



# **2022 Vermont Adult Tobacco Survey:**

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**Prepared for:  
Vermont Department of Health**

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## Introductory Section

### INTRO

Thank you for participating in this important survey. For this survey, we will ask questions about your health, behaviors, and opinions.

#### WHAT IS THE 2022 VERMONT ADULT HEALTH SURVEY?

The 2022 Vermont Adult Health Survey is a random sample of Vermont adults (18+) that has been conducted since 2001. The Vermont Adult Health Survey provides outcome data on several key health behaviors and opinions related to tobacco, alcohol, and other substance use. Your opinions and experience will help to inform new initiatives and policies at the Vermont Department of Health.

#### VOLUNTARY PARTICIPATION

Your participation in this 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, just respond "I prefer not to answer." The information you provide will be confidential. The survey takes about 15 minutes to complete. Those who genuinely complete the survey will be sent a \$10 gift card via email. If you have any questions about this survey, please contact the project manager, Elisa Ungaro at [eungaro@marketdecisions.com](mailto:eungaro@marketdecisions.com) or (207) 767-6440 x1114 for more information.

## **TRUTH SCREEN**

### **INTRO2**

Your representation and participation are very important to provide an accurate overview of the health of all Vermonters. Therefore, it is important that you answer all questions accurately to the best of your ability. Only completed responses from invited participants are eligible to receive the \$10 gift card.

Please answer questions by selecting the appropriate response or writing your response in the spaces provided. To proceed to the next question, click on the arrow at the bottom of the screen.

## Screening Questions

### ASK ALL

#### LANGUAGE1 (SC1.A)

Are you fluent in reading English?

- 01 Yes (GOTO AGE)
- 02 No (GOTO LANGUAGE2)
- 09 Prefer not to answer

### ASK IF LANGUAGE1 IS NO, DK, REF

#### LANGUAGE2 (SC1.B)

What is your **preferred** language?

- 02 Arabic
- 03 Burmese
- 04 Spanish
- 05 French
- 06 Kirundi
- 07 Nepali
- 08 Maay
- 09 Somali
- 10 Swahili
- 11 Vietnamese
- 95 Other (please specify)

### ASK If LANGUAGE1 = NO, REF

#### LANGUAGESCRN

Currently the Vermont Adult Health Survey is only available in English. However, we are exploring opportunities to work with translators to allow the survey to be conducted in other languages. Thank you for your feedback.

### ASK ALL

#### AGE (SC1\_2)

What is your age?

ENTER AGE: \_\_\_\_

999 Prefer not to Answer

**SKIP TO IF AGE < 18 OR PREFER NOT TO ANSWER**

**AGESCRN**

Thank you very much, but we are only surveying people age 18 and older.

**ASK ALL**

**STATE**

Which state do you currently live in for at least six months of the year?

- 1 Connecticut (GOTO STSCRN)
- 2 Maine (GOTO STSCRN)
- 3 Massachusetts (GOTO STSCRN)
- 4 New Hampshire (GOTO STSCRN)
- 5 New York (GOTO STSCRN)
- 6 Rhode Island (GOTO STSCRN)
- 7 Vermont
- 8 Some other state (GOTO STSCRN)
- 9 I prefer not to answer (GOTO STSCRN)

**SKIP TO IF STATE <> VERMONT (7)**

**STSCRN**

Thank you for your time but for this survey we are looking for residents of Vermont to complete the survey.

## Initial Survey Questions

### ASK ALL

#### GENHLTH (Q0.1)

These next questions ask about your health and behaviors  
In general, would you say your health is:

- 1      Excellent
- 2      Very good
- 3      Good
- 4      Fair
- 5      Poor
- 9      I prefer not to answer

### ASK ALL

#### SMOKE100 (Q1.1)

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

- 01      Yes
- 02      No      {SET XSMOKER=NO (22)} (GOTO ECIGINTO)
- 77      I'm not sure    {SET XSMOKER=NO (22)} (GOTO ECIGINTO)
- 99      I prefer not to answer {SET XSMOKER=NO (22)} (GOTO ECIGINTO)

**ASK IF SMOKE100 = YES (1)**

**SMOKDLY (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 I'm not sure
- 99 I prefer not to answer

**ASK IF SMOKE100 = YES (1)**

**SMOKNOW (Q1.3)**

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

- 01 Every day
- 02 Some days
- 03 Not at all
- 77 I'm not sure
- 99 I prefer not to answer

**ECIGINTO**

Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, Puff Bar, NJOY, or blu.

E-cigarette questions concern electronic vaping products for nicotine use. The use of electronic vaping products for cannabis/marijuana use is not included in these questions.

**ASK ALL****ECIG100 (Q1.4)**

On how many occasions, if any, have you used e-cigarettes in your lifetime?

