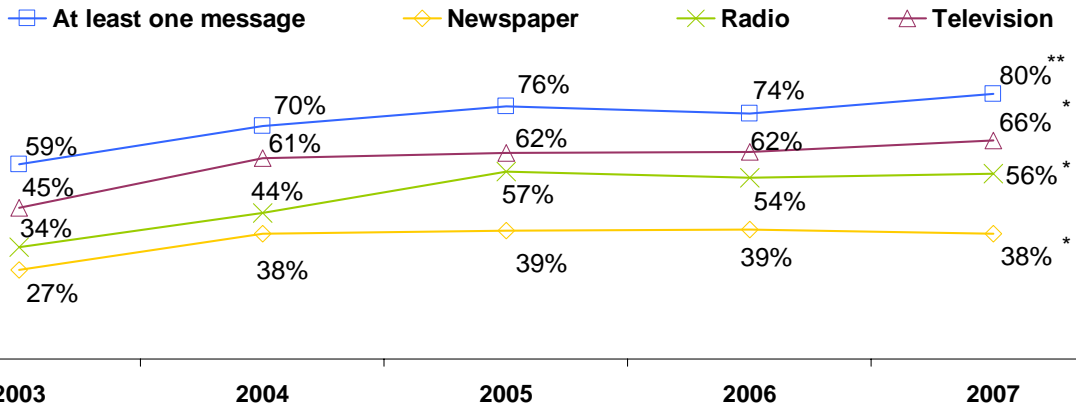
Aided Awareness of Any Ads for the Vermont Quit Line Vermonters



Survey Questions Q5_80, Q5_84 and Q5_89

*Significantly higher in 2007 than in 2003.

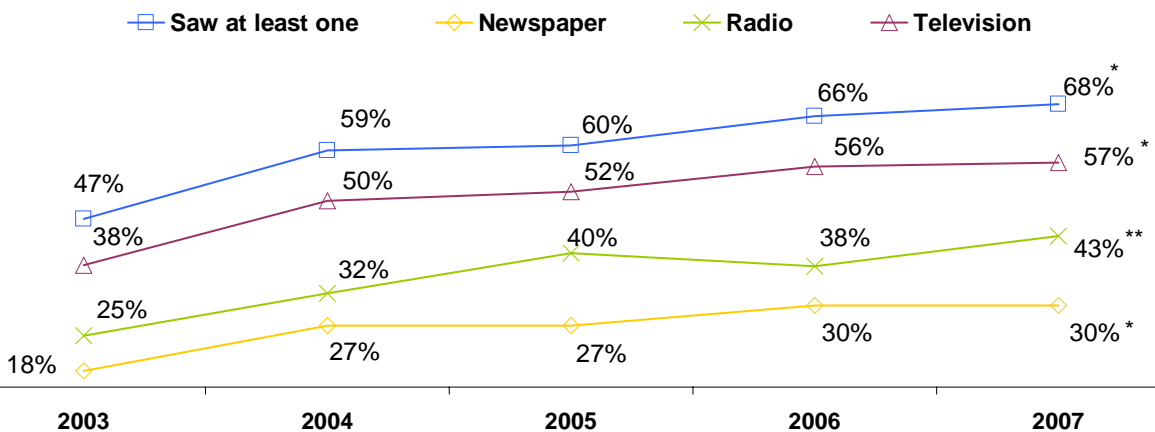
Aided Awareness of Any Ads for the Vermont Quit Line Smokers



Survey Questions Q5_80, Q5_84, and Q5_89

*Significantly higher in 2007 than in 2003; **Significantly higher in 2007 than in both 2003 and 2006.

Aided Awareness of Any Ads for the Vermont Quit Line Non-Smokers



Survey Questions Q5_78, Q5_82 and Q5_87

*Significantly higher in 2007 than in 2003; **Significantly higher in 2007 than in both 2003 and 2006.

Appendix B – 2007 Vermont Adult Tobacco Survey Document

**VERMONT DEPARTMENT OF HEALTH
ADULT TOBACCO SURVEY
2007 Survey**

Introduction.....

Screener 1

Screener 2

Screener 3

New in 2007 – Introductory Section.....

Section 1: SMOKING STATUS.....

Section 2: CIGARETTE SMOKING PRACTICES: CURRENT SMOKERS

Section 3: CIGARETTE SMOKING PRACTICES-FORMER SMOKERS

Section 4: HEALTH CARE VISITS IN THE PAST 12 MONTHS.....

Section 5: RISK PERCEPTION AND SOCIAL INFLUENCES

Section 6: DEMOGRAPHICS.....

CLOSING

Introduction

INTRO: HELLO, I'm calling for the Vermont Department of Health. My name is _____. We're gathering information on the health of Vermont residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

Is this /insert telephone number/?

01	{GO TO INTROA}	YES
02		NO

TERM1: Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. /TERMINATE/

INTROA: Is this a private residence?

01	{GO TO NOTE BEFORE PRES1_1}	YES
02		NO

TERM2: Thank you very much, but we are only interviewing private residences. Thank you for your time. /TERMINATE/

Screener 1

/Use until non/ex smoker quota met/

PRES1: Our study requires that we randomly select one adult who lives in your household to be interviewed.

S1_1. In order to make this random selection, can you please tell me how many members of your household, including yourself, are 18 years of age or older?

-- NUMBER OF ADULTS

/IF S1_1=1, ask S1_2, otherwise go to S1_3/

S1_2. Are you the adult?

01		YES, MALE
02		YES, FEMALE
03	{GO TO S1_2b}	NO

S1_2a. Then you are the person I need to speak with.

/If S1_2 = 03, ask S1_2b, otherwise go to "you're the one"/

S1_2b. Is the adult a man or a woman?

01	{AUTOCODE S1_3}	MAN
02	(AUTOCODE S1_3)	WOMAN
77		DON'T KNOW
99		REFUSED

S1_2c. May I speak with /fill in (him/her) from previous question/?

01	{GO TO "CORRECT RESPONDENT" }	YES
02	{GO TO CALLBACK }	NO
77	{GO TO CALLBACK }	DON'T KNOW
99	{TERMINATE }	REFUSED

/IF S1_1>1/

S1_3A. How many of these adults are men?

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

S1_3B. How many of these adults are women?

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

//need selected variable from screener saved//

S1_4. The person in your household that I need to speak with is /insert selected respondent/. Would that be you?

01	{GO TO "You're the one" }	YES
02		NO
77	{GO TO CALLBACK }	DON'T KNOW
99	{TERMINATE }	REFUSED

S1_4a. May I speak with /insert selected respondent/?

