Vermont Tobacco Control Program

2012 Vermont Adult Tobacco Survey

Division of Health Surveillance
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2012 Vermont Adult Tobacco Survey - Vermont Department of Health
Introduction

This report contains the 2012 Vermont Adult Tobacco Survey (VTATS) results. The VTATS provides outcome data on several key tobacco measures for Vermont’s adult population. All data included in this report are from the VTATS with the exception of smoking prevalence.

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

**Vermont Tobacco Control Program**
The VTCP has a comprehensive structure overseen by the Vermont Tobacco Evaluation and Review Board (http://humanservices.vermont.gov/tobacco) and involves agencies including the Departments of Health, Education, and Liquor Control in consultation with the Attorney General’s Office. The statewide tobacco control program includes the (five) components recommended by the Centers for Disease Control and Prevention (CDC) for eliminating tobacco use. These are: state and community interventions, health communications interventions, cessation interventions, surveillance and evaluation, and administration and management. VTCP set four primary goals to be reached by 2020: (1) reduce the youth smoking prevalence to 10%; (2) reduce the adult smoking prevalence to 12%; (3) reduce the prevalence of non-smokers’ exposure to secondhand smoke to 30%; (4) reduce the youth prevalence of other tobacco product use to 10% and maintain adult prevalence of other tobacco use at 3%. The report is organized to reflect these four goals.
Executive Summary

The Executive Summary highlights key statistics from each of the four content areas.

**Youth Smoking**
In 2011, the prevalence of smoking among youth in Vermont was 13%. The statewide prevalence has continued to decline since 2009 (Data Source: Youth Risk Behavior Survey). The proportion of Vermonter’s reporting a home smoking ban was high among both smokers (81%) and non-smokers (94%) with children. The proportion reporting car smoking bans was similarly high (smokers – 85%; non-smokers – 99%). The proportion of Vermonter’s reporting exposure to secondhand smoke in the home and in vehicles during the last seven-days was low among non-smokers with children (3% and 6%, respectively). The proportion of smokers with children reporting home exposure was 16% while car exposure among this group was 44%.

**Adult Smoking**
The statewide prevalence continued its gradual decline to 17%, though this was not significantly different from 20% in 2011. (Data Sources: Behavioral Risk Factor Surveillance System). Nearly half (48%) of Vermont’s current smokers attempted to quit in 2012. Independent quitters – smokers who try to quit on their own without help – continued to comprise the largest portion of Vermonters trying to quit (64%). Since 2002, there has been a significant increase in the proportion of smokers who report ever using medication to aid in their quit attempt; up from 43% in 2002 to 68% in 2012. Nearly three-quarters of current smokers had heard of the Quit by Phone service in 2012. In their most recent quit attempt, 8% of smokers used the Quit by Phone service and 8% of smokers used the Quit in Person service.
**Executive Summary**

**Secondhand Smoke**
Exposure to secondhand smoke in the home or vehicle was rare among non-smokers. The proportion of non-smokers that reported no exposure to secondhand smoke in these places was 96% and 83%, respectively. Conversely, only 64% reported no exposure in a public place. Among smokers, the proportion that reported no exposure to secondhand smoke in the home, vehicle or public was 67%, 47% and 36%, in that order. Among non-smokers, home smoking bans were very common (90%), while only 63% of smokers reported having a home smoking ban. Smokers were more likely to report a vehicle smoking ban (86%).

**Other Tobacco Products**
Prevalence of other tobacco product use was low among adults, ranging from 1% to 11%. Among smokers, the prevalence was higher for every type of product asked in the survey. Due to its recent emergence, a question about electronic cigarette usage was added to the survey. Overall, the prevalence of electronic cigarette use was highest among all categories of other tobacco products (11%). The prevalence of certain products like chew and cigars was somewhat higher when results were restricted to adults aged 18 – 24 years old (10% - 15%). The same pattern of usage was seen in the increasing prevalence of other tobacco product use as youth progressed from 9th grade to 12th grade (Data Source: Youth Risk Behavior Survey).

Overall, there have been significant shifts in many indicators since 2001. However, in comparing recent years, only subtle changes were noted for most outcomes and demographic associations.
Youth Smoking

VTCP Goal 1:
Reduce the prevalence of youth smoking to 10%
In Vermont, smoking prevalence in youth is measured by the Youth Risk Behavior Survey (YRBS). The Vermont Department of Health considers the YRBS to be the best source of data on youth prevalence. Prevalence is included in this report because it is the health behavior that VTCP ultimately (hopes) aims to influence.

Youth are not surveyed on the VTATS; however VTATS respondents are asked whether there is a child under 18 in the household. Several behaviors assessed by the VTATS may impact youth smoking including household smoking rules, secondhand smoke exposure and awareness of programs that encourage people not to smoke around children. The following section addresses these behaviors among VTATS respondents who reported having a child in the house younger than 18 years old.
Youth Smoking

Youth Prevalence

The prevalence of youth smoking in Vermont was 13% in 2011. This is a significant decrease from the 33% prevalence in 1999 (Figure 1).

Figure 1: Trend in Vermont youth smoking prevalence, VT YRBS 1999-2011
Demographic characteristics of Vermonters who reported having children under 18 years old in the household, VTATS 2012

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Household with children under 18 years old</th>
<th>All Vermonters, %</th>
<th>Smokers, %</th>
<th>Non-smokers, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 24 years</td>
<td></td>
<td>16</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>25 to 44 years</td>
<td></td>
<td>56</td>
<td>65</td>
<td>52</td>
</tr>
<tr>
<td>45 years or older</td>
<td></td>
<td>29</td>
<td>20</td>
<td>31</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school or less</td>
<td></td>
<td>32</td>
<td>53</td>
<td>26</td>
</tr>
<tr>
<td>Some college</td>
<td></td>
<td>25</td>
<td>32</td>
<td>23</td>
</tr>
<tr>
<td>College or higher</td>
<td></td>
<td>43</td>
<td>15</td>
<td>51</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low (&lt; $25,000/year)</td>
<td></td>
<td>14</td>
<td>21</td>
<td>11</td>
</tr>
<tr>
<td>Middle ($25,000 - 74,999/year)</td>
<td></td>
<td>49</td>
<td>58</td>
<td>47</td>
</tr>
<tr>
<td>High $75,000+ /year</td>
<td></td>
<td>38</td>
<td>22</td>
<td>43</td>
</tr>
</tbody>
</table>

Vermonters who reported having a child under 18 years old in their household were more likely to be 25 to 44 years old, have a college education and a middle income ($25,000 – 74,999/ year) (table 1).

- Smokers differed substantially from all Vermonters. Smokers were more likely to be 25 to 44 years old (65% vs. 56%), have a high school education or less (53% vs. 32%) and a middle income (58% vs. 49%).

- Non-smokers differed slightly from all Vermonters, particularly having a college education or higher (51% vs. 43%) and a high income (43% vs. 38%).
Youth Smoking

Smoking Bans – Trend in Home Smoking Bans

Figure 2 shows that non-smokers with children were more likely to ban smoking in their homes than smokers with children, and that this has been consistent over time. The proportion of home smoking bans increased significantly from 2001 to 2012. The percentage increase in bans was particularly large among smokers as compared to non-smokers (38% vs. 10%). Compared to non-smokers with children, smokers with children that had a household ban were more likely to be younger (67% vs. 57%), have a higher income (24% vs. 13%) and have a higher education (16% vs. 10%). These differences were not significant.

Figure 2: Trend in home smoking bans by smoking status, VTATS 2001-2012

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

Figure 3 shows that non-smokers with children were more likely to ban smoking in their vehicle when children are present than smokers with children. The difference in the proportion between non-smokers and smokers with car smoking bans was similar to that for home smoking bans.

Figure 3: Car smoking bans, VTATS 2012

Smokers with children
- Not allowed: 15%
- Allowed: 85%

Non-smokers with children
- Not allowed: 99%

Note: Respondents were considered to have a vehicle smoking ban if they did not allow smoking in their vehicle when children were present. They were considered to allow smoking if smoking was permitted at some times in their vehicle when children were present or if there were no rules about smoking in their vehicle.
Secondhand Smoke – Trends in Smoke-free Home

Figure 4 shows a substantial increase between 2002 and 2012 in the proportion of people with a smoke-free home during the last week, among smokers with children. By comparison, the proportion of smoke-free homes during the last week among non-smokers with children was 97% in 2012.

Figure 4: Trend in smoke-free homes among smokers with children, VTATS 2002-2012
Secondhand Smoke – 7-Day Smoke-free Home by Smoking Status

Figure 5 shows the proportion of Vermonters with a 7-day smoke-free home, among those that do not ban smoking in the home. The proportion of non-smokers with children who had a 7-day smoke-free home was higher than that for smokers with children (55% vs. 21%). The proportion of people with a 7-day smoke free home who do not allow smoking was over 99% for both non-smokers and smokers with children.

<table>
<thead>
<tr>
<th>Non-smokers with children</th>
<th>55%</th>
<th>45%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smokers with children</td>
<td>21%</td>
<td>79%</td>
</tr>
</tbody>
</table>

Figure 5: Smoke-free homes among Vermonters that do not ban smoking in the home, VTATS 2012
Secondhand Smoke – 7-Day Smoke-free Vehicle by Smoking Status

Figure 6 shows the proportion of people who report being in a car with someone who was smoking during the past 7-days, among non-smokers and smokers with children. The proportion of being in smoke-free cars among non-smokers was substantially higher than (the proportion) among smokers (94% vs. 56%).
Secondhand Smoke: Those Who Don’t Ban Smoking in Vehicles

Figure 7 shows the proportion of Vermonters who report being in a car with someone who was smoking during the past 7-days, among those that do not ban smoking in a vehicle when children are present. The proportion of non-smokers with children who report being in a car with someone who was smoking was higher than that for smokers with children (45% vs. 6%). The proportion of Vermonters that ban smoking in the vehicle and report being in a car with someone who was smoking was 94% for non-smokers with children but only 50% for smokers with children.

<table>
<thead>
<tr>
<th>Smoking Banned</th>
<th>Non-smokers with children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking allowed</td>
<td>45%</td>
</tr>
<tr>
<td>7-days Smoke free</td>
<td>94%</td>
</tr>
<tr>
<td>At least 1 day with smoking</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Smoking Banned</th>
<th>Smokers with children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking allowed</td>
<td>50%</td>
</tr>
<tr>
<td>7-days Smoke free</td>
<td>50%</td>
</tr>
<tr>
<td>At least 1 day with smoking</td>
<td>94%</td>
</tr>
</tbody>
</table>
Program and Message Awareness

Figure 8 shows that awareness of programs that encourage people to not smoke around children was higher among non-smokers with children than smokers with children. Conversely, awareness of messages to keep secondhand smoke away from children was higher among smokers with children. Differences between smokers and non-smokers for each question were not significant.

Figure 8: Awareness of programs and messages, VTATS 2012

- Programs that encourage people not to smoke cigarettes around children:
  - Smokers with children: 57%
  - Non-smokers with children: 67%

- Messages that encourage people to keep secondhand smoke away from children when at home or in the car:
  - Smokers with children: 88%
  - Non-smokers with children: 81%
Health Provider Interaction

In 2012, nearly a third of current smokers with children reported that their health care provider asked if they smoke around their children. Figure 9 illustrates that there has been little change over time.

Figure 9: Trend in smokers with children reporting that, in the last year, health care professionals asked about smoking around children, VTATS 2002-2012
Figure 10 shows that nearly half of Vermonters with children were strongly in favor of banning the sale of tobacco products in stores that are located near schools. Smokers were significantly less likely than non-smokers to strongly favor banning tobacco sales in stores near schools (37% vs. 53%).

Figure 10: Opinion on a policy to ban the sale of tobacco products in stores near schools, VTATS 2012

Vermonters with children
- Strongly in favor: 49%
- Somewhat in favor: 16%
- Neither in favor nor against: 16%
- Somewhat against: 8%
- Strongly against: 11%

Non-smokers with children
- Strongly in favor: 53%
- Somewhat in favor: 15%
- Neither in favor nor against: 17%
- Somewhat against: 7%
- Strongly against: 8%

Smokers with children
- Strongly in favor: 37%
- Somewhat in favor: 16%
- Neither in favor nor against: 15%
- Somewhat against: 10%
- Strongly against: 21%
Reduce the prevalence of adult smoking to 12%
In Vermont, adult smoking prevalence is measured by the Behavioral Risk Factor Surveillance System (BRFSS), not the VTATS. The BRFSS is considered the standard measure of smoking prevalence by the Centers for Disease Control and Prevention. Unlike the ATS which is undertaken in approximately 19 states, smoking status on the BRFSS has been consistently measured in every state and the District of Columbia for over 15 years. Prevalence is included in this VTATS report because it is the health behavior that VTCP ultimately (hopes) aims to influence.
Adult Smoking

Adult Prevalence

Figure 11 shows that the prevalence of adult cigarette use in Vermont was 17% in 2012. Since 2000, smoking has decreased substantially from 21%*

*Note: In 2011, the Centers for Disease Control and Prevention implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. The changes in methodology limit the ability to compare BRFSS data prior to 2011 to subsequent years. The Vermont Department of Health’s Center for Health Statistics recommends that comparisons between BRFSS data prior to 2011 and subsequent years be made with caution.
Vermonters who responded to the VTATS were more likely to be 45 years old or older, have a college education or higher and a middle income ($25,000 – 74,999/year) (table 2).

- Smokers differed substantially from all Vermonters. Smokers were more likely to be 25 to 44 years old (42% vs. 31%), have a high school education (43% vs. 28%) and a middle income (51% vs. 47%).
- Non-smokers differed slightly from all Vermonters, particularly having a college education or higher (47% vs. 41%) and a high income (36% vs. 31%).