- 1 0 Occasions
- 2 1-10 Occasions
- 3 11-99 Occasions
- 4 Over 100 times
- 77 I'm not sure
- 99 Prefer not to answer

**ASK IF ECIG100 IS ONE OR MORE OCCASIONS****ECIGNOW (Q1.6)**

Do you now use e-cigarettes every day, some days, or not at all?

- 01 Every day
- 02 Some days
- 03 Not at all
- 77 I'm not sure
- 99 I prefer not to answer



## Section 1: Tobacco Use Status

### **ASK ALL**

#### **PRODUSE**

The next questions are about your use of other tobacco and nicotine products  
How often do you use any of the following products?

### **ASK ALL**

#### **PRODUSEA**

Chewing tobacco, snuff or snus? Snus is a moist, smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

- 01 Every day
- 02 Some days
- 03 Not at all
- 77 I'm not sure
- 99 I prefer not to answer

### **ASK ALL**

#### **PRODUSEB**

Cigars, cigarillos, or little cigars?

- 01 Every day
- 02 Some days
- 03 Not at all
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL****PRODUSEC**

Heated tobacco products?

Some people refer to these as “heat not burn” tobacco products. These products heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include iQOS , Glo, and Eclipse.

- 01 Every day
- 02 Some days
- 03 Not at all
- 77 I’m not sure
- 99 I prefer not to answer

**ASK ALL****PRODUSED. Nicotine Pouches?**

“Nicotine pouches” are small, flavored pouches containing nicotine that comes from tobacco. Users place them in their mouth. Nicotine pouches are different from other smokeless tobacco products such as snus, dip, or chewing tobacco, because they do not contain any tobacco leaf. Some brands of nicotine pouches include Zyn, on!, or Velo.

- 01 Every day
- 02 Some days
- 03 Not at all
- 77 I’m not sure
- 99 I prefer not to answer

**ASK ALL****PRODUSEE**

Any other type of tobacco products (e.g., pipe, hookah, bidi, etc.)?

- 01 Every day
- 02 Some days
- 03 Not at all
- 77 I’m not sure
- 99 I prefer not to answer

**ASK IF CURRENTLY USE ANY TOBACCO OR NICOTINE PRODUCTS (SMOKENOW, ECIGNOW, PRODUSEA, PRODUSEB, PRODUSEC, PRODUSED, PRODUSE = 1 OR 2)**

**GRID: PRODMENTHA - PRODMENTHG**

**PRODMenth**

Now think about the tobacco products that you use.

Which of the following tobacco products that you use contain menthol (mint)?

**SHOW IF CURRENTLY USE CIGARETTES:** Cigarettes?

**SHOW IF CURRENTLY USE E-CIGARETTES:** e-cigarettes or electronic cigarettes?

**SHOW IF CURRENTLY USE CHEWING TOBACCO:** Chewing tobacco, snuff, or snus?

**SHOW IF CURRENTLY USE CIGARS:** Cigars, cigarillos, or little cigars?

**SHOW IF CURRENTLY USE HEAT NOT BURN TOBACCO:** Heat not burn tobacco products?

**SHOW IF CURRENTLY USE NICOTINE POUCHES:** Nicotine pouches?

**SHOW IF CURRENTLY USE OTHER TOBACCO PRODUCTS:** Other tobacco products?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK IF CURRENTLY USE ANY TOBACCO OR NICOTINE PRODUCTS (SMOKENOW, ECIGNOW, PRODUSEA, PRODUSEB, PRODUSEC, PRODUSED, PRODUSE = 1 OR 2)**

**GRID: PRODFLVA - PRODFLVG**

**PRODFLV**

Which of the following tobacco products you use are **flavored to taste like** clove, spice, alcohol (wine, cognac), candy, fruit, chocolate, or other sweets? (Do not include menthol or mint products)

**SHOW IF CURRENTLY USE CIGARETTES:** Cigarettes?

**SHOW IF CURRENTLY USE E-CIGARETTES:** e-cigarettes or electronic cigarettes?

**SHOW IF CURRENTLY USE CHEWING TOBACCO:** Chewing tobacco, snuff, or snus?

**SHOW IF CURRENTLY USE CIGARS:** Cigars, cigarillos, or little cigars?

**SHOW IF CURRENTLY USE HEAT NOT BURN TOBACCO:** Heat not burn tobacco products?

**SHOW IF CURRENTLY USE NICOTINE POUCHES:** Nicotine pouches?

**SHOW IF CURRENTLY USE OTHER TOBACCO PRODUCTS:** Other tobacco products?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

## Section 2: Cigarette Smoking Practices – Current Tobacco User

**ASK IF SMOKENOW, ECIGNOW, PRODUSEA, PRODUSEB, PRODUSEC, PRODUSED, PRODUSEE, = EVERY DAY, SOME DAYS (1,2)**

**TIMEQUIT**

For these next few questions, please think about any tobacco products that you are **currently** using.