01	{GO TO "CORRECT RESPONDENT" }	YES
02	{GO TO CALLBACK }	NO
77	{GO TO CALLBACK }	DON'T KNOW
99	{GO TO TERMINATE }	REFUSED

Screener 2

/Use until current smoker quota met/

PRES2. Our study requires that we randomly select one adult who lives in your household to be interviewed.

S2_1. In order to make this random selection, can you please tell me how many members of your household, including yourself, are 18 years of age or older?

-- {RANGE = 0-18}NUMBER OF ADULTS

/if S2_1>1, go to S2_4/

S2_2. Are you the adult?

01 {GO TO S2_3} YES
02 NO

S2_2a. May I speak with the adult?

01 YES
02 {GO TO CALLBACK} NO
77 {GO TO CALLBACK} DON'T KNOW
99 {TERMINATE} REFUSED

S2_2b. HELLO, I'm calling for the Vermont Department of Health. We're gathering information on the health of Vermont residents. Your phone number has been chosen randomly to be interviewed and I'd like to ask some questions about health and health practices.

S2_3. Do you smoke cigarettes every day, some days, or not at all?

01 {GO TO YOU'RE THE ONE} EVERY DAY OR SOME DAYS, MALE
02 {GO TO YOU'RE THE ONE} EVERY DAY OR SOME DAYS, FEMALE
03 {GO TO instructions before TERM3} NOT AT ALL, MALE
04 {GO TO instructions before TERM3} NOT AT ALL, FEMALE

S2_4. Can you please tell me how many of these adults smoke cigarettes every day or some days, and how many do not smoke cigarettes at all?

-- NUMBER OF ADULTS WHO SMOKE EVERY DAY OR SOME DAYS
-- NUMBER OF ADULTS WHO DO NOT SMOKE AT ALL

/If S2_4 is not equal to S2_1, ask S2_4CHECK, otherwise go to instructions before S2_5/
S2_4CHECK. I'm sorry, I seem to have made a mistake. Earlier you said there were /fill in answer
from S2_1/ adults in the household, now I have that there are /fill in answer from S2_4/ adults in the
household. Is this correct?

01	{RESET S2_1}	NO, NUMBER OF ADULTS IN HOUSEHOLD IS WRONG
02	{RESET S2_4}	NO, NUMBER OF ADULTS IN PREVIOUS QUESTION IS WRONG
03		CORRECT, NO CHANGE
77		DON'T KNOW
99		REFUSED

/If S2_4 Number of adults who smoke every day or some days = 1, go to S2_5/

/If S2_4 Number of adults who smoke every day or some days >1, go to S2_6/

/If S2_4 Number of adults who smoke every day or some days = 0 or S2_3 = 03, or 04 and Quota for
18-24 year old is full, go to TERM3, otherwise continue/

/IF S2_3 = 03 or 04, go to S2_13/

/If S2_4 Number of adults who do not smoke at all > 0, go to S2_8/

TERM3. Thank you, those are all the questions I have for you. Thank you very much for your time.
/TERMINATE/

S2_5. The person I need to speak with is the adult who smokes every day or some days. Are you
the adult?

01	{GO TO YOU'RE THE ONE}	YES, FEMALE
02	{GO TO YOU'RE THE ONE}	YES, MALE
03		NO

/If S2_5 = 03/

S2_5a. Is the adult a man or a woman?

01	MAN
02	WOMAN
77	DON'T KNOW
99	REFUSED

S2_5b. May I speak with /fill in "him" or "her" from previous question/?

01	{GO TO "CORRECT RESPONDENT"}	YES
02	{GO TO CALLBACK}	NO
77	{GO TO CALLBACK}	DON'T KNOW
99	{TERMINATE}	REFUSED

S2_6. How many of the adults in your household who smoke every day or some days are men, and how many are women?

-- NUMBER OF MEN SMOKERS
-- NUMBER OF WOMEN SMOKERS

S2_7. The person in your household that I need to speak with is /insert selected respondent/. Would that be you?

01 {GO TO "You're the one"} YES
02 NO
77 {GO TO CALLBACK} DON'T KNOW
99 {TERMINATE} REFUSED

S2_7a. May I speak with the /insert selected respondent/?

01 {GO TO "CORRECT RESPONDENT"} YES
02 {GO TO CALLBACK} NO
77 {GO TO CALLBACK} DON'T KNOW
99 {GO TO TERMINATE} REFUSED

S2_8. Including yourself, can you please tell me how many of the non-smoking adults in your household are between the ages of 18 and 24 (*pause*),

-- NUMBER OF NON-SMOKING ADULTS 18-24 YEARS OF AGE

how many are between the ages of 25 and 49 (*pause*),

-- NUMBER OF NON-SMOKING ADULTS 25-49 YEARS OF AGE

and how many are 50 years of age or older?

-- NUMBER OF NON-SMOKING ADULTS 50 YEARS OF AGE OR OLDER

/If S2_1 = 1 and S2_8 does not equal 1, go to S2_8CHECKa. If S2_1 > 1 and total of S2_8 does not equal S2_4 number of adults who do not smoke at all, ask S2_8CHECKb, otherwise go to instructions before S-10/

S2_8CHECKa. I'm sorry, I seem to have made a mistake. Earlier you said there were /fill in answer from S2_1/ adults in the household, now I have that there are /fill in answer from S2_8/ adults in the household. Is this correct?

01 {RESET S2_1} NO, NUMBER OF ADULTS IN HOUSEHOLD IS WRONG
02 {RESET S2_8} NO, NUMBER OF NON-SMOKING ADULTS IN HOUSEHOLD IS WRONG
03 CORRECT, NO CHANGE
77 DON'T KNOW
99 REFUSED

S2_8CHECKb. I'm sorry, I seem to have made a mistake. Earlier you said there were /fill in answer from S2_4/ adults in the household who do not smoke at all, now I have that there are /fill in answer from S2_8/ adults in the household that do not smoke at all. Is this correct?

- 01 {RESET S2_4} NO, NUMBER OF ADULTS WHO DO NOT SMOKE IN THE HOUSEHOLD IS WRONG
- 02 {RESET S2_8} NO, NUMBER OF ADULTS WHO DO NOT SMOKE IN PREVIOUS QUESTION IS WRONG
- 03 CORRECT, NO CHANGE
- 77 DON'T KNOW
- 99 REFUSED

/If S2_8 number of 18-24 year olds= 0, go to TERM3/

/If S2_8 number of 18-24 year olds= 1, go to S2_10/

/If S2_8 number of 18-24 year olds> 1, go to S2_11/

S2_10. Are you the 18 to 24 year old adult?

- 01 {GO TO YOU'RE THE ONE} YES, MALE
- 02 {GO TO YOU'RE THE ONE} YES, FEMALE
- 03 NO

S2_10a. May I speak with him or her?