### Demographic characteristics of Vermonters, VTATS 2012

<table>
<thead>
<tr>
<th>Table 2</th>
<th>All Vermonters, %</th>
<th>Smokers, %</th>
<th>Non-smokers, %</th>
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<tr>
<td><strong>Age Group</strong></td>
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<td></td>
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<tr>
<td>18 to 24 years</td>
<td>13</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>25 to 44 years</td>
<td>31</td>
<td>42</td>
<td>28</td>
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<tr>
<td>45 years or older</td>
<td>56</td>
<td>44</td>
<td>59</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>5</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>High school</td>
<td>28</td>
<td>43</td>
<td>24</td>
</tr>
<tr>
<td>Some college</td>
<td>25</td>
<td>30</td>
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<tr>
<td>College or higher</td>
<td>41</td>
<td>19</td>
<td>47</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low (&lt; $25,000/year)</td>
<td>21</td>
<td>33</td>
<td>17</td>
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<tr>
<td>Middle ($25,000 - 74,999/year)</td>
<td>47</td>
<td>51</td>
<td>47</td>
</tr>
<tr>
<td>High $75,000+ /year</td>
<td>31</td>
<td>15</td>
<td>36</td>
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</tbody>
</table>
Quit Attempts

Figure 12 shows that over half of current smokers (52%) did not attempt to quit. Of those who attempted to quit, 34% made 1 – 2 attempts. There have been no significant differences in the distribution of number of quit attempts over time. Among current smokers with quit attempts, younger smokers were less likely than older smokers to make an attempt: 12% of 18-24 year olds; 43% of 25-44 year olds; 45% of those over 45 years old. Smokers with a high school education were more likely to attempt quitting (40%) than other education levels (11-28%). Those with high incomes were less likely than those with middle or low incomes to make an attempt (15% vs. 33% and 52%). There were no significant demographic differences between those with and without quit attempts.

Figure 12: Trend in number of quit attempts in the last 12 months, VTATS 2001-2012
Quit Attempts

**Figure 13** shows that nearly half (47%) of Vermont’s current smokers were seriously thinking of quitting in the next 30 days. Significantly more smokers with a recent quit attempt were thinking about quitting in the next month than those who had not attempted to quit in the last year. The proportion of current smokers who anticipate quitting has risen significantly since 2001; this is true overall (up 14%) and for those with and without recent quit attempts (up 31% and 9%, respectively). Younger smokers were less likely than older smokers to anticipate quitting. Ten percent of 18-24 year olds anticipated quitting compared to 39% of 25-44 year olds and 51% of those over 45 years old. Those with high incomes were less likely to be thinking of quitting than those with middle or low incomes (15% vs. 35% and 50%).

**Figure 13: Trend in anticipated quitting in the next 30 days, VTATS 2001-2012***

*Question sequence was changed in 2008 and continued in 2012; respondents were only asked about thinking of quitting in next 30 days. In years prior, this was preceded by a question about quit intentions for the next six months.
Quitting Without Help

Most smokers who want to quit report that they will quit in their own way, in their own time. These “Independent Quitters” don’t intend to use traditional cessation services, like NRT or counseling, despite evidence that shows the efficacy of these services toward a successful quit outcome. In 2012, 64% of smokers tried to quit without help in their most recent quit attempt (Figure 14). This proportion has remained consistent since 2006.

Figure 14: Trend in smokers who recently tried to quit on their own, VTATS 2006-2012*

*Note: Question sequence was different in 2008 - 2012 than in previous years; respondents were only asked about methods used in most recent quit attempt. In years prior this was preceded by a question about methods ever used to try and stop smoking.
Cessation Methods Used

During their most recent quit attempt, about half of current smokers reported they talked with a health professional (45%). About 2 in 5 current smokers used NRT (39%) and about one in ten used counseling, Zyban, Chantix, and/or VQN’s Quit by Phone (Quitline) service (Figure 15).

Three new options were added to the 2012 VTATS. About 1 in 5 current smokers used e-cigarettes, nearly 1 in 10 used cessation texting and only 3% used a cessation app.

* NRT, or nicotine replacement therapy, includes use of the nicotine patch, gum, or lozenges. Counseling includes group and individual counseling.
Cessation Medications

For Vermont adults who try to quit smoking, the use of NRT or other medications is suggested. A majority of current smokers (68%) had ever used NRT, Zyban, Wellbutrin, or Chantix in an attempt to stop smoking. This proportion changed significantly from 2010 to 2012, and has significantly increased from 2002 to 2012 (up 25%) (Figure 16).*

*Note: Zyban and Wellbutrin were added to this question in 2003 and Chantix in 2006.
Eligibility for Cessation Assistance*

One-quarter of current smokers thought they were eligible for free or reduced cost NRT and half did not know their eligibility status despite the fact that NRT is available to all Vermonter (Figure 17). There were no statistically significant changes from the 2010 results.

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

Eligibility for Cessation Assistance*

Among current smokers in 2012 who did not have health insurance, only 7% thought they were eligible for free or reduced cost NRT. More than half incorrectly believed themselves to be ineligible (61%) (Figure 18).

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

Current smokers with state-subsidized insurance were more likely than smokers with other insurance to believe they were eligible for free or reduced cost NRT (32% compared to 28% of those with private or Veterans’ Administration (VA) insurance), though this was not significant. Those with no insurance were significantly less likely than both insured groups to perceive they were eligible (Figure 19).

Figure 19: Comparison of current smokers' perceived eligibility for free or reduced cost NRT by insurance type, VTATS 2012

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

VTATS assesses the reported use of Quit by Phone (Quitline) – a VTCP-supported telephonic counselling service utilizing motivational interviewing, the stages of change theory and up to 16 weeks of free nicotine replacement therapy. Nearly three-quarters of current smokers had heard of the Quit by Phone service in 2012 (Figure 20). There were no significant difference between males and females.

Current smokers who made a quit attempt in the last year and had heard of the Quit by Phone service were asked if they used the service in their last quit attempt. In 2012, 8% had used Quit by Phone. There was no significant change in the proportion who reported using Quit by Phone between 2010 and 2012.

Figure 20: Trend in Quit by Phone awareness by gender, VTATS 2005-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Females (%)</th>
<th>Males (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>87%</td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>83%</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>86%</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>93%</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>79%</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>71%</td>
<td>72%</td>
</tr>
</tbody>
</table>
Quit by Phone (Quitline) Utilization

Current smokers who’ve made a quit attempt in the last year and have heard of the Quit by Phone service but did not use it were asked why they didn’t use the program. Over 90% thought they could quit without counseling while 4 in 5 thought they could quit on their own. Nearly half did not think Quit by Phone would help or did not want to talk long. One in ten did not want to use it again and one in twenty thought it cost too much (Figure 21).

One-third said that they were not sure what Quit by Phone had to offer (data not shown).

Figure 21: Trend in reasons for not using the Quit Line during most recent quit, VTATS 2012

- Thought could quit without counseling: 93%
- Wanted to quit on own: 78%
- Didn’t think Quit Line would help: 49%
- Didn’t want to talk on the phone long: 46%
- Had used previously and didn’t want to again: 11%
- Other reasons: 9%
- Cost too much: 5%
Quit in Person Awareness

VTATS assesses the reported use of Quit in Person – a VTCP-supported in-person counselling service utilizing accredited counselors offering hospital and community based cessation support and up to 16 weeks of free nicotine replacement therapy. The proportion aware of the Quit in Person program in 2012 was higher than those not aware of Quit in Person programs. The difference was not statistically significant (Figure 22).

Current smokers who made a quit attempt in the last year and had heard of the Quit in Person service were asked if they used the service in their last quit attempt. In 2012, 8% had used Quit in Person.

Figure 22: Comparison of current smokers’ awareness of Quit in Person program, VTATS 2012
Quit in Person Utilization

Those who had heard of Quit in Person, but had not used it were asked why not (Figure 23). The most given reason was wanting to quit on their own (88%). Half said they did not think this kind of program was what they needed to quit and 28% mentioned not wanting to give personal information. Roughly one third said they couldn’t go during the time classes were offered (30%) or that they did not think counseling would help them quit (38%). One in ten said that they wanted one session and 14% said the amount of counseling offered was not enough.

Twenty-eight percent said that they were not sure what Quit by Person had to offer (data not shown).

Figure 23: Trend in reasons for not using local community-based cessation programs during most recent quit attempt, VTATS 2012

- Wanted to quit on own: 88%
- Didn’t think needed program: 50%
- Didn’t think group/counseling would help: 38%
- Could not go during time: 30%
- Didn’t want to give personal info: 28%
- Had used previously and didn’t want to again: 26%
- Other reasons: 15%
- Thought amount of counseling not enough: 14%
- Didn’t think counselor understand problems: 10%
- Only want one session/conv.: 10%
- Cost too much: 7%
Perception – Is Smoking OK?

Three out of five Vermonters believed that adults ‘definitely should not’ smoke (63%), while only two out of five believed that the community thought the same (45%). One in ten think it is okay for adults to smoke as much as they want (Figure 24). The proportion changed minimally or not at all for both personal and perceived community views.

Figure 24: Trend in personal and perceived community views toward unlimited adult smoking, VTATS 2001-2012

Note: Data not available for personal perception in 2002
Perception – Is Smoking Okay: Differences among Smokers and Non-Smokers

As compared to non-smokers, smokers were nearly three times as likely to believe members of their community think it is okay for adults to smoke as much as they want (17% vs. 6%). They were four times more likely than non-smokers to personally think it is okay for adults to smoke as much as they want (28% vs. 7%). Seventy-three percent of non-smokers personally believe that adults should definitely not smoke, but just 24% of smokers said the same. All differences between smokers and non-smokers were statistically significant.

Those who were significantly more likely to think that their community members believe it is okay for adults to smoke as much as they want as compared to those think that their community members definitely should not smoke included:

- Low income households (34% vs. 16%)
- High school education (40% vs. 23%)

When it comes to personal views of smoking, Vermonters with lower education and income levels were significantly more likely to think it is okay for adults to smoke as much as they want as compared to those think that their community members definitely should not smoke:

- Low income households (29% vs. 19%)
- High school education (46% vs. 23%)
Perception – Is Smoking Okay?

Figure 25 shows the trend in the proportion of smokers who said it is okay for adults to smoke as much as they want. This remained level from 2007 to 2012 – both for smokers who personally felt that way and those who believed the community feels that way.

**Figure 25: Trend in perceived community and personal views toward unlimited adult smoking, VTATS 2001-2012**

- **Smokers - Community**
- **Smokers - Personal**
- **Non-Smokers - Community**
- **Non-Smokers - Personal**

Note: Data not available for personal perception in 2002
Tobacco Policy – Warning Labels

Figure 26 shows that over half of Vermonters were strongly in favor of requiring warning labels on cigarette packs that show graphic images of damage caused by smoking. The proportion of supporters was higher among non-smokers (57%). Smokers were significantly less likely than non-smokers to strongly favor a requirement for these warning labels on cigarette packs (33% vs. 57%).

Figure 26: Opinion on a policy requiring warning labels on cigarette packs that show graphic images of damage caused by smoking, VTATS 2012

<table>
<thead>
<tr>
<th></th>
<th>Strongly in favor</th>
<th>Somewhat in favor</th>
<th>Neither in favor nor against</th>
<th>Somewhat against</th>
<th>Strongly against</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vermonters</td>
<td>51%</td>
<td>20%</td>
<td>16%</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>Non-smokers</td>
<td>57%</td>
<td>20%</td>
<td>14%</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>Smokers</td>
<td>33%</td>
<td>17%</td>
<td>24%</td>
<td>9%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Legend:
- Strongly in favor
- Somewhat in favor
- Neither in favor nor against
- Somewhat against
- Strongly against

2012 Vermont Adult Tobacco Survey - Vermont Department of Health
Secondhand Smoke

Reduce non-smokers’ overall secondhand smoke exposure to 30%
Secondhand Smoke

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

Eighty-three percent of Vermonters did not allow smoking anywhere inside their home. Non-smokers were significantly more likely than smokers to ban smoking in the home (Figure 27). Compared to those without home smoking bans, Vermonters with home smoking bans were significantly more likely to be 25 – 44 years old (31% vs. 20%), have higher income (35% vs. 15%), and have higher education levels (45% vs. 25%). These differences were lessened among smokers: young age (49% vs. 31%), high income (18% vs. 11%), and high education (20% vs. 17%). The differences among smokers were not significant.

Figure 27: Home smoking bans, VTATS 2012
Smoking Bans - Vehicle

Vehicle smoking bans were common among Vermonters. In 2012, 94% of Vermonters said they did not allow smoking in their car or truck when children are present; 86% of smokers said the same. The proportion of non-smokers was 96% (data not shown). Figure 28 shows the increasing proportion of Vermonters overall and of smokers, who have smoking bans in vehicles when children are present. Between 2001 and 2012, the increase was statistically significant for all Vermonters (up 14%), and smokers (up 32%).

Figure 28: Trend in vehicle smoking bans, VTATS 2001-2012
Secondhand Smoke

Overall, 90% of Vermonters said no one had smoked in their home in the last seven days. Nearly all non-smokers and two-thirds of smokers reported smoke-free homes in the last week (Figure 29).

Figure 29: Proportion of 7-day smoke-free homes, VTATS 2012
Tobacco Policy – Multi-unit Housing

In 2012, 17% of Vermonters reported that they live in multi-unit housing (including apartments, townhouses and condos). Figure 30 shows that over one-third of Vermonters were strongly in favor of banning smoking in multi-unit complexes. The proportion of supporters was higher among non-smokers (42%). Conversely, only half as many smokers were strongly in favor of banning smoking multi-unit complexes (20%).