How many times in the past 12 months have you made a serious attempt to quit smoking cigarettes or using other tobacco products?

0- 95 ENTER NUMBER OF TIMES \_\_\_\_\_

97 I'm not sure

99 I prefer not to answer

**ASK IF TIMEQUIT = 1 to 95**

**GRID RECQUITA – RECQUITJ – RAQNDOMIZE ORDER**

**RECQUIT**

In your most recent attempt to quit smoking cigarettes or using other tobacco products, did you...

Quit on your own with no help.

Call a Quitline for help, use online services, or text services (i.e. 802Quits, My Life My Quit)

Talk with a doctor or other health professional

Attend group sessions or classes (I.e. Fresh Start)

Receive individual counseling

Use nicotine replacement (ie: A patch, gum, lozenge, spray, etc.)

Use Zyban or Wellbutrin

Use Chantix or Varenicline

Use an e-cigarette

Quit with support of a friend/family member

01 Yes

02 No

77 I'm not sure

99 I prefer not to answer

**ASK IF SMOKENOW = EVERY DAY, SOME DAYS (1,2)**

**SWITCH1**

At any time during the past 12 months, did you completely switch from smoking cigarettes to using electronic or e-cigarettes?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK IF SMOKENOW, ECIGNOW, PRODUSEA, PRODUSEB, PRODUSEC, PRODUSED, PRODUSEE, = EVERY DAY, SOME DAYS (1,2)**

**802QUIT**

Which of the following 802Quits services have you heard of?

[Please check all that you have heard of]

- 1 Quit by Phone / quitline
- 2 Quit Online
- 3 Text to Quit
- 4 Quit Partners
- 5 Some other program (such as a hospital group, hospital quit program)
- 97 None of these
- 99 I prefer not to answer

**ASK IF 802QUIT = 1,2,3,4,AND OR 5 AND TIMEQUIT = 1 TO 95 OR 97,99**

**QT12MOS**

In your most recent quit attempt, did you use 802 Quits services?  
These include Quit by Phone, Quit Online, Text to Quit, or Quit Partners.

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK IF QT12MOS <> 1 and SMOKENOW, ECIGNOW, PRODUSEA, PRODUSEB, PRODUSEC, PRODUSED, PRODUSEE, = EVERY DAY, SOME DAYS (1,2)**

**GRID RANDOMIZE ORDER (NO802QTA – NO802QTN)**

**NO802QT**

Below is a list of reasons why some people don't use 802Quits services.

Please answer yes or no to each of the statements to indicate whether it was a reason you did NOT use the service.

- 01 You wanted to quit on your own, without help
- 02 You didn't think telephone counselling/online support would help
- 03 You wanted to sit down with a person
- 04 You didn't think a counsellor could understand your problems with quitting
- 05 You didn't think the amount of counselling would be enough to help
- 06 You had used this type of service before and didn't want to do it again
- 07 You thought it cost too much
- 08 You didn't like to or couldn't talk on the telephone for long amounts of time
- 09 You couldn't go during the time of day the program was offered
- 10 You didn't want to give personal information to a group or counselor
- 11 You are not sure what the service is or what it has to offer
- 12 You didn't understand how the program works.
- 13 I received quit counselling from my doctor or health care provider instead
- 95 Some other reason (SPECIFY)

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK IF SMOKENOW, ECIGNOW, PRODUSEA, PRODUSEB, PRODUSEC, PRODUSED, PRODUSEE, = EVERY DAY, SOME DAYS (1,2)**

**SUPPORTS\_ELL (SUPPORT\_ELLA, SUPPORT\_ELLB)**

Are you eligible to get free or reduced cost nicotine patches, gum or lozenges from either of the following?

802Quits

A health insurance provider

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK IF SMOKENOW, ECIGNOW, PRODUSEA, PRODUSEB, PRODUSEC, PRODUSED, PRODUSEE, = EVERY DAY, SOME DAYS (1,2)**

**QUITATM\_ALL**

In the past 12 months, have you attempted to quit using ALL tobacco products?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer



### Section 3: Cigarette Practices – Former Tobacco Users

**ASK IF SMOKNOW = 3,77,99 or ECIGNOW = 3,77,99**

**LASTCIG (Q3.1).**

You indicated that you currently use a tobacco product, and that you have quit using a different tobacco product. Please answer these next questions about the tobacco product that you QUIT using.

About how long has it been since you last smoked cigarettes or used e-cigarettes regularly?

- 01 Less than one year
- 02 One year or more
  
- 77 I'm not sure
- 99 I prefer not to answer

**ASK IF LASTCIG = 1**

**LASTMNTN (Q3.1)**

Please enter the number of months it has been since you last smoked cigarettes or used e-cigarettes regularly?

