2014 Minnesota Adult Tobacco Survey
Final

SECTION A: INTRO, CONSENT, AND INITIAL DEMOGRAPHIC ITEMS

BOX A1
IF CELL PHONE CASE, INSERT STATEMENT IN BRACKETS.

A1.   Hello, may I speak with {FIRST NAME}?

My name is {INTERVIEWER NAME} and I am calling on behalf of the Minnesota Department of Health.

[IF CELL: If you are currently driving a car or doing any activity that requires your full attention, I need to call you back at a later time.]

A2.   We are conducting general health interviews with Minnesota residents. You have been randomly chosen to be interviewed about attitudes and behaviors related to health and tobacco use. Your responses will represent thousands of other Minnesotans and will be used to help all Minnesotans live healthier lives. Your input is very important for the results to be accurate.

The interview is completely voluntary. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview generally takes about 15 minutes, depending on your answers. Any information you give will be held confidential to the fullest extent of the law.

[IF NEEDED: THE WESTAT TOLL FREE NUMBER IS **1-855-819-2365**]

BOX A5
IN A5, ALLOW RESPONSES OF 18 – 110, -7 AND -8. **HARD RANGE IS 18-110; SOFT RANGE IS 18-85.**

A5. Before we begin, I need to put your age into the computer. The computer will then skip questions that are not relevant to your age group. What is your age?

_____ YEARS OLD

BOX A6
IF A VALID AGE IS ENTERED IN A5, GO TO A7. ELSE CONTINUE WITH A6 TO COLLECT AGE RANGE. **IF A5 ≠ MISSING SKIP TO A7, ELSE CONTINUE WITH A6.**

A6. If it's okay, I would like to record the range in which your age falls. Are you…

18 to 24,	1
25 to 29,	2

30 to 34,	3
35 to 44,	4
45 to 54,	5
55 to 64, or	6
65 or older	7
REFUSED	-7
DON'T KNOW	-8

BOX A6 END BOX

IF NO AGE OR AGE RANGE RECORDED IN A5 AND A6, CODE INTERVIEW AS A REFUSAL AND GO TO THANK SCREEN.

IF A6 = -7 OR -8, ASSIGN CASE RESULT CODE = 2 (REFUSAL) AND GO TO THANK SCREEN.

BOX A7

ALLOW 1, -7. -8, AND ALPHABETIC VALUES IN A7L.

IF A7L = 1, SKIP TO WRGST (RESPONDENT DOES NOT LIVE IN MINNESOTA).

IF LETTER ENTERED IN A7L, GO TO COUNTY LOOKUP TABLE AND DISPLAY ALL COUNTIES BEGINNING WITH THE LETTER ENTERED, ALONG WITH THEIR RESPECTIVE ALPHABETICAL SEQUENCE NUMBER, 1-87.

IF A7L = -7 OR -8, RECORD THE SAME VALUE IN A7.

ALLOW INTERVIEWER TO ENTER COUNTY ALPHABETICAL SEQUENCE NUMBER BETWEEN 1 – 87 IN A7.

DELIVERY FILE WILL MATCH FIPS CODE TO COUNTY SELECTED AND WILL DELIVER COUNTY NAME AND FIPS CODE.

A7. What Minnesota county do you live in?

_____   ENTER FIRST LETTER OF COUNTY NAME

R DOES NOT LIVE IN MINNESOTA	1	**SKIP TO WRGST**
REFUSED	-7	
DON'T KNOW	-8	

_____   ENTER COUNTY NUMBER

A8. What is your zip code?

|__|__|__|__|__| ENTER ZIP CODE

J14. INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY

MALE	1
FEMALE	2
REF	-7
DK	-8

SECTION B: GENERAL HEALTH

B1. Now I have a few questions about your health. In general, would you say that your health is…

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5
REF	-7
DK	-8

SECTION D: CIGARETTE SMOKING

D1. D1. Have you ever smoked a cigarette, even 1 or 2 puffs?

YES	1	
NO	2	SKIP TO BOX D7
REF	-7	SKIP TO BOX D7
DK/NOT SURE	-8	SKIP TO BOX D7

D2. D2. Do you consider yourself a smoker?

YES	1
NO	2
REF	-7

DK/NOT SURE   -8

D3.   Have you smoked at least 100 cigarettes in your entire life?

YES   1

NO   2   SKIP TO BOX D6

REF   -7   SKIP TO BOX D6

DK/NOT SURE   -8   SKIP TO BOX D6

D4. Do you now smoke cigarettes every day, some days, or not at all?

EVERY DAY   1

SOME DAYS   2   SKIP TO BOX D6

NOT AT ALL   3   SKIP TO BOX D6

REF   -7   SKIP TO BOX D7

DK   -8   SKIP TO BOX D7

BOX D5
IN D5, HARD RANGE IS 0 – 99, SOFT RANGE IS 0 – 40.

D5. On average, about how many cigarettes per day do you smoke?

|__|__| ENTER NUMBER OF CIGARETTES

REF   -7

DK/NOT SURE   -8

BOX D6
IF D4 = 1, SKIP TO BOX D7.
DISPLAY INSTRUCTION: **IF D4 = 3, USE FIRST DISPLAY IN D6, ELSE USE SECOND DISPLAY**
IN D6 ALLOW RESPONSES OF 0-30, -7 AND -8.

D6. {Just to be clear about what you just said, during/During} the past 30 days, on how many days did you smoke cigarettes?

|__|__| ENTER NUMBER OF DAYS

NONE

REF   -7

DK/NOT SURE   -8

BOX D7SMOKING STATUS BOX

DEFINITIONS OF SMOKING STATUS GROUPS:

C1 IS A CURRENT ESTABLISHED, DAILY SMOKER [SMOKED AT LEAST 100 CIGS AND SMOKES EVERY DAY].

C2 IS A CURRENT ESTABLISHED, SOME DAYS BUT NOT IN PAST 30 DAYS, SMOKER [SMOKED AT LEAST 100 CIGS, SMOKES ON SOME DAYS, BUT NOT IN PAST 30 DAYS INCLUDING REF & DK].

C3 IS A CURRENT ESTABLISHED, SOME DAYS WHO HAS SMOKED AT LEAST 1 DAY IN PAST 30 DAYS, SMOKER [SMOKED AT LEAST 100 CIGS, SMOKES ON SOME DAYS, AND HAS SMOKED IN PAST 30 DAYS].

F1 IS A FORMER ESTABLISHED SMOKER, NOT AT ALL AND NOT IN THE PAST 30 DAYS, SMOKER [SMOKED AT LEAST 100 CIGS, DOES NOT SMOKE AT ALL NOW AND HAS NOT SMOKED IN PAST 30 DAYS (INCLUDING REF & DK)].

F2 IS A FORMER ESTABLISHED SMOKER, NOT AT ALL, WHO HAS SMOKED IN THE PAST 30 DAYS, SMOKER [SMOKED AT LEAST 100 CIGS, DOES NOT SMOKE AT ALL NOW AND HAS SMOKED IN PAST 30 DAYS].