Figure 30: Opinion on a policy to ban smoking in multi-unit complexes, VTATS 2012

<table>
<thead>
<tr>
<th>Category</th>
<th>Strongly in favor</th>
<th>Somewhat in favor</th>
<th>Neither in favor nor against</th>
<th>Somewhat against</th>
<th>Strongly against</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vermonters</td>
<td>37%</td>
<td>16%</td>
<td>18%</td>
<td>12%</td>
<td>16%</td>
</tr>
<tr>
<td>Non-smokers</td>
<td>42%</td>
<td>16%</td>
<td>16%</td>
<td>11%</td>
<td>14%</td>
</tr>
<tr>
<td>Smokers</td>
<td>20%</td>
<td>13%</td>
<td>24%</td>
<td>18%</td>
<td>26%</td>
</tr>
</tbody>
</table>

Legend: Blue = Strongly in favor, Green = Somewhat in favor, Tan = Neither in favor nor against, Orange = Somewhat against, Gray = Strongly against
Tobacco Policy – Public Entryways

Figure 31 shows that over sixty percent of Vermonters were strongly in favor of banning smoking in entrance ways of public buildings. Smokers were significantly less likely that non-smokers to strongly favor banning smoking in entrance ways of public buildings (38% vs. 68%).

Figure 31: Opinion on a policy to ban smoking in entrance ways of public buildings, VTATS 2012

<table>
<thead>
<tr>
<th></th>
<th>Strongly in favor</th>
<th>Somewhat in favor</th>
<th>Neither in favor nor against</th>
<th>Somewhat against</th>
<th>Strongly against</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vermonters</td>
<td>62%</td>
<td>10%</td>
<td>7%</td>
<td>6%</td>
<td>15%</td>
</tr>
<tr>
<td>Non-smokers</td>
<td>68%</td>
<td>8%</td>
<td>6%</td>
<td>5%</td>
<td>14%</td>
</tr>
<tr>
<td>Smokers</td>
<td>38%</td>
<td>16%</td>
<td>12%</td>
<td>12%</td>
<td>22%</td>
</tr>
</tbody>
</table>
Smokers were much more likely to have reported being in a car with someone who was smoking than non-smokers (53% vs. 7%). Over time, there has been some progress in reducing the percentage of Vermont adults who reported exposure to secondhand smoke in a car. The overall proportion significantly decreased from 26% in 2002 to 17% in 2012. Since 2002, there has been a statistically significant decrease in smoker or non-smoker exposure over time (Figure 32).

**Figure 32: Trend in secondhand smoke exposure in vehicles in the last week, VTATS 2002-2012**

- **All Vermonters**
  - 2002: 26%
  - 2003: 24%
  - 2004: 22%
  - 2005: 24%
  - 2006: 22%
  - 2007: 21%
  - 2008: 18%
  - 2009: 21%
  - 2010: 17%
  - 2012: 17%

- **Smokers**
  - 2002: 63%
  - 2003: 57%
  - 2004: 59%
  - 2005: 61%
  - 2006: 61%
  - 2007: 64%
  - 2008: 59%
  - 2009: 55%
  - 2010: 53%

- **Non-smokers**
  - 2002: 12%
  - 2003: 14%
  - 2004: 11%
  - 2005: 12%
  - 2006: 11%
  - 2007: 10%
  - 2008: 7%
  - 2009: 9%
  - 2010: 7%
Fewer than half of Vermonters said they were exposed to someone else's smoke while in a public place at least one day in the last week (42%). Smokers were significantly more likely than non-smokers to report breathing smoke from someone else's cigarette in a public place (64% vs. 36%) (Figure 33).

**Secondhand Smoke – Public Place**

**Figure 33: Comparison of public secondhand smoke exposure in the last week, VTATS 2012**
Secondhand Smoke

Tobacco Policy – Outdoor Bans

Figure 34 shows that over one-third of Vermonters were strongly in favor of banning smoking in outdoor public places. The proportion of supporters was higher among non-smokers (44%). Conversely, one-third of smokers were strongly against banning outdoor smoking in public places (33%).

Figure 34: Opinion on a policy to ban smoking in outdoor public places, VTATS 2012

<table>
<thead>
<tr>
<th>Category</th>
<th>Strongly in favor</th>
<th>Somewhat in favor</th>
<th>Neither in favor nor against</th>
<th>Somewhat against</th>
<th>Strongly against</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vermonters</td>
<td>38%</td>
<td>19%</td>
<td>15%</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>Non-smokers</td>
<td>44%</td>
<td>20%</td>
<td>14%</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>Smokers</td>
<td>15%</td>
<td>13%</td>
<td>19%</td>
<td>21%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Legend:
- Strongly in favor
- Somewhat in favor
- Neither in favor nor against
- Somewhat against
- Strongly against
Secondhand Smoke

**Overall Secondhand Smoke Exposure**

Figure 35 shows that nearly half of Vermonters were exposed to other peoples’ smoke at least once in the past seven days in the home, a vehicle or public places. Non-smokers were significantly less likely to be exposed to other peoples' smoke than smokers (39% vs. 80%).

*Figure 35: Combined secondhand smoke exposure from homes, vehicles or outdoors, VTATS 2012*
Secondhand Smoke – Perceived Harm

A majority of Vermont adults said they thought breathing smoke from other people’s cigarettes is ‘very harmful’ to one’s health (61%). Non-smokers said secondhand smoke is ‘very harmful’ significantly more often than smokers (65% vs. 45%) (Figure 36).

Figure 36: Perceived harmfulness of secondhand smoke, VTATS 2012

- **All Vermonters**
  - Very harmful: 61%
  - Somewhat harmful: 34%
  - Not very/not at all harmful: 6%

- **Non-Smokers**
  - Very harmful: 65%
  - Somewhat harmful: 32%
  - Not very/not at all harmful: 4%

- **Smokers**
  - Very harmful: 45%
  - Somewhat harmful: 42%
  - Not very/not at all harmful: 13%
Significantly fewer Vermonters perceived secondhand smoke as ‘very harmful’ in 2012 compared to 2002. This trend is significant in all Vermonters (7% decline), smokers (10% decline), and non-smokers (8% decline) (Figure 37).

Figure 37: Trend in proportion who perceive secondhand smoke as 'very harmful', VTATS 2002-2012
The VTCP is placing more emphasis on the use of other tobacco products (OTP) among youth and adults. The addition of this new goal for the VTCP is a response to increased tobacco industry promotion of these products and state and national data which indicate an increased in OTP use. VTCP uses statewide and local policy and works with media, partners and community coalitions to positively influence attitudes, behaviors, and norms in Vermont towns and cities for all non-cigarette tobacco products and substitutes including cigars, mouth tobacco and electronic cigarettes.
Other Tobacco Products

Prevalence

Overall, the proportion of adult Vermonters using other tobacco products some days or every day was low. The category with the highest proportion (6%) was use of cigars, pipes and pipe tobacco. For each category, smokers had a higher proportion of users, particularly for the aforementioned category (10%) and for use of electronic cigarettes (11%) (Figure 38).

Figure 38: Prevalence of other tobacco product use, VTATS 2012

- Chewing tobacco, Snuff, Snus: 3% (vermonters), 4% (smokers), 3% (non-smokers)
- Cigars, Pipes, Pipe Tobacco: 6% (vermonters), 10% (smokers), 5% (non-smokers)
- Electronic Cigarettes: 3% (vermonters), 11% (smokers), 1% (non-smokers)
- Any other types of tobacco products: 1% (vermonters), 3% (smokers), 1% (non-smokers)
Young Adult Prevalence

When limiting to young adult Vermonters (18 – 24 years old), the proportion of users among both smokers and non-smokers increases for chew/snuff/snus and cigars/pipes/pipe tobacco, but not for electronic cigarettes (Figure 39).

Figure 39: Prevalence of other tobacco product use among young adults, VTATS 2012

Note: The final category (other types of tobacco products) was suppressed due to a small number of respondents.
Other Tobacco Products

Youth Prevalence

The increased prevalence of use of other tobacco products among young adults as compared to older adults is consistent with the prevalence of these products in youth (Figure 40). The prevalence of non-cigarette tobacco products increases among high school students as they progress into higher grades.

Figure 40: Trend in Vermont youth prevalence of other tobacco product use, YRBS 2011
Tobacco Policy – Limiting Number of Stores Selling Tobacco Products

Figure 41 shows that only twenty-eight percent of Vermonters were strongly in favor of limiting the number of stores that sell any tobacco products in their community. Non-smokers were similarly in strong favor of limiting the number of stores (33%), while smokers were strongly against this policy (40%).

<table>
<thead>
<tr>
<th></th>
<th>Strongly in favor</th>
<th>Somewhat in favor</th>
<th>Neither in favor nor against</th>
<th>Somewhat against</th>
<th>Strongly against</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vermonters</td>
<td>28%</td>
<td>15%</td>
<td>27%</td>
<td>11%</td>
<td>19%</td>
</tr>
<tr>
<td>Non-smokers</td>
<td>33%</td>
<td>16%</td>
<td>28%</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>Smokers</td>
<td>13%</td>
<td>9%</td>
<td>22%</td>
<td>15%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Figure 41: Opinion on a policy limiting the number of stores that sell any tobacco products in their community, VTATS 2012
Tobacco Policy – Banning Tobacco Product Displays

Figure 42 shows that just over one-third of Vermonters were strongly in favor of banning the display of any tobacco products from stores. Non-smokers were similarly in strong favor of banning tobacco product displays (40%), while smokers were strongly against this policy (41%).

Figure 42: Opinion on a policy banning the display of any tobacco products from stores, VTATS 2012

<table>
<thead>
<tr>
<th></th>
<th>Strongly in favor</th>
<th>Somewhat in favor</th>
<th>Neither in favor nor against</th>
<th>Somewhat against</th>
<th>Strongly against</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vermonters</td>
<td>34%</td>
<td>14%</td>
<td>26%</td>
<td>26%</td>
<td></td>
</tr>
<tr>
<td>Non-smokers</td>
<td>40%</td>
<td>14%</td>
<td>25%</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Smokers</td>
<td>13%</td>
<td>14%</td>
<td>32%</td>
<td></td>
<td>41%</td>
</tr>
</tbody>
</table>
Tobacco Policy – Banning Tobacco Product Sale in Pharmacies

Figure 43 shows that thirty-seven percent of Vermonters were strongly in favor of banning the sale of all tobacco products in pharmacies. Non-smokers were similarly in strong favor of banning tobacco product sales in pharmacies (42%), while smokers tended to be either strongly against this policy (27%) or neither in favor nor against (28%).

Figure 43: Opinion on a policy banning the sale of all tobacco products in pharmacies, VTATS 2012

- Vermonters: 37% Strongly in favor, 13% Somewhat in favor, 25% Neither in favor nor against, 9% Somewhat against, 16% Strongly against
- Non-smokers: 42% Strongly in favor, 13% Somewhat in favor, 24% Neither in favor nor against, 8% Somewhat against, 13% Strongly against
- Smokers: 20% Strongly in favor, 9% Somewhat in favor, 28% Neither in favor nor against, 16% Somewhat against, 27% Strongly against

2012 Vermont Adult Tobacco Survey - Vermont Department of Health
Methodology

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

Prior to 2008, the sample included 2,000 respondents each year: 1,000 each of smokers and non-smokers regardless of telephone type. In 2008, the VTATS included over 200 cell phone users for the first time. Recognizing the increased importance to representativeness of including cell phone users, the 2010 and 2012 surveys set the following targets: 2,000 respondents total, 1,400 landline, 600 cell phone, 1,000 non-smokers and 1,000 current smokers and former smokers (those who quit within the past five years). Unlike in 2008 when cell phone users were given shorter surveys, in 2010 and 2012, cell phone and landline users were given identical surveys. The survey took approximately 20 minutes to complete.

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

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

Select VTATS 2012 data were analyzed by demographic characteristics for this report. These analyses utilized the following variables: gender, age, educational attainment, and household income. For the purposes of this report, both lower education and lower income were used as proxies for low socioeconomic status (see Table 2, page 62).

Sample characteristics for 2012 VTATS data are presented (see Table 3, page 63). The table provides un-weighted respondent counts and proportions as well as the weighted proportion by each sample characteristic: smoking status, gender, age group, education level, and income level.

Response Rate
The CASRO response rates* for the 2012 VTATS were 38% and 30% for landline and cell phone respondents, respectively (see Table 4, page 64). For cell phones, this represents an increase from 27% in 2010 however, landline response rate were unchanged. It is important to note that there is not yet a standard formula for cell phone response rates. The survey contractor calculated a rate based on the information currently available.