- 01 {GO TO "CORRECT RESPONDENT"} YES
- 02 {GO TO CALLBACK} NO
- 77 {GO TO CALLBACK} DON'T KNOW
- 99 {TERMINATE} REFUSED

S2_11. How many of the non-smoking adults who are 18-24 years old are men, and how many are women?

- NUMBER OF 18-24 YEAR OLD MEN
- NUMBER OF 18-24 YEAR OLD WOMEN

/If total in S2_11 is not equal to S2_8 number non-smoking adults who are 18-24 years of age, ask S2_11CHECK, otherwise go to S2_12/

S2_11CHECK. I'm sorry, I seem to have made a mistake. Earlier you said there were /fill in from S2_8/ non-smoking adults age 18-24 in the household, now I have that there are /fill in answer from S2_11/ non-smoking adults age 18-24 in the household. Is this correct?

- 01 {RESET S2_8} NO, NUMBER OF NON_SMOKING ADULTS AGE 18-24 IS WRONG
- 02 {RESET S2_11} NO, NUMBER OF MEN OR WOMEN IS WRONG
- 03 CORRECT, NO CHANGE
- 77 DON'T KNOW
- 99 REFUSED

S2_12. The person in your household that I need to speak with is /fill in selected respondent/. Would that be you?

01	{GO TO YOU'RE THE ONE}	YES, MALE
02	{GO TO YOU'RE THE ONE}	YES, FEMALE
03		NO

S2_12a. May I speak with /fill in "him" or "her" from previous question/?

01	{GO TO "CORRECT RESPONDENT"}	YES
02	{GO TO CALLBACK}	NO
77	{GO TO CALLBACK}	DON'T KNOW
99	{TERMINATE}	REFUSED

S2_13. Can you please tell me, are you between the ages of 18 and 24, 25 to 49, or are you 50 years of age or older?

01	{GO TO YOU'RE THE ONE}	18-24
02	{GO TO TERM 3}	25-49
03	{GO TO TERM 3}	50+
77	{GO TO TERM 3}	DON'T KNOW
99	{GO TO TERM 3}	REFUSED

Screener 3

Our study requires that we randomly select one adult who lives in your to be interviewed.

S3_1. In order to make this random selection, can you please tell me how many members of your household, including yourself are 25 years of age or older?

-- NUMBER OF ADULTS 25 YEARS OF AGE OR OLDER

S3_2. How many are 18 to 24 years of age?

-- NUMBER OF ADULTS AGE 18-24

/If S3_2 = 0 go to TERM5, if S3_2 = 1 go to S3_5, if S3_2 > 1 go to S3_6/

TERM5. Thank you very much, but we are only interviewing persons age 18-24 at this time. Thank you for your time. /TERMINATE/

S3_5. Are you the adult age 18-24?

01 {GO TO YOU'RE THE ONE} YES, MALE
02 {GO TO YOU'RE THE ONE} YES, FEMALE
03 NO

S3_5a. May I speak with him or her?

01 {GO TO "CORRECT RESPONDENT"} YES
02 {GO TO CALLBACK} NO
77 {GO TO CALLBACK} DON'T KNOW
99 {TERMINATE} REFUSED

S3_6. How many of these adults who are 18-24 years old are men and how many are women?

-- NUMBER OF MEN
-- NUMBER OF WOMEN

/If S3_6 = S3_2, go to S3_7, otherwise continue/

S3_6CHECK. I'm sorry, I seem to have made a mistake. Earlier you said there were /fill in answer from S3_2/ adults age 18-24 in the household, now I have that there are /fill in answer from S3_6/ adults in the household. Is this correct?

01 {RESET S3_2} NO, NUMBER OF ADULTS AGE 18-24 IS WRONG
02 {RESET S3_6} NO, NUMBER OF MEN OR WOMEN IS WRONG
03 CORRECT, NO CHANGE
77 DON'T KNOW
99 REFUSED

S3_7. The person in your household that I need to speak with is /fill in selected respondent/. Would that be you?

01	{GO TO YOU'RE THE ONE}	YES, MALE
02	{GO TO YOU'RE THE ONE}	YES, FEMALE
03		NO

S3_7a. May I speak with /fill in him or her from previous question/?

01	{GO TO "CORRECT RESPONDENT"}	YES
02	{GO TO CALLBACK}	NO
77	{GO TO CALLBACK}	DON'T KNOW
99	{TERMINATE}	REFUSED

Correct respondent: HELLO, I'm calling for the Vermont Department of Health. We're gathering information on the health of Vermont residents. Your phone number has been chosen randomly to be interviewed and I'd like to ask some questions about health and health practices.

You're the one:

[READ IF NECESSARY: Then you are the person I need to speak with.]

Your participation in the study is voluntary. You can decline to participate. If you choose to participate, you do not have to answer any question you don't want to, and you can end the interview at any time. The information you give me will be confidential. The interview takes about 20 minutes to complete. I will ask you questions about your health, tobacco use and other related topics. If you have any questions about this survey, I will provide a telephone number for you to call to get more information. The call may be monitored for quality assurance purposes.

General verification: 1-800-639-2030

VT DEPT OF HEALTH (ONLY IF REQUESTED): 1-800-869-2871 (Business hours only)

New in 2007 – Introductory Section

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

- 01 EXCELLENT
- 02 VERY GOOD
- 03 GOOD
- 04 FAIR
- 05 POOR
- 77 DON' T KNOW/NOT SURE
- 99 REFUSED

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

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

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

- 01 YES
- 02 {GO TO "SECTION 4"} {SET SMOKER=NO (22)} NO
- 77 {GO TO "SECTION 4"} {SET SMOKER= NO (22)} DON'T KNOW/NOT SURE
- 99 {GO TO "SECTION 4"} {SET SMOKER= NO (22)} REFUSED

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

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 "SECTION 3"} {SET SMOKER=EX (33)} NOT AT ALL
- 77 {GO TO "SECTION 3"} {SET SMOKER=EX (33)} DON'T KNOW
- 99 {GO TO "SECTION 3"} {SET SMOKER=EX (33)} REFUSED

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 "SECTION 2"} NONE
- 77 {GO TO "SECTION 2"} DON'T KNOW/NOT SURE
- 99 {GO TO "SECTION 2"} REFUSED

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

//GO TO SECTION 2//

Section 2: CIGARETTE SMOKING PRACTICES: CURRENT SMOKERS

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

/If Q2_6 is, <05 ask Q2_6CHECK, otherwise, go to Q2_7/

Q2_6CHECK 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

Q2_7. How soon after you awake in the morning do you usually smoke your first cigarette?