X1 IS A CURRENT EXPERIMENTER WHO HAS SMOKED IN THE PAST 30 DAYS [HAS NOT SMOKED AT LEAST 100 CIGS BUT HAS SMOKED IN PAST 30 DAYS].

X2 IS A CURRENT EXPERIMENTER WHO HAS NOT SMOKED IN THE PAST 30 DAYS [HAS NOT SMOKED AT LEAST 100 CIGS, HAS NOT SMOKED IN PAST 30 DAYS (INCLUDING REF & DK), BUT HAS SMOKED AT LEAST A PUFF].

NS IS A NEVER SMOKER [HAS NOT SMOKED EVEN A PUFF].

CREATE SSTAT (SMOKING STATUS GROUPS) HERE:

IF D3 = 1 AND D4 = 1, SSTAT = C1.
IF D3 = 1 AND D4 = 2 AND D6 = 0, -7 OR -8, SSTAT = C2.
IF D3 = 1 AND D4 = 2 AND D6 > 0, SSTAT = C3.
IF D3 = 1 AND D4 = 3 AND D6 = 0, -7 OR -8, SSTAT = F1.
IF D3 = 1 AND D4 = 3 AND D6 > 0, SSTAT = F2.
IF D3 = 2, -7 OR -8 AND D6 > 0. SSTAT = X1.
IF D3 = 2, -7 OR -8 AND D6 = 0, -7 OR -8, SSTAT = X2.
IF D1 = 2, -7 OR -8 OR IF D4 = -7 OR -8, SSTAT = NS.

DESCRIPTIVE NOTE: D7 is asked of anyone who has smoked in the past 30 days and is not a current daily (every day) smoker (SSTAT = C3, F2, or X1).

CURRENT DAILY SMOKERS (SSTAT = C1), AND CURRENT, FORMER, AND EXPERIMENTAL SMOKERS WHO HAVE NOT SMOKED IN THE PAST 30 DAYS (SSTAT = C2, F1, X2), AND NEVER SMOKERS (SSTAT = NS) SKIP D7, AS FOLLOWS:

IF SSTAT = NS, SKIP TO D32A

ELSE IF SSTAT = C1, C2, F1, or X2, SKIP TO BOX D8

IN D7, HARD RANGE IS 1 – 99, SOFT RANGE IS 1 – 40.

D7. During the past 30 days, *on the days when you smoked*, about how many cigarettes did you smoke on average?

|__|__| ENTER NUMBER OF CIGARETTES

REF   -7

DK/NOT SURE   -8

BOX D8

DESCRIPTIVE NOTE: ASK D8 OF ALL CURRENT SMOKERS (SSTAT = C1, C2, OR C3), FORMER SMOKERS WHO HAVE SMOKED IN THE PAST 30 DAYS (SSTAT = F2), AND EXPERIMENTERS WHO HAVE SMOKED IN THE PAST 30 DAYS (SSTAT = X1):

IF SSTAT = F1 OR X2, SKIP TO BOX D9

NOTE: NEVER SMOKERS (SSTAT = NS) SKIPPED TO D32A FROM BOX D7.

DISPLAY INSTRUCTION:
    IF SSTAT = C1, USE THE FIRST DISPLAY IN D8, ELSE USE SECOND DISPLAY.

D8. {How/On the days that you smoke, how} soon after you wake up do you smoke your first cigarette? Would you say…

Within 5 minutes,   1

6-30 minutes,   2

31-60 minutes, or   3

After 60 minutes?   4

REF   -7

DK/NOT SURE   -8

BOX D9

PROGRAMMER CHECK NOTE: PREVIOUS FLOW AND SKIP PATTERNS BRING ALL SMOKING STATUSES TO D9 EXCEPT NEVER SMOKERS (NS).

D9 AGE CHECK:
AGE WHEN RESPONDENT FIRST SMOKED A CIGARETTE (D9) CAN NOT BE GREATER THAN HIS/HER CURRENT AGE (A5 OR A6).
IF D 9 > A5 OR
IF D9 > [UPPER END OF A6 AGE RANGE CATEGORY],
TRIGGER AGE CHECK FAILURE VERIFICATION SCREEN:
 "I have your age recorded as {A5/A6 RANGE LABEL}. Is that correct?" Y/N
  "And again, how old were you the first time you smoked a cigarette, even one or two

puffs?" [STORE NEW RESPONSE IN D9 AND OLD RESPONSE IN D9OLD. DO NOT IMPOSE AGE CHECK UPON SECOND ENTRY.]

IN D9 HARD IS RANGE 0 – 110, SOFT RANGE IS 10 – 50.

D9. How old were you the first time you smoked a cigarette, even one or two puffs?

|__|__|__| ENTER AGE IN YEARS

REF   -7

DK/NOT   -8
SURE

BOX D10

DESCRIPTIVE NOTE: ASK D10 OF ALL SMOKING STATUSES EXCEPT EXPERIMENTERS WHO HAVE NOT SMOKED IN THE PAST 30 DAYS (SSTAT = X2) AND NEVER SMOKERS (SSTAT = NS).

IF SSTAT = X2, SKIP TO BOX D15

[PROGRAMMER NOTE: SSTAT = NS ALREADY SKIPPED FROM BOX D7 TO D32A.]

D10 AGE CHECK:

AGE WHEN RESPONDENT FIRST STARTED SMOKING CIGARETTES REGULARLY (D10) CAN NOT BE GREATER THAN HIS/HER CURRENT AGE (A5 OR A6).
IF D 10 > A5 OR
IF D10 > [UPPER END OF A6 AGE RANGE CATEGORY],
TRIGGER AGE CHECK FAILURE VERIFICATION SCREEN:
 "I have your age recorded as {A5/A6 RANGE LABEL}. Is that correct?" Y/N
  "And again, how old were you
   when you first started smoking cigarettes regularly?" [STORE NEW RESPONSE IN D10 AND OLD RESPONSE IN D10OLD. DO NOT IMPOSE AGE CHECK UPON SECOND ENTRY.]
IN D10 HARD IS RANGE 0 – 110, SOFT RANGE IS 10 – 50. ALSO ALLOW 999.

D10. How old were you when you first started smoking cigarettes regularly?
                    [IF NEVER SMOKED REGULARLY ENTER 999]

|__|__|__| ENTER AGE IN YEARS

NEVER SMOKED REGULARLY

REF   -7

DK/NOT SURE   -8

BOX D11

DESCRIPTIVE NOTE: DAILY SMOKERS (SSTAT = C1) AND EXPERIMENTERS WHO HAVE NOT SMOKED IN THE PAST 30 DAYS (SSTAT = X2) SKIP TO BOX D15.

[PROGRAMMER NOTE: NEVER SMOKERS (SSTAT = NS) ARE ALREADY SKIPPED FROM BOX D7 TO D32A.]

IF SSTAT = C1 OR X2, SKIP TO BOX D15

D11. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?