If less than one month, please enter 1

ENTER NUMBER OF MONTHS: (1-12)

- 77 I'm not sure
- 99 I prefer not to answer

**ASK IF LASTCIG = 2**

**LAST YEAR (Q3.1b)**

Please enter the number of years it has been since you last smoked cigarettes or used e-cigarettes regularly?

ENTER NUMBER OF MONTHS: (1-75)

- 80 More than 75 years
- 77 I'm not sure
- 99 I prefer not to answer

**ASK IF SMOKNOW = 3,77,99 or ECIGNOW = 3,77,99**

**GRID HOWQUITA – HOWQUITJ – RAQNDOMIZE ORDER**

**HOWQUIT (HOWQUIT**

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

Quit on your own with no help.

Call a Quitline for help, use online services, or text services (i.e. 802Quits, My Life My Quit)

Talk with a doctor or other health professional

Attend group sessions or classes (I.e. Fresh Start)

Receive individual counseling

Use nicotine replacement (ie: A patch, gum, lozenge, spray, etc.)

Use Zyban or Wellbutrin

Use Chantix or Varenicline

Use an e-cigarette

Quit with support of a friend/family member

01 Yes

02 No

77 I'm not sure

99 I prefer not to answer

**ASK IF SMOKNOW = 3,77,99**

**SWITCHE (Q3.4)**

Q3.4

At any time, did you completely switch from smoking traditional cigarettes to using electronic or e-cigarettes?

01 Yes

02 No

77 I'm not sure

99 I prefer not to answer

**ASK IF SMOKNOW = 3,77,99 or ECIGNOW = 3,77,99**

**QUIT\_ALL (Q3.5)**

Have you quit using ALL tobacco products?

01 Yes

02 No

77 I'm not sure

99 I prefer not to answer

## Section 4: Use of Other Substances

**ASK ALL**

**QCHECK 1**

It is important for us to ensure that the answers that we collect are accurate. For this reason, please select “Disagree a lot” from the options below.

- 1 Agree a lot
- 2 Agree a little
- 3 Neither Agree nor Disagree
- 4 Disagree a little
- 5 Disagree a lot
- 9 I prefer not to answer.

**FLAG IF “DISAGREE A LOT” IS NOT SELECTED**

**ASK ALL**

**MJA301**

These next few questions are about other health behaviors.

During the past 30 days, on how many days did you use marijuana or cannabis? Do not include hemp-based CBD-only products.

ENTER NUMBER OF DAYS \_\_\_\_\_

- 88 None
- 77 I’m not sure
- 99 I prefer not to answer

**ASK IF MJA301 = 1 to 30**

**MJVAPE**

When using marijuana or cannabis did you vaporize it (For example use in an e-cigarette-like vaporizer or another vaporizing device)? Do not include hemp-based CBD-only products.

- 01 Yes
- 02 No
- 77 I’m not sure
- 99 I prefer not to answer

**ASK ALL****ALCOHOL**

During the past 30 days, how many days did you have at least one drink of any alcoholic beverage?

Note: One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

Enter number of days you drank in the past 30 days: \_\_\_\_\_ (1 – 30)

888 No drinks in past 30 days

777 I'm not sure

999 I prefer not to answer

**ASK IF ALCOHOL = 1 – 31****ALCOHOL\_Q**

During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? Note: One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

ENTER NUMBER OF DRINKS: (0 – 76)

88 None

77 I'm not sure

99 I prefer not to answer

## Section 5: Health Care Visits in the Last 12 Months

### ASK ALL

#### HCVIS12

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

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

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

### ASK IF HCVIS12 = YES (1)

#### HCASKSMK

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

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

### ASK IF HCVIS12 = YES (1)

#### HCASK\_E

Thinking about your last visit, were you asked if you currently use e-cigarettes?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK IF HCVIS12 = YES (1)**

**HCASKTOB**

Thinking about your last visit, were you asked if you currently use other tobacco products (do not include cigarettes or e-cigarettes)?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK IF HCVIS12 = YES (1)**

**AND**

**ASK IF SMOKENOW, ECIGNOW, PRODUSEA, PRODUSEB, PRODUSEC, PRODUSED, PRODUSEE, = EVERY DAY, SOME DAYS (1,2)**

OR LASTCIG =77,99; LASTMNTH Has an answer, LAST YEAR = 1

**HCADVSTP**

Did your health care professional advise you to stop smoking cigarettes or using other tobacco products?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK IF HCVIS12 = YES (1)**

**AND**

**ASK IF SMOKENOW, ECIGNOW, PRODUSEA, PRODUSEB, PRODUSEC, PRODUSED, PRODUSEE, = EVERY DAY, SOME DAYS (1,2)**

OR LASTCIG =77,99; LASTMNTH Has an answer, LAST YEAR = 1

**HCADVSTP**

**HCRECHLP**

Did your health care professional recommend any specific program or medicine to help you quit smoking cigarettes or using other tobacco products?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL**