[EXAMPLE: 30 minutes is coded as 30]

[60 minutes is coded as 100]

[1 hour is coded as 100]

[2 hours and 30 minutes is coded as 230]

____ RECORD HOURS AND MINUTES

888 8 HOURS OR MORE

777 DON'T KNOW/NOT SURE

999 REFUSED

NQ2_1: Do you smoke more frequently during the first hours after awakening than during the rest of the day?

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

NQ2_2: Which cigarette would you hate most to give up?

[DO NOT READ RESPONSES – code any response other than 'the first of the day', don't know, or refused as '02']

01 THE FIRST IN THE MORNING
02 ANY OTHER
77 DON'T KNOW/NOT SURE
99 REFUSED

NQ2_3: Do you smoke even if you are so ill that you are in bed most of the day?

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

NQ2_4: Do you find it difficult to refrain from smoking in places where it is forbidden?

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

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

/If Q2_8 = 0, go to Q2_14A; if Q2_8 = 1 ask Q2_9A; if Q2_8 > 1 go to Q2_9B/

Q2_9a. When you made a serious attempt to quit smoking cigarettes in the past 12 months, how long did you stay off cigarettes completely?

- 1__ HOURS
- 2__ DAYS
- 3__ WEEKS
- 4__ MONTHS
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

Q2_9ACHK. Just to make sure I've entered the information correctly, when you made a serious quit attempt in the last 12 months you said you stayed off cigarettes completely for XX minutes/hours/days/weeks/months?

- 01 YES, CORRECT
- 02 {RESET Q2_9A} INCORRECT

/Ask if Q2_8 > 1; any response in Q2_9A go to NQ2_6/

Q2_9B. Of all the times you made a serious attempt to quit smoking cigarettes in the past 12 months, what was the longest period you stayed off cigarettes completely?

- 1__ HOURS
- 2__ DAYS
- 3__ WEEKS
- 4__ MONTHS
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

Q2_9BCHK. Just to make sure I've entered the information correctly, during your longest attempt to quit cigarettes in the last 12 months, you said you stayed off cigarettes completely for XX minutes/hours/days/weeks/months?

- 01 YES, CORRECT
- 02 {RESET Q2_9B} INCORRECT

NQ2_6: In your most recent attempt to quit smoking cigarettes, did you quit smoking abruptly or gradually?

- 01 Abruptly
- 02 Gradually
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

NQ2_7: In your most recent attempt to quit smoking cigarettes, how difficult was it to stay off cigarettes? Would you say it was not at all difficult, somewhat difficult, moderately difficult, very difficult or extremely difficult?

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

Q2_10. 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.

[PLEASE READ]

- A. Concern about health effects of smoking
- b. Concern about the cost of smoking
- c. Encouragement to quit from other people
- d. Restrictions on smoking at home or at work
- e. Advice from doctor or other health professional
- f. Pregnancy or partner is pregnant
- g. Because of a specific health problem
- h. Because of smoke effects on your child/children
- i. Concern that my child will become a smoker
- j. Availability of free or reduced cost nicotine patches, gum or lozenges

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

k. Is there another reason I didn't read?

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

Q2_11. Please tell me if you used any of the following methods in your attempts to quit smoking cigarettes.

[PLEASE READ]

- A. Quit on your own, with no help
- B. Found information about a treatment for smoking
- C. Read books, brochures, or pamphlets to prepare for quitting
- D. Called a smokers' quit line for help
- E. Talked with a doctor or other health professional
- F. Attended group sessions or classes
- G. Received individual counseling
- H. Used nicotine patch
- I. Used nicotine gum
- J. Used a nicotine inhaler
- K. Used nicotine nasal spray
- L. Used nicotine lozenges or tablets
- M. Used zyban or wellbutrin
- N. Used Chantix or Varenicline [PRONOUNCED: (ver EN e kleen) and (SHAN tix)]
- O. Used the internet

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

P. Are there any other methods I didn't mention?

- 01 YES, SPECIFY: _____
- 03 NO
- 77 DON'T KNOW
- 99 REFUSED

/For each response category in Q2_11 the respondent answered 'yes', insert for NQ20063 // NQ20063:

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

- A. Quit on your own with no help.
- B. Find information about a treatment for smoking
- C. Read books, brochures, or pamphlets to prepare for quitting
- D. Call a smokers' quit line for help
- E. Talk with a doctor or other health professional
- F. Attend group sessions or classes
- G. Receive individual counseling
- H. Use the nicotine patch
- I. Use nicotine gum
- J. Use a nicotine inhaler
- K. Use nicotine nasal spray
- L. Use nicotine lozenges or tablets
- M. Use zyban or wellbutrin
- N. Use Chantrix or Varenicline
- O. Use the internet

01 YES
02 NO
77 DON'T KNOW
99 REFUSED

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

01 YES, SPECIFY: _____
02 NO
77 DON'T KNOW
99 REFUSED

Q2_13. I am going to read you a list of people or places where you may have acquired quit-smoking cigarette information. Did you get information from a...

[PLEASE READ]

- A. Doctor
- B. Dentist
- C. Other health professional
- D. Hospital or clinic
- E. Health department
- F. Telephone quit line
- G. Your workplace
- H. Newspaper
- I. Television
- J. Radio
- K. Brochures or pamphlets
- L. Magazines
- M. Family or friends
- N. The internet

01 YES
02 NO
77 DON'T KNOW
99 REFUSED

O. Are there other sources i didn't mention?

01 YES SPECIFY: _____
02 NO
77 DON'T KNOW
99 REFUSED

Q2_14A. Are you seriously thinking of quitting smoking cigarettes in the next six months?

01 YES
02 {GO TO NQ20062}NO
77 DON'T KNOW
99 REFUSED

/if Q14A = 01, 77, or 99 continue, otherwise go to NQ20062/

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

01 {GO TO NQ20062} YES
02 {GO TO NQ20062} NO
77 {GO TO NQ20062} DON'T KNOW
99 {GO TO NQ20062} REFUSED

//ask of all current smokers//

NQ20062. In thinking about quitting smoking, how important is an offer of nicotine patches, gum or lozenges in motivating you to quit smoking?

[INTERVIEWER NOTE: "offer" means that you can get nicotine patches, gum or lozenges to help you quit smoking. These products are given to you at no cost or at a minimal cost.]

- | | |
|----|----------------------|
| 01 | Very important |
| 02 | Somewhat important |
| 03 | Not very important |
| 04 | Not at all important |

DO NOT READ

- | | |
|----|---------------------------------------|
| 05 | I do not think about quitting smoking |
| 77 | Don't know/Not sure |
| 99 | Refused |

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 |

Q2_16. I will read you a list of methods people use to quit smoking cigarettes. If you decided to quit smoking cigarettes completely in the next month, what methods would you use?