YES	1	
NO	2	SKIP TO BOX D15
REF	-7	SKIP TO BOX D15
DK/NOT SURE	-8	SKIP TO BOX D15

BOX D12

DESCRIPTIVE NOTE: ASK D12 TO:
(ALL FORMER SMOKERS WHO HAVE NOT SMOKED IN THE PAST 30 DAYS ([SSTAT = F1]), AND
((FORMER SMOKERS WHO HAVE SMOKED IN THE PAST 30 DAYS [SSTAT = F2] AND CURRENT EXPERIMENTERS WHO HAVE SMOKED IN THE PAST 30 DAYS [SSTAT = X1]) WHO DID NOT EXPLICITY REPORT THAT THEY NEVER SMOKED REGULARLY [i.e., D10 ≠ 999]).

[PROGRAMMER NOTE: C1, X2, AND NS SKIPPED D12 FROM PREVIOUS BOXES.]

IF (SSTAT = C2 OR C3) OR ((SSTAT = F2 OR X1) AND D10 = 999) SKIP TO BOX D15.

IN D12, IF UNIT = 1 ALLOW 1-90; IF UNIT = 2 ALLOW 1-104; IF UNIT = 3 ALLOW 1-48; IF UNIT = 4 ALLOW 1-50.

D12. About how long has it been since you last smoked cigarettes regularly?

[IF NEEDED: "Regularly" is whatever that means to you.]

[IF NEVER SMOKED REGULARLY ENTER 999]

|__|__|__| ENTER UNIT

|__|__| ENTER NUMBER

DAYS	1	SKIP TO BOX D15
WEEKS	2	SKIP TO BOX D15
MONTHS	3	SKIP TO BOX D15
YEARS	4	SKIP TO BOX D15
NEVER	999	SKIP TO BOX D15

REF   -7

DK   -8

BOX D13a

ASK D13a ONLY OF THOSE WHO ANSWERED -7 (REFUSED) OR -8 (DON'T KNOW) TO D12.

SKIP OUT OF D13a THROUGH h SEQUENCE WHEN THE FIRST "YES" (1) RESPONSE IS GIVEN. IF D13h IS ASKED AND THERE IS NOT A "YES" RESPONSE TO D13h, CONTINUE TO BOX D15.

D13. Would you say the last time you smoked cigarettes regularly was…

[IF NEEDED:"REGULARLY" IS WHATEVER "REGULARLY" MEANS TO THE RESPONDENT]

		YES	NO	REF	DK	
a.	10 or more years ago?	1	2	-7	-8	IF D13a = 1 SKIP TO BOX D15
b.	More than 5 years ago, but less than 10 years ago?	1	2	-7	-8	IF D13b = 1 SKIP TO BOX D15
c.	More than 2 years ago, but less than 5 years ago?	1	2	-7	-8	IF D13c = 1 SKIP TO BOX D15
d.	More than 1 year ago, but less than 2 years ago?	1	2	-7	-8	IF D13d = 1 SKIP TO BOX D15
e.	More than 6 months ago, but less than 1 year ago?	1	2	-7	-8	IF D13e = 1 SKIP TO BOX D15
f.	More than 3 months ago, but less than 6 months ago?	1	2	-7	-8	IF D13f = 1 SKIP TO BOX D15
g.	More than 1 month ago, but less than 3 months ago?	1	2	-7	-8	IF D13g = 1 SKIP TO BOX D15
h.	Less than 1 month ago?	1	2	-7	-8	

BOX D15

DESCRIPTIVE NOTE: ASK D15 TO CURRENT SMOKERS (SSTAT = C1, C2, OR C3) , FORMER ESTABLISHED SMOKERS WHO HAVE SMOKED IN THE LAST 30 DAYS (SSTAT = F2), AND CURRENT EXPERIMENTERS WHO HAVE SMOKED IN THE LAST 30 DAYS (SSTAT = X1).

IF SSTAT = F1, X2, OR NS, SKIP TO D32A

DISPLAY INSTRUCTION:
        IF SSTAT = F2 USE SECOND DISPLAY IN D15, ELSE USE FIRST.

D15.   {Do/Did} you usually buy your cigarettes…

In Minnesota,   1

Out of state,   2

On an American Indian Reservation,	3
Over the internet,	4
Through mail order, or	5
Through an 800 number?	6
HAVE NOT BOUGHT ANY CIGARETTES IN PAST 12 MONTHS	7 SKIP TO D30
REF	-7
DK	-8

IF THEY SAY THEY DON'T USUALLY BUY THEIR OWN CIGARETTES, ASK BEFORE CODING: Just to confirm, you have not bought any cigarettes for yourself in the past 12 months, is that correct?

IF THEY HAVE BOUGHT CIGARETTES, RE-READ THE QUESTION AND SELECT ONE OF THE CHOICES 1-6; OTHERWISE, USE CHOICE 7.

D42. The last time you bought cigarettes for yourself, did you buy them by the pack or by the carton?

BY THE PACK	1	
BY THE CARTON	2	SKIP TO D44
OTHER (SPECIFY)	3	SKIP TO D45
REF	-7	SKIP TO D45
DK	-8	SKIP TO D45

D43. What price did you pay for the last pack of cigarettes you bought?

|__|__|__| ENTER COST   SKIP TO D45

REF	-7	SKIP TO D45
DK	-8	SKIP TO D45

D44. What price did you pay for the last carton of cigarettes you bought?

|__|__|__| ENTER COST

REF	-7
DK	-8

D45. The last time you bought cigarettes, did you take advantage of coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions for cigarettes?

YES	1
NO	2
REF	-7
DK/NOT SURE	-8

D31.   In the past 12 months, how often have you done any of the following things to try and save money on cigarettes?

Would you say often, sometimes, or not at all in the past 12 months?

		OFTEN	SOMETIMES	NOT AT ALL	REF	DK
a.	Bought a cheaper brand of cigarettes?	4	3	2	-7	-8
b.	Rolled your own cigarettes?	4	3	2	-7	-8
c.	Used another form of tobacco other than cigarettes?	4	3	2	-7	-8
d.	Used coupons, rebates, buy 1 get 1 free, or any other special promotions?	4	3	2	-7	-8
e.	Purchased cartons instead of individual packs?	4	3	2	-7	-8
f.	Found less expensive places to buy cigarettes?	4	3	2	-7	-8
g.	Smoked fewer cigarettes	4	3	2	-7	-8
h.	Shared fewer cigarettes with others	4	3	2	-7	-8
i.	Saved half a cigarette to finish smoking later	4	3	2	-7	-8
j.	Anything else?	4	3	2	-7	-8

D31OS. IF YES TO D31j: What is the other thing you've done to try and save money on cigarettes?

_____   (VERBATIM TEXT)

REFUSED   -7
DON'T KNOW   -8

D30.   Is your usual cigarette brand menthol or non-menthol?

MENTHOL   1

NONMENTHOL   2   SKIP TO D32A

NO USUAL BRAND   3   SKIP TO D32A

REFUSED   -7   SKIP TO D32A

DON'T KNOW   -8   SKIP TO D32A

D33. If menthol cigarettes were no longer sold in U.S. stores, would you quit smoking?