**NUMKIDS**

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

ENTER NUMBER (1-12)

- 0 NONE
- 77 I'm not sure
- 99 I prefer not to answer

**ASK IF HCVIS12 = YES (1) AND**

**SMOKENOW, ECIGNOW, PRODUSEA, PRODUSEB, PRODUSEC, PRODUSED, PRODUSEE, = EVERY DAY, SOME DAYS (1,2)**

**OR LASTCIG =77,99; LASTMNTH Has an answer, LAST YEAR = 1**

HCSMKKID

During the past 12 months, did any doctor, or other health professional ask if you smoke tobacco (for example cigarettes, cigars, or pipes) around your children?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL**

**SRCEHC**

What is your primary source of health care coverage?

- 1 A plan purchased through an employer or union (includes plan purchased through another person's employer)
- 2 A plan that you or another family member buys on your own
- 3 Medicare
- 4 Medicaid or other state program (i.e. Green Mountain Care or Dr. Dynasaur)
- 5 TRICARE (formerly CHAMPUS), VA or Military
- 6 Alaska Native, Indian Health Service, Tribal Health Services
- 7 Some other source (SPECIFY)
- 8 None (no coverage)
  
- 77 I'm not sure
- 99 I prefer not to answer



**ASK ALL**

**MNTLHLTH**

These questions are about other health care services you may have received.

During the past 12 month did you receive mental health care or counseling?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL**

**SUBMISTREAT**

During the past 12 months did you seek treatment for substance misuse?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

## Section 6: Risk Perception and Social Influences

**ASK ALL**

**QCHECK2**

Please type the word “hopeful” in the box below.  
[open ended box]

Flag if not completed properly

**ASK ALL**

**FEELSMK**

The next questions ask about people around you.

How do you feel about adults smoking tobacco (for example cigarettes, cigars, or pipes)?

**DO NOT include vaporized products.**

- 01 Definitely should not smoke
- 02 Probably should not smoke
- 03 OK to smoke sometimes
- 04 OK to smoke as much as you want
- 77 I’m not sure
- 99 I prefer not to answer

**ASK ALL**

**FEELVAPE**

How do you feel about adults vaping or using e-cigarettes?

- 01 Definitely should not vape
- 02 Probably should not vape
- 03 OK to vape sometimes
- 04 OK to vape as much as you want
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL**

**HMRULES**

Which statement best describes the rules about smoking tobacco (for example cigarettes, cigars, or pipes) inside your home?

**DO NOT include vaporized products.**

- 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
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL**

**HMRULES\_VAPE**

Which statement best describes the rules about vaping or using e-cigarettes inside your home?

- 01 Vaping is not allowed anywhere inside your home
- 02 Vaping is allowed in some places or at some times
- 03 Vaping is allowed anywhere inside the home
- 04 There are no rules about vaping inside the home
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL****ANYSMK**

During the past 7 days, on how many days did anyone smoke tobacco (for example cigarettes, cigars, pipes) anywhere inside your home?

**DO NOT include vaporized products.**

ENTER NUMBER OF DAYS (1-7)

- 88 Less than 1 day
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL****ANYVAPE**

During the past 7 days, on how many days did anyone vape or use e-cigarettes anywhere inside your home?

ENTER NUMBER OF DAYS (1-7)

- 88 Less than 1 day
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL****CARSMK**

In the past seven days, have you been in a car with someone who was using tobacco (for example cigarettes, cigars, pipes, or e-cigarettes)?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL**

**BRTHPUB**

The next questions are about smoke from other people's cigarettes, cigars, or pipes.

During the past 7 days, on how many days did you breathe the smoke from someone who was smoking tobacco (for example cigarettes, cigars, or pipes) in an indoor or outdoor public place?

ENTER NUMBER OF DAYS (1-7)

- 88 Less than 1 day
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL**

**OPINSMOK**

Do you think that breathing smoke from other people's cigarettes, cigars, or pipes is:

- 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
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL**

**OPINECIG**

Do you think that breathing vapors from other people's e-cigarettes is:

- 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
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL****OPINECIG**

How harmful do you think using electronic cigarettes is to a person's health?

- 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
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL****OPINCIG**

How harmful do you think smoking cigarettes is to a person's health?

- 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
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL****OPINEFLAVOR**

Do you think it should be illegal for all tobacco products, including cigarettes, cigars and cigarillos, electronic cigarettes, and smokeless tobacco, to be sold in flavors such as menthol, clove, chocolate, candy, and fruit flavors?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK IF SMOKENOW, ECIGNOW, PRODUSEA, PRODUSEB, PRODUSEC, PRODUSED, PRODUSEE, = EVERY DAY, SOME DAYS (1,2)**

**BUY**

In the past 30 days, where did you buy tobacco products for yourself?