The following table includes various definitions used throughout the 2012 VTATS report:

**Table 3: Definitions**

<table>
<thead>
<tr>
<th>Smoking Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current smoker</td>
<td>Smoked at least 100 cigarettes in life and now smokes every/some days</td>
</tr>
<tr>
<td>Recent quitter</td>
<td>Smoked at least 100 cigarettes in life and who quit (does not smoke at all) within the past 12 months</td>
</tr>
<tr>
<td>Former smoker</td>
<td>Smoked at least 100 cigarettes in life and who quit (does not smoke at all) between 1 and 5 year ago</td>
</tr>
<tr>
<td>Smoker</td>
<td>Current smoker or recent quitter</td>
</tr>
<tr>
<td>Non-smoker</td>
<td>Did not smoke 100 cigarettes in life or former smoker who quit more than 1 year ago</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>Did not graduate from high school or earn a G.E.D.</td>
</tr>
<tr>
<td>High school</td>
<td>Obtained a high school degree or a G.E.D.</td>
</tr>
<tr>
<td>Some college</td>
<td>Attended some college (includes 2-year degrees)</td>
</tr>
<tr>
<td>College or more</td>
<td>4-year college graduates and those with post-graduate education</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Vermonters with annual household income less than $25,000</td>
</tr>
<tr>
<td>Middle</td>
<td>Vermonters with annual household income $25,000 to $74,999</td>
</tr>
<tr>
<td>High</td>
<td>Vermonters with annual household income $75,000 or higher</td>
</tr>
</tbody>
</table>
### Table 4: Sample Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Total (N)</th>
<th>Landline (N)</th>
<th>Cell Phone (N)</th>
<th>Unweighted %</th>
<th>Weighted %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall</strong></td>
<td>2,058</td>
<td>1,440</td>
<td>618</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>958</td>
<td>650</td>
<td>308</td>
<td>47</td>
<td>49</td>
</tr>
<tr>
<td>Female</td>
<td>1,100</td>
<td>790</td>
<td>310</td>
<td>53</td>
<td>51</td>
</tr>
<tr>
<td><strong>Age Group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 24 years</td>
<td>169</td>
<td>49</td>
<td>120</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>25 to 44 years</td>
<td>536</td>
<td>293</td>
<td>243</td>
<td>26</td>
<td>31</td>
</tr>
<tr>
<td>45 years or older</td>
<td>1,330</td>
<td>1,079</td>
<td>251</td>
<td>65</td>
<td>56</td>
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<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>131</td>
<td>109</td>
<td>22</td>
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</tr>
<tr>
<td>High school</td>
<td>661</td>
<td>478</td>
<td>183</td>
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<td>28</td>
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<tr>
<td>Some college</td>
<td>545</td>
<td>362</td>
<td>183</td>
<td>27</td>
<td>25</td>
</tr>
<tr>
<td>College or higher</td>
<td>716</td>
<td>486</td>
<td>230</td>
<td>35</td>
<td>41</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low (&lt; $25,000/year)</td>
<td>496</td>
<td>367</td>
<td>129</td>
<td>28</td>
<td>21</td>
</tr>
<tr>
<td>Middle ($25,000 - 74,999/year)</td>
<td>838</td>
<td>560</td>
<td>278</td>
<td>48</td>
<td>47</td>
</tr>
<tr>
<td>High $75,000+ /year</td>
<td>417</td>
<td>287</td>
<td>130</td>
<td>24</td>
<td>31</td>
</tr>
<tr>
<td><strong>Lifetime Smoking Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never smoker</td>
<td>670</td>
<td>350</td>
<td>320</td>
<td>33</td>
<td>52</td>
</tr>
<tr>
<td>Ever smoker</td>
<td>1,350</td>
<td>1,062</td>
<td>288</td>
<td>67</td>
<td>48</td>
</tr>
<tr>
<td><strong>Current Smoking Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current smoker</td>
<td>925</td>
<td>794</td>
<td>131</td>
<td>69</td>
<td>36</td>
</tr>
<tr>
<td>Former smoker</td>
<td>425</td>
<td>268</td>
<td>157</td>
<td>31</td>
<td>64</td>
</tr>
<tr>
<td><strong>Quit Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quit within last year</td>
<td>44</td>
<td>25</td>
<td>19</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Quit 1 - 5 years ago</td>
<td>47</td>
<td>20</td>
<td>27</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Quit more than 5 years ago</td>
<td>318</td>
<td>201</td>
<td>110</td>
<td>78</td>
<td>75</td>
</tr>
<tr>
<td><strong>Smoker (current smoker &amp; quit w/in past year)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>969</td>
<td>819</td>
<td>150</td>
<td>48</td>
<td>21</td>
</tr>
<tr>
<td><strong>Non-smoker (never smoker &amp; quit more than 1 year ago)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,035</td>
<td>578</td>
<td>457</td>
<td>52</td>
<td>79</td>
</tr>
</tbody>
</table>
# Table 5: Sample Characteristics by Survey Year

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Overall</td>
<td>2,069</td>
<td>100%</td>
<td>2,057</td>
<td>100%</td>
<td>2,124</td>
<td>100%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1,284</td>
<td>62%</td>
<td>1,287</td>
<td>63%</td>
<td>1,388</td>
<td>65%</td>
</tr>
<tr>
<td>Male</td>
<td>785</td>
<td>38%</td>
<td>770</td>
<td>37%</td>
<td>736</td>
<td>35%</td>
</tr>
<tr>
<td>Age Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 24 years</td>
<td>288</td>
<td>14%</td>
<td>291</td>
<td>14%</td>
<td>279</td>
<td>13%</td>
</tr>
<tr>
<td>25 to 44 years</td>
<td>589</td>
<td>28%</td>
<td>555</td>
<td>27%</td>
<td>536</td>
<td>25%</td>
</tr>
<tr>
<td>45 years and older</td>
<td>1,163</td>
<td>56%</td>
<td>1,181</td>
<td>57%</td>
<td>1,281</td>
<td>60%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>158</td>
<td>8%</td>
<td>132</td>
<td>6%</td>
<td>170</td>
<td>8%</td>
</tr>
<tr>
<td>High school</td>
<td>701</td>
<td>34%</td>
<td>727</td>
<td>35%</td>
<td>718</td>
<td>34%</td>
</tr>
<tr>
<td>Some college</td>
<td>531</td>
<td>26%</td>
<td>497</td>
<td>24%</td>
<td>526</td>
<td>25%</td>
</tr>
<tr>
<td>College or higher</td>
<td>668</td>
<td>32%</td>
<td>691</td>
<td>34%</td>
<td>702</td>
<td>33%</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>498</td>
<td>24%</td>
<td>464</td>
<td>23%</td>
<td>523</td>
<td>25%</td>
</tr>
<tr>
<td>Middle</td>
<td>961</td>
<td>46%</td>
<td>877</td>
<td>43%</td>
<td>885</td>
<td>42%</td>
</tr>
<tr>
<td>High</td>
<td>346</td>
<td>17%</td>
<td>380</td>
<td>18%</td>
<td>399</td>
<td>19%</td>
</tr>
<tr>
<td>Smoking Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current smoker</td>
<td>854</td>
<td>41%</td>
<td>906</td>
<td>44%</td>
<td>970</td>
<td>46%</td>
</tr>
<tr>
<td>Recent quitter</td>
<td>86</td>
<td>4%</td>
<td>69</td>
<td>3%</td>
<td>51</td>
<td>2%</td>
</tr>
<tr>
<td>Former smoker</td>
<td>370</td>
<td>18%</td>
<td>349</td>
<td>17%</td>
<td>318</td>
<td>15%</td>
</tr>
<tr>
<td>Never smoker</td>
<td>745</td>
<td>36%</td>
<td>724</td>
<td>35%</td>
<td>775</td>
<td>37%</td>
</tr>
<tr>
<td>Smoker</td>
<td>940</td>
<td>45%</td>
<td>975</td>
<td>47%</td>
<td>1,021</td>
<td>48%</td>
</tr>
<tr>
<td>Non-Smoker</td>
<td>1,115</td>
<td>54%</td>
<td>1,073</td>
<td>52%</td>
<td>1,093</td>
<td>52%</td>
</tr>
<tr>
<td>Overall CASRO Response Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landline</td>
<td>--</td>
<td>46%</td>
<td>--</td>
<td>36%</td>
<td>--</td>
<td>22%</td>
</tr>
<tr>
<td>Cell phone</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

2012 Vermont Adult Tobacco Survey - Vermont Department of Health
Question names changed to accommodate “Other Specifies” or multipunches ........................................ 1
NQ201011 – is now NQ1011 ........................................................................................................... 1
Introduction – land line and cell phones ......................................................................................... 9
Screener 1 – Land line ...................................................................................................................... 11
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2012 Update: Screener 3 will not be used – no 2012 target for 18-24 y.o.
//PROGRAMMER NOTES: A respondent’s smoking status may change, depending on their response to Q3_30B (in Section 3). The Variable “XSMOKER holds the original smoking status variable”. The variable SMOKER holds the updated smoking status (based on info from Q30_B if applicable).//

<table>
<thead>
<tr>
<th>Logic</th>
<th>Set smoking status to</th>
<th>Set “XSMOKER” VARIABLE FLAG TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1_3=01,02</td>
<td>Smoker</td>
<td>SMOKER=11</td>
</tr>
<tr>
<td>Q1_1=02,77,99</td>
<td>Non-Smoker</td>
<td>SMOKER=22</td>
</tr>
<tr>
<td>Q1_3=03,77,99</td>
<td>Ex-Smoker “former smoker”</td>
<td>SMOKER=33</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Logic</th>
<th>Set smoking status to</th>
<th>Set “SMOKER” VARIABLE FLAG TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1_3 = 01,02</td>
<td>Smoker</td>
<td>SMOKER=11</td>
</tr>
<tr>
<td>(Q1_1 = 02,77,99) OR (q3_30b &gt; 5 years (this logic doesn’t come until Section 3))</td>
<td>Non-Smoker</td>
<td>SMOKER=22</td>
</tr>
<tr>
<td>(Q1_3 = 03,77,99) OR (IF Q3_30B ≤ 5 (this logic doesn’t come until Section 3))</td>
<td>Ex-Smoker “former smoker”/recent quitters</td>
<td>SMOKER=33</td>
</tr>
</tbody>
</table>

Create variable, LANDLINE, where 1= Landline Survey. Blank = Cell Phone Survey.
11.16.10 Start fielding with the landline screeners set to the following percentages

**Screener 1 set to 10%**
**Screener 2 set to 90%**
**Screener 3 set to 0%**

We may adjust these percentages as we move through fielding to meet target completes, and will update the word document accordingly//
//PROGRAMMING ALLOW INTERVIEWERS TO TYPE “SPECIAL” AT ANY TIME TO
ACCESS THE HELP SCREEN OPTIONS. HELP SCREEN SHOWS OPTIONS 1-19.
INTERVIEWERS CHOOSE THE OPTION AND IT BRINGS THEM TO THE TEXT FOR THAT
OPTION. //
SP_MENU
[CHOOSE NUMBER FOR FAQ THAT APPLIES TO SEE RESPONSE]
01. Contact with Questions/Forward Complaints to:
ELP02. Why are you doing this survey?
03. How was I selected?
04. My number is unlisted, how did my number get on the call list?
05. How will my answers be used?
06. My name is on the national do-not-call list. I’m not supposed to get these calls.
07. Is there a state do-not-call list I can get my name on?
08. Why am I getting calls so late at night/calls on the weekend?
09. I said no, why are you calling again?
10. If I decline to participate, will that stop me from being called again?
11. Are my tax dollars paying for this survey?
12. Why can’t I do *69 to call back the person calling me/the number is blocked, is this where I
should call to complain?
13. Can I get the survey in the mail? Why call people at home?
14. I don’t know anything about that.
15. Why should I participate?
16. Why do you need to know how many adults live in my house?
17. I don’t have anything to do with public programs. I get my health care from my private
doctor/HMO/military.
18. I just moved to this state; I don’t qualify as a resident yet.
19. I don’t smoke/use tobacco—you don’t need to talk to me.

XX to go back to survey without selecting help option

/IF SP_MENU=01=01/

HELP01 Contact with Questions/Forward Complaints to:
Caroline Dawson
865-7783 or 800-869-2871
caroline.dawson@state.vt.us
If she is unavailable, please contact (in the following order):
Jessie Hammond – 863-7663 or 800-869-2871, jessie.hammond@state.vt.us
Jason Roberts – 863-7303 or 800-869-2871, jason.roberts@state.vt.us
Jennifer Hicks – 863-7264 or 800-869-2871, jennifer.hicks@state.vt.us

01 CONTINUE

/IF SP_MENU==02/

HELP02 Why are you doing this survey?
Tobacco is the number one cause of preventable, premature mortality. We use the adult
tobacco survey to understand how the department of health can best serve the people of Vermont and to assess the impact of Tobacco Control Program efforts in reducing smoking and increasing awareness and knowledge of smoking related issues among Vermonters.

01 CONTINUE

/IF SP_MENU=03/
HELP03 How was I selected?
The adult tobacco survey is completed among a representative sample of Vermont adults, ages 18 and older. We select, or draw, phone numbers for the study randomly through a process called “random-digit dialing”. Once phone numbers are drawn, they are loaded into our computer system for dialing and one adult in a household is randomly chosen to complete the survey. Neither we at ICF International, nor the Vermont Health Department knows to whom the phone number is registered and neither wants to. During analysis, results are aggregated and only these aggregate statistics are reported; individual responses are kept strictly confidential without linkage to telephone numbers.

01 CONTINUE

/IF SP_MENU=04/
HELP04 My number is unlisted, how did my number get on the call list?
We use a process called “Random digit dialing”—this process generates the telephone numbers called as part of the adult tobacco survey. Here’s how “Random digit dialing works”: the computer has the area code (802) and telephone prefixes (the first 3 digits) included in the survey area and it then assigns the last four digits in a random fashion. Once a number is assigned or drawn, it is loaded for dialing. All kinds of numbers are dialed as a result of this process: businesses, pay phones, non-working numbers, etc. Unlisted numbers are selected for dialing purely by chance. I assure you that this survey is confidential, your responses cannot be traced back to you, and survey results will only be reported in aggregate (group) form.

01 CONTINUE

/IF SP_MENU=05/
HELP05 How will my answers be used?
The answers from all survey participants are analyzed and reported together. Any reports generated from the results of the survey are based on aggregate statistics from all respondents. Reports including adult tobacco survey data are used by the Vermont Department of Health and others to evaluate programs and to inform policy makers. If you are interested in seeing the results, I can arrange for them to be sent to you. *(If person wants reports sent to them, record their name and address and send to Caroline Dawson at caroline.dawson@state.vt.us)*

01 CONTINUE

/IF SP_MENU=06/
HELP06 *My name is on the national do-not-call list. I’m not supposed to get these calls.*

The national do-not-call list was enacted to control telemarketing companies that sell services and products over the phone. The adult tobacco survey is conducted for research and does not fall under current do-not call list laws. The federal laws can be confusing, but research calls are not included in the federal regulations that apply to telemarketing calls. The health department is not selling anything; but your answers will help to evaluate and guide public health policy and programs.