YES   1   SKIP TO D32A

NO   2

REFUSED   -7   SKIP TO D32A

DK/NOT SURE   -8   SKIP TO D32A

D34. Which of the following would you be most likely to do if menthol cigarettes were no longer sold in U.S. stores? Would you…

Switch to non-menthol cigarettes,	1
Switch to some other non-menthol tobacco product,	2
Switch to menthol electronic cigarettes [IF NEEDED: Electronic cigarettes, or e-cigarettes, look like regular cigarettes, but are battery-powered and produce vapor instead of smoke]	3
Switch to some other menthol tobacco product,	4
Buy menthol cigarettes online, or	5
Buy menthol cigarettes from another country.	6
REFUSED	-7
DK	-8

D32A. Have you ever used a hookah water pipe?

IF NEEDED]: A HOOKAH IS ALSO KNOWN AS A SHISHA (ARABIC) OR NARGILA (TURKISH). A HOOKAH OR WATER PIPE IS A DEVICE FOR SMOKING THAT USES WATER TO COOL AND MOISTEN THE SMOKE. IT IS OFTEN MADE OF GLASS. IT SOMETIMES HAS SEVERAL MOUTHPIECES, SO THAT PEOPLE CAN SHARE IT.

YES	1	
NO	2	SKIP TO D32B
REF	-7	SKIP TO D32B
DK	-8	SKIP TO D32B

D33A. During the past 30 days, how many days did you use a hookah water pipe?

|__|__| ENTER NUMBER OF DAYS

REF   -7

DK   -8

E-CIGARETTES

D32B. The next questions are about electronic cigarettes, often called e-cigarettes. E-cigarettes look like regular cigarettes, but are battery-powered and produce vapor instead of smoke.

Have you ever used an electronic cigarette even just one time in your entire life?

YES	1	
NO	2	SKIP TO BOX D18
REF	-7	SKIP TO BOX D18
DK	-8	SKIP TO BOX D18

D33B. During the past 30 days, on how many days did you use e-cigarettes?

|__|__| ENTER NUMBER OF DAYS

REF   -7

DK   -8

BOX D38
IF D33B = -7, or -8, SKIP TO BOX D18

ELSE IF D33B=0, USE "you have used" IN D38 DISPLAY
ELSE IF D33B>0 USE "you use" in D38 DISPLAY.

D38. Next I'm going to read you a list of common reasons people use e-cigarettes. For each, please tell me whether or not it's a reason {you have used/you use} e-cigarettes.

[RANDOMIZE ORDER OF QUESTIONS]

	YES	NO	DK/NOT SURE	REF
a. {You have used/You use} e-cigarettes to quit other tobacco products	1	2	-8	-7
b. {You have used/You use} e-cigarettes to cut down on other tobacco products	1	2	-8	-7
c. {You have used/You use} them because they are affordable	1	2	-8	-7
d. {You have used/You use} them because they come in menthol flavor	1	2	-8	-7
e. {You have used/You use} them because they come in flavors other than menthol	1	2	-8	-7
f. {You have used/You use} them in places other tobacco products are not allowed	1	2	-8	-7
g. {You have used/You use} them because you were curious about e-cigarettes	1	2	-8	-7
h. {You have used/You use} them because you think they might be less harmful than other tobacco products	1	2	-8	-7

i. {You have used/You use} e-cigarettes for some other reason	1	2	-8	-7

D38OS. IF YES TO (D38i): What is the other reason you use/have used e-cigarettes?

_____   (VERBATIM TEXT)

REFUSED	-7
DON'T KNOW	-8

D39.
When you first used e-cigarettes, did you use e-cigarettes flavored to taste like menthol, spice, candy, fruit, alcohol, or any other flavor?

YES	1
NO	2
REF	-7
DK	-8

BOX D40

IF D33B = 0 or -7 or -8, SKIP TO BOX D18

D40. Which of the following describes your usual e-cigarette? Is It....

Regular flavor,	1
Menthol,	2
Some other flavor, or	3
You don't have a usual flavor?	4
REFUSED	-7
DK/NOT SURE	-8

BOX D18

DESCRIPTIVE NOTE: D18, D20, D22 ARE ASKED OF ALL RESPONDENTS.

D18. Now I have a few questions about pipes and cigars. Have you smoked tobacco in a pipe at least 20 times in your life?

YES	1	
NO	2	SKIP TO D20
REF	-7	SKIP TO D20
DK/NOT SURE	-8	SKIP TO D20

BOX D19

IN D19, D21, AND D23, ALLOW RESPONSES OF 0-30, -7 AND -8.

D19.   During the past 30 days, on how many days did you smoke tobacco in a pipe?

|__|__| ENTER NUMBER OF DAYS

REF   -7

DK/NOT SURE   -8

D20. Have you smoked cigars, cigarillos, or little filtered cigars that look like cigarettes, at least 20 times in your life?

YES   1

NO   2   SKIP TO D22

REF   -7   SKIP TO D22

DK/NOT SURE   -8   SKIP TO D22

D21. During the past 30 days, how many days did you smoke cigars, cigarillos or little filtered cigars that look like cigarettes?

|__|__| ENTER NUMBER OF DAYS

REF   -7

DK/NOT   -8
SURE

D22.   Have you used any kind of smokeless tobacco such as chewing tobacco, snuff, or snus at least 20 times in your life?

YES   1

NO   2   SKIP TO BOX E1

REF   -7   SKIP TO BOX E1

DK/NOT SURE   -8   SKIP TO BOX E1

D23.   During the past 30 days, how many days did you use any kind of smokeless tobacco?