(Please select all that apply)

- 01 At a convenience store or gas station
- 02 At a supermarket
- 03 At a liquor store
- 04 At a drug store, such as Walgreens, CVS, Rite Aid
- 05 On the internet
- 06 At a volume discount store, such as Walmart, Costco, Sam's Club
- 07 From another person
- 08 Other (PLEASE SPECIFY)
- 77 I'm not sure
- 99 I prefer not to answer

**ASK IF SMOKENOW, ECIGNOW, PRODUSEA, PRODUSEB, PRODUSEC, PRODUSED, PRODUSEE, = EVERY DAY, SOME DAYS (1,2) OR LASTCIG one year or less**

**COUPON\_USE**

In the past 12 months have you ever taken advantage of coupons, rebates, buy 1 get 1 free, or any other special promotions for tobacco products?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK IF COUPON\_USE = YES (1)**

**(RANDOMIZE LIST)**

**COUPON\_SOURCE**

Where do you usually get the coupons you use?

[Please select all that apply]

- 01 From the store/cashier where tobacco is purchased
- 02 In the mail from the tobacco company
- 03 Sent in a text message from the tobacco company or third party
- 04 Sent in an e-mail from the tobacco company or third party
- 05 Printed from a website
- 06 From the tobacco package
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL**

**TOBADSE**

Please indicate if you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree with the following statement:

Tobacco advertising on the outside of the store should not be allowed.

- 01 Strongly agree
- 02 Somewhat agree
- 03 Neither agree nor disagree
- 04 Somewhat disagree
- 05 Strongly disagree
- 77 I'm not sure
- 99 I prefer not to answer



## Section 7: Demographics

### **ASK ALL**

#### **SEX**

The next questions ask about demographics.

What was your sex at birth? Was it male or female?

- 01 Male
- 02 Female
- 77 I'm not sure
- 99 I prefer not to answer

### **ASK ALL**

#### **SXORIENT**

Which of the following best represents your sexual orientation?

Note: We ask this question to better understand the health and health care needs of people with different sexual orientations.

- 1 Lesbian or Gay
- 2 Straight, that is, not gay
- 3 Bisexual
- 4 Something else (SPECIFY)
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL****TRANSGNDR**

Do you consider yourself to be transgender?

If yes, ask: "Do you consider yourself to be

1. Male-to-female, 2. Female-to-male, or 3. Gender non-conforming?

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

**Note:** Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

- 1        1 - Yes, Transgender, male-to-female
- 2        2 - Yes, Transgender, female to male
- 3        3 - Yes, Transgender, gender nonconforming
- 4        4 – No, I don not consider myself to be transgender
- 77       I'm not sure
- 99       I prefer not to answer

**ASK ALL****HSPNC**

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

- 01       Yes
- 02       No
- 77       I'm not sure
- 99       I prefer not to answer

**ASK ALL****RCEMUL**

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

[Please select all that apply]

- 01 White
- 02 Black or African American
- 03 Asian
- 04 Native Hawaiian or Pacific Islander
- 05 American Indian or Alaska Native
- 66 Other: (SPECIFY)
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL****VETERAN**

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL****EDUCATN**

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

(IF CURRENTLY A STUDENT, Select the grade you are currently in?)

- 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)
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL**

**MENTHLTH**

These next few questions are about your physical and mental wellbeing.

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

ENTER NUMBER OF DAYS:

- 88 0 days/never
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL**

**DEPRESSION**

Has a health professional ever told you that you that you have a depressive disorder? (Depressive disorders include depression, major depression, dysthymia, or minor depression)?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL**

**PHYSHLTH1**

Are you deaf or do you have serious difficulty hearing?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL****PHYSHLTH2**

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL****PHYSHLTH3**

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL****PHYSHLTH4**

Do you have serious difficulty walking or climbing stairs?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL****PHYSHLTH5**

Do you have difficulty dressing or bathing?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL****PHYSHLTH6**

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- 01 Yes
- 02 No
- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL****HOUSEHOLD**

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

ENTER NUMBER: (0-18)

- 77 I'm not sure
- 99 I prefer not to answer

**ASK ALL****HOMESTAT**

Do you live in...

- 01 A mobile home
- 02 A one-family house detached from any other house
- 03 A one-family house attached to one or more houses
- 04 A building with 2 or more apartments
- 05 Other residential living situation
- 06 I do not currently have a home
- 77 I'm not sure
- 99 I prefer not to answer

**ASK IF HOMESTAT =BUILDING WITH 2 OR MORE APARTMENTS (4)**

APTMNT

About how many apartments are in your building?

ENTER NUMBER OF APARTMENTS: (2 – 50)

88 MORE THAN 50

77 I'm not sure

99 I prefer not to answer

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

**ASK ALL**

In which Vermont Town do you live?