Information about telephone consumer rights can be obtained from the Federal Communications Commission (FCC): phone: **1-888-225-5322** or at [www.fcc.gov](http://www.fcc.gov) and the Federal Trade Commission (FTC) phone # 202-382-4357 or at [www.ftc.gov](http://www.ftc.gov). Information is also available on the Vermont Secretary of State website – [www.sec.state.vt.us/tutor/dobiz/forms/teleinfo.htm](http://www.sec.state.vt.us/tutor/dobiz/forms/teleinfo.htm).

01 CONTINUE

/IF SP_MENU=07/

HELP07 *Is there a state do-not-call list I can get my name on?*

Vermont does not maintain a do-not-call list separate from the national list. The adult tobacco survey, however, is exempt from all do-not-call lists. The national do-not-call list was enacted to control telemarketing companies that sell services and products over the phone. The adult tobacco survey is conducted for research and does not fall under current do-not call list laws. The federal laws can be confusing, but research calls are not included in the federal regulations that apply to telemarketing calls. The health department is not selling anything; but your answers will help to evaluate and guide public health policy and programs.

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[INTERVIEWER NOTE: ICF International maintains a “do not call list” internally for this survey. If respondent requests to be removed from list, code as 009]

01 CONTINUE

/IF SP_MENU=08/

HELP08 *Why am I getting calls so late at night/calls on the weekend?*

The intention is not to disturb you, so I apologize if that was the case. Calls are made during the evening hours and on weekends because many people are not home, or are busy earlier in the day/during the weekday. Calling during *all* periods of the day and evening and on
every day of the week helps to ensure that a representative sample of Vermont adults is reached.

In general, the calling hours for the adult tobacco survey are 9 am to 9 pm on Monday through Friday, 10 am to 9 pm on Saturday and Sunday. However, if there is a more convenient time to contact you, I can arrange for the call to be made during that time (if person says there is a more convenient time schedule a specific callback.)

01 CONTINUE

/IF SP_MENU=09/
HELP09 I said no, why are you calling again?
I apologize; we just wanted to give you another opportunity to participate, as it is really important that we speak to as many households as possible. The validity of our research is actually improved when more of the people selected to complete the survey actually finish the interview. Also, sometimes a person doesn’t want to participate because we’ve reached them at an inconvenient time.

01 CONTINUE

/IF SP_MENU=10/
HELP10 If I decline to participate, will that stop me from being called again?
I can remove your number from dialing for the 2012 VTATS. However, your telephone number was randomly selected for inclusion in the sample for this study. The process of selecting telephone numbers is completely random and anonymous, so there is no guarantee that your number will not be selected as part of the sample for another survey, or even later versions of this survey.

01 CONTINUE

/IF SP_MENU=11/
HELP11 Are my tax dollars paying for this survey?
No. The adult tobacco survey is funded through Master Settlement Agreement (MSA) funds, not by your tax dollars. These funds are the result of the settlement reached with the tobacco industry in 1999—The Vermont Department of Health received approximately 1.6 million dollars in settlement funds in fiscal year 2012.

01 CONTINUE

/IF SP_MENU=12/
HELP12 Why can't I do *69 to call back the person calling me/the number is blocked, is this where I should call to complain?
The VDH contracts with my company, ICF International, to conduct interviews. “*69” doesn’t work because I don’t have an individual phone number to my line. However, if you
would like to reach someone directly to ask questions or voice your concerns, I can give you some direct phone numbers:
VT ATS ICF International Verification Line 1-866-784-7216
VDH 802-865-7783 or (toll-free) 800-869-2871 (ask for Caroline Dawson).

01 CONTINUE

/IF SP_MENU=13/
HELP13 Can I get the survey in the mail? Why call people at home?
This survey is only conducted over the telephone. The health department’s experience with studies of this type shows that mail surveys are more costly-- and achieve lower participation-- than those done over the telephone. Also, reaching people in their homes helps to reduce the chances of bias in the results. In other words, we’ve found that a telephone survey is the most efficient, representative and thorough method to gather information to help guide health department and tobacco control program efforts.

01 CONTINUE

/IF SP_MENU=14/
HELP14 I don’t know anything about that.
This isn’t a test—we’re interested in your opinions and experiences, and will ask about your health and health practices that affect your health. Many people find the survey to be interesting. If there’s any question you don’t feel comfortable answering or don’t know the answer to, you can tell me and we’ll just move on to the next question.

01 CONTINUE

/IF SP_MENU=15/
HELP15 Why should I participate?
This data will be used to improve health programs and prevent diseases. Participating is one way for you to be represented at the state and federal level. The information is used for planning purposes at all levels of government to develop more effective health programs. For example, the VT Department of health uses survey data in budget planning-- to help them prioritize areas to focus on and those that maybe don’t need as much focus at the moment. They also share ATS data (aggregate form only) with local coalitions who use the information to help shape the local activities they implement re: education, cessation, etc.

For one thing, this has to do with how lawmakers spend taxpayer dollars, and putting resources into programs that benefit the most people and do the most good.
The more people who participate (the higher the response rate), the more accurate and reliable the results. Your participations will help our data be reliable.

01 CONTINUE

/IF SP_MENU=16/
**HELP16 Why do you need to know how many adults live in my house?**

We don’t mean to intrude—asking the number of adults (and the genders) in a household allows us to randomly select an individual for participation. Random selection makes our study data more reliable, because it ensures the study represents all adults in Vermont: men, women, different age groups, etc. If we didn’t randomly select someone, then we would always just speak to the person who is most likely to pick up the phone or be at home, which wouldn’t necessarily be representative of everyone in the state.

01 CONTINUE

/IF SP_MENU=17/

**HELP17 I don’t have anything to do with public programs. I get my health care from my private doctor/ HMO/ military.**

All health care providers, public or private, can use the information to improve services, give better advice, and plan better programs.

01 CONTINUE

/IF SP_MENU=18/

**HELP18 I just moved to this state; I don’t qualify as a resident yet.**

If you are now living in this state and you plan to live here, the VDH considers you a resident.

01 CONTINUE

/IF SP_MENU=19/

**HELP19 I don’t smoke/use tobacco—you don’t need to talk to me.**

The health department wants to talk to as many people as possible to get a good representation of the opinions and health of the whole state’s population—*this includes people who don’t use tobacco, people who do, and people who used to use tobacco.*

01 CONTINUE

Introduction – land line and cell phones

Answering machine message:
Interviewer: Leave the following message on the answer machine:

"Hi, my name is _______. I am calling on behalf of the Vermont Department of Health to conduct an important study on the health of Vermont residents.

Please call us at 866-784-7216 at your convenience. Thanks."

Privacy Manager:

IF THE MESSAGE ASKS TO IDENTIFY WHO OR WHAT COMPANY IS CALLING:

"We are calling on behalf of the Vermont Department of Health."

IF MESSAGE ASKS TO ENTER A PHONE NUMBER:

Enter: 866-784-7216

ASK ALL:

INTRO1: 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.

IF 2 PERSON HOUSEHOLD RESUME:

HELLO, I’m calling for the Vermont Department of Health. My name is _________. We recently started an interview with an adult in your household about the health of Vermont residents. We are calling to complete the interview. Would that person be you?

[IF LL STUDY CONTINUE. IF CELL STUDY GO TO “CELL PHONE SCREENER”]

Is this /insert telephone number/?
01 CORRECT NUMBER (PROCEED TO NEXT QUESTION)
05 (SELECTED PERSON) ON THE PHONE (PROCEED TO NEXT QUESTION THIS IS FOR SUSPENDED RECORDS—BRINGS TO LAST QUESTION ASKED IN SUSPENDED INTERVIEW)
06 NUMBER IS NOT THE SAME (TERM WITH DISPOSITION 21)
07 TERMINATION SCREEN

/ IF INTRO1 IN (06)
X1: 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.
01 CONTINUE /TERMINATE - DISPO 21 or 132/ [USED LAND LINE ONLY]

/ IF INTRO1 IN (01 [OR IF RECORD SUSPENDED, INTRO1 WILL=05 (BE FILLED IN FROM PREVIOUS CALL)])
HS1: Is this a private residence?

01 {GO TO NOTE BEFORE PRES1_1} YES
02 NO (TERM WITH DISPOSITION 26) (TERM WITH DISPOSITION 26)

/ IF HS1 IN (02)
X2: Thank you very much, but we are only interviewing private residences. Thank you for your time.
01 CONTINUE /TERMINATE DISPO 026/

/ SCREENER SELECTION LOGIC:
/ SCREEN1 GETTING SCREEN2 HOLD THE PROBABILITY OF THE RESPONDENT SCREENER 1 AND 2. THE FORMAT IS (X.XXX) AND THE RANGE IS 0 TO 1.000
/ RNDS HOLDS THE RANDOM NUMBER SELECTED TO CHOOSE THE SCREENER (X.XXX)
/ SCRTYPE HOLDS THE SELECTED SCREENER:
/ 01 SCREENER 01
/ 02 SCREENER 02
/ 03 SCREENER 03
/ IF RNDS < SCREEN1 THEN SCRTYPE = 1 ELSE,
/ IF RNDS < SCREEN1 + SCREEN2 THEN SCRTYPE = 2 ELSE,
/ SCRTYPE = 3

Screener 1 – Land line

//ASK IF HS1=01 and SCRTYPE=1//PRES1: Our study requires that we randomly select one adult who lives in your household to be interviewed.
01 CONTINUE
//ASK IF HS1=01 AND SCR_TYPE=1//
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 [RANGE=0-18]

  / IF S1_1=0 /
ADULT0 You are saying there are NO adults 18 or over in your household. Is that correct?
1  YES, CORRECT: NO ADULTS 18 OR OVER IN HOUSEHOLD (TERM WITH DISPOSITION 27)
2  NO, INCORRECT (GOES BACK TO S1_1)

  / IF ADULT0 =1 /
X3  Thanks very much, but we are only interviewing adults 18 or over. Thank you for your time.
01 CONTINUE (ASSIGN DISPO 027)

  / IF S1_1 > 5 /
NOTE2 I am sorry. I just want to make sure I recorded this correctly. You said that there are (s1_1) adults living in your household. Is that correct?
1  YES, CORRECT AS IS
2  NO, RE-ASK QUESTION (GOES BACK TO S1_1)

  / IF S1_1 (IN 1, 2), ASK S1_2, /
S1_2. [IF S1_1=1 “Are you the adult?”]
  [IF S1_1=2 “Are you one of the adults?”]
21  YES, MALE
22  YES, FEMALE
03  {GO TO S1_2b} NO

  / IF S1_1=2 AND S1_2 IN (03) /
S1_2ZT. May I speak with one of the adults?
01 Yes
02 No /Terminate 105/

//IF S1_1 =2//
S1_2Z. IF 2 ADULTS IN HOUSEHOLD, THEN WE RANDOMLY SELECT “1” OR “2” (BEFORE WE ASK ABOUT WOMEN AND MEN). IF “1”, THEN THE PERSON ON THE PHONE IS SELECTED. IF “2”, THEN THE OTHER ADULT IS SELECTED, AND WE ASK FOR THE TRANSFER.
S1_2a. Then you are the person I need to speak with.
01 CONTINUE

S1_2b. Is the adult a man or a woman?
21 {AUTOCODE S1_3} MAN (MALE)
22 (AUTOCODE S1_3} WOMAN (FEMALE)

S1_2c. May I speak with /fill in (him/her) from previous question/?
01 {GO TO "CORRECT RESPONDENT"} YES
02 {TERMINATE} NO
77 {DISPO 109} DON’T KNOW
99 {TERMINATE} REFUSED

S1_3A. How many of these adults are men?
_ _ NUMBER OF ADULTS [RANGE=0-18]
00 NONE
01 ONE
02 TWO
03 THREE
04 FOUR
05 FIVE
06 SIX
07 SEVEN
08 EIGHT
09 NINE

NOTE3 I am sorry. I just want to make sure I recorded this correctly. You said that there are (s1_3A) adult men living in your household. Is that correct?
1 YES, CORRECT AS IS
2 NO, RE-ASK QUESTION (GOES BACK TO S1_3A)

S1_3B. How many of these adults are women?
_ _ NUMBER OF ADULTS [RANGE=0-18]
NOTE4 I am sorry. I just want to make sure I recorded this correctly. You said that there are (s1_3B) adult women living in your household. Is that correct?
1 YES, CORRECT AS IS
2 NO, RE-ASK QUESTION (GOES BACK TO S1_3B)

/ IF S1_3B > 5
/ RANDOMLY SELECT ADULT; ASSIGN SELECTED VALUE:
/ 01 OLDEST FEMALE
/ 02 2ND OLDEST FEMALE
/ 03 3RD OLDEST FEMALE
/ 04 4TH OLDEST FEMALE
/ 05 5TH OLDEST FEMALE
/ 06 6TH OLDEST FEMALE
/ 07 7TH OLDEST FEMALE
/ 08 8TH OLDEST FEMALE
/ 09 9TH OLDEST FEMALE
/ 11 OLDEST MALE
/ 12 2ND OLDEST MALE
/ 13 3RD OLDEST MALE
/ 14 4TH OLDEST MALE
/ 15 5TH OLDEST MALE
/ 16 6TH OLDEST MALE
/ 17 7TH OLDEST MALE
/ 18 8TH OLDEST MALE
/ 19 9TH OLDEST MALE
/ 20 NO RESPONDENT SELECTED
/ 21 ONE PERSON - MALE
/ 22 ONE PERSON - FEMALE
/ 24 PERSON (SINGLE ADULT HH)
/ 25 2 ADULTS--PERSON ON THE PHONE
/ 26 2 ADULTS—OTHER ADULT (NOT PERSON ON THE PHONE) SELECTED
/ ASK IF TOTAL NUMBER OF MEN PLUS WOMEN IS LESS THAN NUMBER RECORDED IN ADULTS/

SHOWTOT
I'm sorry, something is not right.