|__|__| ENTER NUMBER OF DAYS

REF   -7

DK/NOT   -8
SURE

SECTION E: SMOKING CESSATION

Quit Attempts

```
                                BOX E1

DESCRIPTIVE NOTE: ASK C1 TO:
ALL CURRENT SMOKERS (SSTAT = C1, C2, C3) AND OTHERS WHO SMOKED REGULARLY
WITHIN THE PAST YEAR;
FORMER SMOKERS WHO SMOKED IN PAST 30 DAYS (SSTAT = F2);
CURRENT EXPERIMENTERS WHO SMOKED IN THE PAST 30 DAYS (SSTAT = X1) ;
AND FORMER SMOKERS WHO HAVE NOT SMOKED IN THE PAST 30 DAYS (SSTAT = F1)
BUT SMOKED REGULARLY WITHIN THE PAST YEAR (BASED ON RESPONSES TO D12/D13)

PROGRAMMER NOTE: FOR USE IN BOXES E1, E4, G3, AND H36, FIRST REPROCESS D12
INTO A STANDARD MEASURE EQUIVALENT TO YEARS (D12YR)

IF D10 = 999 OR IF D12 = 999, D12YR = 99.9 [NEVER SMOKED REGULARLY]
ELSE IF D12 = -7 OR -8, OR SKIPPED [BLANK], D12YR = -9 [NOT ASCERTAINED]
ELSE DERIVE YEAR EQUIVALENT: DIVIDE D12 NUMBER BY 365/52/12/1 FOR D12 UNIT = 1
(DAYS)/2 (WEEKS)/3 (MONTHS)/ 4 (YEARS), RESPECTIVELY.  CARRY OUT CALCULATION
TO ONE DECIMAL PLACE

IF (SSTAT = X2 OR NS) OR (SSTAT = F1 AND ( (1 < D12YR ≤ 99.9) OR (D13a = 1 OR D13b = 1
OR D13c = 1 OR D13d = 1) [i.e., LAST SMOKED REGULARLY MORE THAN ONE YEAR AGO] )
) ), SKIP TO BOX E4.

NOTE: FOR THE FORMER SMOKERS WHO HAVE NOT SMOKED IN THE PAST 30 DAYS
(SSTAT = F1), C1 WILL BE ASKEDTOTHOSE WHO REPORTED IN D12 THAT THEY NEVER
SMOKED REGULARLY BUT C1 WILL NOT BE ASKED TO THOSE WHO DID NOT SMOKE
REGULARLY WITHIN THE PAST YEAR, BASED ON YEARS REPORTED IN D12 OR
RELEVANT QUESTIONS IN D13.
```

C1. Around this time 12 months ago, were you smoking cigarettes every day, some days, or not at
all?

EVERY DAY	1
SOME DAYS	2
NOT AT ALL	3
REFUSED	-7
DK/NOT SURE	-8

E1.   During the past 12 months, have you stopped smoking for one day or longer because you were
trying to quit smoking?

YES	1	
NO	2	SKIP TO BOX E4
REF	-7	SKIP TO BOX E4
DK	-8	SKIP TO BOX E4

C8.   When was the start date of your most recent quit attempt that lasted for one day or longer?

IF RESPONDENT DOES NOT KNOW EXACT DATE: Can you tell me just the month and year?

|__|__| MONTH

|__|__| DAY

|__|__|__|__| YEAR [RANGE IS 2013-2014]

REF   -7

DK   -8

C9.   How long did you actually stay off cigarettes during that quit attempt?

|__|__|__| DAYS/WEEKS/MONTHS
REF   -7
DK   -8

[RANGES ARE 1-365 DAYS; 1-52 WEEKS; 1-12 MONTHS]

BOX E2
IN E2, HARD RANGE IS 1 – 99, SOFT RANGE IS 1 – 9.

E2.   How many times in the past 12 months did you try to quit smoking?
[PROBE AS NEEDED: Your best guess is fine.]

|__|__| ENTER NUMBER OF TIMES

REF   -7
DK/NOT SURE   -8

Methods of Quitting

BOX E4
DESCRIPTIVE NOTE: ASK E4, E4F, AND E20 TO: **CURRENT SMOKERS WHO HAVE TRIED TO QUIT DURING THE PAST 12 MONTHS (SSTAT = (C1, C2 OR C3) AND E1 = 1) AND**   **FORMER SMOKERS (SSTAT = F1 OR F2) WHO QUIT IN THE PAST 10 YEARS, LOOSELY DEFINED AS THOSE WHO LAST SMOKED REGULARLY WITHIN THE PAST 10 YEARS**

(D12YR ≤ 10 YEARS OR D13b = 1 OR D13c = 1 OR D13d = 1 OR D13e = 1 OR D13f = 1 OR D13g = 1 OR D13h = 1)).
PROGRAMMER NOTE: FOR THE FOLLOWING INSTRUCTION, USE D12YR CALCULATED IN BOX E1.

IF ((SSTAT = C1 OR C2 OR C3) AND E1 ≠ 1)
   OR ((SSTAT = F1 OR F2) AND ((10 < D12YR ≤ 99.9) OR D13a = 1)
   OR (SSTAT = X1 OR X2 OR NS), SKIP TO BOX E19.

NOTE: FOR THE FORMER SMOKERS (SSTAT = F1 OR F2), THIS SKIP WILL EXCLUDE THOSE WHO REPORTED IN D10 OR D12 THAT THEY NEVER SMOKED REGULARLY AND THOSE WHO DID NOT SMOKE REGULARLY WITHIN THE PAST 10 YEARS, BASED ON YEARS REPORTED IN D12 OR RELEVANT QUESTIONS IN D13.

DISPLAY INSTRUCTION: IF SSTAT = F1 OR F2 (FORMER SMOKER), USE FIRST DISPLAY IN E4, E4F, E20, AND E4G, ELSE USE THE SECOND DISPLAY.

E4.   {When you quit smoking/The last time you tried to quit smoking} did you use **any** of the following products – a nicotine patch or gum, a nicotine lozenge or a nicotine nasal spray or inhaler?

YES	1
NO	2
REF	-7
DK	-8

E4f. {When you quit smoking/The last time you tried to quit smoking} did you use a prescription medication like Zyban, Wellbutrin, or Chantix to help you quit smoking?

YES	1
NO	2
REF	-7
DK	-8

E20. {When you quit smoking for good/The last time you tried to quit smoking} did you use a stop-smoking clinic or class, a quit-smoking telephone help line, a one-on-one counseling from any doctor, or other health professional, or an on-line or web-based counseling service?

YES	1
NO	2
REF	-7
DK	-8

BOX E4G
ASK E4g ONLY IF THEY HAVE EVER USED E-CIGARETTES (D32B=YES); ELSE SKIP TO BOX E19

E4g. {When you quit smoking for good/The last time you tried to quit smoking} did you use e-cigarettes to help you quit?

YES	1
NO	2
REF	-7

DK   -8

SMOKING ATTITUDES & BELIEFS

BOX E19
DESCRIPTIVE NOTE: ASK E19 TO CURRENT SMOKERS (SSTAT = C1, C2, C3) AND FORMER SMOKERS WHO HAVE SMOKED IN THE PAST 30 DAYS (SSTAT = F2).
IF SSTAT = F1, X1, X2, OR NS, SKIP TO G1

E19.   Next I'm going to read a list of statements about stop-smoking medications. Please tell me if you agree or disagree with each statement.

[IF NEEDED: Stop smoking medications mean Nicotine Replacement Therapy and prescription medications]

		AGREE	DISAGREE	REF	DK
a.	If you decided you wanted to quit, you would be able to quit without stop-smoking medications.	1	2	-7	-8
b.	Stop-smoking medications are too expensive.	1	2	-7	-8
c.	You don't know enough about how to use stop-smoking medications properly.	1	2	-7	-8
d.	Stop-smoking medications are too hard to get.	1	2	-7	-8
e.	Stop-smoking medications might harm your health.	1	2	-7	-8
f.	Stop-smoking medications don't work	1	2	-7	-8

SECTION G: Health Care Provider Smoking Intervention

BOX G1
PROGRAMMER CHECK NOTE: ASK G1 OF ALL RESPONDENTS.

G1.   In the past 12 months, did you visit any doctor or other health care provider about your own health?