[PLEASE READ]

- A. Quit on your own, with no help
- B. Find information about a treatment for smoking
- C. Read books, brochures, or pamphlets to prepare for quitting
- D. Call a smokers' quit line for help
- E. Talk with a doctor or other health professional
- F. Attend group sessions or classes
- G. Receive individual counseling
- H. Use nicotine patch
- I. Use nicotine gum
- J. Use a nicotine inhaler
- K. Use nicotine nasal spray
- L. Use nicotine lozenges or tablets
- M. Use zyban or wellbutrin
- N. Use Chantix or Varenicline [PRONOUNCED: (ver EN e kleen) and (SHAN tix)]
- O. Use the internet
 - 01 YES
 - 02 NO
 - 77 DON'T KNOW
 - 99 REFUSED
- P. Are there any other methods i didn't mention?
 - 01 YES, SPECIFY: _____
 - 02 NO
 - 77 DON'T KNOW
 - 99 REFUSED

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

NQ20061. To your knowledge, are free or reduced cost nicotine patches, gum or lozenges available in your area?

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

NQ2_9. Are you eligible to get free or reduced cost nicotine patches, gum or lozenges? Would you say yes, no or are you not sure?

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

NQ2_10A: Have you heard of the Vermont Smoker's Quit Line?
01 YES --- GO TO NQ2_10B
02 NO --- GO TO NQ2_11A
77 DON'T KNOW/NOT SURE --- GO TO NQ2_11A
99 REFUSED --- GO TO NQ2_11A

/Ask IF NQ2_10A = 1, AND Q2_8 = 1-95, otherwise, skip to NQ2_11A

NQ2_10B: In your most recent quit attempt, did you call the Vermont Smoker's Quit Line?
01 YES --- GO TO NQ2_11A
02 NO --- GO TO NQ2_10C
77 DON'T KNOW/NOT SURE --- GO TO NQ2_11A
99 REFUSED --- GO TO NQ2_11A

/Ask if NQ2_10B = 2/

NQ2_10C: What were the reasons you did not call the Vermont Smoker's Quit Line in your most recent quit attempt? Is it because...

[PLEASE READ RESPONSES-- MULTIPLE RESPONSES]

[ROTATE A-I]

- A. You wanted to quit on your own, without help
- B. You didn't think telephone counseling would help
- C. You didn't think a counselor could understand your problems with quitting
- D. You didn't want to give personal information over the telephone
- E. You only wanted to talk to someone once or only wanted one session
- F. You had used quitlines before and didn't want to do it again
- G. You thought it cost too much
- H. You didn't like to or couldn't talk on the telephone for long amounts of time
- I. You thought you could quit without telephone counseling
 - 01 YES
 - 02 NO
 - 77 DON'T KNOW
 - 99 REFUSED
- J. Was there any other reason I didn't read?
 - 01 YES, Specify _____
 - 02 NO
 - 77 DON'T KNOW/NOT SURE
 - 99 REFUSED

NQ2_11A: Does your local hospital offer services to help smokers quit?
01 YES --- GO TO NQ2_11B
02 NO --- GO TO NQ2_12
77 DON'T KNOW/NOT SURE --- GO TO NQ2_11B
99 REFUSED --- GO TO NQ2_11B

NQ2_11B: Does the quit smoking program at your local hospital offer

- 01 Group classes or counseling
- 02 In person, one-to-one counseling
- 03 One-to-one counseling over the telephone
- 04 Email counseling
 - 01 YES
 - 02 NO
 - 77 DON'T KNOW/NOT SURE
- 05 Are there other quit smoking services offered by your local hospital that I didn't mention?
 - 01 YES, Specify _____
 - 02 NO
 - 77 DON'T KNOW/NOT SURE
 - 99 REFUSED

/Ask if NQ2_11A = 1/ AND Q2_8 =1-95

NQ2_11C: In your most recent quit attempt, did you use the quit smoking program at your local hospital?

- 01 YES --- GO TO NQ2_12
- 02 NO --- GO TO NQ2_11D
- 77 DON'T KNOW/NOT SURE --- GO TO NQ2_12
- 99 REFUSED --- GO TO NQ2_12

/Ask if NQ2_11C = 2/ AND Q2_8 >=1

NQ2_11D: During your most recent quit smoking attempt, what were the reasons you did not use the quit smoking program at your local hospital? Was it because....

[PLEASE READ RESPONSES – MULTIPLE RESPONSES]

[ROTATE CATEGORIES A-M]

- A. You wanted to quit on your own, without help
- B. You didn't think this kind of program is what you needed to quit
- C. You didn't think a counselor could understand your problems with quitting
- D. You didn't think group or one-to-one counseling would help
- E. You didn't want to give personal information to a group or counselor
- F. You didn't think the amount of counseling would be enough to help
- G. You only wanted to talk to someone once or only wanted one session
- H. You had used groups or counseling before and didn't want to do it again
- I. You thought it cost too much
- J. You needed child care
- K. You needed transportation
- L. You couldn't go during the time of day the program was offered
- M. Your local hospital was too far away

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

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

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

The next series of questions asks about the cost of buying cigarettes and different places where cigarettes can be bought.

/Ask NQ2_12 – Q2_26A of all current smokers/

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

Q2_26A. In the last 12 months have you ever bought cigarettes in neighboring states, not including Indian Reservations?

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

/Ask if Q2_26A = 1, otherwise go to Q2_28A/

Q2_26B. About what percent of the cigarettes you bought in the last year did you buy in neighboring states?

- ___ {RANGE 001 –100} [ENTER RESPONSE]
- 888 NONE
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

/Ask if Q2_26A = 1, otherwise go to Q2_28A/

Q2_26C. In which neighboring state did you most frequently buy cigarettes when you bought cigarettes in the last year?

- 01 MASSACHUSETTS
- 02 NEW HAMPSHIRE
- 03 NEW YORK
- 66 OTHER, SPECIFY _____
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Q2_28A. In the last 12 months have you ever bought cigarettes on the Internet?

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

/Ask if Q2_28A = 1, otherwise go to Section 4/

Q2_28B. About what percent of the cigarettes you bought in the last year did you buy on the Internet?