ENTER TOWN:

9999B I'm not sure

9999A I prefer not to answer

**ASK ALL**

**ZIP**

What is your zip code? \_\_\_\_\_

ENTER ZIP CODE

77 I'm not sure

99 I prefer not to answer

**ASK ALL**

**INCOME**

What is your annual household income from all sources?

NOTE: Answers to this question will be kept **confidential** and will only be used in summary reports and will not be combined with other information that could identify you in any way.

- 1      Less than \$15,000
- 3      \$15,000 to less than \$25,000
- 5      \$25,000 to less than \$35,000
- 6      \$35,000 to less than \$50,000
- 7      \$50,000 to less than \$75,000
- 8      \$75,000 to less than \$100,000
- 9      \$100,000 or more
  
- 77     I'm not sure
- 99     I prefer not to answer

**ASK ALL**

**FOLLOWUP**

Would you be willing to be contacted by The Vermont Department of Health for future surveys regarding Tobacco Use, Risk Perceptions, and Attitudes?

- 01     Yes
- 02     No

**ASK ALL**

**HONESTY**

Do you certify that you completed this survey to the best of your ability and provided truthful responses on all questions?

- 01     Yes
- 02     No



**ASK ALL****CLOSING**

That was the last question. Your answers will be combined with those of other respondents to give us information to guide state health policies. Thank you very much for contributing to this important work. Please provide your email to receive your \$10 gift card.

ENTER EMAIL:

99 I do not wish to receive an incentive. Thank you.

**ASK ALL****CLOSING2**

You will receive a \$10 gift card via email from Rybbon within the next week as a thank you for your participation and time.

If you would like more information about the work of the Vermont Department of Health, please visit [www.healthvermont.gov](http://www.healthvermont.gov).

Please click **SUBMIT** to register your responses.

**REDIRECT TO [www.healthvermont.gov](http://www.healthvermont.gov).**

## Appendix A: Vermont Town List for Q6.13

THIS IS THE SAME TOWN LIST AS VT BRFS “DTOWN” VAR

0101A ADDISON  
1001A ALBANY  
1401A ANDOVER  
0201A ARLINGTON  
1301A ATHENS  
0514A AVERILL  
0515A AVERY'S GORE (ESSEX)  
0601A BAKERSFIELD  
1402A BALTIMORE  
1403A BARNARD  
0301A BARNET  
1202A BARRE CITY  
1201A BARRE TOWN  
1002A BARTON  
0801A BELVIDERE  
0202A BENNINGTON  
1101A BENSON  
0602A BERKSHIRE  
1203A BERLIN  
1404A BETHEL  
0501A BLOOMFIELD  
0401A BOLTON  
0901A BRADFORD  
0902A BRAINTREE  
1102A BRANDON  
1302A BRATTLEBORO  
1405A BRIDGEWATER  
0102A BRIDPORT  
0502A BRIGHTON  
0103A BRISTOL  
0903A BROOKFIELD  
1303A BROOKLINE  
1003A BROWNINGTON  
0503A BRUNSWICK  
0419A BUEL'S GORE  
0302A BURKE  
0402A BURLINGTON  
1204A CABOT  
1205B CALAIS

0802A CAMBRIDGE  
0504B CANAAN  
1103C CASTLETON  
1406A CAVENDISH  
1004A CHARLESTON  
0403B CHARLOTTE  
0904A CHELSEA  
1407A CHESTER  
1104B CHITTENDEN  
1105C CLARENDON  
0404A COLCHESTER  
0505A CONCORD  
0905B CORINTH  
0104A CORNWALL  
1005A COVENTRY  
1006B CRAFTSBURY  
1106B DANBY  
0303A DANVILLE  
1007B DERBY  
0203B DORSET  
1304A DOVER  
1305A DUMMERSTON  
1206A DUXBURY  
0506A EAST HAVEN  
1207A EAST MONTPELIER  
0803A EDEN  
0804B ELMORE  
0603C ENOSBURG  
0405A ESSEX  
1107A FAIR HAVEN  
0604B FAIRFAX  
0605C FAIRFIELD  
0906B FAIRLEE  
1208A FAYSTON  
0516A FERDINAND  
0105C FERRISBURG  
0606C FLETCHER  
0607B FRANKLIN  
0608B GEORGIA  
0217A GLASTENBURY  
1008A GLOVER  
0106A GOSHEN