YES	1	
NO	2	SKIP TO BOX H36
REF	-7	SKIP TO BOX H36
DK	-8	SKIP TO BOX H36

BOX G2
DESCIPTIVE NOTE: ASK G2 TO RESPONDENTS WHO HAVE SEEN A HEALTH CARE PROVIDER IN THE PAST 12 MONTHS (G1 = 1)

G2.   In the past 12 months, did a doctor or other health care provider ask if you smoke?

YES   1

NO   2

REF   -7

DK   -8

BOX G3

DESCRIPTIVE NOTE: ASK G3 TO CURRENT SMOKERS (SSTAT = C1, C2, C3), FORMER SMOKERS WHO HAVE SMOKED IN PAST 30 DAYS (SSTAT = F2), AND FORMER SMOKERS WHO HAVE NOT SMOKED REGULARLY IN PAST 30 DAYS (SSTAT = F1) BUT HAVE SMOKED REGULARLY WITHIN THE PAST YEAR (D12YR ≤ 1 YEAR OR (D13e = 1 OR D13f =1 or d13g = 1 OR D13h = 1)).

PROGRAMMER NOTE: FOR THE FOLLOWING INSTRUCTION, USE D12YR CALCULATED IN BOX E1.

IF (SSTAT = X1 OR X2 OR NS) OR (SSTAT = F1 AND (1 < D12YR ≤ 99.9 OR D13a = 1 OR D13b =1 OR D13c = 1 OR D13d = 1)), SKIP TO BOX H36

NOTE: FOR THE FORMER SMOKERS WHO HAVE NOT SMOKED IN PAST 30 DAYS (SSTAT = F1), THIS SKIP WILL EXLCUDE THOSE WHO REPORTED IN D12 THAT THEY NEVER SMOKED REGULARLY AND THOSE WHO DID NOT SMOKE REGULARLY WITHIN THE PAST YEAR, BASED ON YEARS REPORTED IN D12 OR RELEVANT QUESTIONS IN D13.

G3.   In the past 12 months, did any doctor or other health care provider advise you to quit smoking?

YES   1

NO   2

REF   -7

DK   -8

G4a.   In the past 12 months, was medication recommended or discussed by a doctor or other health care provider to help you quit? Examples of medication are: nicotine gum, patch, lozenge, or prescription medication.

YES   1

NO   2

REF   -7

DK   -8

G7. [If YES to G4a]

In the past 12 months, how often was medication recommended or discussed by a doctor or other health care provider to help you quit? Would you say never, rarely, sometimes or always?

[IF NEEDED: examples of medication are nicotine gum, patch, lozenge, or prescription medication.]

RARELY	2
SOMETIMES	3
ALWAYS	4

G4b.   In the past 12 months, did your doctor or other health care provider discuss or offer services other than medication to help you quit? Examples are: telephone helplines, individual or group counseling, or cessation programs.

YES	1	
NO	2	SKIP TO BOX H36
REF	-7	SKIP TO BOX H36
DK	-8	SKIP TO BOX H36

G9. [If YES to G4b]
In the past 12 months, how often did your doctor or other health care provider discuss or offer services other than medication to help you quit? [Repeat examples if needed: telephone helplines, individual or group counseling, or cessation programs.]

Would you say never, rarely, sometimes or always?

RARELY	2
SOMETIMES	3
ALWAYS	4

Public Health Campaigns and Policies

BOX H36

DESCRIPTIVE NOTE: ASK H36 TO:
CURRENT SMOKERS (SSTAT = C1, C2, C3),
FORMER SMOKERS WHO HAVE SMOKED IN THE PAST 30 DAYS (SSTAT = F2),
FORMER SMOKERS WHO HAVE NOT SMOKED IN THE PAST 30 DAYS (SSTAT = F1) BUT HAVE SMOKED REGULARLY WITHIN THE PAST 2 YEARS (D12YR ≤ 2 YEARS OR D13d = 1 OR D13e = 1 OR D13f = 1 OR D13g = 1 OR D13h = 1), AND

CURRENT EXPERIMENTERS WHO HAVE SMOKED IN THE PAST 30 DAYS (SSTAT = X1).

PROGRAMMER NOTE: FOR THE FOLLOWING INSTRUCTION, USE D12YR CALCULATED IN BOX E1.

IF (SSTAT = NS or X2) OR ((SSTAT = F1) AND (2 < D12YR ≤ 99.9 OR D13a = 1 OR D13b = 1 OR D13c = 1)), SKIP TO BOX H8
NOTE: FOR THE FORMER SMOKERS WHO HAVE NOT SMOKED IN PAST 30 DAYS (SSTAT = F1), THIS SKIP WILL EXLCUDE THOSE WHO REPORTED IN D12 THAT THEY NEVER SMOKED REGULARLY AND THOSE WHO DID NOT SMOKE REGULARLY WITHIN THE PAST 2 YEARS, BASED ON YEARS REPORTED IN D12 OR RELEVANT QUESTIONS IN D13.

H36.   Taxes on the purchase of tobacco products have increased in the past 12 months in Minnesota. What effects if any, did this price increase have on your smoking? Did it ….?

		YES	NO	REF	DK
a.	Help you think about quitting?	1	2	-7	-8
b.	Help you to cut down on cigarettes?	1	2	-7	-8
c.	Help you make a quit attempt?	1	2	-7	-8
d.	Help you maintain a quit?	1	2	-7	-8

EXPOSURE TO SHS

BOX H8

IF LANDLINE CASE AND A ONE-ADULT HH, SKIP TO BOX H9.

DISPLAY NOTE: IF SSTAT = C1, C2, C3, F2, X1 OR X2 USE FIRST DISPLAY IN H8, ELSE USE SECOND DISPLAY.

H8 HARD RANGE IS 0 – 15.

H8.   {Not including yourself, how/How} many of the adults who live in your household smoke cigarettes, cigars or pipes?

|__|__| ENTER NUMBER OF ADULTS WHO SMOKE

REF   -7

DK/NOT   -8
SURE

BOX H9

IN H9 HARD RANGE 0-7, -7 AND -8.

H9.   During the past 7 days, how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

[ANYONE INCLUDES THE RESPONDENT.]

_____ ENTER NUMBER OF DAYS

REF   -7

DK   -8

H10.   Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.

Smoking is not allowed anywhere inside your home,	1
Smoking is allowed in some places or at some times or,	2
Smoking is allowed anywhere inside the home?	3
REF	-7
DK/NOT SURE	-8

H22.   In the past seven days, have you been in a car with someone who was smoking?

[SOMEONE MEANS A PERSON OTHER THAN THE RESPONDENT.]

YES	1
NO	2
REF	-7
DK/NOT SURE	-8

H34. Not counting motorcycles, in the vehicles that you or family members who live with you own or lease, is smoking…

Always allowed in vehicles,	1
Sometimes allowed in at least one vehicle, or	2
Never allowed in any vehicle?	3
NO ONE IN FAMILY OWNS A VEHICLE	4
DK	-7
Refused	-8

BOX H23
SKIP TO H31 IF CURRENT SMOKER (SSTAT=C1, C2, C3, F2, OR X1)

H23.   In Minnesota, in the past 7 days, has anyone smoked near you at any place besides your home or car?