___	{range 001 –100}	[ENTER RESPONSE]
888		NONE
777		DON'T KNOW/NOT SURE
999		REFUSED

/GO TO Section 4/

Section 3. CIGARETTE SMOKING PRACTICES -FORMER SMOKERS

/If former smoker, continue, otherwise go to Section 4/

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=NO} NEVER SMOKED REGULARLY
- 97 DON'T KNOW/NOT SURE
- 99 REFUSED

/If Q3_29 is, <05 ask Q3_29CHECK, otherwise, go to Q3_30A/

Q3_29CHECK: 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

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

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

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
- 999 REFUSED

Q3_30BCHK. 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, 60 months, 260 weeks, 1825 days or 43,800 hours) GO TO Section 4 and SET SMOKER= NO/

/IF Q3_30B < OR = (5 Years, 60 months, 260 weeks, 1825 days or 43,800 hours) SET SMOKER=EX /

Q3_31. In the last 12 months that you smoked cigarettes, on the average, about how many cigarettes did you smoke per day? [Less than 1 = 1] [More than 100 = 100]

- {RANGE 001-100} [ENTER RESPONSE] DON'T KNOW
- 999 REFUSED

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.

[PLEASE READ]

- A. Concern about health effects of smoking
- B. Concern about the cost of smoking
- C. Encouragement to quit from other people
- D. Restriction on smoking at home or at work
- E. Advice from doctor or other health professional
- F. Pregnancy or partner is pregnant
- G. Because of a specific health problem
- H. Because of smoke effects on my child/children
- I. Concern that my child will become a smoker
- J. Availability of free or reduced cost nicotine patches, gum or lozenges?

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

J. Is there another reason i didn't read?

- 01 YES, SPECIFY _____
- 02 NO
- 77 DON'T KNOW

99 REFUSED

Q3_33. Please tell me if you used any of the following methods in your attempts to quit smoking cigarettes. Just say “yes” if you used any of these methods.

[PLEASE READ]

- A. Quit on your own, with no help
- B. Found information about a treatment for smoking
- C. Read books, brochures or pamphlets to prepare for quitting
- D. Called a smokers’ quit line for help
- E. Talked with a doctor or other health professional
- F. Attended group sessions or classes
- G. Received individual counseling
- H. Used nicotine patch
- I. Used nicotine gum
- J. Used a nicotine inhaler
- K. Used nicotine nasal spray
- L. Used nicotine lozenges or tablets
- M. Used Zyban or Wellbutrin
- N. Used Chantix or Varenicline [PRONOUNCED: (ver EN e kleen) and (SHAN tix)]
- O. Used the internet
 - 01 YES
 - 02 NO
 - 77 DON’T KNOW
 - 99 REFUSED
- P. Are there any other methods I didn’t mention?
 - 01 YES, SPECIFY: _____
 - 02 NO
 - 77 DON’T KNOW
 - 99 REFUSED

/For each response category in Q3_33 the respondent answered 'yes', insert for NQ20064 // NQ20064:

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

- A. Quit on your own with no help.
- B. Find information about a treatment for smoking
- C. Read books, brochures, or pamphlets to prepare for quitting
- D. Call a smokers' quit line for help
- E. Talk with a doctor or other health professional
- F. Attend group sessions or classes
- G. Receive individual counseling
- H. Use the nicotine patch
- I. Use nicotine gum
- J. Use a nicotine inhaler
- K. Use nicotine nasal spray
- L. Use nicotine lozenges or tablets
- M. Use zyban or wellbutrin
- N. Use Chantrix or Varenicline
- O. Use the internet

01 YES
02 NO
77 DON'T KNOW
99 REFUSED

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

01 YES, SPECIFY: _____
02 NO
77 DON'T KNOW
99 REFUSED

Q3_35. I am going to read you a list of people or places where you may have acquired quit-smoking cigarette information. Did you get information from a...

[PLEASE READ]

- A. Doctor
- B. Dentist
- C. Other Health Professional
- D. Hospital Or Clinic
- E. Health Department
- F. Telephone Quit Line
- G. Your Work Place
- H. Newspaper
- I. Television
- J. Radio
- K. Brochures Or Pamphlets
- L. Magazines
- M. Family Or Friends
- N. The internet

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

O. Are There Other Sources I Didn't Mention?

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

/Go to Section 4/

Section 4: HEALTH CARE VISITS IN THE PAST 12 MONTHS

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 Q4_39A of all respondents:/

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 if Q4_39A = 1, otherwise go to Q4_40A/

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; if SMOKER = YES or SMOKERS = EX continue otherwise go to Q4_40 A/

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_39G} YES
- 02 {IF SMOKER=EX, GO TO Q4_39G} NO
- 77 {IF SMOKER=EX, GO TO Q4_39G} DON'T KNOW/NOT SURE
- 99 {IF SMOKER=EX, GO TO Q4_39G} REFUSED

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

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

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 if Q4_39E = 1/

Q4_39E1. What program did your health care professional recommend to help you quit cigarettes?

[PLEASE DO NOT READ]

{MUL=10}

- 01 NICOTINE PATCH
- 02 NICOTINE GUM
- 03 NICOTINE INHALER
- 04 NICOTINE NASAL SPRAY
- 05 NICOTINE LOZENGES OR TABLETS
- 06 ZYBAN OR WELLBUTRIN
- 07 TOLL FREE TELEPHONE SMOKER'S QUIT LINE
- 08 INDIVIDUAL COUNSELING
- 09 GROUP SESSIONS OR CLASSES
- 10 CHANTIX or VARENICLINE
- 88 NONE OF THE ABOVE
- 77 DON'T KNOW
- 99 REFUSED

Q4_39F. Did your health care professional ask you to set a date to quit smoking cigarettes?

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

Q4_39G. How concerned was your health care professional about your cigarette smoking? Would you say they were...

- 01 Not At All Concerned
- 02 Slightly Concerned
- 03 Moderately Concerned
- 04 Very Concerned
- 05 Extremely Concerned
- 77 DON'T KNOW
- 99 REFUSED

/Ask Q4_40A of all respondents/

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 if 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 Section 5/

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

- 01 {IF SMOKER=EX GO TO Q4_40G} YES
- 02 {IF SMOKER=EX GO TO Q4_40G} NO
- 77 {IF SMOKER=EX GO TO Q4_40G} DON'T KNOW
- 99 {IF SMOKER=EX GO TO Q4_40G} REFUSED

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

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

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

- 01 YES
- 02 {GO TO Q4_40F} NO
- 77 {GO TO Q4_40F} DON'T KNOW
- 99 {GO TO Q4_40F} REFUSED

/Ask if Q4_40E = 1/

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

- {MUL=10}
- [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 TOLL FREE TELEPHONE SMOKER'S QUIT LINE
- 08 INDIVIDUAL COUNSELING
- 09 GROUP SESSIONS OR CLASSES
- 10 CHANTIX or VARENICLINE
- 88 NONE OF THE ABOVE
- 77 DON'T KNOW
- 99 REFUSED

Q4_40F. Did your dentist or dental hygienist ask you to set a date to quit smoking cigarettes?