Number of Men - [INSERT NUMBER MEN]
Number of Women - [INSERT NUMBER WOMEN]
Number of Adults - [INSERT NUMBER OF ADULTS]

1 Correct the number of men
2 Correct the number of women
3 Correct the number of adults

/ IF S1_1 = 2-18 AND S1_2Z IS BLANK/
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 {DISPO 109} DON'T KNOW
99 {TERMINATE} REFUSED

/ IF S1_4 IN (02) OR IF S1_2Z = 02//
S1_4a. May I speak with /IF S1_4 IN 02 insert “selected respondent”. IF S1_2Z = 02 “THE OTHER ADULT IN THE HOUSEHOLD”/?

01 {GO TO “CORRECT RESPONDENT”} YES
02 NO
77 {DISPO 109} DON’T KNOW
99 {TERMINATE IF TWOADLT=1} REFUSED

/ ASK IF ((S1_2Z=02) AND (S1_4A= 2,77,99))/
TWOADLT So I can make sure to ask for the correct person when I call back, can you tell me how to identify them...for example you can give me /their initials, or tell me to ask for the “oldest male” in the household....
01 GAVE Response
77 DON’T KNOW {GO TO TERMINATE SET AS DISPO 109/ 99 REFUSE{TERMINATE}
IF TWOADLT = 01/
TWOADLTO
ENTER RESPONSE _____________

ASK IF (S1_4A, S1_2C, S2_5B, S2_7A, S3_5A, S3_7A) IN (01) OR (S1_2Z=1 AND S1_2ZT=1)

CORRESP 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.

01 CONTINUE

ASK IF (S1_2C, S1_4, S1_4A, S1_2Z, S2_2B S2_7, S2_7A, S3_5A, S3_7A IN (01), OR S1_2, S2_3, S2_5, S3_5, S3_7 IN (1,2) OR

YOURTHE1:
[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 18 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 or recorded for quality assurance purposes.

General verification: 1-888-316-8056
VT DEPT OF HEALTH (ONLY IF REQUESTED): 1-800-869-2871 (Business hours only)

001 Person interested, continue
002 Go back to Adults question. Warning: A new respondent may be selected. (You need Supervisor's permission to use this option.)”
Screener 2 – Land line

///ASK IF HS1=01 and SCRTYPE=2///
PRES2. Our study requires that we randomly select one adult who lives in your household to be interviewed.
01 CONTINUE

//ASK IF HS1=01 and SCRTYPE=2///
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

\[IF S2_1=0\]
ADULT0 You are saying there are NO adults 18 or over in your household. Is that correct?
1 YES, CORRECT: NO ADULTS 18 OR OVER IN HOUSEHOLD (TERM WITH DISPOSITION 13)
2 NO, INCORRECT (GOES BACK TO S2_1)

\[IF S2_1 > 5\]
NOTE2 I am sorry. I just want to make sure I recorded this correctly.

You said that there are (s2_1) adults living in your household. Is that correct?
1 Yes, correct as is
2 No, re-ask question

\[IF S2_1=1\]
S2_2. Are you the adult?

01 \{GO TO S2_3\} YES
02 NO

\[IF S2_2 = 02\]
S2_2N Is the adult a man or a woman?

21 Male
22 Female
/ IF S2_2 IN (02)
S2_2a. May I speak with (him/her)?

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<tbody>
<tr>
<td>01</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>{TERMINATE}</td>
<td>NO</td>
</tr>
<tr>
<td>77</td>
<td>{DISPO 109}</td>
<td>DON’T KNOW</td>
</tr>
<tr>
<td>99</td>
<td>{TERMINATE}</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

/ IF S2_2A IN (01)
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.

01 CONTINUE

/ IF S2_2=1 OR S2_2B IN (01)
S2_3. Do you smoke cigarettes every day, some days, or not at all?

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<tbody>
<tr>
<td>21</td>
<td>{GO TO YOU’RE THE ONE}</td>
<td>EVERY DAY OR SOME DAYS, MALE</td>
</tr>
<tr>
<td>22</td>
<td>{GO TO YOU’RE THE ONE}</td>
<td>EVERY DAY OR SOME DAYS, FEMALE</td>
</tr>
<tr>
<td>03</td>
<td>NOT AT ALL, MALE</td>
<td>GO TO TERM3 /TERM ASSIGN</td>
</tr>
</tbody>
</table>

DISP 043/

<p>| | | |</p>
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<tr>
<td>04</td>
<td>NOT AT ALL, FEMALE</td>
<td>GO TO TERM3 /TERM ASSIGN DISP 043</td>
</tr>
</tbody>
</table>

//IF S2_3 IN (3,4) OR S2_4A = 0//

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

STOP
01 Continue

/ IF S2_1>1
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?

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<tbody>
<tr>
<td>S2_4A</td>
<td>NUMBER OF ADULTS WHO SMOKE EVERY DAY OR SOME DAYS [RANGE=0-18]</td>
<td></td>
</tr>
<tr>
<td>S2_4B</td>
<td>NUMBER OF ADULTS WHO DO NOT SMOKE AT ALL [RANGE=0-18]</td>
<td></td>
</tr>
</tbody>
</table>

/ IF SUM OF S2_4A AND S2_4B IS NOT EQUAL TO S2_1, ASK S2_4CHK, OTHERWISE GO TO INSTRUCTIONS BEFORE S2_5/

S2_4CHK. 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, TERM/

/IF S2_3 = 03 or 04, TERM/

If (S2_4a) Number of adults who smoke every day or some days = 1
S2_5. The person I need to speak with is the adult who smokes every day or some days. Are you
the adult?

21  {GO TO YOU’RE THE ONE}  YES, MALE
22  {GO TO YOU’RE THE ONE}  YES, FEMALE
03  NO

/  /IF S2_5 = 03/

S2_5a. Is the adult a man or a woman?

21  MAN
22  WOMAN
77  DON’T KNOW
99  REFUSED

/  /IF S2_5 IN (03)

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

/  /IF S2_4A >1

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

S2_6A _ _  NUMBER OF MEN SMOKERS [RANGE=0 to S2_4A]
S2_6B __ NUMBER OF WOMEN SMOKERS [RANGE=0 to (S2_4A-S2_6A)]

/IF S2_6A > 5/
NOTE3 I am sorry. I just want to make sure I recorded this correctly.

You said that there are (s2_6a) men in your household who smoke every day. Is that correct?

1 Yes, correct as is
2 No, re-ask question

/IF S2_6B > 5/
NOTE4 I am sorry. I just want to make sure I recorded this correctly.

You said that there are (s2_6b) women in your household who smoke every day. Is that correct?

1 Yes, correct as is
2 No, re-ask question

/IF S2_4A <> S2_6A + Q2_6B AND S2_4A > 1/
S2_6CHK I'm sorry, I seem to have made a mistake. Earlier you said there were (S2_4a) adults who smoke cigarettes every day or some days. Now I have that there are (S2_6a + Q2_6b) adults. Is this correct?

01 NO, NUMBER OF ADULTS IN PREVIOUS QUESTION IS WRONG
02 NO, NUMBER OF ADULTS WHO SMOKE EVERY DAY/SOME DAYS IS WRONG
03 CORRECT, NO CHANGE
77 DON'T KNOW/NOT SURE
99 REFUSED
LIST1
RANDOMLY SELECT ADULT; ASSIGN SELECTED VALUE:
01 OLDEST FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
02 2ND OLDEST FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
03 3RD OLDEST FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
04 4TH OLDEST FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
05 5TH OLDEST FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
06 6TH OLDEST FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
07 7TH OLDEST FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
08 8TH OLDEST FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
09 9TH OLDEST FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
10 OLDEST MALE WHO SMOKES EVERY DAY OR SOME DAYS.
11 2ND OLDEST MALE WHO SMOKES EVERY DAY OR SOME DAYS.
12 3RD OLDEST MALE WHO SMOKES EVERY DAY OR SOME DAYS.
13 4TH OLDEST MALE WHO SMOKES EVERY DAY OR SOME DAYS.
14 5TH OLDEST MALE WHO SMOKES EVERY DAY OR SOME DAYS.
15 6TH OLDEST MALE WHO SMOKES EVERY DAY OR SOME DAYS.
16 7TH OLDEST MALE WHO SMOKES EVERY DAY OR SOME DAYS.
17 8TH OLDEST MALE WHO SMOKES EVERY DAY OR SOME DAYS.
18 9TH OLDEST MALE WHO SMOKES EVERY DAY OR SOME DAYS.
19 NO RESPONDENT SELECTED WHO SMOKES EVERY DAY OR SOME DAYS.
20 ONE PERSON - MALE WHO SMOKES EVERY DAY OR SOME DAYS.
21 ONE PERSON - FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
22 ONE PERSON - FEMALE WHO SMOKES EVERY DAY OR SOME DAYS.
23 PERSON WHO SMOKES EVERY DAY OR SOME DAYS.

//IF S2_7A >1
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 {DISPO 109} DON’T KNOW
99 {TERMINATE} REFUSED

// IF S2_7 IN (02)
S2_7a. May I speak with the /INSERT SELECTED RESPONDENT/?
01 {GO TO “CORRECT RESPONDENT”} YES
02 {TERMINATE} NO
77 {DISPO 109} DON’T KNOW
99 {GO TO TERMINATE} REFUSED
CORRESP 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.

YOURTHE1: 
[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 18 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 or recorded for quality assurance purposes.

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

001 Person interested, continue
002 Go back to Adults question. Warning: A new respondent may be selected. (You need Supervisor's permission to use this option.)"
Screener 4 - Cell phone Screener

[CATI NOTE: Please include a response option on each intro screen for: “DOES NOT LIVE IN “VT” These responses should terminate out as ineligible for the study. Please read to respondents; “I’m sorry, we’re only interviewing residents of VT at this time. Thank you.”]

/ ASK ALL IF SAMPLE=LANDLINE/
CINTRO 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.

1 Continue
4 DOES NOT LIVE IN VT (TERM WITH DISPOSITION 040)
9 Terminate

/ /ASK IF CINTRO IN (01)/
Sc3c. Your safety is important to me. Are you driving a car or operating another motor vehicle right now?

1 Yes Thank you very much. We will contact you at a later time. (TERM WITH DISPOSITION 104 IF CTERM_0 AND CTERM_B ARE BLANK)

2 No Continue

//ASK IF Sc3c=01//
SC3C_CB
SET CALLBACK

01 CONTINUE

/ /ASK IF SC3C=02/
Sc3ac. Are you in a location where talking on the phone may jeopardize your safety and/or confidentiality?

1 Yes Thank you very much. We will contact you at a later time. (TERM WITH DISPOSITION 104 IF CTERM_0 AND CTERM_B ARE BLANK)

2 No Continue

//ASK IF Sc3ac=01//
Sc3AC_CB
SET CALLBACK

01 CONTINUE
Sc4c. In addition to your cell phone, do you also have a residential landline telephone? Do not include landline telephones that are used only for computers or fax machines.

01 Yes
02 No
88 DON'T HAVE A CELL PHONE/THIS ISN'T A CELL PHONE
95 DOES NOT LIVE IN VT [TERM INEL.GEOGRAPHY DISPO 040]

ASK IF SC4C=1

PCTCELL
Thinking about all the phone calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone?

Enter Percent (1 to 100)
8 8 8 Zero
7 7 7 Don't know/Not sure
9 9 9 Refused

/IF SC4C=88 OR PCTCELL=1-89,888,777,999/

NOCELL: Thank you very much for your time. Those are all the questions I have."
01 CONTINUE (DISPO 042)

/IF ANY OF CINTRO=4 OR SC4C=95 OR SC6C=2//

EX7:
“I'm sorry, we're only interviewing residents of Vermont at this time. Thank you.”
01 CONTINUE

/ASK IF SC4C=02 OR PCTCELL=90-100/

Sc5c. Are you 18 years of age or older?

01 YES
02 NO /TERM ASSIGN DISPO 45/
77 DON'T KNOW /TERM ASSIGN DISPO 46/
99 REFUSED /TERM ASSIGN DISPO 46/

/ASK IF SC5C=02,77,99

Ex5 IF UNDER 18 YRS

Thank you very much, but we are only interviewing people age 18 and older. STOP
Can you please tell me how many members of your household, including yourself, are 18 years of age or older?
_ _ Number of adults /RANGE=0-18/
77 DON’T KNOW/NOT SURE
99 REFUSED

Just in case the call is dropped can I get your first name or initials, so I can make sure to ask for the right person when I call back?

01 Gave first name //GO TO ENTER NAME//
02 Gave Initials //GO TO ENTER INITIALS/
99 Refuse //GO TO Sc6c//

//ENTER NAME//
______________[INTERVIEWER VERIFY NAME]
//GO TO Sc6c//

//ENTER INITIALS
______________[INTERVIEWER VERIFY INITIALS]
//GO TO Sc6c//

As I mentioned earlier, I am calling on behalf of the Vermont Department of Health to gather information on the health of Vermont residents. Your cell phone number has been chosen randomly. The interview takes about 18 minutes to complete. The call may be monitored or recorded for quality assurance, but all information is kept confidential. Your participation in the study is voluntary. You don’t have to answer any question you don’t want to, and you can end the interview at any time. 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.