YES   1

NO	2	SKIP TO H31
REF	-7	SKIP TO H31
DK	-8	SKIP TO H31

H24.   The last time this happened, in Minnesota, where were you? Were you at...

A restaurant or bar outdoor patio,	12
An outdoor shopping mall or strip mall,	6
A community sports event,	7
A gambling venue,	8
A park,	4
A bus stop,	13
A parking lot,	14
A building entrance,	5
Another person's home,	9
Another person's car,	10
Somewhere else outdoors, or	15
Some other place?	11
REF	-7
DK/NOT SURE	-8

H35. In the past week, about how many minutes or hours were you exposed to other people's tobacco smoke in all environments?

|__|__| ENTER NUMBER [RANGE IS 0-168]
            HOURS

|__|__| ENTER NUMBER [RANGE IS 0-59]
            MINUTES

REF	-7
DK/NOT SURE	-8

SMOKE FREE POLICIES IN PUBLIC PLACES

H31.   The next question is about smoking in cars. Do you think smoking should be allowed in cars when children are in them?

YES   1

NO   2

REF   -7

DK   -8

H32.   I am going to read a list of outdoor areas. Please tell me whether or not <u>you think</u> smoking should be allowed in each area.

[IF NEEDED CLARIFICATION: WE ARE ASKING IF SMOKING SHOULD BE ALLOWED OR NOT ALLOWED <u>ANYWHERE</u> IN THESE OUTDOOR AREAS, WITHOUT EXCEPTION]

		SMOKING ALLOWED	SMOKING NOT ALLOWED	REF	DK
a.	Outdoor patios of restaurants, cafes and bars	1	2	-7	-8
b.	Outdoor areas near building entrances and exits?	1	2	-7	-8
c.	County fairs or community-sponsored gatherings?	1	2	-7	-8
d.	Public sidewalks?	1	2	-7	-8
e.	Public parks, playgrounds, and beaches?	1	2	-7	-8

H33.   J1The next question is about smoking in casinos in Minnesota.

Do you think smoking should be allowed in Minnesota Casinos throughout the building or not all?

ALLOWED THROUGHOUT THE BUILDING   1

NOT ALLOWED AT ALL   3

REF   -7

DK   -8

SECTION I: RISK PERCEPTION AND SOCIAL INFLUENCES

Risk Perception

I1.   Next I'd like to ask your opinion about some tobacco and health related issues.

Do you believe there is any harm in having an occasional cigarette?

YES   1

NO   2

REF   -7

DK/NOT SURE   -8

<table>
<tr><td colspan="2">BOX I2</td></tr>
<tr><td colspan="2">DISPLAY INTERVIEWER NOTES FOR ITEMS a and f:</td></tr>
<tr><td colspan="2">a. A HOOKAH IS ALSO KNOWN AS A SHISHA (ARABIC) OR NARGILA (TURKISH)). A HOOKAH OR WATER PIPE IS A DEVICE FOR SMOKING THAT USES WATER TO COOL AND MOISTEN THE SMOKE. IT IS OFTEN MADE OF GLASS. IT SOMETIMES HAS SEVERAL MOUTHPIECES, SO THAT PEOPLE CAN SHARE IT.</td></tr>
<tr><td colspan="2">f. AN ELECTRONIC CIGARETTE IS A NEW PRODUCT THAT LOOKS LIKE A REGULAR CIGARETTE, BUT IS NOT LIGHTED LIKE A CIGARETTE. IT RUNS ON A BATTERY AND HAS A SMOKE-LIKE VAPOR THAT IS PRODUCED ELECTRONICALLY. THE VAPOR CONTAINS NICOTINE, BUT THE E-CIGARETTE DOES NOT CONTAIN OR BURN ANY TOBACCO.</td></tr>
</table>

I2. In your opinion, are the following products less harmful, more harmful, or just as harmful as smoking cigarettes?

		LESS	MORE	JUST AS	REF	DK
a.	Smoking tobacco in a hookah water pipe?	1	2	3	-7	-8
h.	Little filtered cigars that look like cigarettes	1	2	3	-7	-8
d.	Natural cigarettes like Native Spirit cigarettes	1	2	3	-7	-8
e.	Roll-your-own cigarettes?	1	2	3	-7	-8
f.	Electronic or e-cigarettes	1	2	3	-7	-8
b.	Other smokeless tobacco, such as snuff and chewing tobacco	1	2	3	-7	-8

I3.   Now I am going to ask about smoke from other people's cigarettes.

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

Very harmful to one's health,	1
Somewhat harmful to one's health,	2
Not very harmful to one's health or,	3
Not harmful at all to one's health?	4
REF	-7
NO OPINION/DK/NOT SURE	-8

I20. In your opinion, from 1 to 7, with 1 indicating "not at all harmful" and 7 indicating "extremely harmful," how harmful is breathing in secondhand smoke outside for a brief period of time, like at a building entrance as you walk in?

      1   NOT AT ALL HARMFUL

      2

      3

      4

      5

      6

      7   EXTREMELY HARMFUL

Section J: Closing Demographic Items

J1d.   Let me remind you that all your answers are confidential. The last few questions will help us make sure that we have a representative sample of respondents.

Are there any children under age 18 living in this household?

YES	1
NO	2
REF	-7
DK/NOT SURE	-8

J2. Are you currently. . .

Married,	1
A member of an unmarried couple,	2
Divorced,	3
Widowed,	4
Separated, or	5
Never married?	6
REF	-7

J3.   Are you Hispanic or Latino?

YES	1
NO	2
REF	-7
DK/NOT	-8

SURE

J4.   Which one or more of the following would you say is your race? Are you…
        [READ ALL RESPONSE OPTIONS-SELECT ALL THAT APPLY]

		YES	NO	REF	DK/NOT SURE
a.	White	1	2	-7	-8
b.	Black or African American	1	2	-7	-8
c.	Asian	1	2	-7	-8
d.	Native Hawaiian or Other Pacific Islander	1	2	-7	-8
e.	American Indian or Alaska Native, or	1	2	-7	-8
f.	Some other race?	1	2	-7	-8

        J4fOS   If J4f = 1: What is that other race?   [SPECIFY] _____

BOX J5

DESCRIPTIVE NOTE: ASK J5 TO RESPONDENTS WHO REPORT THAT THEIR RACIAL BACKGROUND IS MIXED (MORE THAN ONE RACE), THAT IS, MORE THAN ONE RESPONSE IN J4a-f = 1. J5 ASKS WHICH RACE BEST REPRESENTS HIS/HER RACE.

IF ONLY ONE RESPONSE IN J4a-f = 1, SKIP TO J15.