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

Q4_40G. How concerned was your dentist or dental hygienist about your cigarette smoking? Would you say...

- 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
- 99 REFUSED

Section 5: RISK PERCEPTION AND SOCIAL INFLUENCES

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?

- 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

NQ5_42A. In your opinion, how do most people in your community feel about adults smoking when young children are nearby?

- 01 Definitely Should Not Smoke Around Children
- 02 Probably Should Not Smoke Around Children
- 03 Ok To Smoke Sometimes Around Children
- 04 Ok To Smoke As Much As You Want Around Children

[PLEASE DO NOT READ]

- 77 DON'T KNOW
- 99 REFUSED

Q5_42C. How do you feel about adults smoking cigarettes?

- 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

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

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

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

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 of households with more than one adult {S1_1, S2_1, S3_1, and S3_2 in screeners}/

Q5_48. Not including yourself, how many of the adults who live in your household smoke cigarettes, cigars, or pipes?

-- {RANGE 01-18} [ENTER RESPONSE]

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

/Ask of all respondents/

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 Q5_50 if Q1_3 = 01 or 02 and Q5_49 = 1-12/

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 of all respondents/

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

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

Q5_55 Would you say that breathing smoke from other people's cigarettes causes:

/BEGIN ROTATE/

- Q5_56a. Lung Cancer In Adults?
- Q5_56b. Heart Disease In Adults?
- Q5_56c. Colon Cancer In Adults?
- Q5_56d. Respiratory Problems In Children?
- Q5_56e. Sudden Infant Death Syndrome?
- Q5_56f. Ear Infections In Children?
- Q5_56g. Children To Miss More School Days?

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

/END ROTATE/

Q5_57A. The following questions are about the kinds of help for quitting smoking cigarettes that could be available in your area to someone interested in quitting cigarette smoking.

In your area, how hard or easy is it for a person interested in quitting cigarettes to get information about ways to quit smoking cigarettes?

- 01 Very Hard To Get
- 02 Somewhat Hard To Get
- 03 Somewhat Easy To Get
- 04 Very Easy To Get

[PLEASE DO NOT READ]

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

Q5_57B. In your area, how hard or easy is it for a person interested in quitting to get booklets or pamphlets on quitting smoking cigarettes?

- 01 Very Hard To Get
- 02 Somewhat Hard To Get
- 03 Somewhat Easy To Get
- 04 Very Easy To Get

[PLEASE DO NOT READ]

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

Q5_57C. In your area, how hard or easy is it for a person interested in quitting to get in touch with group programs for people who want to quit cigarettes?

- 01 Very Hard To Get
- 02 Somewhat Hard To Get
- 03 Somewhat Easy To Get
- 04 Very Easy To Get
- [PLEASE DO NOT READ]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Q5_57D. In your area, how hard or easy is it for a person interested in quitting cigarettes to get in touch with a toll-free telephone help line for people who want to quit?

- 01 Very Hard To Get
- 02 Somewhat Hard To Get
- 03 Somewhat Easy To Get
- 04 Very Easy To Get
- [PLEASE DO NOT READ]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Q5_57E. In your area, how easy is it for a person interested in quitting to get advice from doctors about quitting smoking cigarettes?

- 01 Very Hard To Get
- 02 Somewhat Hard To Get
- 03 Somewhat Easy To Get
- 04 Very Easy To Get
- [PLEASE DO NOT READ]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Q5_57F. In your area, how hard or easy is it for a person interested in quitting cigarettes to get advice from other health care professionals about quitting smoking cigarettes?

- 01 Very Hard To Get
- 02 Somewhat Hard To Get
- 03 Somewhat Easy To Get
- 04 Very Easy To Get
- [PLEASE DO NOT READ]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Q5_57G. In your area, how hard or easy is it for a person interested in quitting cigarettes to get a prescription for a medication to help you quit smoking cigarettes?

- 01 Very Hard To Get
- 02 Somewhat Hard To Get
- 03 Somewhat Easy To Get
- 04 Very Easy To Get
- [PLEASE DO NOT READ]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Q5_57H. In your area, how hard or easy is it for a person interested in quitting cigarettes to get reimbursement to help pay for quit smoking cigarette medications?

- 01 Very Hard To Get
- 02 Somewhat Hard To Get
- 03 Somewhat Easy To Get
- 04 Very Easy To Get
- [PLEASE DO NOT READ]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

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

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

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

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

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

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

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 if NQ5_58B1 = 'YES'/

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

[PLEASE DO NOT READ RESPONSES – MULTIPLE RESPONSE]

- 01 RADIO
- 02 NEWSPAPER
- 03 NEWSLETTER
- 04 PAMPHLET/BOOKLET
- 05 STICKERS
- 06 MAGNETIC FRAME FOR CHILD'S PICTURE
- 07 BABY BIB
- 08 SMOKE-FREE PLEDGE
- 09 CHILD CARE CENTER
- 10 SCHOOL
- 11 DOCTOR'S OFFICE
- 12 WORKPLACE
- 13 STORE, MALL, SHOPPING AREA
- 14 OTHER: _____
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

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_60 and Q5_66 if 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 |

Q5_66. During the past twelve months, that is since /insert (today's date), 2006/ has your workplace offered any lectures, classes, materials, or other programs to help or encourage employees to quit smoking cigarettes?

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

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

/Ask Q5_78 of all respondents/

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

- | | | |
|----|------------------|----------------|
| 01 | {GO TO Q5_80} | YES |
| 02 | {GO TO Q5_78CHK} | NO |
| 03 | {GO TO Q5_80} | DON'T WATCH TV |
| 77 | {GO TO Q5_80} | DON'T KNOW |
| 99 | {GO TO Q5_80} | REFUSED |

/Ask Q5_78CHK if 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 Q5_80 of all respondents/

Q5_80. Have you ever seen any television ads for the Vermont Quit Line?

- 01 {GO TO Q5_82} YES
- 02 {GO TO Q5_82} NO
- 03 {GO TO Q5_82} DON'T WATCH TV
- 77 {GO TO Q5_82} DON'T KNOW/NOT SURE
- 99 {GO TO Q5_82} REFUSED

/ASK Q5_82 of all respondents/

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

/Ask Q5_82CHK if 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

/If Q5_82CHK=02 recode: Q5_82=03/

/Ask Q5_84 of all respondents/

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

- 01 {GO TO Q5_87} YES
- 02 {GO TO Q5_87} NO
- 03 {GO TO Q5_87} DON'T LISTEN TO THE RADIO
- 77 {GO TO Q5_87} DON'T KNOW
- 99 {GO TO Q5_87} REFUSED

/Ask Q5_87 of all respondents/

Q5_87. In the past six months, that is since [today – 6 months] have you seen anything in the newspaper about quitting cigarette smoking?