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VT DEPT OF HEALTH (ONLY IF REQUESTED): 1-800-869-2871 (Business hours only)
1 CONTINUE
2 DOES NOT LIVE IN VERMONT /TERM WITH DISPOSITION 040; GO TO EX7/ T TERMINATE
Introductory Section

//ASK ALL//
NQ20071. In general, would you say your health is:
[READ LIST]
01 Excellent
02 Very good
03 Good
04 Fair
05 Poor
77 DON’T KNOW/NOT SURE
99 REFUSED

//ASK ALL//
NQ20072. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
____ Number of Days [Range: 0 – 30]
77 DON’T KNOW/NOT SURE
99 REFUSED

//ASK ALL//
NQ20073. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
____ Number of Days [Range: 0 – 30]
77 DON’T KNOW/NOT SURE
99 REFUSED

Section 1: SMOKING STATUS

//ASK ALL//
Q1_1. Have you smoked at least 100 cigarettes in your entire life?
01 YES
02 {GO TO NQ20082} {SET XSMOKER=NO (22)} NO
77 {GO TO NQ20082} {SET XSMOKER= NO (22)} DON’T KNOW/NOT SURE
99 {GO TO NQ20082} {SET XSMOKER= NO (22)} REFUSED

//ASK IF Q1_1 = 1//
Q1_2. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for at least 30 days?
01 YES
02 NO
77 DON’T KNOW/NOT SURE
99 REFUSED
Q1_3. Do you now smoke cigarettes every day, some days, or not at all?
01  {SET SMOKER=YES}          EVERY DAY
02  {SET SMOKER=YES}          SOME DAYS
03  {GO TO NQ20082} {SET XSMOKER=EX (33)}       NOT AT ALL
77  {GO TO NQ20082} {SET XSMOKER=EX (33)}       DON'T KNOW
99  {GO TO NQ20082} {SET XSMOKER=EX (33)}       REFUSED

Q1_4. Now I'd like you to think about the past 30 days. On how many of the past 30 days did you smoke?
_ _  {RANGE 01-30}          [ENTER RESPONSE]
88  {GO TO NQ20082}       NONE
77  {GO TO NQ20082}       DON'T KNOW/NOT SURE
99  {GO TO NQ20082}       REFUSED

Q1_5. On the average, on days when you smoked during the past 30 days about how many cigarettes did you smoke a day?
[1 PACK =20 CIGARETTES]
[ENTER '100' FOR 100 OR MORE CIGARETTES A DAY.]
_ _  {RANGE 000-100}          [ENTER RESPONSE]
777  DON'T KNOW/NOT SURE
999  REFUSED

ASK ALL
NQ201216 I’d like to ask you about your use of tobacco products other than cigarettes. Do you use any of the following products every day, some days, or not at all?
01 CONTINUE
[READ IF NECESSARY: I’d like to ask you about your use of tobacco products other than cigarettes. Do you use any of the following products every day, some days, or not at all?]

NQ1216A Chewing tobacco, snuff or snus? [IF NECESSARY: Snus is a moist, smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.]
NQ1216B Cigars, pipes, or pipe tobacco?
NQ1216C E-cigarettes or electronic cigarettes? [IF NECESSARY: Electronic cigarettes or e-cigarettes are battery-operated devices designed to look like and be used like conventional cigarettes. They typically contain a cartridge filled with nicotine, flavoring and other chemicals in a liquid or gel form.]
NQ1216D Any other type of tobacco products (i.e. hookah, bidi, etc.)?
01 EVERY DAY
Section 2: CIGARETTE SMOKING PRACTICES: CURRENT SMOKERS

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

NQ20063. In your most recent attempt to quit smoking cigarettes, did you...

01 CONTINUE

NQ20063A. Quit on your own with no help.

NQ20063C. Read books, brochures, or pamphlets to prepare for quitting

NQ20063D. Call a smokers’ quit line for help

NQ20063E. Talk with a doctor or other health professional

NQ20063F. Attend group sessions or classes

NQ20063G. Receive individual counseling

NQ20123H. Use nicotine replacement (IF NECESSARY: A patch, gum, lozenge, spray, etc.)

NQ20063M. Use zyban or wellbutrin

NQ20063N. Use Chantix or Varenicline

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

NQ20063O. Use the internet

NQ20123X. Use an “e-cigarette”

NQ20123Y. Use a cessation texting program

NQ20123Z. Use a cessation application or ‘app’

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

01 YES
02 NO
77 DON’T KNOW
99 REFUSED
IF NQ20063P IN (01)
NQ20063X. What other method did you use in your most recent quit attempt
SPECIFY:

//ASK Q1_3 IN (01,02)//
Q2_14B. Are you seriously thinking of quitting smoking cigarettes in the next 30 days?
  01 YES
  02 NO
  77 DON’T KNOW
  99 REFUSED

DP: IF NQ20123H=01 OR NQ20063M=01 OR NQ20063N=01 AUTOPOPULATE Q2_19=01
//ASK Q1_3 IN (01,02) AND NQ20123H=02,77,99 AND NQ20063M=02,77,99 AND
  NQ20063N=02,77,99//
Q2_19. Have you EVER used a nicotine skin patch, gum, inhaler, nasal spray, lozenges, Zyban,
Wellbutrin, Chantix, or Varenicline?
[PRONOUNCED: (ver EN e kleen) and (SHAN tix)]
  01 YES
  02 NO
  77 DON’T KNOW/NOT SURE
  99 REFUSED

//ASK Q1_3 IN (01,02)//
NQ20103. Have you heard of the Vermont Quit Network?
  01 YES
  02 NO
  77 DON’T KNOW/NOT SURE
  99 REFUSED

//ASK Q1_3 IN (01,02), MULTIPUNCH {MUL=6}//
NQ20104. Have you heard of the following Vermont Quit Network services…
[READ LIST]
[Check all that apply]
[INTERVIEWER, OPTIONS 01 THROUGH 03 SHOULD BE READ TO THE RESPONDENT. DO NOT
READ OTHER RESPONSES, BUT OK TO CHOOSE MULTIPLE RESPONSES ACROSS 01-06]
  01 Quit by Phone
  02 Quit in Person
  03 Quit Online
  04 QUIT LINE
  05 QUIT NET
  06 HOSPITAL GROUP/HOSPITAL QUIT PROGRAM
  77 DON’T KNOW

29
01  YES
02  NO
77  DON’T KNOW/NOT SURE
99  REFUSED

//ASK Q1_3 IN (01,02)
NQ20104. Have you ever gone to the website VTQUITNETWORK.ORG?
01  YES
02  NO
77  DON’T KNOW/NOT SURE
99  REFUSED

//ASK Q1_3 IN (01,02) AND (NQ20104 = 1 OR NQ20104 = 4) AND (Q2_8 ≥ 1)
NQ20105. In your most recent quit attempt, did you call the Vermont Quit Network’s Quit by Phone service?
[Note to interviewer: If respondent says they called the Quit Line, code this question as yes]
01  YES
02  NO
77  DON’T KNOW/NOT SURE
99  REFUSED

//ASK NQ20105 = 2
NQ20106. I’m going to read you a list of reasons why some people don’t call the Vermont Quit Network’s Quit by Phone service. Please answer yes or no to each of the statements.
01  CONTINUE

//ASK NQ20105 = 2 //ROTATE NQ20106A THROUGH NQ20106I
//DP AND PROGRAMMING USE RQ20106A THROUGH RQ20106I WHICH WILL HOLD THE POSITION (1-9) IN THE ROTATION OF THE CORRESPONDING QUESTION/
NQ20106A. You wanted to quit on your own, without help
NQ20106B. You didn’t think telephone counseling would help
NQ20106F. You had used a quit line before and didn’t want to do it again
NQ20106G. You thought it cost too much
NQ20106H. You didn’t like to or couldn’t talk on the telephone for long amounts of time
NQ20106I. You thought you could quit without telephone counseling
NQ20126K You are not sure what “Quit by Phone” is or what is has to offer
NQ20106J. Was there any other reason I didn’t read?
01  YES
02  NO
77  DON’T KNOW
99  REFUSED

// IF NQ20106J IN (01)
NQ20106X What was the other reason?
SPECIFY:
NQ20107. In your most recent quit attempt, did you use the Vermont Quit Network’s Quit in Person service?

01 YES
02 NO
77 DON’T KNOW
99 REFUSED

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

01 CONTINUE

NQ20108A. You wanted to quit on your own, without help
NQ20108B. You didn’t think this kind of program is what you needed to quit
NQ20108C. You didn’t think a counselor could understand your problems with quitting
NQ20108D. You didn’t think group or individual counseling would help
NQ20108E. You didn’t want to give personal information to a group or counselor
NQ20108F. You didn’t think the amount of counseling would be enough to help
NQ20108G. You only wanted to talk to someone once or only wanted one session
NQ20108H. You had used groups or counseling before and didn’t want to do it again
NQ20108I. You thought it cost too much
NQ20108L. You couldn’t go during the time of day the program was offered
NQ20128O You are not sure what “Quit in Person” is or what it has to offer
NQ20108N. Was there any other reason I didn’t read?

01 YES
02 NO
77 DON’T KNOW
99 REFUSED

IF NQ20108N IN (01)

NQ20108X What was the other reason?
SPECIFY:

NQ20109. In your most recent quit attempt, did you use the Vermont Quit Network’s Quit Online service?

01 YES
02 NO
77 DON’T KNOW
I’m going to read you a list of reasons why some people don’t use the Vermont Quit Network’s Quit Online service. Please answer yes or no to each of the statements.

01 CONTINUE

NQ2010. You wanted to quit on your own, without help
NQ2010B. You didn’t think this kind of program is what you needed to quit
NQ2010E. You didn’t understand how the online program works.
NQ2010F. You didn’t think the amount of counseling would be enough to help
NQ2010L. You thought it cost too much
NQ210K. You are not sure what “Quit Online” is or what it has to offer
NQ2010J. Was there any other reason I didn’t read? [Specify:______]

01 Yes
02 No
77 Don’t know
99 Refused

IF NQ2010J IN (01)
NQ2010X What was the other reason?
SPECIFY:

NQ2010. Are you eligible to get free or reduced cost nicotine patches, gum or lozenges from the Vermont Quit Network, through your health insurance provider, through both organizations, or are you NOT eligible?

01. Vermont Quit Network
02. Health Insurance Provider
03. Both
04. Neither/Not eligible
77. DON’T KNOW
99. REFUSED

The next question asks about the cost of buying cigarettes.
NQ2_12: How concerned are you about the cost of cigarettes?
[PLEASE READ LIST]
01 Not At All Concerned
02 Slightly Concerned
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>03</td>
<td>Moderately Concerned</td>
</tr>
<tr>
<td>04</td>
<td>Very Concerned</td>
</tr>
<tr>
<td>05</td>
<td>Extremely Concerned</td>
</tr>
<tr>
<td>77</td>
<td>DON'T KNOW/NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

/GO TO Section 4/
Section 3. CIGARETTE SMOKING PRACTICES - FORMER SMOKERS

//ASK Q1_3 IN (03,77,99)
Q3_30B. About how long has it been since you last smoked cigarettes regularly?
1. ___ HOURS /RANGE=101-123/  
2. ___ DAYS /RANGE=201-207/  
3. ___ WEEKS /RANGE=301-304/  
4. ___ MONTHS /RANGE=401-412/  
5. ___ YEARS /RANGE=501-599/  
777 DON’T KNOW/NOT SURE [skip to section 4]  
999 REFUSED [skip to section 4]

//ASK IF Q3_30B >= 1 HOUR AND <= 1 YEAR//
Q3_30BCHK. [LABELED AS Q3_30BCK IN PROGRAM] Just to make sure I’ve entered the information correctly, you said you last smoked cigarettes regularly XX minutes/hours/days/weeks/months/years ago?
01 YES, CORRECT  
02 {RESET Q3_30B} INCORRECT

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

//ASK Q3_30B <= 505
Q3_32. I am going to read a list of reasons some people have for quitting cigarettes. For each, tell me if it was a reason why you tried to quit.
01 CONTINUE

//ASK Q3_30B <= 505
Q3_32A. Concern about health effects of smoking  
Q3_32B. Concern about the cost of smoking  
Q3_32D. Restriction on smoking at home or at work or other public places  
Q3_32E. Advice from doctor or other health professional  
Q3_32F. Pregnancy or partner is pregnant  
Q3_32H. Because of smoke effects on my child/children  
Q3_32I. Concern that my child will become a smoker  
Q3_32J. Availability of free or reduced cost nicotine patches, gum or lozenges?  
Q3_32K. Is there another reason I didn’t read?
01 YES, SPECIFY ________________  
02 NO  
77 DON’T KNOW
Q3_32KX What was the other reason?  
SPECIFY:

//ASK Q3_30B ≤ 505 //  
NQ20065: In your most recent attempt to quit smoking cigarettes, did you...  
01 CONTINUE

//ASK Q3_30B ≤ 505//  
NQ20065A. Quit on your own with no help.  
NQ20065C. Read books, brochures, or pamphlets to prepare for quitting  
NQ20065D. Call a smokers’ quit line for help  
NQ20065E. Talk with a doctor or other health professional  
NQ20065F. Attend group sessions or classes  
NQ20065G. Receive individual counseling  
NQ20125H. Use nicotine replacement [IF NECESSARY: a patch, gum, lozenge, sprays, etc.]  
NQ20065M. Use zyban or wellbutrin  
NQ20065N. Use Chantix or Varenicline  
NQ20065O. Use the internet  
NQ20125X. Use an “e-cigarette”  
NQ20125Y. Use a cessation a texting program  
NQ20125Z. Use a cessation application or ‘app’  
NQ20065P. Did you use any methods in your most recent quit attempt that I didn’t mention?  
    01     YES  
    02     NO  
    77     DON’T KNOW  
    99     REFUSED

//IF NQ20065P IN (01)//  
NQ20065X What other methods did you use in your most recent quit attempt?  
SPECIFY:

/Go to Section 4/
Section 4: HEALTH CARE VISITS IN LAST 12 MONTHS

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

11 MALE
22 FEMALE

//IF SELECTED = 21 AND Q6_97 IS FEMALE
S13Q16A INTERVIEWER: Are you sure the respondent is FEMALE?
The respondent selected was the \\list: \\list1: \\list3:
You need to go back and correct the mistake.
[PRESS ENTER TO CONTINUE ... ]

//IF SELECTED = 22 AND Q6_97 IS MALE
S13Q16B INTERVIEWER: Are you sure the respondent is MALE?
The respondent selected was the \\list: \\list1: \\list3:
Is the previous answer correct?
You need to go back and correct the mistake.
[PRESS ENTER TO CONTINUE ... ]

//IF SEL IS ONE PERSON - MALE AND Q6_97 IS FEMALE
S13Q16C INTERVIEWER: Are you sure the respondent is FEMALE?
This is a single adult household and it was indicated earlier that the respondent was MALE.
1 Yes, respondent is a FEMALE (SKIPTO PRES4)
2 No, respondent is a MALE

//IF SEL IS ONE PERSON - FEMALE Q6_97 IS MALE
S13Q16D INTERVIEWER: Are you sure the respondent is MALE?
This is a single adult household and it was indicated earlier that the respondent was FEMALE.
1 Yes, respondent is a MALE (SKIPTO PRES4)
2 No, respondent is a FEMALE

//ASK ALL//
PRES4 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.
01 CONTINUE
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}

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

Q4_39C. Thinking about your last visit, did your health care professional talk with you about cigarette smoking?
01 {IF SMOKER=EX, GO TO Q4_40A} YES
02 {IF SMOKER=EX, GO TO Q4_40A} NO
77 {IF SMOKER=EX, GO TO Q4_40A} DON'T KNOW/NOT SURE
99 {IF SMOKER=EX, GO TO Q4_40A} REFUSED

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

Q4_39E1. What program did your health care professional recommend to help you quit cigarettes?
[Note to interviewer: if respondent says they were referred to the Quit Line, code this as 09-Quit by Phone.
If respondent says they were referred to the hospital program, code this as 10-Quit in Person and if they say...
they were referred to Quit Net, code this as 11-Quit in Person]

[PLEASE DO NOT READ]

[Check all that apply]

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

/ ///ASK ALL///

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

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

/ ///ASK Q4_40A = 1///

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

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

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

Q4_40D. Thinking about your last visit, did your dentist or dental hygienist advise you to stop smoking cigarettes?