DISPLAY NOTE: IN J5 DISPLAY ONLY THOSE RACE CATEGORY LABELS CORRESPONDING TO THOSE WHERE J4a THROUGH J4f = 1; ALWAYS DISPLAY OPTION 7. FOR OPTION 6, DISPLAY J4fOS VERBATIM TEXT.

J5.   Which one of these would you say *best* represents your race? Would you say…

{White},	1
{Black or African American},	2
{Asian},	3
{Native Hawaiian or Other Pacific Islander},	4
{American Indian or Alaska Native}, or	5
J4OS {VERBATIM TEXT}	6
RACIAL BACKGROUND EQUALLY DIVIDED	7
REF	-7
DK	-8

J15. Do you live in an apartment building, condo, townhome, or other building with shared walls?

        YES   1

NO	2	SKIP TO J10
REF	-7	SKIP TO J10
DK/NOT SURE	-8	SKIP TO J10

BOX J16
SKIP TO J10 IF SSTAT=C1, C2, C3, F2, X1, ELSE CONTINUE TO J16

J16. During the past 7 days, have you smelled smoke from cigarettes, cigars or pipes anywhere inside the building, including your own apartment?

YES 1
NO 2
REF -7
DK -8

J10. In studies like this, households are sometimes grouped according to income. Please tell me which group best describes an estimate of the total combined income of all persons in this household over the past year. Please include money income from all sources, such as salaries, interest, retirement, or any other source for all household members. Would you say...

[IF NECESSARY PROBE: Include income from all sources such as: earnings; social security and public assistance payments; dividends, interest and rent; unemployment and worker's compensation; government and private employee pensions.]

Less than $10,000,	1
$10,001 - $20,000,	2
$20,001 - $25,000,	3
$25,001 - $35,000,	4
$35,001 - $50,000,	5
$50,001 - $75,000, or	6
$75,001-$$100,000, or	7
More than $100,000?	8
REF	-7
DK	-8

J11. What is the highest level of school you completed?

COMPLETED 8TH GRADE OR LESS	1
SOME HIGH SCHOOL BUT NO DIPLOMA	2
COMPLETED HIGH SCHOOL (DIPLOMA)	3
EARNED GED	4
SOME COLLEGE BUT NO DEGREE (INCLUDES TECHNICAL OR TRADE SCHOOL AFTER RECEIVING A HIGH SCHOOL DIPLOMA / GED.)	5
COMPLETE A TWO YEAR COLLEGE DEGREE (AA OR AS DEGREE)	6

COMPLETED A FOUR YEAR COLLEGE DEGREE (BA, BS, RN DEGREE)	7
SOME GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE BUT NO DEGREE	8
COMPLETED GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE (MA, MS, PHD, MD, DDS, OR HIGHER)	9
REF	-7
DK	-8

BOX J11a

DESCRIPTIVE NOTE: ASK J11a ONLY TO 18- 24 YEAR OLDS.

IF A5 > 24 OR A6 = 2, 3, 4, 5, 6, OR 7, SKIP TO BOX K1.

J11a.   Are you currently seeking a degree, certification, or license in a 4 year college, a 2 year college, a technical school, high school, or a GED program?

[REFERS TO ANY <u>CURRENT</u> SCHOOLING, INCLUDING GRADUATE SCHOOL.]

YES	1	
NO	2	SKIP TO R1
REF	-7	SKIP TO R1
DK	-8	SKIP TO R1

J11b.   What type of degree, certification, or license is that?

GRADUATE OR PROFESSIONAL SCHOOL	1
4 YEAR COLLEGE	2
2 YEAR COLLEGE (COMMUNITY COLLEGE)	3
TECHNICAL SCHOOL OR VO-TECH (VOCATIONAL-TECHNICAL SCHOOL)	4
GED PROGRAM	5
HIGH SCHOOL	6
OTHER	7
REF	-7
DK	-8

J11bOS.   IF J11b = 7   [SPECIFY OTHER] _____

BOX K1

QUESTIONS SC30 TO K3 ARE TO BE ASKED ONLY OF LAND LINE RESPONDENTS. ELSE, IF CELL PHONE RESPONDENT, GO TO GOODBYE.

IF RESPONDENT BREAKS OFF IN SECTION K, FINALIZE AS COMPLETED INTERVIEW; THERE WILL BE NO CALL BACK.

SC30. Because we are conducting this study by phone, I have some questions about the telephone numbers in your household.

Besides the number I called, do you have other telephone numbers in your household, not including cell phones?

YES	1
NO	2
DK/NOT SURE	-7
REFUSED	-8

SC31. Including computer and fax phone numbers, how many of these additional phone numbers are for home use?

[IF NEEDED: Do not include cell phones.]

ONE	1
TWO	2
THREE	3
FOUR	4
FIVE	5
SIX OR MORE	6
DK/NOT SURE	-8
REFUSED	-7

K1. Do you have a working cell phone?

Yes	1	GO TO K2
No	2	GO TO R1
Share cell phone	3	GO TO K2
REFUSED	-7	GO TO R1
DON'T KNOW	-8	GO TO R1

K2. Is that cell phone for personal use or business use?

Personal use only	1	GO TO K3
Business use only	2	GO TO R1
Both personal and business use	3	GO TO K3
REFUSED	-7	GO TO R1
DON'T KNOW	-8	GO TO R1

K3.   Of all the telephone calls that you receive, are...

All or almost all calls received on cell phone	1
Some received on cell phones and some on regular phones, or	2
Very few or none received on cell phones?	3
REFUSED	-7
DON"T KNOW	-8

R1. The Minnesota Department of Health and ClearWay Minnesota might be interested in doing a follow-up interview with you again in the future. Would you be willing to be contacted again?

    YES
    NO/DK/REFUSED → SKIP TO GOODBYE

R2. Any contact information you provide will remain confidential and will only be accessible to researchers at the Minnesota Department of Health and ClearWay Minnesota and will only be used to contact you for possible future research efforts. To make sure we are able to reach you again, may I please have your name?

FIRST NAME_____
LAST NAME _____

R3. Is this your home landline phone, work phone or cell phone number? [DISPLAY SYSTEM PHONE NUMBER]
        HOME
        WORK
        CELL
        DK
        REFUSED

R4. Is there also another phone number where we could reach you? [IF YES]: What is that number?
        ENTER NUMBER_____
        NO → SKIP TO R6
        DK/REFUSED → SKIP TO R6

R5. Is this second number a home phone, work phone, or cell phone?
        HOME
        WORK
        CELL

OTHER
DK
REFUSED

R6. The Department of Health and ClearWay Minnesota might want to mail you some information. May I please get your mailing address?

[ALLOW ENTRY FIELDS FOR 2 ADDRESS LINES, CITY, STATE, AND ZIP]

R7. What is your email address?

GOODBYE   That's my last question. Thank you very much for your time and cooperation.

PRESS ANY KEY TO COMPLETE INTERVIEW

WRGST   I'm sorry, but we are only interviewing residences that are in the state of Minnesota. Thank you very much for your time.

PRESS ANY KEY TO TERMINATE