1306A GRAFTON  
0507A GRANBY  
0702B GRAND ISLE  
0107B GRANVILLE  
1009A GREENSBORO  
0304A GROTON  
0508A GUILDHALL  
1307B GUILFORD  
1308A HALIFAX  
0108A HANCOCK  
0305C HARDWICK  
1408B HARTFORD  
1409A HARTLAND  
0609D HIGHGATE  
0406A HINESBURG  
1010A HOLLAND  
1108C HUBBARDTON  
0407B HUNTINGTON  
0805B HYDE PARK  
1109A IRA  
1011A IRASBURG  
0703B ISLE LA MOTTE  
1309B JAMAICA  
1012A JAY  
0408A JERICO  
0806B JOHNSON  
0306A KIRBY  
0204A LANDGROVE  
0109B LEICESTER  
0509A LEMINGTON  
0517A LEWIS  
0110B LINCOLN  
1310A LONDONDERRY  
1013A LOWELL  
1410C LUDLOW  
0510B LUNENBURG  
0307B LYNDON  
0511A MAIDSTONE  
0205B MANCHESTER  
1311B MARLBORO  
1209B MARSHFIELD  
1110A MENDON

0111B MIDDLEBURY  
1210A MIDDLESEX  
1111B MIDDLETOWN SPRINGS  
0409C MILTON  
0112B MONKTON  
0610C MONTGOMERY  
1211A MONTPELIER  
1212B MORETOWN  
1014B MORGAN  
0807C MORRISTOWN  
1112D MOUNT HOLLY  
1113A MOUNT TABOR  
0113D NEW HAVEN  
0308A NEWARK  
0907B NEWBURY  
1312A NEWFANE  
1015A NEWPORT CITY  
1016C NEWPORT TOWN  
0704C NORTH HERO  
1213A NORTHFIELD  
0512A NORTON  
1411D NORWICH  
0908B ORANGE  
0114C ORWELL  
0115C PANTON  
1114C PAWLET  
0309E PEACHAM  
0206A PERU  
1115A PITTSFIELD  
1116D PITTSFORD  
1214A PLAINFIELD  
1412A PLYMOUTH  
1413C POMFRET  
1117C POULTNEY  
0207B POWNAL  
1118A PROCTOR  
1313B PUTNEY  
0909D RANDOLPH  
1414D READING  
0208B READSBORO  
0611C RICHFORD  
0410D RICHMOND

0116B RIPTON  
1415C ROCHESTER  
1314E ROCKINGHAM  
1215B ROXBURY  
1416B ROYALTON  
0209D RUPERT  
1119A RUTLAND CITY  
1120E RUTLAND TOWN  
0310C RYEGATE  
0117B SALISBURY  
0210A SANDGATE  
0211B SEARSBURG  
0212B SHAFTSBURY  
1417A SHARON  
0311A SHEFFIELD  
0411A SHELBURNE  
0612D SHELDON  
1121C SHERBURNE  
0118D SHOREHAM  
1122D SHREWSBURY  
1323A SOMERSET  
0412B SOUTH BURLINGTON  
0705C SOUTH HERO  
1418H SPRINGFIELD  
0614A ST. ALBANS CITY  
0613B ST. ALBANS TOWN  
0413A ST. GEORGE  
0312B ST. JOHNSBURY  
0213A STAMFORD  
0313A STANNARD  
0119D STARKSBORO  
1419B STOCKBRIDGE  
0808C STOWE  
0910C STRAFFORD  
1315B STRATTON  
1123A SUDBURY  
0214E SUNDERLAND  
0314B SUTTON  
0615G SWANTON  
0911F THETFORD  
1124A TINMOUTH  
0912B TOPSHAM

1316C TOWNSHEND  
1017B TROY  
0913C TUNBRIDGE  
0414B UNDERHILL  
0120A VERGENNES  
1317D VERNON  
0914C VERSHIRE  
0513B VICTORY  
1216B WAITSFIELD  
0315C WALDEN  
1125D WALLINGFORD  
0121A WALTHAM  
1318C WARDSBORO  
1217C WARREN  
0519A WARREN'S GORE  
0915B WASHINGTON  
1218B WATERBURY  
0316B WATERFORD  
0809A WATERVILLE  
1420G WEATHERSFIELD  
1126A WELLS  
0916A WEST FAIRLEE  
1127A WEST HAVEN  
1128A WEST RUTLAND  
1422C WEST WINDSOR  
1018A WESTFIELD  
0415B WESTFORD  
1319C WESTMINSTER  
1019A WESTMORE  
1421B WESTON  
0122A WEYBRIDGE  
0317B WHEELOCK  
0123A WHITING  
1320B WHITINGHAM  
0917B WILLIAMSTOWN  
0416D WILLISTON  
1321B WILMINGTON  
1322C WINDHAM  
1423C WINDSOR  
0215B WINHALL  
0417A WINOOSKI  
0810C WOLCOTT

1219B WOODBURY  
0216A WOODFORD  
1424E WOODSTOCK  
1220A WORCESTER  
1940B. OTHER TOWN (SPECIFY)  
7777a. DON'T KNOW/NOT SURE  
9999a. PREFER NOT TO ANSWER