- 01 {GO TO Q5_89} YES
- 02 {GO TO Q5_87CHK} NO
- 03 {GO TO Q5_89} DIDN'T READ THE NEWSPAPER IN PAST 6 MONTHS
- 77 {GO TO Q5_89} DON'T KNOW
- 99 {GO TO Q5_89} REFUSED

/Ask Q5_87CHK if Q5_87=02/

Q5_87CHK. Just to clarify, do you mean you did not see anything in the newspaper about quitting cigarette smoking or that you did not read the newspaper in the past 6 months?

- 01 Did not see anything in the newspaper about quitting cigarette smoking
- 02 Did not read the newspaper in past 6 months

/If Q5_87CHK=02 recode: Q5_87=03/

/Ask Q5_89 of all respondents/

Q5_89. Have you ever seen any newspaper ads for the Vermont Quit Line?

- 01 YES
- 02 NO
- 03 DON'T READ THE NEWSPAPER
- 77 DON'T KNOW
- 99 REFUSED

Confirmed Awareness of Specific Ads:

/Ask NQ20074 of all respondents/

NQ20074: In the past six months, that is since [insert date], have you heard any ads on the radio with children talking to their parents about keeping smoke away from them?

- 01 YES
- 02 {Skip to Q6_93}NO
- 77 {Skip to Q6_93}DON'T KNOW/ NOT SURE
- 99 {Skip to Q6_93}REFUSED

/*Ask NQ20075 only if respond 'yes' to NQ20074*/

NQ20075: Please describe the radio ad(s) you heard:

- 01 Child talks about keeping smoke far away from him/her (probe further)
- 02 Child talks about a smoke-free zone (probe further)
- 03 Talks about making the car and home smoke-free zones (probe further)
- 04 Child talks about his invisible friend (Peter)
- 05 Child talks about invisible force field
- 06 Talks about second hand smoke and preventing disease and early death
- 07 Child talks about his parents looking out for him/protecting him
- 08 Child talks about keeping smoke far enough away from him that he can't see or smell it
- 09 Talks about second hand smoke and protecting children from lung disease
- 10 Other(specify)_____

- 77 Don't Know/Not Sure
- 99 Refused

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

Q5_92A. This ad was convincing.

[READ LIST]

01 Strongly agree

02 Agree

03 Disagree

04 Strongly disagree

[PLEASE DO NOT READ]

77 DON'T KNOW/NOT SURE

99 REFUSED

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

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

01 Yes

02 No

[PLEASE DO NOT READ]

77 DON'T KNOW/NOT SURE

99 REFUSED

Section 6: DEMOGRAPHICS

/Ask Q6_93– Q6_104 of all respondents/

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

Q6_93. What is your age?

___ {RANGE 018-099}[ENTER RESPONSE] [099 = 100 AND OLDER]

777 DON'T KNOW

999 REFUSED

Q6_94. Are you Hispanic or Latino?

01 YES

02 NO

77 DON'T KNOW

99 REFUSED

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

{MUL=6}

[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: [Enter Response]

[PLEASE DO NOT READ]

77 DON'T KNOW

99 REFUSED

/IF ONLY ONE RESPONSE IN Q6_95, SKIP TO Q6_97/

Q6_96. Which one of these groups would you say best represents your race?

[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: [Enter Response]

[PLEASE DO NOT READ]

77 DON'T KNOW

99 REFUSED

Q6_97. INTERVIEWER: INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

11 MALE

22 FEMALE

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

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

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....

[PLEASE READ LIST – MULTIPLE RESPONSE]

- A. Medicaid Or PC Plus Medicaid
- B. Medicare
- C. VHAP (Vermont Health Access Plan) Or PC Plus VHAP
- D. Ladies First
- E. Veterans Administration
- F. Blue Cross Blue Shield
- G. MVP
- H. Cigna
- I. Other Private Insurance

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

J. Are There Any Other Types Of Health Insurance I Didn't Mention?

- 01 YES, SPECIFY _____
- 02 NO
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

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	{GO TO Q6_103}	NO
77	{GO TO Q6_103}	DON'T KNOW/NOT SURE
99	{GO TO Q6_103}	REFUSED

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

Q6_103. What town do you live in?

----	TOWN CODE	
88888	OTHER_____	[SPECIFY, LENGTH = 70]
77777		DON'T KNOW
99999		REFUSED

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

Q6_102. Is your annual household income from all sources.....

[Read as appropriate...]

- 01 less than \$25,000 [IF "NO" ASK 05; IF "YES" ASK 03
(\$20,000 to less than \$25,000)]
- 02 less than \$20,000 [IF "NO" ASK 04; IF "YES" ASK 02
(\$15,000 to less than \$20,000)]
- 03 less than \$15,000 [IF "NO" ASK 03; IF "YES" ASK 01
(\$10,000 to less than \$15,000)]
- 04 less than \$10,000 [IF "NO" CODE 02]
- 05 less than \$35,000 [IF "NO" ASK 06
(\$25,000 to less than \$35,000)]
- 06 less than \$50,000 [IF "NO" ASK 07
(\$35,000 to less than \$50,000)]
- 07 less than \$75,000 [IF "NO" CODE 08
(\$50,000 to less than \$75,000)]
- 08 \$75,000 OR MORE
- 77 DON'T KNOW
- 99 REFUSED

FUP1 FUP1 -- We may want to talk to you again in the future to ask more questions about tobacco use and health. To ask more questions about tobacco use and health. To find you then, we'll need to confirm and gather

some additional locating information. I want to assure you that this information will be kept completely confidential in secure and protected data files, and will be separate from the responses you've already provided in the interview.

((NOTE Only If asked: Interviewer, if asked about when re-contact might occur, you can state: "If we were to contact you again, it would be within the next 6 months to a year"))

- 1 CONTINUE
- 2 Refused – Skip to next section

FUP2. What is your full name? First Name: [ALLOW 60 CHARACTERS]
Last Name: [ALLOW 60 CHARACTERS]

FUP3. So that we're able to reach you in the future, could you please tell your address information?

Address: [ALLOW 60 CHARACTERS]
City: [ALLOW 30 CHARACTERS]
State: [ALLOW 30 CHARACTERS] ((note, Interviewer, if asking
state, you can say "and just to verify, you live in Vermont, correct?")
Zip: [ALLOW 5 CHARACTERS]
Telephone: [ALLOW 10 CHARACTERS]
E-mail: [ALLOW 30 CHARACTERS]

FUP4. In what city or state do you expect to be living in 12 months from now?

_____ [ALLOW 80 CHARACTERS]

CLOSING

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.