01 YES
02 NO
77 DON’T KNOW
99 REFUSED
Q4.40E. Thinking about your last visit, did your dentist or dental hygienist recommend any specific program or medicine to help you quit cigarettes?
01 YES
02 NO
77 DON’T KNOW
99 REFUSED

NQ6_1T 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.
01 CONTINUE

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….
01 CONTINUE

NQ6_2A. Medicaid Or PC Plus Medicaid
NQ6_2B. Medicare
NQ6_2C. VHAP (Vermont Health Access Plan) Or PC Plus VHAP
NQ6_2D. Ladies First [CATI: Asked only of female respondents] //ASK IF Q6_97=22 AND NQ6_2=01
NQ6_2E. Veterans Administration
NQ6_2F. Blue Cross Blue Shield
NQ6_2G. MVP
NQ6_2H. Cigna
NQ6_2I. Catamount Blue
NQ6_2J. MVP Catamount Choice
NQ6_2K. Other Private Insurance
NQ6_2L. Are There Any Other Types Of Health Insurance I Didn’t Mention?
 01 YES
 02 NO
 77 DON’T KNOW/NOT SURE
 99 REFUSED

NQ6_2X What other type of insurance?
SPECIFY:

Section 5: RISK PERCEPTION AND SOCIAL INFLUENCES

/ /ASK ALL//
Q5_41T Now I’m going to ask you some questions about people around you.
01 CONTINUE

/ /ASK ALL//
Q5_42B. In your opinion, how do most people in your community feel about adults smoking cigarettes?
[READ LIST]
01 Definitely Should Not Smoke
02 Probably Should Not Smoke
03 Ok To Smoke Sometimes
04 Ok To Smoke As Much As You Want
[PLEASE DO NOT READ]
77 DON’T KNOW
99 REFUSED

/ /ASK ALL//
Q5_42C. How do you feel about adults smoking cigarettes?
[READ LIST]
01 Definitely Should Not Smoke
02 Probably Should Not Smoke
03 Ok To Smoke Sometimes
04 Ok To Smoke As Much As You Want
[PLEASE DO NOT READ]
77 DON’T KNOW
99 REFUSED

/ /ASK ALL//
Q5_44. Which statement best describes the rules about smoking cigarettes inside your home?
[READ LIST]
01 Smoking Is Not Allowed Anywhere Inside Your Home
02 Smoking Is Allowed In Some Places Or At Some Times
03 Smoking Is Allowed Anywhere Inside The Home
04 There Are No Rules About Smoking Inside The Home
[PLEASE DO NOT READ]
77 DON’T KNOW
99 REFUSED
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

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

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
Q5_45T Now I am going to ask about the smoke from other people’s cigarettes.

01 CONTINUE

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

- _ {RANGE 01=07} _ [ENTER RESPONSE]

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

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_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

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

01 YES
02 NO
77 DON’T KNOW/NOT SURE
99 REFUSED
The following questions are about things you may have heard or seen about quitting or not smoking in the media.

Q5_78. In the past six months, that is since [today-6 months] have you seen anything on television about quitting cigarette smoking?
   01 YES
   02 {GO TO Q5_78CHK} NO
   03 DON’T WATCH TV
   77 DON’T KNOW
   99 REFUSED

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

Q5_82. In the past six months, that is since [insert date] have you heard anything on the radio about quitting cigarette smoking?
   01 {} YES
   02 {GO TO Q5_82CHK} NO
   03 {} DIDN’T LISTEN TO THE RADIO IN PAST 6 MONTHS
   77 {} DON’T KNOW
   99 {} REFUSED

Q5_82CHK. Just to clarify, do you mean you did not hear anything on the radio about quitting cigarette smoking or that you did not listen to the radio in the past 6 months?
   01 Did not hear anything on the radio about quitting cigarette smoking
   02 Did not listen to the radio in the past 6 months
   99 REFUSED
/ ASK ALL

NQ20126 Next I would like to ask you about your support for tobacco policies. What is your opinion about policies that ban smoking in…

01 CONTINUE

[READ IF NECESSARY: What is your opinion about policies that ban smoking in…]

NQ20126A Outdoor public places such as benches or parks? Are you… [READ LIST]

NQ20126B Entrance ways of public buildings and workplaces? Are you… [READ LIST]
NQ20126C Apartment buildings, condominiums, and other multi-unit complexes, including indoor areas, private balconies, and patios? Are you… [READ LIST]

01 Strongly in favor
02 Somewhat in favor
03 Neither in favor nor against
04 Somewhat against
05 Strongly against
77 DON’T KNOW/NOT SURE
99 REFUSED

/ ASK ALL

NQ20127 What is your opinion about polices that…

01 CONTINUE

[READ IF NECESSARY: What is your opinion about polices that…]

NQ20127A Require warning labels on cigarette packs that show graphic images of damage caused by smoking, such as black lungs? Are you… [READ LIST]

NQ20127B Ban the sale of all tobacco products in pharmacies? Are you… [READ LIST]
NQ20127C Ban the display of tobacco products such as packs of cigarettes or cigars from stores? Are you… [READ LIST]
NQ20127D Limit the number of stores that sell tobacco in your community? Are you… [READ LIST]
NQ20127E Ban the sale of tobacco products that are located near schools? Are you… [READ LIST]

01 Strongly in favor
02 Somewhat in favor
Section 6: DEMOGRAPHICS

/ //ASK ALL//

Q6_93T Finally, I’m going to ask you for some general information about yourself.
01 CONTINUE

/ //ASK ALL//

Q6_93. What is your age?
_ _ _ [RANGE 018-099] [ENTER RESPONSE] [099 = 99 AND OLDER]
777 DON’T KNOW
999 REFUSED

/ //ASK ALL//

Q6_94. Are you Hispanic or Latino?
01 YES
02 NO
77 DON’T KNOW
99 REFUSED

/ //ASK ALL//

/ MUL=6

Q6_95. Which one or more of the following would you say is your race?
{MUL=6}
[READ LIST]
[Check all that apply]

01 White
02 Black Or African American
03 Asian
04 Native Hawaiian Or Pacific Islander
05 American Indian Or Alaska Native
66 Other: [Enter Response]
[PLEASE DO NOT READ]
77 DON’T KNOW
99 REFUSED
\[
\text{IF Q6.95 IN (66)}
\]

Q6.95X [ENTER OTHER SPECIFY]
Enter response:

\[
\text{ASK IF MORE THAN ONE RESPONSE TO Q6.95/}
\]

Q6.96. Which one of these groups would you say best represents your race?
[CATI: recall responses from Q6.95 only]

[READ LIST]
01 White
02 Black Or African American
03 Asian
04 Native Hawaiian Or Pacific Islander
05 American Indian Or Alaska Native
66 Other [insert text from Q6.95X/]

[PLEASE DO NOT READ]
77 DON’T KNOW
99 REFUSED

\[
\text{ASK ALL/}
\]

Q6.98. What is the highest grade or year of school that you have completed? (IF CURRENTLY A STUDENT, ASK: What grade are you now in?)

[READ ONLY IF NECESSARY]
01 Never Attended School Or Only Attended Kindergarten
02 Grades 1-8 (Elementary)
03 Grades 9-11 (Some High School)
04 Grade 12 Or Ged (High School Graduate)
05 College 1 Year To 3 Years (Some College Or Technical School)
06 College 4 Years Or More (College Graduate)

[PLEASE DO NOT READ]
77 DON’T KNOW
99 REFUSED

\[
\text{ASK ALL}
\]

NQ20128 Do you live in… [READ LIST]

01 Single-family home
02 Multifamily home (includes apartments, townhouses, condos)
03 Dormitory
04 Other residential living situation
05 I do not currently have a home
77 DON’T KNOW/NOT SURE
99 REFUSED
//ASK ALL//
Q5_59. Are you currently……..  [READ LIST]
  01  Employed for wages
  02  Self-employed
  03  {GO TO Q5_78}  Out of work for more than 1 year
  04  {GO TO Q5_78}  Out of work for less than 1 year
  05  {GO TO Q5_78}  A homemaker
  06  {GO TO Q5_78}  A student
  07  {GO TO Q5_78}  Retired, or
  08  {GO TO Q5_78}  Unable to work
  77  {GO TO Q5_78}  DON’T KNOW
  99  {GO TO Q5_78}  REFUSED

//ASK ALL
Q6_99T I have just a few, final questions left….  
01 CONTINUE

//LANDLINE ONLY ASK ALL//
Q6_99. Do you have more than one telephone number in your household?  Do not include cell phones or
numbers that are only used by a computer or fax machine.
  01  YES
  02  NO
  77  DON’T KNOW/NOT SURE
  99  REFUSED

//IF Q6_99 IN (01)//
Q6_100. How many of these are residential numbers?
    {RANGE = 01-05}  [ENTER RESPONSE]
  06  6 OR MORE
  77  DON’T KNOW/NOT SURE
  99  REFUSED

/LANDLINE ONLY ASK IF Q6_100 >= 3 AND NOT 77 OR 99) OR (Q6_100 >= TOTL_HH)
Q6_100c -

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

IS THIS CORRECT?
  1 Yes, correct as is
  2 No, re-ask question /REASK Q6_100/

47
//ASK ALL//
Q6_103. What town do you live in?

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

_ _ _ _ TOWN CODE
88888 OTHER__________ [SPECIFY, LENGTH = 70]
77777 DON’T KNOW
99999 REFUSED

//ASK IF Q6_103=88888/
Q6_103o ENTER OTHER SPECIFY [LENGTH=70]

//ASK IF Q6_103 NE 77777 OR 99999/
Q6_VER

I want to make sure that I got it right.
You said that you live in
/INSERT TOWN FROM q6_103 /

Is that correct?

11 Yes, correct as is...
22 No, re-ask question /GO BACK TO Q6_103/

//ASK ALL//

Q6_102 Is your annual household income from all sources—

IF RESPONDENT REFUSES AT ANY INCOME LEVEL, CODE ‘99’ (REFUSED)

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

Q6_102B [03] Less than $20,000 [If “no,” code 04; if “yes,” ask 02]
($15,000 to less than $20,000)
01 Yes
02 No
77 Don’t Know
99 Refused
/ //ASK IF Q6_102B = 1//
Q6_102C [02] Less than $15,000 [If “no,” code 03; if “yes,” ask 01]
($10,000 to less than $15,000)
  01 Yes
  02 No
  77 Don’t Know
  99 Refused

//ASK IF Q6_102C=1//
Q6_102D [01] Less than $10,000 [If “no,” code 02]
($10,000 to less than $15,000)
  01 Yes
  02 No
  77 Don’t Know
  99 Refused

//ASK IF Q6_102A = 2//
Q6_102E [05] Less than $35,000 [If “no,” ask 06]
($25,000 to less than $35,000)
  01 Yes
  02 No
  77 Don’t Know
  99 Refused

//ASK IF Q6_102E = 2//
Q6_102F [06] Less than $50,000 [If “no,” ask 07]
($35,000 to less than $50,000)
  01 Yes
  02 No
  77 Don’t Know
  99 Refused

//ASK IF Q6_102F = 2//
Q6_102G [07] Less than $75,000 [If “no,” code 08]
($50,000 to less than $75,000)
  01 Yes
  02 No
  77 Don’t Know
  99 Refused

//ASK IF Q6_102G=02//
NQ12Q66_H less than $100,000
($75,000 to less than $100,000)
  1 Yes
  2 No
  7 Don’t Know
  9 Refused

//ASK IF NQ12Q66_H =2//
NQ12Q66_I $100,000 or more
1 Yes
2 No
7 Don’t Know
9 Refused

//ASK IF Q6_102A- Q6_102G NE 9//
Q6_102AA Your Annual Household Income is [enter range from code in s12q10A-G /IF NQ126_I=02 INSERT “$75,000 TO LESS THAN $100,000”]
Is This Correct?
   1 No, re-ask question [GO TO Q6_102A]
   2 Yes, correct as is. [CONTINUE]
CLOSE

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.

01 CONTINUE
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